

# Mid-Year report



International Federation  
of Red Cross and Red Crescent Societies

## Nepal

Appeal No. MAANP001

This report covers the period 1 January to  
June 30 2011.

8 August 2011



Community based health and first aid volunteers demonstrating basic first aid and bandaging during the first aid camp in Gulmi district. **Photo:** Nepal Red Cross Society.

## In brief

### Programme purpose:

The purpose of International Federation of Red Cross and Red Crescent Societies' (IFRC) support to Nepal Red Cross Society (NRCS) is to achieve the goals defined under the NRCS sixth development plan (2011-2015) through funding, technical support, advocacy, representation and coordination, in line with Strategy 2020.

### Programme summary:

In spite of a challenging national social and political environment, NRCS was able to successfully hold its 40<sup>th</sup> General Assembly in Bhaktapur district, which involved more than 300 people from 75 district chapters and headquarters. The chairman, secretary general and treasurer were reelected and form part of a Central Executive Committee of 22 members. The current focus is now firmly on the implementation of the NRCS sixth development plan 2011-2015, which will involve efforts to streamline and modernize NRCS governance and management structures.

Unfortunately, only limited funds have been received for IFRC-supported programmes, so NRCS programme managers have revised their operational plans based on the funding available and suspended some programme activities until further funds are received. Nevertheless, significant progress has been made in many areas, including the following highlights:

- NRCS and the IFRC country office, together with the Ministry of Local Development, have been successfully coordinating Flagship 4 on community based disaster risk reduction (CBDRR) as part of

the Nepal Risk Reduction Consortium, and have generated consensus among partners for a set of minimum characteristics for disaster resilient communities in Nepal.

- NRCS has been at the forefront of improving emergency shelter standards and preparedness in the country, together with the Department of Urban Development and Building Construction (DUDBC), IFRC and shelter cluster partners.
- More than 230 people have received first aid and referral services in four districts where NRCS has been implementing its community based health and first aid (CBHFA) programme and over 500 people were reached for dissemination of key messages about safety, health and hygiene through meetings, street drama and training courses.
- The HIV programme has distributed over 19,000 condoms and is in regular contact with over 1,400 female sex workers to encourage safer sex and to generate awareness among their peers. The programme has also been helping hundreds of vulnerable people, in particular migrant workers and their families, to access information, testing and support services for HIV and sexually transmitted infections and promoting safe practices.
- Emergency water and sanitation capacities of NRCS has been scaled up following the arrival of a water and sanitation Kit 5 and related training for key NRCS and government personnel.
- Volunteer management has been further strengthened through the roll out of the online volunteer management database, the implementation of a new log book reporting system and the provision of Global Accident Insurance for 1,290 active volunteers.
- A total of 175 NRCS youth, junior Red Cross and teacher sponsors from across the country came together for the 31<sup>st</sup> National Junior Youth Conference in Pokhara and made a number of commitments and recommendations, including to make all school environments plastic-free, to encourage greater participation of youth in decision-making and for NRCS headquarters to undertake a study on how to increase the involvement of young people.
- Plans are underway for gender training and skills-based refresher training to economically vulnerable women, as well as education support to young girls, targeting 180 people in two districts of Syangja and Lamjung.

Additionally, the IFRC country office has been playing a strong role to connect NRCS and Movement partners to various humanitarian and development networks in-country and sharing information on key local and international developments through the monthly information sharing meetings and through the wider Nepal partner national society e-mail list. International Committee of the Red Cross (ICRC), IFRC and NRCS continue to meet monthly to discuss the security, political and disaster situation in the country, as well as sharing information and identifying preparedness measures.

**Financial situation:** The appeal budget is CHF 1,465,224 (USD 1,924,220 or EUR 1,349,581). Appeal coverage is 34 per cent. Expenditure from January to June was 17 per cent per cent of the overall 2011 budget.

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

**No. of people reached:** According to revised operational plan, Secretariat-supported programme interventions will benefit around 32,160 people in 2011. Out of which, the estimated number of women is about 15,000.

Global Agenda Goals/Core areas	Estimated number of people reached according to plan 2011			Estimated number of people reached according to revised operational plan 2011		
	Male	Female	Total	Male	Female	Total
Global Agenda goal 1: Disaster management	57,725	60,450	118,175	399	339	738
Global Agenda goal 2: Health and care	38,082	43,055	81,137	6,980	6,148	13,128
Global Agenda goal 3: Organizational development/ capacity building	14,512	10,551	25,063	9,771	8,519	18,290
Global Agenda goal 4: Humanitarian values	25	27,015	27,040	-	-	-
<b>Total</b>	<b>110,344</b>	<b>141,071</b>	<b>251,415</b>	<b>17,150</b>	<b>15,006</b>	<b>32,156</b>

**Our partners:** NRCS has been engaging with more than 25 partners including government, international and

national non-governmental organizations, Movement partners, civil society, private companies and the media.

Partners supporting NRCS through the IFRC-support plan (2011) include: Austrian Red Cross, Japanese Red Cross, Netherlands Red Cross, Norwegian Red Cross and Swedish Red Cross, and AusAID (through the Asia Pacific zone office).

On a bilateral basis, NRCS has received support from the following Red Cross and Red Crescent partners: America, Austria, Belgium-Flanders, Britain, Denmark, Finland, Germany, Hong Kong Branch of the Red Cross Society of China, Japan, Korea, Luxemburg, Netherlands, Norway and Switzerland, as well as from the International Committee of the Red Cross.

Beyond the Movement, NRCS has partnerships with the Government of Nepal, the European Union, United Nations (UN) agencies and a number of national and international non-governmental organizations such as GIZ, CARITAS, Oxfam GB and community level organizations.

NRCS is also expanding its partnership with the private sector such as Radio Sagarmatha, a FM radio station and Agni Airlines, a national airlines company. Other bilateral national partners include DUDBC, National Centre for Earthquake Technology (NSET), district health office (DHO), health post and sub-health post, district AIDS coordination committee, district reproductive health coordination committee, people living with HIV/AIDS (PLHA) network, local FM radio, newspapers and other local stakeholders.

On behalf of the Nepal Red Cross Society, the International Federation of Red Cross and Red Crescent Societies would like to thank all partners and contributors for their response to this appeal.

## Context

During the reporting period, Nepal faced a range of socio-political challenges including political instability and tension related to the failure to adopt the new national constitution, economic down turn, food insecurity and major shortages of fuel and electricity, with up to 14 hours per day of load shedding. During May, a series of general strikes were called throughout the country by different political parties and ethnic groups, creating major disruption, bringing public and private road transport to a standstill and causing widespread shop and office closures.

The deadline for the draft of the constitution expired on 28 May and after intensive parleys among the major political parties, an agreement was reached to extend the Constituent Assembly (CA) for a further three months, with a new deadline of 28 August for the constitution draft. According to the terms of the new agreement, the parties must also resolve a number of key issues related to the peace process during this time.

The economic situation continues to decline with inflation and price hikes for essential commodities, such as rice, pulses and cooking oil, as well as significant downturn in the industrial sector. On average, the Nepalese population spends more than half its income on food (Nepal Development Research Group, 2008). According to the United Nations World Food Programme, approximately 2.5 million people in rural Nepal are in immediate need of food assistance and a further 3.9 million are at risk of becoming food insecure due to the high food prices.

The country also faced a number of small scale disasters including fires and storms which claimed three lives and left more than 1,100 families displaced over eleven districts of the country, including fires that devastated several Bhutanese refugee camps leaving many homeless. The Nepal Red Cross (NRCS) district chapters responded quickly, with the distribution of non food relief items to the affected families.

During the reporting period, NRCS successfully concluded the Emergency Appeal operation for potential diarrhoea outbreak (MDRNP004). Between 13 May 2010 and 13 February 2011, NRCS carried out intensive water, sanitation and hygiene promotion activities together with distribution of diarrhoea prevention kits (rehydration solution, chlorine solution and soaps) in 70 selected village development committees (VDCs) of seven districts in the mid- and far-western region of Nepal. Around 52,000 families (approximately 312,000 people) directly benefited from the operation and a recent operation review concluded that the programme was effective in preventing the loss of life and strengthened the emergency health capacities of communities and NRCS district chapters.

# Progress towards outcomes

## Disaster management

Programme component	Component outcome
1. <b>Disaster risk reduction</b>	<ol style="list-style-type: none"> <li>1. Leading the Nepal Risk Reduction Consortium Flagship 4 on integrated community-based disaster risk reduction</li> <li>2. Climate change adaptation and institutional preparedness for risk reduction*</li> </ol>
2. <b>Disaster preparedness, response and recovery</b>	<ol style="list-style-type: none"> <li>1. Preparedness for response</li> <li>2. Recovery</li> <li>3. Emergency shelter</li> </ol>

\* This outcome has been modified to include institutional preparedness for risk reduction.

### Achievements

During the reporting period, the disaster management operation plan was revised based on the available funding, and some activities outstanding from 2010 were also completed during this period.

### Programme component 1: Disaster Risk Reduction

#### Outcome 1: Leading the Nepal Risk Reduction Consortium (NRRC) Flagship 4 on integrated community-based disaster risk reduction

A two-day, high level symposium was held in February in Kathmandu, jointly organized by the Government of Nepal and NRRC members, and included senior participation from the Nepal, USA and UK governments as well as donor agencies, UN agencies, the International Federation of Red Cross and Red Crescent Societies (IFRC), international and local non-governmental organizations (I/NGOs), and the private sector. A similar event was also held in Washington in April, hosted by the US government. These events were successful in bringing much needed international attention to Nepal with a focus on scaling up funding and capacities for disaster risk reduction (DRR), particularly given the high risk of a devastating earthquake affecting the capital and major urban areas.

During the reporting period, NRCS and IFRC, together with the Ministry of Local Development, hosted two consultative meetings for the NRRC Flagship 4 on 28 January and 5 April. These meetings included participation from over 30 agencies, including government ministries, UN and I/NGOs working in the field of community based disaster risk reduction (CBDRR) in Nepal. The Flagship plan and budget was further developed and the partners agreed on a set of common characteristics for disaster resilient communities which will form the basis for all Flagship 4 projects. Additionally, work has continued on the mapping of existing CBDRR projects in Nepal, with support from UNDP, which is also developing an information platform for Flagships 4 and 5 to capture key data and enable effective tracking of progress against the Flagship work plans. IFRC has also been coordinating closely with the DIEPCHO partners in-country to facilitate alignment of DIPECHO projects with Flagship 4.

In consultation with the Ministry of Local Development and other partners, NRCS has prepared a list of high priority districts for Flagship 4 implementation, based on a number of agreed data sets. Additionally, terms of reference have been drafted for a Flagship 4 Advisory Committee which will be the decision making body for Flagship 4. IFRC is also exploring options to recruit a full-time Flagship 4 coordinator to manage the process.

#### Outcome 2: Climate change adaptation and institutional preparedness for risk reduction

As noted above, this outcome has been revised to address the need for institutional preparedness of NRCS prior to the integration of climate change adaptation into CBDRR. Hence for 2011, NRCS will focus on increasing its understanding of climate change and developing its institutional capacity for risk reduction.

During the reporting period, NRCS completed a number of activities from the 2010 work plan including the finalisation of a background document on climate change and a sensitization session on climate change adaptation conducted during the NRCS western regional seminar in Mustang district, with the purpose of

making the governance volunteers aware about climate change issues. Additional activities are planned for this year, based on funding which has been confirmed but not yet received.

## **Programme component 2: Disaster Preparedness, Response and Recovery**

### **Outcome 1: Preparedness for response**

Work is ongoing to further strengthen the warehousing capacity of NRCS located in various strategic locations, through financial and technical support from headquarters. NRCS has also been working closely with World Food Programme (WFP) to establish and install inventory software in different warehouses to accelerate the system.



Participants installing a pit latrine during the water and sanitation training in Kathmandu. **Photo:** Nepal Red Cross Society.

Further activities to upgrade the communications facilities of the NRCS Emergency Operations Centre and developing community information, education and communication (IEC) materials are planned for the next reporting period.

### **Outcome 2: Recovery**

NRCS has been implementing livelihood project in Holiya VDC of Banke district since 2009, which is planned to be phased out by December 2011. The project has been supporting 121 families restart their livelihoods after they were displaced by flooding. The main focus of this final phase is to ensure sustainability of the programme by the community itself.

During the reporting period, regular monitoring visits were taking place twice per month by the NRCS district chapter. It was found that the target community was still being effectively supported by their new livelihood enterprises.

The final activities planned for 2011 are:

- Livelihood promotional training (agriculture, animal husbandry and small business).
- Development of guidelines on community fund management.
- Institutional support to the sub-chapter for capacity development.
- Programme final review /lessons learnt workshop and handover.
- Final evaluation.

### **Outcome 3: Emergency shelter**

During the reporting period, three meetings of the Nepal Emergency Shelter Cluster meetings were convened. The meetings are organized at rotational basis among the cluster members, including NRCS, IFRC, DUDBC, NSET, LWF, UNHABITAT, Lumanti, Save the Children, Habitat for Humanity, OHCHR, IOM, ICRC and DP-Net.

The cluster has finalized a monthly meeting calendar and work plan for 2011. The shelter technical working group (TWG) met several times to finalise a number of technical standards and models for Nepal. The agreed model shelters are: parabolic/semi circular for terrain and hot region; triangular for terrain, hill and urban setting; and twin for urban setting in case of shortage of land. The content of an emergency shelter kit has been finalized, based on the needs for the model shelters and adapted to the context of Nepal. The kit has two categories of items: construction materials and a toolkit. The construction materials

include two pieces of tarpaulins, 5.5 kg plastic sheet, 1.5 kg tie wire, 1.5 kg nylon rope, 0.5 kg roofing nails, 0.5 kg iron nails and 15 bamboos. The toolkit contains single items of a hand saw, shovel, machete and claw hammer, as well as combination pliers, gal and pick/ho, all of which are packed in a woven sack.

The cluster also held a two-day contingency planning workshop in April in Kathmandu organized jointly by DUDBC, NRCS and IFRC and facilitated by the IFRC Shelter Unit from the Asia Pacific zone office. The workshop was joined by 35 people including the representatives from IFRC, UN-HABITAT, NRCS, DUDBC, IOM (CCCM), UN-OCHA, NSET, Lumanti, DP Net Nepal, UNICEF, Habitat for Humanity, Save the Children and the US embassy. The purpose of the workshop to update the existing contingency and preparedness plan, develop a timeline matrix for response and to endorse the standardized shelter kit, NFRI kit and shelter models for Nepal.

### Constraints or Challenges:

- The insufficient and timely funding from IFRC has been the major constraint, as it does not cover all the activities planned for 2011. Hence, the logical framework has been revised based on the availability of funds.

## Health and care

Programme component	Component outcome
<b>1. Community-based health and first aid (CBHFA)</b>	<ol style="list-style-type: none"> <li>1. Establish/continue first aid services through community based volunteers in target districts</li> <li>2. Ensure target communities are capable of applying effective health promotion and disease prevention measures during normal times and disasters.</li> <li>3. Increase the capacity of NRCS at various levels to support communities to implement CBHFA activities</li> <li>4. Increase access to safer motherhood services</li> </ol>
<b>2. Reducing the vulnerability to HIV and its impact on most at-risk populations.</b>	<ol style="list-style-type: none"> <li>1. Preventing further HIV infection among the key target groups of female sex workers, migrants and youth</li> <li>2. Reducing HIV stigma and discrimination</li> <li>3. Expanding HIV treatment, care and support needs of orphans and vulnerable children and people living with HIV/AIDS</li> <li>4. Develop the capacity of district / sub-chapters of NRCS in project districts to ensure ongoing sustainability of HIV activities.</li> </ol>
<b>3. Public health in emergencies</b>	<ol style="list-style-type: none"> <li>1. Improve NRCS capacity at headquarters and in two pilot districts to deliver appropriate and timely health services during emergencies.</li> <li>2. Strengthen emergency water and sanitation capacities of NRCS in line with the five year NRCS strategy for Emergency water and sanitation.</li> </ol>

### Achievements

#### Programme component 1: Community-based health and first aid

The CBHFA programme aims to build community resilience to common injuries and illness through the establishment of first aid services, health promotion and disease prevention activities and capacity building the of Red Cross at local levels. Moreover, a new component on maternal and child health has been added to the programme with a focus on access to safer motherhood which will be introduced in the Gulmi district during 2011.

NRCS has currently been implementing the CBHFA programme in six districts: Baitadi and Pyuthan since 2009; Gulmi and Khotang since 2010; and two new districts Siraha and Surkhet which commenced this year. Salyan and Jajarkot districts, where the programme had been implemented since 2008, were phased out this year.

In the two new districts, Siraha and Surket, the governance and staff of the Red Cross district and sub-chapters have been orientated on the CBHFA programme. Likewise, community level orientations were carried out in the selected VDCs. In addition, activities such as CBHFA volunteer selection and the formation of a community level committee have been completed to lay a foundation for programme implementation. Awareness activities on health promotion and disease prevention were carried out by CBHFA volunteers in the other four districts of Gulmi, Khotang, Baitadi and Pyuthan. These activities are described further below.

Considering the reduced funding situation, some of the activities have been removed from the log frame, reducing the number of people reached.

**Outcome 1: Establish / continue first aid services through community based volunteers in target districts**

In Gulmi, Khotang, Pyuthan and Baitadi districts, the CBHFA volunteers provided first aid services to 232 people, including during community events, road accidents and other emergencies. First aid was provided for basic injuries and illness and a referral service was established with the local health authorities.

Due to the funding situation, a number of planned activities under this outcome have been removed from the operational plan, such as the CBHFA national facilitator workshop, the CBHFA volunteer refresher training and basic first aid training for teacher sponsors, district chapter and sub-chapters. CDBP training and small mitigation activities have been also removed due to budget constraints. However, CBHFA volunteer trainings

**First aid saves a life**



Babu Ram Malla of Surkhet district had a motorbike accident on the Ratna Highway near Babai River.

“He came to a bend without noticing and jammed on his brakes, so his bike spun three times on the highway and fell, pushing him to the other side of the road,” said one of the six women who had witnessed the incident.

The women were afraid of helping the person who was unconscious and foaming in his mouth, so they informed the nearby police post. It took almost half an hour for the police to arrive. However, after only 15 minutes, a Nepal Red Cross Society (NRCS) first aid team had come by, as it was returning from a community based health and first aid (CBHFA) orientation programme.

With a short enquiry, the team immediately got to work, providing artificial respiration to the unconscious patient to regulate his breathing. Using a mobile phone which Babu Ram was carrying in his pocket, they were also able to inform his father who was 100 kilometres away at the family home.

The NRCS team transported the patient in the Red Cross car to a medical teaching hospital in a neighbouring district, about 75 kilometres away. “I had to perform artificial respiration three different times in the car,” said Basanta Shrestha, one of first aid team members.

Babu Ram's condition was clearly deteriorating, but the first aiders never lost their nerve. The attending police officer also praised the team, “I was amazed at how first aid could save the life of a person on the brink of death.”

Once the patient was admitted to hospital and the physicians started to massage his heart, Babu Ram became conscious. After further examinations and tests, a hospital doctor finally declared he was out of danger. Babu Ram's wife was relieved and overjoyed. “My husband got a new life today because of the Red Cross, otherwise I would have lost my dear one forever,” she said.

Indeed, with an increase in the number of road accidents, civil disturbances and disasters, not to mention day-to-day injuries, the need for community first aid services is growing.

As Basanta Shrestha, CBHFA senior programme officer, comments, “In addition, community people are vulnerable to other health hazards which can lead to disease outbreaks. So the CBHFA programme will also be working in the areas of health promotion and disease prevention to further strengthen local capacities for building safer and healthier communities.”

have been planned in Siraha and Surkhet districts for selected community people in third quarter of 2011.

**Outcome 2: Ensure target communities are capable of applying effective health promotion and disease prevention measures during normal times and disasters**

A number of activities under this outcome were postponed due to the delay in funding. However, some low cost activities could still be conducted. In Gulmi and Khotang districts, the CBHFA volunteers conducted education sessions for 182 people on health promotion and communicable disease prevention. Similarly, 61 children from Siddhi primary school benefitted from an HIV session in Pyuthan district. A street drama performance in five communities in Baitadi district reached more than 200 people, delivering key messages on personal hygiene and sanitation. CBHFA volunteers also provided information on primary health care to 108 community members across all project districts and at least 25 people benefited from the referral service.

In coordination with local health posts, the CBHFA volunteers were also mobilized during the National Polio Campaign reaching out to more than 560 children over the two phases of the campaign in February and March.

Still to be conducted are household surveys in the two new districts, production and translation of IEC materials and competitions of health and sanitation.

**Outcome 3: Increase the capacity of NRCS at various levels to support communities to implement CBHFA activities**

Programme orientation sessions were held in Siraha and Surkhet involving 210 people, including district chapter governance volunteers, staff and representatives of the district health office. Similarly, district and ward level CBHFA committees have been formed in Siraha and Surkhet. The newly elected executives of the Khotang district chapter also received orientations on CBHFA activities.

In Baitadi district, a coordination meeting was organized with local stakeholders to share about the programme's progress and to explore possible partnerships. The meeting was joined by 15 representatives from government and non-government organizations in the district.

**Outcome 4: Increase access to safer motherhood services**

Maternal and child health is a new component which is currently being introduced in Gulmi district. This component includes various trainings for communities to increase awareness on safer motherhood practices as well as strengthening existing local healthcare facilities. During the reporting period, a coordination meeting and follow up visits were made to the local health post to identify existing capacities and gaps. Based on this information, a plan of action will be developed to avoid duplication and ensure efficient resource allocation.

**Programme component 2: HIV/AIDS programme**

In 2011, NRCS has continued the HIV/AIDS programme in the five districts of Surkhet (since 2005), Jhapa (since 2007), Kaski and Dolakha (since 2009) and Achham (since 2010). The programme has been implemented intensively in Kaski and Dolakha districts, adopting CBHFA approach, whereas follow up activities have been designed for Jhapa, Surkhet and Achham districts. The follow up activities include peer group mobilization, life skill refresher training, peer learning sessions, street dramas, positive life sharing, competitions and meetings.

In Kaski, the primary target groups are female sex workers and their clients, with a focus on behaviour change communication (BCC), while in Dolakha, migrants and their spouses and orphans and vulnerable children (OVC) in a project which also integrates maternal and child health, nutrition and first aid.

During the reporting period, the activities focused on strengthening of community based support groups, continuation of services like providing nutrition, referring for voluntary counselling and testing (VCT), peer groups mobilization and positive life sharing, as described further below.

**Outcome 1: Preventing further HIV infection among the key target groups of female sex workers, migrants and youth**

**Promoting condom use**

Condom distribution is one of the important roles of peer educators and outreach workers, who also promote correct and consistent use for the prevention of HIV and sexually transmitted infections. During

the reporting period, around 19,000 condoms were distributed through peer educators and outreach workers in the project districts, including 17,200 male and female condoms distributed in Kaski district.

Also during this period, 1,407 female sex workers (FSWs) have come into contact with the NRCS HIV/AIDS programme to update their knowledge about HIV/AIDS. Among them, 111 FSWs are new to the programme whereas others have been linked with the programme since 2010. These people have been provided with knowledge on HIV/AIDS and sexually transmitted infections (STIs) through the mobilization of FSWs themselves as peer educators. In all, 52 demonstration sessions were conducted on the proper use of condoms, targeting FSWs and their clients in Kaski district. As a result, there is increased demand for condoms among FSWs and they have gradually developed negotiation skills on the use of condoms with their clients.

Additionally, six interaction sessions were conducted with 98 FSWs in different locations. Such interaction sessions are important to assess knowledge and attitudes of the target group on HIV/AIDS and STI and to develop negotiation skills for safer sex practices including promoting use of condoms.

### **Behaviour change communication**

During the reporting period, three sessions on behaviour change communication (BCC) were conducted for 61 participants. These sessions included discussions on knowledge and attitudes towards HIV/AIDS/STI and the proper use of condoms for safer sex practices. The BCC sessions have been effective in reducing high risk behaviour among the target population. Similarly, a street drama on HIV/AIDS was performed in Achham to support positive behaviour change in the local community, which was observed by more than 700 people.

### **Referral for VCT and STI treatment**

The main objective of this activity is to reduce the prevalence of HIV/AIDS and STIs through proper case management and timely diagnosis of HIV. During the reporting period, 955 people were referred for VCT, CD4 count and opportunistic infection management and 369 people came to the VCT centre by themselves. Hence, a total 1,434 people received VCT services from the VCT centre, out of which, 592 cases were referred for STI treatment. It was noted there is high prevalence of STI among FSWs in Nepal.

### **Orientation of Club 25**

The Club 25 concept has received an overwhelming response and youth participation has significantly increased in blood donation in the Surkhet and Jhapa districts. During the reporting period, an orientation session was conducted on the Club 25 concept for 40 volunteers in Surkhet district to increase involvement of youth in blood donation together with HIV prevention. This orientation included the importance of blood and blood donors, voluntary blood donation and HIV/AIDS and was successful in raising the level of awareness among youth for preventing the possibility of infection through blood transfusion.

## **Outcome 2: Reducing the vulnerability to HIV and its impact on most at-risk populations.**

### **Orienting hotel owners and community police**

A one-day orientation session on HIV/AIDS was conducted for 55 hotel owners/staff and community police in Kaski district. The main purpose of the orientation was to provide basic knowledge on HIV/AIDS and STI and reduce the double stigma faced by female sex workers. After the orientation, participants noted it was useful for people who are at high risk of HIV/AIDS and STIs and it helped to reduce stigma and discrimination towards the FSWs.

### **Support and peer learning groups**

Support groups are the key decision making bodies for providing support to PLHIV and orphans and vulnerable children (OVC) in the project area. In Achham district there are four support groups, each with eight or nine members, and during the reporting period they visited programme areas to observe the ongoing anti-stigma and discrimination reduction activities.

Peer learning groups (PLGs) have also been mobilized for raising awareness about HIV/AIDS, primary health care, first aid and child and maternity health in their respective areas. Altogether 2,339 community people have participated in discussion sessions organized by PLGs in their respective programme districts, which motivated many people at risk to visit health centres for a check up. Active peer educators in Jhapa district were also given motivation awards to encourage them for even better performance in future.

### **Positive life sharing**

Positive life sharing sessions have encouraged 262 people at high risk to visit a VCT centre to find out their HIV status and have also inspired people at high risk/PLHIV to disclose their status and increase the involvement of PLHA in social work. They have also supported the reduction of stigma and discrimination in the community.

### **Orientation on prevention of mother to child transmission (PMTCT)**

A one-day orientation on PMTCT were conducted at four VDCs in Achham district with 193 women participating. These sessions have proven crucial for reducing HIV transmissions from mother to child among the target population.

### **Outcome 3: Expanding HIV treatment, care and support needs of orphans and vulnerable children and people living with HIV/AIDS (PLHIV)**

#### **Support to PLHIV and OVC**

During the reporting period, ten PLHIV received nutrition and livelihood support, and 15 OVC received educational support from the project in Achham. The support for OVCs included school uniforms, stationary and other required materials needed to attend school.

Livelihood support for PLHIV has helped to sustain their life by partially contributing to daily household expenditures. Some have able to operate small shops, paid debts or purchased small portions of land. Nutrition support provided to patients undertaking antiretroviral treatment (ART) during the initial three months has also contributed to their improved health.

### **Outcome 4: Develop the capacity of district / sub-chapters of NRCS in project districts to ensure ongoing sustainability of HIV activities.**

District and sub-district chapters in the programme districts have taken responsibility for programme implementation and have been tapping local resources or started dialogue with various stakeholders for the continuation of the HIV programme in their communities. In order to enhance their capacity, a number of specific events have been conducted including: orientation and CBHFA terminal meetings, peer learning group meetings, awareness-raising events at community level, VCT services and healthy baby growth monitoring. All health related organizations in the districts have started to work on planning, implementation and coordination to build mutual alliances for the betterment of the programme.

#### **Essay writing competitions**

Essay writing competitions were held in two VDCs in Dolkha district, with the objective of creating awareness of Red Cross health activities, with the topic "Red Cross is the Friend of Sorrow". Altogether, 15 participants participated in competition with the top three competitors receiving prizes and others receiving certificates of appreciation.

#### **Healthy baby competition**

During the reporting period, a healthy baby competition was organized in Lapland VDC in Dolkha district in coordination with sub-health post. The purpose of the competition was to create awareness on importance of personal hygiene and care for healthy babies. Altogether, 46 babies participated in the competition (20 girls and 26 boys) with the top three winners receiving certificates and prizes and the others receiving letters of appreciation.

## **Programme component 3: Public health in emergencies**

### **Outcome 1: Improve NRCS capacity at headquarters and in two pilot districts to deliver appropriate and timely health services during emergencies.**

As funding was delayed for this component, few of the planned activities could take place. Nevertheless, there are plans to establish an emergency response team at national level and to develop appropriate operational guidelines and manuals for emergency situations.

#### **Emergency health training**

A regional emergency health training was held in Kathmandu organized jointly by NRCS and IFRC involving a total of 19 participants from the national Red Cross/Red Crescent societies from Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka. Twelve resource persons provided facilitation from IFRC (from the zone and region), NRCS, UNFPA and UNICEF. The aim of the training was to enhance

the national society emergency health preparedness and response capacity by developing a pool of health professionals who can be quickly deployed domestically or internationally for assessment, planning, implementation and coordination of emergency health interventions.

**Outcome 2: Strengthen emergency water and sanitation capacities of NRCS in line with the five year NRCS strategy for emergency water and sanitation.**

Although the emergency water and sanitation component of this plan has not been specifically funded, NRCS has been implementing activities following the arrival of the Water and Sanitation Kit 5, donated by Netherlands Red Cross through IFRC last year. NRCS has stored the plant in a separate/improved warehouse especially constructed for this purpose and has organized a water and sanitation national disaster response team training using the Kit 5 materials from 10-15 June 2011.

The participants of the training were staff/volunteers working in humanitarian relief field from NRCS (headquarters and selected district chapters), government agencies and other concern agencies. The training was six days long and was facilitated by water and sanitation specialists/resource persons from IFRC Asia Pacific zone office, NRCS water and sanitation staff and NORIT company (the Kit 5 manufacturer). The training covered mass water treatment installation and maintenance of the treatment plant, distribution of safe water, and water quality monitoring. It is seen as a major milestone in producing national level resource persons on emergency water and sanitation in Nepal.

Additionally, the IFRC Asia Pacific zone office supported a staff from the NRCS drinking water and sanitation section to participate in a water and sanitation delegate coordination meeting in Kuala Lumpur on 18-20 May 2011.

**Constraints or Challenges:**

- Volunteer retention is a challenge in CBHFA programme as many trained community volunteers migrate from the community to pursue jobs and education. A strategy has been adopted to minimize dropouts by encouraging the participation of married women, as are less likely to leave their community.
- Due to delayed funding situation, some of the activities were postponed and accomplishing all the activities and ensuring quality remains a challenge unless further funds are received.

**Organizational development**

Programme component	Component outcome
1. <b>Volunteer management</b>	<ol style="list-style-type: none"> <li>1. Further strengthen the volunteer management system and leadership capacity of NRCS volunteers at different levels.</li> <li>2. Enhance the capacity of junior/youth members and volunteers to provide effective and qualitative services to vulnerable communities.</li> <li>3. Increase the participation and support of women from different castes, religions and ethnicities at all levels within NRCS.</li> </ol>
2. <b>Enhance the capacity of NRCS support services</b>	<ol style="list-style-type: none"> <li>1. Support the development of NRCS financial management systems and domestic fundraising and income generation skills.</li> <li>2. Enhance the overall quality and capacity of NRCS planning, monitoring, evaluation and reporting (PMER) functions.</li> <li>3. Explore the feasibility of a Human Resource Development Institute within NRCS.</li> </ol>

**Achievements**

**Programme component 1: Volunteer management**

**Outcome 1: Further strengthen the volunteer management system and leadership capacity of NRCS volunteers at different levels.**

During the reporting period, the NRCS website ([www.rcvolunteer.org.np](http://www.rcvolunteer.org.np)) has been updated regularly with volunteer data central level. The volunteer database was also updated in 32 district chapters where the volunteer information system (VIS) was installed in 2010. NRCS has a plan to install VIS in an additional 30 districts in 2011 and orient the governance volunteers and staff from these districts on webpage updating and record keeping.

To enhance visibility and retain volunteer motivation, planned procurement has commenced for materials such as T-shirts and caps. These materials will be distributed during leadership and management trainings for volunteers and other participants. Similarly, NRCS is producing and distributing volunteer field note books (field work diaries), which are important for record keeping and reporting on volunteer mobilization. Each volunteer is asked to prepare a daily report in the notebook and submit it to the concerned district chapter when they complete their designated mission/operation.

During the reporting period, 1,290 volunteers have been insured with Global Accident Insurance. This insurance has motivated the volunteers to provide more time for Red Cross activities, ensuring better services for vulnerable communities. A one-day orientation on volunteer management and global volunteer accident insurance has been scheduled for programme managers in June 2011 to empower programme managers with volunteer management skills and encourage volunteer insurance.

In April 2011, around 50 volunteers were oriented and mobilized for logistics support during the NRCS 40<sup>th</sup> General Assembly in Bhaktapur district, which involved more than 300 people from 75 district chapters and headquarters.

**Outcome 2: Enhance the capacity of junior/youth members and volunteers to provide effective and qualitative services to vulnerable communities.**

The junior/youth Red Cross programme has been focusing on strengthening coordination among the district chapters and sub-chapters, and promoting their working relationships through the organization of forums and sub-forums to better manage their junior/youth circles and involve them in Red Cross humanitarian activities within their respective fields. As a result, the junior/youth programme has been contributing towards the overall organizational development of NRCS.

In 2011, the programme has continued in three districts of Sankhuwashabha, Okhaldhunga and Bajura and is expected to reach a total of 12,600 people during 2011. The programme has been phased out in Tehrathum, Darchula and Bajhang after completing its two-year cycle.

During the reporting period, the programme implementation plan has been revised based on the limited funding available for 2011. Consequently, the major activities planned for this year are: orientation sessions on youth volunteer management for three programme districts; and district level activities such as orientations, competitions, circle support, monitoring visits, junior camps, leadership training and sub-forum formation. Additionally, three districts in remote areas will be oriented on the junior/youth Red Cross programme in 2011.

In February, NRCS Kaski district chapter organized the 31<sup>st</sup> National Junior Youth Conference in Pokhara. The conference was attended by 175 junior/youth delegates and teacher sponsors from 49 districts. Similarly, central committee governance members, national headquarters staff, executives from Kaski district chapter, representatives of ICRC, IFRC and delegates of Belgian Red Cross (Flanders) and Norwegian Red Cross were present. The conference reviewed NRCS policies and programmes and set out future strategies to address the emerging challenges coupled with capacity building on urgent issues.

The conference was an opportunity for junior/youth volunteers to share their ideas and activities in a big forum which will further motivate them to involve in the Red Cross Movement. In the conference resolution, the Red Cross youths committed to refrain from political activities; to refrain from smoking and imbibing alcohol; to make school environments plastic-free; to increase youth involvement and to use Red Cross pins in programmes for visibility; and expand preparedness in schools.

Additionally, key recommendations from the conference included:

- All bodies (departments and committees) of the Red Cross should initiate a greater focus on junior and youth Red Cross and encourage greater youth participation.
- Youth circles in communities need to be expanded to affiliate young people outside of campus.
- Youth suggestions should be incorporated while developing youth-related plans, working policies and different curricula.
- All school based programmes should be conducted through junior and youth Red Cross/department.
- National headquarters should study how to increase involvement of youth Red Cross volunteers.

**Outcome 3: Increase the participation and support of women from different castes, religions and ethnicities at all levels within NRCS.**

NRCS has been implementing the gender and women's development project since 2005 with the purpose of increasing women's participation at all levels within NRCS activities. The key activities of the project include gender training, women membership campaigns, women development workshops, skills-based training and support for income generating activities to economically vulnerable women. Since 2010, a social inclusion component has been incorporated in the project and since this year the programme is now called 'gender and social inclusion'.

So far, the gender and social inclusion project (gender and women development project until 2010) has covered 14 districts of Nepal, out of which, ten districts have already been phased out. In 2011, the project is largely supported bilaterally by Finnish Red Cross in the two districts of Shankhuwasabha and Rautahat, where the programme is intensive, and Syangja and Lamjung, where the programme is phasing out, also supported by Swedish Red Cross through the IFRC country plan.

Using funding secured by IFRC from Swedish Red Cross, a revised operational budget and plan of action have been prepared, targeting 180 people in the two phase out districts of Syangja and Lamjung involving gender training, skills-based refresher training to economically vulnerable women and education support to young girls.

**Programme component 2: Enhance the capacity of NRCS support services**

**Outcome1: Support the development of NRCS financial management systems and domestic fundraising and income generation skills.**

Discussions are on-going with different donors and IFRC for fund on accounting software installation. Meanwhile, a visit is planned for the NRCS auditor to visit Pakistan Red Crescent for a learning exchange, and the NRCS Director of Communications attended a regional fundraising workshop in Sri Lanka.

**Outcome2: Enhance the overall quality and capacity of NRCS planning, monitoring, evaluation and reporting (PMER) functions.**

Although this component has not yet been funded in 2011, IFRC has supported NRCS in its PMER capacity building through technical input and training. The NRCS PMER unit has been engaging closely with the PMER unit in the IFRC Asia Pacific zone office in Kuala Lumpur for technical support and in May the reporting officer participated in a regional reporting workshop at Kuala Lumpur with the support of IFRC Asia Pacific zone office. The NRCS PMER unit has also been coordinating the PMER aspects of all the IFRC supported programmes together with the IFRC country office.

**Outcome3: Explore the feasibility of a Human Resource Development Institute within NRCS.**

Since this programme component has not been funded, none of the planned activities has been implemented during the reporting period. However, Belgian Red Cross (Flanders) has been providing bilateral support for human resource management and development.

**Constraints or Challenges**

- Lack of specific funding for PMER has been a challenge for scaling-up PMER development activities in NRCS.
- Delays in funding confirmation has also been a major challenge for completing the planned activities, hence reduced action plans have been prepared to match available funding.

**Humanitarian values**

Programme component	Component outcome
1. Internal advocacy on Humanitarian Values and monitoring	1. Improved understanding, integration, and monitoring of the Fundamental Principles and humanitarian values within NRCS programmes.
2. Emergency communication and media relation	1. Improved emergency communication and media skills of NRCS headquarters and district level staff to support the promotion of humanitarian values.

## Achievements

As humanitarian values programme has not been funded, none of the activities planned have been carried out.

## Working in partnership

NRCS has been engaging closely with diverse range of partners including UN agencies, government organizations, IFRC, ICRC, partner national societies, and national and international non-governmental organizations for effective implementation of programmes and projects.

The IFRC country office has also been an active partner in many networks and forums, in particular:

- Permanent observer in the humanitarian country team (formerly IASC) at operations and principals level.
- Participant in the UN contact group meeting (UN/donors).
- Convenor of the emergency shelter and non-food items cluster.
- Partner in the NRRC and lead of Flagship 4 on integrated CBDRR/management

IFRC also has played a strong role in-country to connect NRCS and Movement partners to these various networks and the share information on key developments within the humanitarian and development sectors, in particular through the monthly information sharing meetings and regular communication through the wider Nepal partner national society mailing list. Similarly, ICRC, IFRC and NRCS continue to meet monthly to discuss the security, political and disaster situation in the country, as well as sharing information and identifying preparedness activities.

NRCS has also worked collaboratively with a wide range of stakeholders for both the diarrhoea prevention operation as well as the Nepal government's national polio campaign 2011 under the "Global Polio Eradication Initiative". These initiatives have strengthened partnerships with the government and other agencies, such as the World Health Organization and UNICEF.

It is also recognized that there is an urgent to explore more partnerships with new partner national societies and private organizations to further diversity the support based for NRCS.

## Contributing to longer-term impact

All programmes supported by IFRC are directly to the NRCS 6<sup>th</sup> Development Plan 2011-2015 which outlines main priorities and areas of intervention over the next five years as follows:

- Save lives, protect livelihoods and strengthen recovery from disaster and crisis.
- Promote safer, resilient and healthy communities.
- Promote social inclusion and a culture of non- violence and peace.
- Strengthen organizational governance and management capacity at all levels for better performance to reduce vulnerability.

This plan has been developed in close alignment with national and regional strategies, as well as the IFRC's Strategy 2020. One of the major commitments of the current leadership is to ensure NRCS is well positioned to face the changing social, political and humanitarian contexts in the country by restructuring and streamlining its governance and management structures and further developing its workforce, with a focus on diversity, accountability, integrity and professionalism.

## Looking ahead

IFRC is committed to help NRCS achieve the goals defined under its sixth development plan. However in recent years, a major part of NRCS's longer-term development programmes have been funded bilaterally rather than multilaterally through IFRC, due to the good implementation capacities of NRCS.

Given this situation, the country office has been exploring alternative ways to provide meaningful support to NRCS and partners in-country in the absence of programme funding. It is likely that IFRC's role in Nepal will focus exclusively on technical support for overall strategic development and capacity building of NRCS and scaling up coordination, advocacy and international representation, in line with Strategy 2020 and IFRC business lines.

## How we work

**All Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.**

The IFRC's vision is to:

Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

## Contact information

For further information specifically related to this report, please contact:

### In Nepal:

- Nepal Red Cross Society: Umesh Prasad Dhakal, executive director, NRCS; email: [umesh@nrcc.org.np](mailto:umesh@nrcc.org.np); phone: +977.14.27.0650; fax: +977.14.27.1915
- International Federation Country Office in Nepal: Victoria Bannon (Federation representative); email: [victoria.bannon@ifrc.org](mailto:victoria.bannon@ifrc.org); phone: +977.14.28.5843; fax: +977.14.28.6048

### International Federation South Asia Office in Delhi:

- Azmat Ulla (Head of Regional Office); phone: +91.11.2411.1125; fax: +91.11.2411.1128; email: [azmat.ulla@ifrc.org](mailto:azmat.ulla@ifrc.org)
- Michael Higginson (Regional Programme Coordinator); phone: +91.11.2411.1122; email: [michael.higginson@ifrc.org](mailto:michael.higginson@ifrc.org)

### International Federation Asia Pacific Zone Office in Kuala Lumpur:

- Al Panico (Head of Operations); phone: +603 9207 5702; email: [al.panico@ifrc.org](mailto:al.panico@ifrc.org)
- Alan Bradbury (Resource Mobilization and PMER Coordinator); phone: +603 9207 5775, email: [alan.bradbury@ifrc.org](mailto:alan.bradbury@ifrc.org)

Please send all funding pledges to [zonerm.asiapacific@ifrc.org](mailto:zonerm.asiapacific@ifrc.org).

[<financial report below; click to return to title page>](#)

MAANP001 - Nepal

Appeal Launch Date: 01 jan 11

Appeal Timeframe: 01 jan 95 to 31 dec 13

Interim Report

Selected Parameters	
Reporting Timeframe	2011/1-2011/6
Budget Timeframe	2011/1-2011/12
Appeal	MAANP001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	<b>438,321</b>	<b>573,217</b>	<b>349,793</b>	<b>20,397</b>	<b>83,496</b>	<b>1,465,224</b>
<b>B. Opening Balance</b>	<b>33,014</b>	<b>61,378</b>	<b>25,823</b>	<b>0</b>	<b>48,468</b>	<b>168,682</b>
<b>Income</b>						
<u>Cash contributions</u>						
<i>Austrian Red Cross</i>					10,000	10,000
<i>Japanese Red Cross</i>	85,323	21,331	10,665		10,665	127,985
<i>Norwegian Red Cross</i>	1,398					1,398
<i>Norwegian Red Cross (from Norwegian Government)</i>	33,546					33,546
<i>Swedish Red Cross (from Swedish Government)</i>		97,675	45,582		0	143,257
<b>C1. Cash contributions</b>	<b>120,267</b>	<b>119,006</b>	<b>56,247</b>		<b>20,665</b>	<b>316,186</b>
<u>Other Income</u>						
<i>Services Fees</i>					16,920	16,920
<b>C4. Other Income</b>					<b>16,920</b>	<b>16,920</b>
<b>C. Total Income = SUM(C1..C4)</b>	<b>120,267</b>	<b>119,006</b>	<b>56,247</b>	<b>0</b>	<b>37,585</b>	<b>333,106</b>
<b>D. Total Funding = B + C</b>	<b>153,281</b>	<b>180,384</b>	<b>82,070</b>	<b>0</b>	<b>86,053</b>	<b>501,788</b>
<b>Appeal Coverage</b>	<b>35%</b>	<b>31%</b>	<b>23%</b>	<b>0%</b>	<b>103%</b>	<b>34%</b>

## II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	33,014	61,378	25,823	0	48,468	<b>168,682</b>
<b>C. Income</b>	120,267	119,006	56,247	0	37,585	<b>333,106</b>
<b>E. Expenditure</b>	-5,996	-119,378	-57,735		-68,110	<b>-251,218</b>
<b>F. Closing Balance = (B + C + E)</b>	147,285	61,006	24,335	0	17,943	<b>250,569</b>

International Federation of Red Cross and Red Crescent Societies

MAANP001 - Nepal

Appeal Launch Date: 01 jan 11

Appeal Timeframe: 01 jan 95 to 31 dec 13

Interim Report

Selected Parameters	
Reporting Timeframe	2011/1-2011/6
Budget Timeframe	2011/1-2011/12
Appeal	MAANP001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

### III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
A		B						A - B
<b>BUDGET (C)</b>		<b>438,321</b>	<b>573,217</b>	<b>349,793</b>	<b>20,397</b>	<b>83,496</b>	<b>1,465,224</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	769							769
Construction Materials	36,220							36,220
Clothing & textiles	300							300
Water, Sanitation & Hygiene	10,431							10,431
Medical & First Aid	984							984
Teaching Materials	9,074							9,074
Other Supplies & Services	27,684							27,684
<b>Total Relief items, Construction, Supplies</b>	<b>85,463</b>							<b>85,463</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	6,921							6,921
Computers & Telecom	32,822					1,748	1,748	31,074
Office & Household Equipment	31,885					444	444	31,441
Others Machinery & Equipment	1,969	263	891	272		-1,426	0	1,969
<b>Total Land, vehicles &amp; equipment</b>	<b>73,597</b>	<b>263</b>	<b>891</b>	<b>272</b>		<b>766</b>	<b>2,192</b>	<b>71,405</b>
<b>Logistics, Transport &amp; Storage</b>								
Distribution & Monitoring	1,440							1,440
Transport & Vehicle Costs	33,387	675	3,303	1,029		976	5,983	27,404
<b>Total Logistics, Transport &amp; Storage</b>	<b>34,826</b>	<b>675</b>	<b>3,303</b>	<b>1,029</b>		<b>976</b>	<b>5,983</b>	<b>28,844</b>
<b>Personnel</b>								
International Staff	142,650					47,103	47,103	95,547
National Staff	61,136	2,702	9,140	2,790		10,766	25,398	35,738
National Society Staff	182,849							182,849
<b>Total Personnel</b>	<b>386,636</b>	<b>2,702</b>	<b>9,140</b>	<b>2,790</b>		<b>57,869</b>	<b>72,501</b>	<b>314,135</b>
<b>Consultants &amp; Professional Fees</b>								
Consultants	6,152					260	260	5,892
Professional Fees	1,261					7,000	7,000	-5,739
<b>Total Consultants &amp; Professional Fees</b>	<b>7,413</b>					<b>7,260</b>	<b>7,260</b>	<b>153</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	629,922	1,341				625	1,966	627,956
<b>Total Workshops &amp; Training</b>	<b>629,922</b>	<b>1,341</b>				<b>625</b>	<b>1,966</b>	<b>627,956</b>
<b>General Expenditure</b>								
Travel	43,741	254	1,842	599		1,655	4,350	39,391
Information & Public Relation	7,499					12	12	7,487
Office Costs	22,438					2,416	2,416	20,022
Communications	14,309					2,086	2,086	12,223
Financial Charges	2,817					-1,404	-1,404	4,221
Other General Expenses	67,136		5,126	1,667		-8,402	-1,609	68,745
<b>Total General Expenditure</b>	<b>157,941</b>	<b>254</b>	<b>6,968</b>	<b>2,266</b>		<b>-3,637</b>	<b>5,851</b>	<b>152,089</b>
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies			91,226	47,054			138,281	-138,281
<b>Total Contributions &amp; Transfers</b>			<b>91,226</b>	<b>47,054</b>			<b>138,281</b>	<b>-138,281</b>
<b>Indirect Costs</b>								
Programme & Service Support	89,427	340	7,249	3,472		4,151	15,212	74,215
<b>Total Indirect Costs</b>	<b>89,427</b>	<b>340</b>	<b>7,249</b>	<b>3,472</b>		<b>4,151</b>	<b>15,212</b>	<b>74,215</b>
<b>Pledge Specific Costs</b>								
Earmarking Fee			195	93		84	373	-373
Reporting Fees		420	405	758		17	1,600	-1,600

International Federation of Red Cross and Red Crescent Societies

MAANP001 - Nepal

Appeal Launch Date: 01 jan 11

Appeal Timeframe: 01 jan 95 to 31 dec 13

Interim Report

Selected Parameters	
Reporting Timeframe	2011/1-2011/6
Budget Timeframe	2011/1-2011/12
Appeal	MAANP001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

### III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
A		B						A - B
BUDGET (C)		438,321	573,217	349,793	20,397	83,496	1,465,224	
Total Pledge Specific Costs		420	600	852		101	1,973	-1,973
TOTAL EXPENDITURE (D)	1,465,224	5,996	119,378	57,735		68,110	251,218	1,214,006
VARIANCE (C - D)		432,325	453,839	292,059	20,397	15,386	1,214,006	