

ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

NEPAL

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In Brief

Appeal No. 01.55/2003; Appeal target: CHF 2,248,507 (USD 1,769,109 or EUR 1,437,656); Appeal coverage: 39.3% ([click here to go directly to the Financial Report](#)).

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Overall analysis of the programme

The internal armed conflict which began in Nepal in 1996 is now affecting all districts of the country. The security and livelihood of thousands of families are being disrupted. Many have been forced to leave their homes and have become internally displaced persons. The ceasefire between the government and the Maoist lasted from January to August 2003 but broke down after unsuccessful peace talks. According to several reports from independent sources human right abuses are common, kidnapping, killing and forced migration are adding to the vulnerability of communities. It is estimated over 8,500 people have died as a result of the conflict with nearly a quarter of these fatalities occurring in 2003.

The deteriorating situation has meant the Nepal Red Cross Society (NRCS), as the largest humanitarian organisation in the country, has had to take additional responsibilities to provide urgent humanitarian assistance to people affected by the conflict. Dissemination of the Red Cross principles and international humanitarian law to the general public, specific groups as well as internally within the national society has become one of the main priorities. At the same time the experience of the NRCS points to the importance of continuing relevant community based programmes in conflict affected areas. Community networking and capacity building decreases the vulnerability of communities towards crises and emergencies, such as the current conflict. It is essential for the national society to continue activities on branch and sub-branch level in conflict affected areas. This makes the Red Cross visible and present in the community; it can therefore take on other conflict related tasks.

To maximise its effectiveness the Nepal Red Cross has conducted several workshops for staff and volunteers regarding how to prepare, act and respond to the conflict situation. The leadership of the national society has underlined the need for neutrality and independence. Programme implementation has been adjusted, especially regarding the location for workshops, the number of monitoring visits as well as communication and reporting lines between the districts and headquarters. However, generally the programmes have been implemented

according to plans, since the NRCS is well respected in the country and the implementers are members of the local community and Red Cross sub-branches.

The flood in the monsoon season 2003 claimed the lives of 400 people and resulted in major loss of property. The national society provided relief assistance to the 4700 families affected by the disaster through mobilising its internal resources. It also acted as one of the main coordinating bodies during the disasters. The Nepal Red Cross has during the last years established itself as the main disaster management organisation in the country. This is a good example of what the long term investment in organisational capacity building has achieved.

The implementation of community based programmes, such as the community development programme, the community-based first aid and disaster preparedness programmes have become one of the main strengths of the Nepal Red Cross. The society has an effective model to involve local communities and all programmes integrate sustainability components. The society is also a leader in Nepal in areas such as HIV/AIDS and water and sanitation, especially arsenic mitigation. Many of these programmes span over three to five years and it is therefore essential to gain long-term commitments from partners. The development of a draft cooperation agreement strategy (CAS), based on Nepal Red Cross five-year development plan, will form the basis for discussion cooperation models with partners in the beginning of 2004.

Although the response from partners to the Annual Appeal 2003 was not high many of the programmes have been implemented with internal resources and support from the South Asia regional delegation (SARD). The NRCS does also have considerable support from bilateral partners within and outside the Red Cross Red Crescent Movement.

Health and care

Overall goal: To improve the health status of communities and reduce their vulnerability.

Programme objective: To enhance the capacity of all levels of the Nepal Red Cross Society so as to empower communities and to promote positive behavior for improved health.

Community development project objective: To develop the capacity of the most vulnerable people, living in situations where their socio-economic security and dignity are constantly threatened.

Expected results:

- Infant/child and maternal mortality rates are reduced by 70 per cent through the initiation of health related activities.
- Waterborne diseases and epidemics are reduced by 60 per cent as a result of the provision of safe drinking water, latrine construction and improved cooking stoves to 90 per cent of the people in the project area.
- The literacy rate is increased by 90 per cent out of the 75 per cent of people involved in other activities of community development, and partnerships with relevant organisations are established.
- Availability of food for an additional two months is secured for 30 per cent out of 50 per cent of the population involved in self-help groups through links with relevant organisations.
- The quality of service provided by Red Cross district chapters and sub-chapters is improved and the number of beneficiaries increases by 50 per cent.

Progress/Achievements

During 2003, the NRCS implemented community development projects (CDP) in 12 districts, which also includes the primary health care based community project and chapter-to-chapter co-operation project (twinning). The community development projects in four districts have been supported by the Swedish Red Cross with the coordination of the Federation. The Danish, Norwegian and the Belgian Red Cross-Flanders support CDP bilaterally. Similarly, the twinning projects in two districts have been implemented bilaterally in participation with the Swedish Red Cross-Region Gota.

The community development programme cycle is five years. In each project area, implementation stretches over five years, with one additional phase-out year. It takes this amount of time since this is a development process aimed at changing people's behaviours and making them capable of addressing their own problems. CDP's aim is to develop the capacity of the most vulnerable people, who constantly live in situations where their socio-economic security and their dignity are threatened. The appeal launched in 2003 through the Federation sought support for the continuation of CDP in Baitadi, Rasuwa and Dang districts as well as to start new CDP in Dhankuta district. The various districts are in different phases of the projects, some the first year and others the sixth year, for instance Baitadi (phase-out year), Rasuwa (fourth years), Dang (second years) and Dhankuta (first year-new). Hence, the overall progress and result seen in CDP implemented districts varies.

The following description is the main achievements in the districts supported through the appeal. Training courses were held for traditional birth attendants (TBA), traditional healers and community-based first aid volunteers. A course was also conducted regarding HIV/AIDS, kitchen gardens, health and sanitation with 256 participants. To promote positive health behaviours CDP has coordinated activities for and encouraged families to vaccinate infants, children and mothers regularly. Permanent and temporary means of family planning, education and awareness on HIV/AIDS are also essential health messages within the programme. Sanitation and nutrition is also promoted.

One gravity fed drinking water scheme, five tube wells and eight wells were constructed with high participation of the communities concerned. This will contribute to reducing health hazards and make accessing clean water far more convenient. Ten drinking water users committees have been formed, one drinking water users' committee workshop was conducted and one caretaker training was organised with the expectation that all the drinking water schemes will be managed locally by the community to ensure sustainability. As supplementary activities 133 toilets, 136 washing platform, 148 improved cooking stoves were constructed and 85 kitchen gardens were established.

Three training courses for literacy facilitators were conducted with 16 participants. Five adult literacy, six child and four post literacy classes were organised, reaching 292 persons. The literacy rate of the project area has significantly increased. Participants are now able to use signatures instead of thumbprints. Some have gained the ability to read and write simple sentences. Women in particular have been empowered and the overall literacy rate is gradually increasing.

Eight self-help groups have been formed. Five self-help courses while four skill development trainings and management trainings were conducted. To date 16 per cent of the people from the project area in Dang district and 72 per cent of people in Rasuwa district have been involved in self-help groups. The self-help groups of Baitadi saved Rs. 46,615 (CHF 790) which has been used to give loans to group members to invest in income generating activities.

A total of Rs. 217,498.00 (CHF 3,690) was earned from income generating activities. These funds will be used for future programme interventions and follow-up of CDP (after its phase out) as well as for district chapters management and other activities.

Impact

The CDP in Dhankuta is new and will enter into the main implementation phase during 2004. However, during the short preparatory phase, it has created visibility for the Red Cross in the project area and community members are very cooperative towards the attainment of the CDP objective. In the district of Dang, the project has contributed to a positive image of Red Cross enabling the district chapter to maintain its neutral and impartial identity and to provide services effectively. In the project areas where CDP is implemented, community participation is high and community members address their problems by implementing various CDP activities.

The CDP intervention is successful in reducing health hazards through education on different health and sanitation issues using information, education and communication (IEC) materials and by installing improved

cooking stoves, toilets, washing platforms, kitchen gardens and drinking water facilities. To date, the construction of drinking water schemes has contributed to a 12 per cent increase in water facilities in Dang and 58 per cent in Rasuwa. The constructed drinking water schemes have been maintained properly by the local users' committees who have been trained to manage it in a sustainable way. The analysis of information received indicates that to date 23 per cent of households in Dang and 87 per cent of households in Rasuwa have constructed toilets. These households are using and cleaning these facilities regularly. This has resulted in a gradual decrease of open defecation around the paths and in other common areas. As for improved stoves, 23 per cent of households in Dang and 43 per cent of households in Rasuwa have such facilities. Similarly, the coverage of washing platforms in Dang is 23 per cent and in Rasuwa 87 per cent. In Baitadi, drinking water coverage is only 32 per cent, latrines 46 per cent and improved cooking stoves 45 per cent.

Because of credit saving programmes, dependency on local moneylenders has decreased and it has empowered women as they become more independent in money matters. Women in the self-help group can speak in public and contribute to household expenditure and the education of their children. To make these self-help groups sustainable when the CDP is phased out, it has been the policy to affiliate such groups with saving and credit cooperatives and other relevant organisations.

The literacy programme has had a significant impact. Participants have subsequently been able to participate fully in various community committees and organisations. Similarly, children participating in literacy classes have been admitted to upper classes in schools of the project areas. This has motivated parents to send their children to school while children are motivated to rejoin school. The achievement of non-formal education is measured during the mid-term evaluation and final evaluation of the project. The final evaluation report of CDP in Baitadi district indicates that almost 64 per cent of the people of the project area are literate against its original status of only 30 per cent.

The final evaluation carried out in Baitadi at the end of 2003, has shown mainly positive results. The project has enhanced the capacity of vulnerable people in the community. However, it has identified that while some of the targets are realistic others are too ambitious, for instance the vulnerability reduction by 50 per cent within five years is not possible, as this demands a longer-term process. The project's achievements in the areas of literacy, sanitation and different capacity building initiatives through trainings are highly satisfactory.

The sub-chapters in Baitadi, Rasuwa and Dang are now capable to carry out and follow up different interventions made by the CDP. They open their office regularly for a few hours and maintain good public relations with the communities concerned and the local Red Cross units are visible and present in the villages.

Similarly, the district chapters are more capable compared with the situation before CDP. All the district chapters are maintaining high visibility with different types of programme interventions and are able to build upon their image of neutrality. They are also capable of using local resources by preparing short proposals and attracting local governmental and non-governmental funding. They have well-trained professionals in the programme areas of the Red Cross as well as in programme management. The number of members has increased. The increase in numbers of beneficiaries of Red Cross services is estimated to be 23 per cent in Dang and 49 per cent in Rasuwa.

Constraints

The security situation of the country has influenced the implementation of project activities in Baitadi, especially the supervision and monitoring. It did also have implication when conducting the final evaluation; all project areas could not be visited and therefore not analysed properly. In the other districts, there were only minor problems encountered, that to some extent influenced the programme implementation. There were restrictions of on large gatherings, meetings and workshops and in night activities. However, with prior permission it was possible to implement these activities.

It should be noted that the expected results in the 2003 Annual Appeal related to a five-year project period. As there have been no mechanisms in place to measure achievements on a half-yearly or annual basis, it has been

difficult to reflect definitive impact in programme updates and annual reports. This data will be available in the mid-term and/or final evaluation of the project areas.

The Nepal Red Cross has adopted a new CDP policy and procedures, based past experience, recommendations made by evaluations/studies, current development trends, changed context of the country and the need to address the emerging problems of vulnerable communities with more flexibility. This will contribute to the qualitative reports with more emphasis on results and short-term impacts.

Drinking water and sanitation project objective: To contribute to the reduction of morbidity and mortality in nine selected village development communities (VDCs) of six districts in Nepal.

Expected results:

- A total of 50 per cent of the people in the VDC programme are made aware of personal, domestic and environmental sanitation.
- A total of 50 per cent of the households in the hills and 20 per cent in the Terai have constructed latrines and washing platforms.
- A total of 50 per cent of the households in the VDC programme are supported in getting safe drinking water.
- A total of 1,500 people (community, volunteers and staff) receive different training.
- A total of 69 management committees and 120 savings and credit groups are formed and strengthened.
- A total of 1,500 members from the management committees and savings and credit groups are literate.
- Six district chapters and nine sub-chapters are strengthened in order to sustain the programme.

Progress/Achievements

The programme did not receive funding through the Annual Appeal. It was carried out until the end of 2003 with cooperation of the Japanese Red Cross Society. The NRCS implemented a drinking water and sanitation project from early 1983 until the end of July 2003 in four different phases, applying different strategies and approaches. During the fourth phase, a final evaluation of the project was also carried out which highly stressed the success of the project in bringing changes at the community level and it was recommended that the intervention should continue.

Impact

Over the 20 years of the drinking water and sanitation project, there have been numerous tangible results. Over 11,000 tube wells and 296 gravity fed schemes were installed in the Terai and Hilly districts respectively, providing potable water to 1.4 million people, which is more than six per cent of the total population of the country. Including the sanitation component, this project has been successful in minimising water-borne diseases by means of safe drinking water, practices of washing hands, use of latrines and practices of positive health and hygiene behaviours. At the same time, its contribution to further strengthen the capacity of district chapters and sub-chapters has been remarkable. The NRCS has gained considerable experience from this project, which has enhanced its capacity.

Constraints

Lack of funding through the Annual Appeal means this programme is currently not being continued. However the Nepal Red Cross is keen to revive this important development aspect and is actively searching for partners.

Junior Red Cross drinking water supply (as a part of the above project) project objective: To improve the health condition of the children, their families and the communities.

Expected Results:

- School children develop the habit of washing their hands with soap or washing after defecation and before eating.
- A child-to-child learning environment about hygiene and sanitary behavior is developed.
- Youth leaders' capacity in planning and organising of the circle is strengthened.
- Schools and nearby communities will install and improve their sanitary units (i.e. toilet, drainage, soak-pit, garbage-pit, etc.)
- Female students and community women will have increased participation in decision making in relation to hygiene and environmental sanitation activities.
- Schools and nearby communities will become familiar with international humanitarian law.
- The performance of the Junior Red Cross and the Red Cross Youth will be efficient and effective.

Progress/Achievements

This project was not funded through the Annual Appeal, but was able to proceed with bilateral collaboration with the Japanese Red Cross Society and UNICEF. The project, which has been completed, was carried out in junior/youth Red Cross Circles in order to provide drinking water and sanitation facilities in schools and nearby communities. Based on an evaluation report, the junior/youth Red Cross would like to continue implementation of school-based health and sanitation projects with some modification of activities. Considering this, the junior Red Cross health and sanitation project is included in the Annual Appeal 2004 with the objective to improve the health condition of children, their families and communities.

Impact

During the project period from 1984 to 2002, this project installed 134 tube wells and four dug-wells in 11 districts of Terai. Similarly, 98 gravity flow schemes were completed in the hilly area of the country. More than 180,000 people benefited from those schemes and 96 schools received clean drinking water facilities. The evaluation also showed that the provision of safe drinking water inside school compounds has helped regularity of classes. Students are directly involved in cleaning toilets helping promote change in behaviour towards proper sanitation. Most of the schools have a yearly plan of action and have prepared rules and regulations to improve sanitary facilities.

Drinking water quality improvement (arsenic mitigation) objective: To stop the use of arsenic contaminated water above 50 ppb by providing alternative options; to investigate the adverse health effects on users; and to increase the community's awareness of water quality.

Expected Results:

- Arsenic contamination in shallow tube wells is analysed.
- Different technologies for arsenic -free water options are provided.
- The use of arsenic contaminated water is stopped and the health of users (those who used heavily arsenic contaminated water) is examined.
- Knowledge and skills about environmental health and sanitation are increased.
- The capacity of community people for qualitative drinking water is enhanced.

Progress/Achievements

This programme was not funded through the Annual Appeal but bilaterally by the Japanese Red Cross Society and UNICEF. The NRCS has become a leading organisation in addressing arsenic contamination in Nepal. The different activities implemented by the national society to address this issue sensitized decision makers of government and non-government agencies active in the water supply sector. To begin with, the situation was difficult as the government was not fully aware and had not accepted the existence of this problem. To date, the NRCS has tested more than 10,000 tube wells. The communities in the project areas are well aware of arsenic

and its adverse health effects. The NRCS provided many alternatives for contaminated drinking water sources. It also conducted surveys of arsenicosis patients and provided appropriate treatment. A recent study has shown that the health situation of these patients has improved as a result.

The constitution of a National Steering Committee for Arsenic was the first step taken by the government involving major stakeholders from government and non-government sectors in drinking water and sanitation. The NRCS is an active member on this committee and plays a major role in the formulation of national level plans and programmes. The development of a national interim policy on arsenic was the first document prepared by the steering committee to guide stakeholders to work on this issue. Today all concerned agencies related to water supply are prioritizing arsenic testing in their programme areas and more than 30,000 tube wells have been tested.

Impact

The Nepal Red Cross has been instrumental in highlighting the importance of the health risks of arsenic contamination and the need to address this problem. It has built up considerable knowledge in this area; for example the national society has established a comprehensive data base with information about affected areas. It has used its knowledge to support the development of national policies and plans.

Constraints

A lack of funding means this programme may have to be discontinued. This is despite there still be a great need for such interventions. The Nepal Red Cross will explore the possibility of continuing the programme.

Community-based first aid project objective: To enhance the capacity of the Red Cross and the communities to address health priorities, prevent day-to-day injuries, and prepare for and respond to disaster and internal armed conflict.

Expected Results:

- The risk of life threatening situations caused by injuries and priority health problems in the communities of 11 districts is reduced.
- First aid and disaster relief service are established in the community benefiting 80 per cent of its people.
- The capacity of district chapters to provide immediate care, manage training and mobilise volunteers to address priority health problems of the community is enhanced.

Progress/Achievements

The Nepal Red Cross, with the support of the Swedish Red Cross and DFID coordinated through the appeal, has been implementing the community-based first aid programme (CBFA) as an integrated programme with three-year project cycles for each targeted community. In 2003, the CBFA programme was implemented in 17 communities of eight districts. Among these districts, Swedish support has been used for second year activities of five districts, and DFID support was used for first year activities of three districts. The timely confirmation of the budget 2003 made it possible to complete activities according to plan.

The trained CBFA volunteers are providing regular services to the community in all eight districts. With the view to providing supplementary knowledge and skills to the CBFA volunteers, 16 CBFA trainers were given refresher training. The training included additional community-based disaster preparedness content. These trainers subsequently conducted CBFA refresher training for 139 CBFA volunteers (97 male and 42 female). Because of the training, the confidence of the volunteers in giving first aid service has improved. This has contributed towards reducing injury related problems of the communities concerned. Similarly, the traditional birth attendants and female community health volunteers working in various communities of the five districts in the second year implementation phase have considerably contributed to reducing the threat of different health hazards by providing regular services to the public and creating awareness for better health conditions. A three-day first aid training course was conducted for 82 members (4 male, 78 female) of the community.

The 247 CBFA volunteers trained in 2002 received supplementary training in 2003. They have established first aid and counselling services in their respective communities. The number of people receiving first aid services in 2003 was 7,142, which was a 212 percent increase on the previous year. CBFA committees formed in 2002 at the community level are functioning well. Activities have included fundraising, seasonal health awareness and counselling, organisation of clean home competitions, construction of toilets, garbage pit and washing platform construction.

With motivation from CBFA volunteers, community members constructed 446 toilets, 171 washing platforms and 485 garbage-pits in the second year of this project. In the Panchthar district, all households have constructed these units while in Taplejung 75 per cent and in Ilam 50 per cent of households participated. Similar activities were planned for other districts. However, the same model was not feasible in the Terai region and alternative model was too expensive. The Nepal Red Cross intends to explore funding options in 2004.

In the second year of the project cycle, each community is setting up its own community disaster relief fund. The communities have initiated fund raising activities in all of the project areas of the five districts. Rs. 114,438 (CHF 1,940) in cash and 581 kg of food grains have been collected during this period. The manual developed with the participation of the communities for sustainable management of the community disaster relief fund has further supported this initiative. The funds raised have largely contributed to establishing proper mechanisms for first aid and disaster relief services. Funds are being used for the purpose of replenishment of first aid materials, relief support for disaster victims and other needy people. The CBFA volunteers motivate the community to donate to the fund. Since these activities begin in the second year of the project cycle, fund raising has yet to commence in the remaining three districts.

First aid boxes were distributed to trained volunteers in the first year of the programme cycle and these were replenished using the CBFA fund. The observance of World First Aid Day has enhanced the understanding of the importance of first aid services, thus increasing the number of beneficiaries, especially at community level where CBFA volunteers are ready and equipped to provide service. Nepal Red Cross headquarters and 20 district chapters observed World First Aid Day, in which around 10,000 members of the public and 2,500 Red Cross volunteers participated in various programmes throughout the country. Media conferences/briefing, press releases, articles, radio programmes, simulations, speeches, street dramas and mass meetings were the main activities undertaken.

The CBFA is also strengthening other capacities within the communities and Red Cross districts. A five-day account and management training was conducted for 25 people from eight districts. Similarly, a five-day training on proposal writing was conducted with 20 participants. Regular orientation and review meetings of the projects' activities were carried out in various districts as well as at headquarters level to verify and review implementation. Institutional support in addition to income generating activities was provided for sub-chapters to enhance their sustainability. There was an increase of 118 life members, 168 general members, 19 junior Red Cross 'circles' - with 281 junior members - and seven youth Red Cross 'circles' with 378 youth members in the project districts.

Impact

The following table further exemplifies the achievements:

District	Number of benefited persons and service activities					Remarks
8 programme districts	First Aid	Health Knowledge	Red Cross Knowledge	Relief Support *	Disaster Counselling	* Families
Total	7,142	5,112	10,462	154	2,229	

It has become clear through the regular supervision and monitoring in the project areas, that the CBFA volunteers have motivated communities and entrenched support of the sub chapters and district chapters. This has

cumulatively contributed to the reduction of injuries and health related problems, leading to a reduction in vulnerability.

Red Cross membership has been increasing gradually in each of the five districts implementing the second year of the project cycle. The increased membership supports the local Red Cross units as well as the district chapters to monitor the CBFA activities at community level. The district chapters of the NRCS are playing vital roles in expanding and institutionalising first aid services in their respective districts. Capacity of the district chapters, sub-chapters and communities has been strengthened. Coordination with different government and non-governmental organisations, especially in the present context, has further enabled district chapters to have easy access and conduct different activities in a coordinated manner. This has also led towards the enhancement of the national society's neutral and impartial image and profile.

The effect of the CBFA programme has been remarkable in Panchthar and Ilam districts. This has been exemplified by requests from adjoining communities, which are affected by the internal armed conflict, for first aid training. This has resulted in the Panchthar and Ilam district chapters conducting training in these adjoining communities.

Considering the importance of and the need to continue CBFA interventions in all the districts having a three-year project cycle, this project has been incorporated again in the Annual Appeal 2004.

Constraints:

The Nepal Red Cross intended to launch the programme in 11 districts. However due to budget constraints, it was limited to eight. Since the CBFA programme is widely accepted and recognised by different stakeholders, the national society did not face any problems with the programme implementation. There was a high demand to expand the programme to neighbouring communities and districts but this was not possible due to limited funding.

HIV/AIDS prevention (blood safety, care and support and awareness campaign) project objective: To introduce a comprehensive awareness campaign, voluntary counseling and testing, and care/support services for people affected by HIV/AIDS

Expected results:

- Large-scale awareness and advocacy activities are expanded in five districts.
- Voluntary, confidential testing facilities introduced and blood safety strengthened in six districts.
- Access to care and support services to people affected by HIV/AIDS improved in six districts.
- A supportive environment for people living with HIV/AIDS and their families is created in six districts.
- The organisational capacity of the Nepal Red Cross Society is strengthened in the management of the HIV/AIDS programme.

Progress/Achievements

The Nepal Red Cross has been implementing a HIV/AIDS prevention and reproductive health programme since 1994 in 50 districts. The main objectives include promoting awareness on HIV/AIDS, increasing access to information and services on HIV/AIDS and reproductive health. The society has just finalised its five-year strategy on HIV/AIDS and is planning to introduce care and support services for people infected affected by HIV/AIDS.

Most of the programmes are implemented through bilateral partnerships, including the Swiss Red Cross, Norwegian Red Cross, Swiss Agency for Development and Cooperation (SDC), Engender Health, GTZ. The Federation appeal mobilised support from the OPEC Fund to implement part of the HIV/AIDS programme. This report highlights the achievements under the activities funded by the PEC Fund.

To achieve the above objectives, the NRCS has implemented different activities such as workshops, meetings, distribution of IEC materials, social mobilisation, advocacy against stigma and discrimination and networking. Activities also include the mobilisation of volunteers to promote HIV/AIDS education and awareness.

Two advocacy workshops provided an excellent opportunity to bring different stakeholders together to discuss HIV/AIDS and express commitments to act against stigma and discrimination. The workshops involved 120 key decision makers at the district level (chief district officers, journalists, medical professionals, policy makers, students, teachers, political leaders, and women leaders). Persons living with HIV/AIDS (PLWHA) shared their sufferings relating to stigma and discrimination. This was a revelation to the participants and led to the development of understanding and a feeling of humanity, which contributed to change assumptions about PLWHA. In this sense, the workshops were very successful in changing attitudes. In addition, various issues related to HIV/AIDS, advocacy, stigma and discrimination, Red Cross principles and reasons for the Red Cross to be involved in this area were discussed. Many of those who participated in the workshops have already commenced activities with teachers and students particularly active.

Three workshops on blood safety awareness for 60 blood transfusion staff and blood donors were held. An additional workshop will be staged in February 2004. The main topics covered were prevention of HIV through blood transfusion, universal precaution in blood transfusing, voluntary blood testing and donating strategies and promotion of safe blood donation and measures to be taken for safe blood donation. Participants prepared action plans to promote safe blood through public awareness activities in their respective areas and groups. Discussions emphasised ways to strengthen the technical capacity of all blood transfusion centres to promote prevention. The national society is conducting a review and consulting relevant organisations to develop its policies and guidelines. A consultant will be hired to prepare draft policies, guidelines and the framework for voluntary counselling and testing services.

In two districts, the project is targeting women from migrant families. A total of 92 women action groups (WAG) have been formed and trained leaders from the groups on HIV/AIDS, group mobilisation, leadership and communication. The leaders facilitate a monthly meeting with their group members. Some 218 meetings have already taken place and on average 1,400 women participate in each of the monthly meetings. All issues related to HIV/AIDS including care and support are widely discussed. The groups promote care and support and increase access to these services where they are not available as well as conduct mobilisation and advocacy activities in the communities. Ten male educators have been selected and oriented to work as roving educators. They will disseminate information related to HIV/AIDS, its risks, prevention, care and support at a community level through informal discussions.

Different IEC materials and activities including street theaters and information through mass media are used to promote HIV/AIDS prevention and care and support messages to a large population at a community level. Events such as Condom Day and World AIDS Day were organised through the use of the 'enter-educate' approach which reached nearly two million people with the messages of HIV/AIDS and the use of condoms. Manuals and IEC materials have been produced under the project. A manual on HIV/AIDS has been completed. In addition, a leaflet to promote messages about advocacy on HIV/AIDS has also been produced. Six different types of materials for HIV/AIDS activities were reproduced and used.

Community level orientation, youth peer education sessions and other interaction activities carried out by the project has promoted an enabling environment to communicate about sex and sexuality, and HIV/AIDS including care and support. Life skills based peer education training reached 80 young people in two project districts and a peer counseling course trained 20 young people. HIV/AIDS workshops for teachers and headmasters were organised. Query boxes were placed in 20 different schools in the two project districts. These provided students opportunities for confidential queries with project personnel responding. Supervision, monitoring and reviews was conducted at all relevant levels.

Impact

Improved attitudes towards PLWHAs at various levels in the communities targeted have been evident, starting from the policy to the community level. As the project provided a favourable environment for PLWHA, they showed increased willingness to share their experiences, which assisted in changing attitudes and addressing prejudices.

An open environment has been promoted to advocate for the care and support services for PLWHA. Communities have been reached and organisational units have been mobilised to promote positive behaviours to promote HIV/AIDS prevention.

There has been increased use of condoms in the project areas. Inter-spousal communication has increased significantly with couples starting to discuss HIV/AIDS openly and motivated to use positive behaviours as prevention.

The project has completed 12 months of the 18-month project cycle, therefore this report has highlighted outputs and outcomes, but actual impact of the project is yet to be assessed through more scientific evaluation approaches.

Constraints

While coordination was effective at the headquarters level for sharing knowledge, skills and resources, the same could not be achieved at the district level. Due to security problems, some of the activities could not be done according to plan. Scattered geographical project areas further contributed to this.

Disaster Management

Overall goal: To reduce the impact of disasters on vulnerable communities.

Programme objective: To strengthen the disaster management capacity of the Nepal Red Cross Society.

Disaster response expected results:

- The disaster response coordinating mechanism with the government and NGOs is improved;
- The disaster response mechanisms in each region, including disaster response teams, are strengthened.
- District chapters gain learning opportunities from participating in relief operations conducted in districts other than their own.
- The disaster preparedness stocks and human resource capacity will be such so as to provide for 300,000 victims of natural and man-made disasters.
- Rules and regulations for disaster response are revised.
- A review of relief operations is carried out by the Nepal Red Cross.
- A total of 100,000 Bhutanese refugees per year are provided with food and non-food items to cover their basic needs.
- An enlarged human resource pool of skilled and experienced volunteers and staff members is available at all levels.

Progress/Achievements

The NRCS has been coordinating its activities with various governmental and NGOs in order to avoid duplication in relief services. During the floods in July/August activities were carried out in coordination with other partners. The national headquarters collected information on disasters continuously, updated all data and shared situation reports with various agencies. The Nepal Red Cross has acted as secretariat for the Disaster Preparedness Network (DP-Net) a network consisting of governmental and NGOs actively involved in this area. Six meetings of the network were held to coordinate and share experiences. Furthermore, during a DP-Net workshop it was decided to form an executive committee of the network. The NRCS was elected chair of this committee. A tentative action plan for 2004 for the network is currently being prepared. During the year, representatives from Red Cross district chapters have been participating in district level inter-agency disaster management committee meetings in various districts.

The district chapters responded to disasters through carrying out surveys and rendering rescue and relief services to victims. The society used its own resources and was not required to launch an emergency appeal. Warehouses located at various strategic points played an important role in supplying relief materials to affected districts. The central warehouse stock of relief materials continuously restocks the various zonal and regional warehouses. The national society is in process of organising a national disaster response team (NDRT) training and forming disaster response teams in various regions of the country.

The year 2003 was marked by particularly heavy rains, which resulted in floods and landslides in 62 of Nepal's 75 districts. These resulted in 368 deaths and severely affected nearly 22,000 families, of which almost 5,000 were made homeless. The NRCS mobilised its volunteers and staff to carry out survey and relief operations, providing relief materials for over 12,000 affected families. Many district chapters collected food and non-food items locally and distributed these to affected families. Less affected districts provided assistance to those where the impact of the disaster was more severe. The NRCS distributed relief materials to 4,000 affected families who were internally displaced while the International Committee of Red Cross (ICRC) provided relief materials for these displaced families located in 20 districts. The national society replenished almost 7,000 family packages of relief materials with its own funds and raised funds for the Princep Disaster Relief Fund.

The Nepal Red Cross has a disaster relief manual incorporating rules and regulations to be followed during relief operations. Recently the society began the development of a disaster management plan, comprising all components of disaster management and this is expected to be finalised in 2004. A population movement policy is also currently being developed.

A review workshop was organised to share experiences and knowledge gained in the relief operation-2002. Volunteers and staff from various districts as well as representatives from the headquarters and the Federation regional delegation participated. No national and district level disaster management trainings were conducted in 2003 but the national society developed human resources trained in disaster management at community level through community based programmes. A total of 100 volunteers and staff in districts and communities were trained through community-based disaster management trainers' trainings.

In order to improve warehouse management and make district chapters aware of relief management, the national headquarters organised regional warehouse management workshops in 2003. Key volunteers from NRCS district chapters and those in charge of warehouses in eastern regions participated.

The society has been assisting 103,447 Bhutanese refugees by providing food and non-food items in seven camps located in Jhapa and Morang districts. The programme has mainly been supported by direct contracts with UNHCR and the World Food Programme. In addition to food distribution, many other activities have been carried out during the year.

To help fulfil nutritional needs, the national society implemented a home gardening and nutrition education programme covering more than 7,700 families in the four camps.

The NRCS completed a life skill-training programme financed by the Regional Population Movement Programme. Three kinds of training courses were provided over a six months period: carpentry, stitching, modern agriculture training. The target groups were refugees as well as people from surrounding areas. The goal of this training was to develop useful occupational skills as well as enhance the relationship between the two communities.

The society provided ambulance services to 2,606 refugees.

Training	Participation	
	Refugee	Local
Carpentry	100	50
Stitching	100	50
Modern Agriculture Training	230	150

Impact

Relief operations assisted over 12,000 families affected by natural disasters and provided 4,000 internally displaced families (about 20,000 persons) with relief materials. As a result, these affected families survived the emergencies and their basic needs were met.

Improved coordination with other actors during the floods resulted in positive impacts. Many organisations choose to channel their assistance to disaster victims through the NRCS - for example, the UNDP provided relief materials to the society for further distribution. Most organisations and media services received situation reports from the Red Cross. Organisations often carried out their relief operations based on this information. The good coordination limited the incidences of duplication of services. The DP-Net has been strengthened and a draft action plan for 2004 has been developed. DP-Net partners will be able to carry out various activities once the action plan finalised. The impact of this cooperation should become apparent in the coming year.

The Nepal Red Cross was able to mobilise staff and volunteers to respond to disaster situations more promptly than in the past. This led to affected families receiving services meeting basic needs more quickly and efficiently. The society collected relief (food and non-food) items locally and meant there was no need to launch external appeals for assistance for disaster victims. From the lessons learned workshop, district chapters shared their knowledge and experiences and learned about new practices. The real impact on improved response mechanism will be revealed in the future.

The refugee populations are receiving food, non-food and other basic support from the NRCS. Through the home gardening and nutrition programme refugees have learnt to cultivate vegetables to meet some of their basic needs. In addition, a specific group have developed their occupational skills. This is an important step towards self-sufficiency. The life skills training programme also contributed to a decrease in tension between the refugee and local communities.

Constraint:

Because of poor communication facilities in many parts of the country, problems occurred in getting proper information from the affected areas during disasters causing delays in response. Poor road facilities and blockages of key highways created difficulties for transportation of relief goods and materials. Some targeted activities such as the formation of response teams could not be achieved because of lack of funds.

Disaster preparedness expected results:

- The organisational and operational capacity of the Nepal Red Cross will enable it to mobilise local communities to reduce the impact of disasters by utilising and further strengthening their existing coping mechanisms.
- The 2002 programme in 75 communities in 14 districts was consolidated through the established network of trainers and volunteers and a revised two-year programme using the same network, is in place in 50 new communities in ten selected districts.

Progress/Achievements

The Nepal Red Cross has implemented the community based disaster programme (CBDP) since 1997. In 2003, the society continued implementation in four districts with the support of DFID, coordinated through the Federation. The CBDP programme has been extended in a further 10 districts with financial support from the Netherlands Red Cross through the appeal and from the Hong Kong Red Cross bilaterally.

Sixty-two new communities have been selected in the above mentioned 14 district. One disaster preparedness unit, having 11 members, has been formed in each community to carry out community level activities. The first step in these projects are orientation programmes organised at the national headquarters for district chapters' volunteers and staff in order to provide detailed knowledge on programme objectives, activities and implementation procedures of the programme. Twenty-nine volunteers and staff participated in this orientation.

After the orientation programme, the national headquarters organised CBDP training of trainers for district-level community workers and community trainers. Altogether 73 people received training. A training course on ‘How to prepare preparedness plans’ was also organised for 33 community trainers and community workers. In order to develop human resources skilled in disaster management at community level further, the trainers trained through the programme, organised courses in 32 communities, with 1,148 participants, including 555 women. Community management training was conducted in four districts 329 participants, including 143 women. CBFA training was carried out in 12 communities with 337 participants, including 151 women.

Twelve communities in year two of the programme have been collecting money for revolving funds which now have a combined balance of NRs. 725,218 (CHF 12,291). Community level disaster preparedness units play a key role in raising these funds.

Twelve communities conducted structural and non-structural mitigation works such as re-forestation, construction of flood retaining wall, sandbagging riverbanks and construction of emergency shelters. The contribution from the project for these activities was 13 per cent; the communities contributed 20 per cent, while the remainder was raised from local agencies.

Based on recommendations made in review meetings, the NRCS implemented a follow-up programme for communities, which had been previously involved in the regular one-year programme. This carried out in 123 previously targeted communities of 12 districts. Some 77 disaster units were revived and 88 community level disaster plans were prepared. Refresher training sessions for community members were organised reaching almost 2,500 people. Collection continued for the revolving funds while food was also collected. Thirty communities implemented small-scale mitigation works. Seven district chapters organised workshops on ‘How to sustain CBDP’ programme. Members of the disaster preparedness unit, national society sub-chapters and representatives from other GOs/INGOs participated in the workshop discussing how to continue the programme after discontinuation of external funding.

The national headquarters organised a workshop in order to revise CBDP ‘training of trainers’ curriculum and introduce new content. A workshop was held to develop an exit strategy, which is currently being formulated based on recommendations from the workshop.

Impact

By introducing the CBDP programme in 62 new communities, community members have gained an understanding about the role they can play in disaster management in their own locale. They have actively participated in the implementation of all activities within the programme. Trained persons in the communities have been involved in raising awareness among other community members. The direct impact of the programme will become apparent in how well these communities respond to disasters in the future. There has been a sea of change in attitudes within communities with for the first time people working together in the area of disaster management and being willing to participate in these activities.

Some communities where the CBDP was implemented before 2000 had lost momentum in continuing community level preparedness activities. In 2003, these community level disaster preparedness units were re-activated and communities have now prepared disaster preparedness-plans as well as recommencing activities.

Constraints

The Nepal Red Cross had intended to gradually expand CBDP to other vulnerable districts. In 2001, the society implemented CBDP in 16 districts. Due to limited funding, it is presently being implemented in only 12 districts.

Humanitarian Values

Overall goal: To reduce tensions, violence and discrimination within communities across the country through existing programmes of the national society.

Programme objective: To increase promotion of the Fundamental Principles of the Red Cross and Red Crescent Movement, international humanitarian law (IHL) and humanitarian values both inside and outside of the national society.

Expected results:

- Knowledge on best practices in promoting Fundamental Principles and combating discrimination is developed.
- The methodology and tools to promote Fundamental Principles, IHL and humanitarian values among internal and external stakeholders is developed.
- Key areas of vulnerability are identified and addressed.
- Strategic links with national and international media are developed, and there is increased visibility of the national society and the Movement.
- Internal communication and networking is strengthened.
- The positive profile and image of the national society, in-country and externally, is further increased as a country-wide humanitarian organisation.
- Humanitarian values and the Fundamental Principles are included in national training programmes.
- Country-based training carried out in BPI, Reach Out and SPHERE are integrated into programme planning and implementation.
- The Nepal Red Cross has implemented the global campaign to reduce stigmatisation and discrimination against people living with HIV/AIDS through targeted communications activities.
- Reduced tensions in targeted areas.

Progress/Achievements

The programme was not funded through the Annual Appeal. However, most of the activities were carried out with support of the ICRC, regional Federation support, and local resources of the Nepal Red Cross.

The NRCS conducted various workshops and seminars for dissemination of IHL and the Movement's Fundamental Principles. These activities have been given a high priority because of the conflict situation. Conflict preparedness workshops and integration of humanitarian issues in other programme activities were essential. Literature and curricula relating to dissemination of IHL and the Movement Principles have been developed and tools are being finalised, so all programme activities can adopt a uniform dissemination approach. Information and dissemination activities have enhanced the national society's acceptance by communities, and more importantly, the organisation has generally been accepted in conflict-affected regions. The NRCS has also become a medium for many NGOs to reach community people.

The media has been well-used increasing the visibility of Red Cross activities and building the image of the society. Journalists from the national media have observed programmes, which resulted in articles on the national society's various programmes. One journalist was given a fellowship to travel and write on Red Cross activities. A detailed database of the journalists working in Nepal is being prepared. Linkage with international media has been established mainly through the Federation regional delegation in Delhi. A workshop was held to strengthen district branches in communication. A total of 37 branches have now received such training. The programme has supported branches in the preparation of articles on Red Cross activities.

While not funded under the humanitarian values programme, the NRCS conducted better programming initiative BPI) workshops, which had distinct humanitarian values aspects. The disaster management department has published the SPHERE manual in Nepali aimed at supporting the provision of humanitarian services ensuring human dignity of beneficiaries. Observation of Condom Day and World AIDS Day were integral in combating stigma against people living with HIV/AIDS. The SARD-funded fellowship allowed two Nepal-based journalists conduct research on issues relating to stigma and discrimination against people living with HIV/AIDS, resulting in published articles. The humanitarian values department supported the youth and health departments in the anti-stigma campaign.

Impact

The Nepal Red Cross is the only humanitarian organisation reaching all parts of the country in the current conflict situation and both communities as well as the conflicting parties accept the national society. The information, dissemination and image building activities have built on the image of the NRCS as the foremost humanitarian organisation in the country. This has encouraged other organisations to carry out their activities through the Nepal Red Cross.

The campaign to ensure proper use of the Red Cross emblem has had positive results. Many districts have been declared as emblem misuse free.

The increased awareness and sensitivity regarding HIV/AIDS stigma and discrimination in Nepalese society is partly due to the campaign, advocacy and involvement of the Nepal Red Cross. The national society's communication and humanitarian values department have played an important role in this.

Constraints

The main constraint for the programme was non-availability of funds through the Annual Appeal. The conflict situation means that the humanitarian values programme is even more vital and pertinent and funding through the 2004 Annual Appeal is crucial.

Organisational Development

Overall goal: The country's millions of vulnerable people will receive increased and sustainable community based support to reduce their vulnerability through the increased capacities of the Nepal Red Cross, needs assessment at all levels, and the development of relevant and focused programmes to meet those needs.

Programme objective: The Nepal Red Cross will move towards being a well-functioning national society, offering high quality assistance with greater impact and relevance to the most vulnerable people in each of the communities it serves.

Expected results:

- Management potential of the national society is strengthened, maximising its human resource mobilisation and management capacities, and further strengthening its volunteer base and service delivery to vulnerable communities.
- The Nepal Junior Red Cross and Red Cross Youth contribute to the promotion of Red Cross humanitarian values and strengthened participation in the Movement.
- The foundation, capacity and resources of the remote and developing branches of the national society are strengthened, leading to more effective service delivery.
- There are increased numbers and participation of women members in the national society's organisation, management and activities.
- The national society has a sound system of financial management, budgeting, accounting and effective financial resource mobilisation strategies that will lead to sustainable programmes at the community level.

Progress/ Achievements

Only the junior/youth Red Cross (JRC/YRC) project was funded through the Annual Appeal. For other projects, the Nepal Red Cross has mobilised local resources to meet some of the expected result and the Federation regional delegation programmes supported some activities.

A number of junior/youth workshops/seminars were held in 2003 and contributed to programme expansion and policy and strategy refinements. A national seminar, organised with the participation of 300 young people from

46 districts, discussed the effectiveness of programmes and drew up a model for standard activities with an annual plan of action to be followed by all districts. International humanitarian law, HIV/AIDS together with health and community related activities were also on the programme. The JRC/YRC directives have been revised and recommendations to strengthen the JRC/RCY activities in developing chapters were made. A youth gathering was held to enhance knowledge and skills required in youth programmes and to evaluate the performance of RCY during 2002-2003. National poem, essay and album competitions were organised on Red Cross related activities and leaflets have been published for dissemination and motivation.

Trainings, camps, observation visits were held to strengthen the capacity of the youth programme. Courses for youth leadership development and first aid trainers were held for 25 participants. Junior Red Cross members' camps were held with 150 participants. The president of central junior/youth committee conducted an observation and friendship visit to an International Friendship Club in South Korea.

Ten child literacy classes were carried out in ten districts involving 300 boys and girls from six to 14 years who have been deprived of a formal school education. Youth Red Cross members have been involved in child literacy classes as instructors. Twenty book banks were supported with school textbooks and essential reference materials provided. To promote first aids services, five first aid training units have been established in five districts and ten 'circles' were supported for re-forestation activities in ten districts. Youth and junior members contributed to the health programme including HIV/AIDS awareness, disaster preparedness and response and dissemination of Red Cross Movement and IHL.

While there was no funding through the Annual Appeal for financial management and resource development, activities within the programme were supported through the Federation regional organisational development programme. A resource mobilisation and fundraising workshop was held to increase the capacity of district chapters as well as headquarters. The workshop showed the connection between resource mobilisation and fundraising as well as the need to be result oriented. As a follow-up a fundraising consultant from the region worked with the Nepal Red Cross to draw up a fundraising policy and strategy, as well as a positioning paper for communications. Based on this work the Nepal Red Cross plans to strengthen its domestic fundraising and increase its capacity at national level.

To enhance the financial management systems a training course in the SCALA and Crystal software programmes was held for staff at national headquarters. The Nepal Red Cross hosted the regional finance directors' meeting. Participants shared experiences and future plans among the national societies present.

The NRCS implemented various types of knowledge and skill based training courses, workshops, seminars and meetings in various districts and sub-districts by mobilising its internal resources. Supporting an integrated service delivery model has been an important aspect of these training courses. The human resource development section has been running general management, volunteer management, and conflict management training courses at district level. It has created a better understanding of governance and management of capacity building of district chapters and sub-chapters as well as volunteer and staff members. The Nepal Red Cross has during the last two years implemented a programme supporting 11 remote district chapters from its own internal resources.

The project to increase female participation in the NRCS was not funded through the Appeal. However, a number of initiatives were taken by the headquarters and branches. Gender sensitisation and capacity building workshops was held, special membership drives targeting women were organized and income generating programmes set up.

Impact

Through the junior/youth Red Cross, young people have been able to influence and have impact on local issues in their schools and communities. They have learnt about the Red Cross Movement and acted as disseminators in their own environment, which is an essential contribution in the current conflict situation. Young people have also learnt about programme planning and implementation, and about how to act in democratic organisations. Junior and youth volunteers are providing humanitarian services, motivated to act according to the newly updated

directive. The junior/youth movement is the core of the volunteer resource for the Nepal Red Cross. Many JRC/RCY 'circles' have been able to conduct various activities based on their own resource mobilisation. Youth volunteers have been actively involved in the Red Cross Emblem Campaign.

Resource mobilisation and fundraising activities increased the commitment for developing better fund raising capacities of the society. The software course improved financial reporting systems. It is possible to have a more systematic project account management system and major financial reporting formats can be produced directly from the system and thereby reduce the time it takes to complete reports.

The human resource development programme contributed to and increased capacity of volunteers, a better use of local trainers, strengthened the capacity of sub-branches and their ability to mobilise local resources, and enhanced the commitment of district and sub-district branches to develop strategic plans. The remote district project contributed to a visible presence of the Red Cross in those areas with regular office operations and services being provided by district chapters in four districts.

While the involvement of women in various Nepal Red Cross programmes was encouraging, female membership increased to just 19 per cent from 18 per cent, in 2003. However, there are clear indications of greater involvement of women in the national society's organisation, both within management and activities at national and district levels.

Constraints

The ongoing armed conflict and frequent *bandha* (general strikes) affected the implementation of the personnel exchanges and final review activities within the junior/youth programme. This resulted in some activities being rearranged.

The main constraints for the other programme areas were the lack of funding. In the current conflict situation, it is a challenge to raise funds locally and to recruit volunteers. It is also difficult to follow-up and regularly visit district chapters due to insufficient funding and lack of human resources.

Federation Coordination

Overall goal: The Nepal Red Cross will receive optimal support for the implementation of its priority programmes through a coordinated response by partners from inside and outside the Movement.

Programme objective: To establish long-term strategic partnerships between the national society and partners from within and outside the Red Cross/Red Crescent Movement.

Expected results:

- A new cooperation agreement strategy is developed establishing new partnership principles, using the strategy for the Movement as a guideline.
- A partnership meeting of the main stakeholders to review the strategic plan of the Nepal Red Cross and to coordinate the programming/support of various partners takes place.
- The cooperation agreement is signed between the Nepal Red Cross, the Federation and the ICRC outlining the roles which the three Movement partners will undertake to further strengthen and develop the national society.

Progress/Achievements

The Nepal Red Cross during the second half of 2003 commenced the planning process for a cooperation agreement strategy (CAS). The CAS is based on the Nepal Red Cross development plan for the next five years which was finalised and published during 2003. It outlines the strategic goals, implementation strategies, objectives and priorities of the national society. The CAS process has been a widely participatory involving the

leadership of districts, headquarter staff and governance. This resulted in the CAS process and its objectives being widely shared within the organisation. The governance approved a draft CAS document at the end of 2003 outlining the background, goal and objectives of the document as well as areas of cooperation and partnership models. This draft document has been shared with partners and during the first part of 2004 a national and an international CAS meeting will be held to discuss partnerships, cooperation and coordination. The result of these discussions will be reflected in the final CAS document.

As reflected in this Annual Report the Nepal Red Cross has in addition to the support from the Federation and ICRC several bilateral partners, both within the Red Cross Movement and with local organisations or funding agencies. This is a reflection of the strong capacity of the society to plan, implement and coordinate its own activities.

The different components of the Movement in Nepal, the national society, the ICRC country delegation and since November 2003 a Federation representative, have established good relations and coordination. The ICRC acts a lead agency in the country, according to the Seville Agreement. Regular cooperation meetings are held between the ICRC, the Nepal Red Cross and Federation. In the conflict situation this well functioning coordination has helped to further strengthen the positive image of the Red Cross Movement, and especially the Nepal Red Cross across the country.

Impact

The elaborated draft CAS document, with a clear ownership of the whole national society, has the potential to become the main steering instrument for future cooperation and coordination. It will strengthen the NRCS' capability to coordinate and develop new partnership models to improve its services to the most vulnerable groups in Nepal.

Constraints

The CAS meeting and signing of the agreement could not take place during 2003. It was essential that the CAS process was taken forward based on the NRCS development plan that was finalised in the first part of the year, and that it could be a participatory process. The planning was therefore revised so the partnership meeting will take place in April 2004.

International Representation

Overall goal: The role and policies of the Federation at the national level are understood and supported by key stakeholders within the international community, enabling the Federation to provide a greater degree of support to the most vulnerable in Nepal.

Programme objective: To enhance partnerships with diverse external stakeholders through increased representation, information sharing and advocacy at the country (Nepal), regional (New Delhi) and international levels.

Expected results:

- A country advocacy strategy which reflects the Federation's global advocacy priorities for HIV/AIDS and disaster preparedness is developed with the national society to highlight Nepal's needs.
- Good relationships are developed and maintained with national authorities and donor governments.
- Advocacy materials are produced and disseminated to counterparts, agencies, organisations and partners.
- Regular meetings are held with relevant counterparts in targeted diplomatic missions in Kathmandu and New Delhi to market the annual appeal, emergency appeals and provide operational/policy updates.
- The Federation's delegate consistently participates in relevant fora and NGO/INGO coordination mechanisms (This should include international fora which are included in the South Asia regional appeal).

- A creative country marketing plan based on the Asia and Pacific communications strategy is developed.

Progress/Achievements

The Nepal Red Cross has had regular contact with key diplomatic missions, government aid agencies, UN organisations and the government. Particularly during times of disaster the NRCS plays an important role in information sharing and coordination. During the monsoon period an information meeting was organised for international partners present in Nepal. The ICRC has established extensive relationships with the diplomatic missions in Kathmandu. Through its regular visits to embassies and other organisations it also promotes the work of the Nepal Red Cross.

The regional Federation delegation in New Delhi is also representing the Nepal Red Cross and the Federation activities in Nepal during their contacts with the diplomatic community in India. Many countries and some international organisations based in New Delhi also cover Nepal.

Since November with the re-opening of the Federation office in Nepal there has been an increased opportunity for international representation towards international organisations.

Impact

The Nepal Red Cross is a well-known and respected organization among its counterparts and stakeholders in Nepal. This is evident in the number of partners the national society has when implementing various programmes.

Constraints

Due to lack of funding and no direct Federation presence in Nepal until end of November 2003 some of the expected results have not been achieved. Further progress in this area is expected during 2004 with the presence of a Federation representative.