

Appeal 2004



NEPAL

Appeal no. 01.58/2004

The International Federation's mission is to improve the lives of vulnerable people by mobilising the power of humanity. The Federation is the world's largest humanitarian organisation, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

Programme title	2004 in CHF
Strengthening the National Society	
Health and Care	631,926
Disaster Management	441,127
Humanitarian Values	30,721
Organisational Development	728,119
Representation, Management, and Implementation	77,005
Total	1,908,898¹

¹ USD 1,431,674 or EUR 1,221,695

National Context

The overall goal of the Federation appeal is to assist the Nepal Red Cross Society (NRCS) in building its capacity to support the most vulnerable. It will do so by supporting service activities and strengthening the organisational network in the four core areas - disaster preparedness and response, health and care, humanitarian values and organisational development - and three strategic priorities of the Federation's *Strategy 2010* - responsive and focused programmes, well functioning national societies and working together effectively.

This appeal builds on the process of continuous review of the organisational capacity as well as the periodic assessment of service programmes of the NRCS. The appeal will contribute to further improving the capacity of the organisation and effectiveness of its programmes and activities and takes into consideration the strategic choices, which the national society is facing:

- the internal and external environment in the country, socio-economic trends, and the aid and development environment;
- the strengths, weaknesses, opportunities and threats in the internal and external environment of the society and the humanitarian needs it attempts to address;
- the effectiveness of the NRCS in its humanitarian activities; and the strategic objectives and agreed priority actions as mentioned in its five-year development plan.

The appeal for 2004-2005 takes into account achievements made by the national society in the past as well as lessons learned and addresses two themes: clear targeting to meet the most pressing needs and focusing on areas where it can provide added value.

Nepal has the most rugged topographical features in South Asia. Its population is estimated at 23.1 million with an annual growth rate of 2.2 per cent. About 92 per cent of the population live in the hill and valley systems while the remote mountain regions are sparsely populated. Only 14.2 per cent of the total population lives in cities, but there is a clear trend towards urban migration from the under-serviced rural areas. About one-third of Nepal's inhabitants are living below the poverty line. The GNP is estimated at US\$249 per capita, making Nepal one of the world's least developed economies and also one of the poorest. It ranks 143rd out of 175 countries in the 2003 UN Human Development Report human development index. At the end of the 1990s, Nepal had six doctors and three hospital beds per 10,000 people. Infant mortality was 66 per 1,000 live births.² Social indicators show an average life expectancy of 59.1 years and an adult literacy rate of 60.5 per cent for men and 25.2 per cent for women.³ A total of 48 per cent of children under the age of five are underweight.⁴

In close proximity to one of the youngest mountain ranges in the world, Nepal is regarded as one of the most disaster-prone countries in the region. Vulnerability varies with topography and altitude. The south (flat terrain) regularly suffers from flooding during the monsoon, causing damage to arable land and settled areas. The hilly areas and the high mountain districts regularly experience mild to violent seismic activity, earthquakes and tremors that cause loss of life, livestock and property, and seriously hamper and disrupt the precarious communication lines of the country. Areas are frequently cut off for days or weeks. In addition, high areas are prone to avalanches, landslides and violent flash floods. Droughts are common in the low lands.

Following the initial democratisation process from 1988 to 1990, Nepal adopted a multi-party democracy system. The ensuing elected governments were often unstable, adversely affecting the socio-economic development of the country.

Since 1996 there has been conflict between government forces and an armed opposition group and it is estimated that over 7,000 people have died as a result. A ceasefire was agreed upon in January 2003, leading to a cessation of major conflict. However this accord has been fragile at best and peace talks broke down in September leading to a collapse in the ceasefire and resulting in further deaths from armed conflict.

² UN Human Development Report 2003

³ UN Human Development Report 2003

⁴ UN Human Development Report 2003

The conflict situation has further escalated humanitarian needs and created new ones. The situation has led to the under-nourishment of hundreds of thousands of people, particularly in the western part of the country. Many people have been displaced from their homes.

As the leading humanitarian organisation in the country, the Nepal Red Cross Society has been supporting and assisting vulnerable people for decades. The Federation, ICRC and several partner national societies have been working in Nepal for many years, making a significant difference to the lives of millions of vulnerable people.

The NRCS is represented through its branches and volunteers delivering services to the most vulnerable in all 75 districts of the country including conflict-affected areas. During the flooding and landslide emergency operation in 2002, the Red Cross was the only organisation able to provide support in all affected districts. It also constructed, and handed over, 225 houses for families from seven districts that had been left homeless by floods and landslides. The effectiveness of relief services was demonstrated again during the 2003 floods and landslides operation where relief was given to flood victims within 24 hours.

The violent conflict of the past eight years has challenged the NRCS to adjust from delivering services that developed in a peacetime environment over 40 years, to dealing with a conflict sensitive situation. There have been serious security incidents affecting Red Cross personnel and property. Some chapters and personnel at the national headquarters were slow to understand that the realities of conflict require changes to their methods of working. The Federation and ICRC were striving, in a more coordinated way, to strengthen the national society's strategies on how to respond to conflict while implementing its programmes in the face of initial reluctance by the NRCS to adjust its programmes.

The NRCS as a neutral and credible source of humanitarian services enables it to initiate important changes in the conflict situation, as it is able to gain the confidence of all parties. Support focusing on strengthening its legal base, human resource development, internal and external communications strategies, local resource mobilisation and sustainability, improved systems and structures that deliver neutral, impartial and effective services have played a vital role in the society's ongoing change management strategy.

The junior/youth Red Cross (JRC/RCY) wing of the NRCS has been a powerful and effective tool in the delivery of services since its inception in 1965. It has 700,000 members and carries out a wide variety of humanitarian activities. A significant proportion of these are conducted at secondary schools, campuses, and in communities. The youth wing is continually being integrated into NRCS programmes (such as first aid, relief and rescue) and it is being empowered to better manage its own service programmes.

The Federation presence in Nepal ended in 1997, and the national society has managed to operate well without Federation in-country representation since. However facing the challenges of conflict and security issues, and with them the accompanying pressures and confusion, it is now increasingly important that the Federation and sister societies maximise their support to Nepal Red Cross. The Federation has been providing continuous support through frequent visits from South Asia regional delegation staff and delegates; however, in the current complex environment and to improve liaison with ICRC, a Federation representative was appointed and based in Kathmandu from late 2003.

The ICRC is currently the Movement's lead agency in the country and has been in Nepal since 1998. Its priorities include:

- Dissemination of international humanitarian law (IHL);
- Protection to detainees to monitor their well-being and provide assistance if necessary, through prison visits;
- Humanitarian support to victims of conflict via an array of services, such as restoring family links (tracing) and water and food relief.

The added value of the Federation secretariat is to act as a coordinating and facilitating body. The Federation worked in Nepal for over 25 years, providing technical and financial support to the NRCS in its operations to assist the most vulnerable. The national society benefited from the overall coordination and support of the Federation's regional delegation, which has included:

- Assistance during major natural disasters such as recurring floods and landslides for which the Federation launched international appeals.
- Support to strengthen and develop organisational capacity of the national society based on the capacity building priorities identified by the NRCS.
- Programme support in the Federation's core areas of disaster preparedness and response, health and care in the community and the promotion of humanitarian values and the fundamental principles of the International Red Cross and Red Crescent Movement.

In addition to its coordination activities and capacity building of its member national societies, the secretariat's main role is to represent its global membership on the international stage. The Federation was successful in mobilising international assistance to the vulnerable people supported by the NRCS.

Red Cross and Red Crescent Priorities

Movement context

The Nepal Red Cross Society is working closely with and receiving support from the ICRC, especially in the areas of dissemination, tracing, and conflict preparedness in an integrated manner with the Federation-supported organisational development and disaster preparedness initiatives. It maintains good cooperation with other components of the Movement, as well as government counterparts and organisations in the country.

The new generation cooperation agreement strategy (CAS) was aimed to be completed by the end of 2003, prepared in coordination with and participation of the Movement partners, partner societies and other external partners. It will serve as a key tool in the secretariat's efforts to coordinate the programme support of various partners. The CAS is a process to enable priorities of the national society, as expressed in its strategic/development plan, to be fully supported by partners (both Red Cross Red Crescent and external). Through this process, commitment to a shared strategy can be developed that will strengthen the impact of the society's work in improving the lives of vulnerable people.

Successes will depend on the strengths and efforts of the society's strategic plans, and on its partner national societies demonstrating that they value coherence of the Movement and showing commitment to the CAS framework. This will necessitate a review and establishment of new partnership principles through a participatory process involving the other key Movement stakeholders. By developing a common strategy, the components of the Movement will follow a path towards greater unity, cooperation, sharing, participation, and harmonisation.

With Nepal a disaster-prone country, having great developmental needs and enduring a conflict situation, the NRCS has been working in close coordination with other components of the Movement, whose support is much needed to address the most pressing needs. Much appreciated bilateral support is provided by a wide range of partner national societies. The Japanese Red Cross has provided support for the past five years in water and sanitation related projects while support in HIV/AIDS has been provided by the Norwegian and Swiss Red Cross Societies. The Belgian, Norwegian and Swedish Red Cross Societies are funding community development and first aid projects. In addition, the UNHCR is supporting the Bhutanese refugee assistance project and British Department of International Development (DFID), through the Federation, has also provided funding for community-based first aid and disaster preparedness.

National society strategy and programme priorities

In line with the national priorities and the priorities of the Federation as adopted by its *Strategy 2010*, NRCS has prioritised the following programme areas and strategic issues. In addition, priorities and strategies of other Movement components have been taken into due consideration for prioritising programmes of NRCS and developing strategies. Likewise, national context and vulnerability have been thoroughly assessed and priorities and strategies have been set as described below:

1. Development and improvement of disaster preparedness and response skills including the extension of community-based disaster preparedness/community-based first aid programmes; and ensuring prompt and effective disaster response.

2. Health services and community health promotion programmes including health education, sanitation and awareness campaigns, community-based programmes, first aid, ambulance services, blood transfusion and safe blood programmes, HIV/AIDS as well as response to newly emerging diseases and epidemics.
3. Promotion and integration of the Movement's Fundamental Principles and humanitarian values, integration of principles and humanitarian values in NRCS activities and image building of NRCS as an impartial, neutral and independent humanitarian organisation.
4. Institutional development and human resource development programmes as well as integration of those and other capacity building components within all NRCS programmes.
5. Strengthening coordination and collaboration efforts with governmental and non-government organisations (NGOs), agencies and other internal and external partners for resource sharing, non-duplication, efficacy, and mutual supplementation.
6. Incorporating crosscutting programmes - conflict sensitivity, conflict management, gender sensitivity, youth involvement, community participation and volunteer involvement - as integral components of all NRCS activities. This will assist the society to adjust its role in light of the current conflict scenario.

Implementation strategies

The strategic components below are essential parts of the implementation strategy. They will guide design and implementation of all programmes and activities of the NRCS:

- Vulnerability reduction;
- Volunteer involvement;
- Participatory approach;
- Institutional development/human resource development;
- Some projects empowered to run independently by chapters with minimum involvement of headquarters;
- Integration of crosscutting issues;
- Resource mobilization for smooth implementation and sustainability of programmes, assurance of dependable resource mobilisation is vital. This may be managed through mobilisation and institutionalisation of resources, assets, participation and partnership with other agencies.
- Coordination and collaboration with government and NGOs, and other agencies shall be incorporated as a part of the strategy for effective implementation and sustainability of all programmes ; and
- Empowerment and self-sustainability: empowerment of the implementing unit and/or communities shall remain as a built-in component of all programmes for future sustainability of the programme.

Eleven projects under the core areas of health and care in the community, disaster management, humanitarian values, and organisational development are included in this appeal.

Health and Care

The tenth five-year development plan of the Government of Nepal has set poverty reduction as the main theme. Health is seen as major factor in achieving the poverty reduction goal. The following are the key health priorities of the Nepal government⁵:

1. Consolidation of basic and primary health care services;
2. Focus on HIV/AIDS and other epidemics;
3. Development of communication infrastructures;
4. Basic urban health services ;
5. Quality improvement of services ;
6. Development of laboratories and diagnostics centres; and
7. Involvement of private sector.

While the government has put a large emphasis on improvement of health services, the funding required to accomplish this is not matched by a commitment of resources. This is evident from the approximate per capita

⁵ Twenty year prospective plan, HMG Nepal

expenditure of just US \$7.25 (including government, international and national NGOs and the private sector)⁶ on the health sector per annum.

Key players in the implementation of the national health priorities are the Ministry of Health, international NGOs, and the private sector. As a result of several years of armed conflict, the health system in many parts of the country has either been damaged or has collapsed. This has placed a greater burden on the government to manage already stretched resources. Like the government, international NGOs are adopting a 'wait and see' approach, reluctant to invest in the health sector unless the conflict situation improves. Security concerns have also made the private sector hesitant about investment. These factors mean the responsibility of a humanitarian organisation such as the Nepal Red Cross is even greater in addressing health needs of the most vulnerable.

Disaster Management

The disaster response priorities include an improvement in the coordinating mechanisms and the strengthening of these mechanisms in each region. Priorities for disaster preparedness (DP) programmes are strengthening the community-based DP programme, organisational and operational capacity to mobilise local communities, and assistance to displaced persons.

Humanitarian Values

Priorities include an increased promotion of the Movement's Fundamental Principles, IHL and humanitarian values both inside and outside of the society.

Organisational Development

Priorities include further strengthened management potential of the NRCS, maximising its human resource mobilisation and management capacities, and to further strengthen its volunteer base and service delivery to vulnerable communities. This process includes strengthening the foundation, capacity and resources of the remote and developing branches of the national society leading to a more effective service delivery.

Strengthening the National Society

1. Health and Care

Background

The Nepal Red Cross Society has many decades of experience in the implementation of public health programmes. The society has both been involved in the establishment and running of health services in an institutional manner - in blood banks, hospitals and eye care centres in addition to a variety of community-based health development programmes including extensive HIV programmes, water and sanitation and community-based first aid (CBFA) interventions.

The society has developed its fourth development plan 2003-2007, in conformity with the national plan of the Government of Nepal. The plan outlines the following priority areas within health and care:

1. Responses to new and emerging disasters(including HIV/AIDS);
2. Health promotion (with emphasis on reproductive health (RH) and water and sanitation);
3. Ambulance services ; and
4. Safe blood.

The NRCS has the sole responsibility for all blood transfusion services in Nepal and the blood programme continues to be a high priority for the national society. HIV/AIDS is also a major focus. The NRCS was the first national society in South Asia to initiate specific HIV programmes in 1994 and has worked on HIV/AIDS prevention for over eight years, with the consistent support of various sister societies and NGOs. The epidemic in Nepal has recently been reclassified into a concentrated epidemic, indicating serious epidemics in sub-populations, threatening a generalised epidemic. In 2002, adult prevalence had risen to 0.5 per cent from 0.2 per cent in 2000 and rates of 68 per cent have been documented in injectable drug users in Kathmandu. Extensive first aid programmes have always been integrated into the society's activities. The three basic types of first aid activities are

⁶ Twenty year prospective plan, HMG Nepal

general first aid, CBFA and emergency first aid. The NRCS in 2003 recognised the need to standardise its first aid training curriculum and planning, and work has commenced to address this.

The Nepal Red Cross has a large pool of experienced and skilled human resources, with nearly 450 staff and over 10,000 active volunteers. Supported by these resources the society has been able to cover 80 percent of Nepal's 75 districts with various types of public health interventions.

Twenty years ago, the community development and drinking water and sanitation programmes were initiated with the aim of improving quality of life and reducing morbidity and mortality rates. The programmes have further placed specific emphasis on capacity building of the communities, district chapters and sub-chapters. A drinking water programme was launched in schools using the junior Red Cross in 2000 with bilateral support from the Japan Red Cross. In 2000, a drinking water quality programme was launched to investigate arsenic contamination and associated symptoms of chronic arsenic toxicosis with a view to possible mitigation activities. Under the programme, more than 11,000 wells have been tested and the NRCS holds the single largest database on arsenic contamination in the country.

The Federation-supported programme components in health and care have had significant impact:

- HIV AIDS prevention and awareness messages delivered to over half a million people in the past three years.
- CBFA programmes in 11 districts, benefiting more than 60,000 people.
- Community development programmes in nine districts benefiting more than 17,000 people.

Similarly, the following internally resourced and bilaterally supported projects (ICRC included) have had impact:

- Blood transfusion services provided in 40 districts.
- Ambulance services running in 49 districts enabling access to lifesaving medical care.
- Eye care through regular camps and a hospital serving more than 40,000 people every year.
- An emergency first aid programme in six districts benefiting more than 25,000 people.
- Availability of trainers for conducting general first aid services in more than 50 districts.

The NRCS recognises continued learning as a cornerstone of good programming. There are many challenges and lessons learned from past experiences, and these are being taken into consideration for the future programme development:

- There is a need for the health and care programme to be refocused to play a more effective role in the conflict scenario.
- In response to HIV/AIDS, some awareness activities are in place, but voluntary counselling and testing services are almost non-existent. Initiatives will be taken in this area to start these services. Care and support services need to be initiated and increased. Planning for this took place in 2003.
- HIV/AIDS related programmes, besides awareness generation should focus on behaviour change and care and support for people living with HIV/AIDS (PLWHA) and their family members and promoting an enabling environment for reducing stigma and discrimination.
- The NRCS, a pioneer in first aid activities in Nepal, is now developing standard packages for first aid to be distributed nationwide.
- The community-based development programmes have to address the real problems of the communities. Planning processes should involve beneficiaries and other stakeholders at large from the very beginning of the project and the beneficiaries should be included in the entire project implementation process.
- The relationship with different agencies and stakeholders needs to be maintained at different levels for improved cooperation and coordination to avoid duplication, and to learn from each other and enhance sustainability.
- The activities have to be shared with other organisations and disseminated/marketed for programme promotion in order to achieve funding diversity.
- Learning and sharing among projects implemented by the NRCS needs to be further emphasised.
- Selection criteria of volunteers and staff members needs to be improved and training will be provided based on a training needs analysis to ensure retention of volunteers and staff.

The NRCS has established good cooperation mechanisms with agencies and partners such as the government, UN agencies and PLWHA networks, as well as with beneficiaries in order to further enhance the capacity of vulnerable

people. The society is implementing a HIV/AIDS project supported by the OPEC Fund, funding through the Federation and is one of the implementing partners of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM).

The NRCS has been implementing the community development project in 10 districts including chapter-to-chapter support ('twinning' project) in two districts and a primary health care based community development project in one district. The community development project has been supported in two districts by the Belgian Red Cross while the Swedish Red Cross has supported it in another four districts (Dang, Baitadi, Rasuwa and Dhankuta), coordinated by the Federation. The Norwegian Red Cross has supported another district through bilateral agreement. The focus of the project has always been on the sustainable capacity building of selected communities as well as organisational networks of NRCS. Community participation at all levels and in all the stages has been emphasised for vulnerability reduction.

Of the four projects supported by Swedish Red Cross, the Baitadi project is due to be phased out at the end of 2003 having completed its full implementation and one year follow-up. The project in Rasuwa district will complete its five years of implementation at the end of 2004, while the project in Dang district will enter its third year from 2004. The project in Dhankuta will start fully in 2004. The total targeted population in the latter three project areas is 7,500.

This appeal seeks assistance for three community development projects in three districts - Dang, Rasuwa and Dhankuta, and support for the NRCS headquarters to coordinate these projects.

The NRCS has run CBFA programmes since 1996. After successful piloting, the programme has run for almost five years in six districts. Based on the success of the pilot projects, the NRCS extended the project in another eight districts for three years. Using experience gained in 2002 and 2003, the NRCS intends to continue the projects in the eight districts. The CBFA project will be completed in five of the districts in 2004 and in the remaining three districts in 2005. The NRCS intends to expand the project in four new districts in 2004.

The CBFA program has three major components - first aid, primary health care and disaster preparedness. The main activities under the CBFA are;

- Training/workshop/meetings;
- First aid service to the wounded and sick, counselling service activities;
- Awareness and promotion activities;
- Coordination activities;
- Disaster preparedness activities such as fundraising for community disaster relief;
- Red Cross sub-branch/*sahayog samiti*, local Red Cross unit formation;
- CBFA ward unit, the local community organization formation; and
- Review/evaluation activities at different level.

Being a mountainous country and lying along a seismic zone, Nepal is prone to disasters caused by earthquakes, landslides, and flooding. Because of difficult terrain, there are insufficient transportation and health facilities for many people in remote villages. These factors reinforce how vital CBFA is for communities.

Many donors have supported the CBFA programme. Since 1997, the NRCS has implemented CBFA projects with the assistance of the Swedish Red Cross through the Federation. Since 2002, the British Government Department for International Development (DFID) has also supported the project. Save the Children UK, the Karnali Local Development Programme (KLDP), and the Community-Based Economic Development (CBED) programme are supporting the project in some districts while the Belgian and Japanese Red Cross Societies have expressed their commitment to expand the project into new districts.

The health care project is a community-based integrated health programme with an emphasis on family planning and maternal and child health, and now integrated with HIV/AIDS. The NRCS aims to establish an enabling environment for the promotion of positive behaviours for practising reproductive health services. The project builds on years of experience gained by the NRCS in using a community-based approach and takes into account existing community needs.

The JRC/RCY have been implementing various activities to expand the organisation and develop effective service projects. The purpose of the organisation and service project is to strengthen the junior/youth network and mobilise junior/youth volunteers in humanitarian services through development of quality leadership. Involvement of the JRC/RCY has helped strengthen the NRCS capacity to conduct health activities throughout the country's 75 districts.

There is currently a network of 3,500 JRC/RCY circles with over 750,000 members throughout the country forming a vital human resource for the NRCS' current and future programmes.

District chapters and junior/youth circles are supported to develop and plan various types of programmes by involving members in different types of activities ranging from seminars, workshops and first aid training to HIV prevention, book banks and establishing community centres. Sustainability is emphasised and all activities are based to a large degree on local participation and resources with nominal external financial support provided only to encourage host (programme organiser) circles.

The JRC/RCY school health, sanitation, and environment project is another use of the network. Most of the over 23,000 primary schools in Nepal have no or poor sanitation facilities. While the government provides some funding for teaching staff, it is the community's responsibility to manage school resources, including sanitation facilities.

Schools provide an ideal environment to instil good behaviour and habits relating to health and sanitation. Children can then pass on these messages to their homes and communities. Coupled with this, school sanitation is a fundamental element needed for a sound learning environment. If schools do not have toilets or are poorly maintained, they can become unhygienic and a venue for transmitting disease. Poor facilities also reinforce unhealthy sanitation habits.

This appeal has been developed using past experience of the NRCS and various international NGOs, donors and NGOs that have been involved in student health and sanitation activities in the past. The main lessons learned are:

- Schools are a good entry point for promoting hygiene and sanitation activities, aiming at changing the behaviour of students as well as the wider communities.
- The project should have a long-term vision, and be continued by the schools in future years.
- Innovative and creative activities should be introduced in health and sanitation.
- To cultivate habits of good hygiene and sanitation practices, one needs to target the students from primary level.
- Institutional development needs to be addressed.

Overall Goal

The health status of vulnerable communities is improved.

Programme Objective

Communities are empowered to cope with health problems and practice positive health behaviours through strengthened institutional capacity.

The health and care programme comprises five projects:

1. Community Development

To increase the level of awareness and improve basic health conditions of the most vulnerable targeted communities while enhancing the public health capacity of the NRCS and communities.

2. Community-Based First Aid

To build the capacity of communities to promote health, and improve their ability to manage injuries and illness, and prepare for and deal with disaster

3. Health Care

To improve the reproductive health situation of vulnerable communities through increased access to information and services by strengthening institutional and community capacity.

4. Junior/Youth Red Cross Organisation and Service

To strengthen and expand the JRC/RCY organisation and involve young people in humanitarian services (including health) of the Movement.

5. JRC/RCY School Health, Sanitation, and Environment

To improve the health situation of school students.

Expected Results	Indicators	Risks/Assumptions	Activities
Project One: Community Development			
Level of awareness increased and positive behaviours enhanced.	<p>90% literacy rate within 5 years in target population.</p> <p>90% children enrolled in school.</p> <p>All activities owned and maintained by the community.</p>	<p>Community interest and willingness.</p> <p>Cultural and social values favourable.</p>	<p>Form literacy management committee, facilitators training, non-formal education classes conducted (adult, post-child, peer education).</p> <p>Establish community libraries and reading centres.</p> <p>Mass meetings, regular home visits and motivational activities.</p>
General health in targeted communities improved.	<p>Communicable diseases and water borne diseases decreased by 60% resulting in 60% reduction in epidemics and morbidity rate, measured by the final evaluation and health post records.</p> <p>90% of targeted populations have access to safe drinking water within 5 years.</p> <p>90% of the houses in project area have installed basic sanitary units: toilets, washing platforms and have improved cooking stoves and established kitchen gardens.</p>	<p>No epidemics and disasters.</p> <p>No drastic change in policies of health ministry.</p>	<p>Health volunteer training.</p> <p>Formation of Users Committee, construction of drinking water schemes, plumber training. Care taker trainings, water users committee workshop and training.</p> <p>Installation of family/school toilets, improved stoves, washing platforms, kitchen gardens and training on use.</p> <p>Sanitation campaign.</p> <p>Regular health volunteers meetings.</p> <p>Celebration of national health days.</p> <p>Street dramas.</p>
Vulnerable community in project area empowered through sustainable economic and social development activities.	<p>80% of vulnerable families in the project area enrolled in self-help groups.</p> <p>Coordination of groups and local units with other agencies established and improved.</p> <p>Income of the families increased by 30%.</p>	<p>Political disputes neutralised and community feeling strengthened.</p> <p>Women's participation and involvement positively accepted by communities.</p>	<p>Self-help group formation and orientation.</p> <p>Self-help education, account keeping, group management trainings and skill development for group members.</p> <p>Saving and credit mobilisation.</p> <p>Exposure visits to learn from other communities.</p> <p>Coordination meetings with other stakeholders.</p> <p>Affiliation of self-help groups in cooperative society and federation.</p>

Expected Results	Indicators	Risks/Assumptions	Activities
Capacity of community further enhanced (especially of women) in identifying and solving their problems locally.	<p>All planned activities identified by the community.</p> <p>Number of local institutional bodies or committees established and operational.</p> <p>50% committee membership comprise of women.</p> <p>At least 2 women holding key positions in each committee.</p>	Local agencies and line agencies are willing to cooperate.	<p>HR development training in health, sanitation, planning, monitoring, management, leadership, communication, gender, etc., for community and DC/sub-chapter members.</p> <p>Motivation of women by personal and group meetings.</p> <p>Gender analysis and workshop/training.</p>
Institutional capacity of Red Cross at all levels developed and their services expanded.	<p>Red Cross have adequate premises and equipment.</p> <p>District chapter and sub-chapter executive committee members and project staff trained in managing and running office/projects effectively.</p> <p>Necessary policies, systems, by-laws developed and practiced.</p> <p>Partnerships established with other organizations and stakeholders.</p> <p>Income of district chapter and sub-chapter increased.</p> <p>Quality and quantity of service provided by Red Cross institutions (DC and SC) improved and number of beneficiaries increased.</p>	Trained volunteers and staff remain with Red Cross.	<p>Construction of income generating building and community centre.</p> <p>OD training (project/office management, report/proposal writing, trainers training, IHL, DM).</p> <p>Establish network with line agencies and implement coordinated activities.</p> <p>Finalise and implement adopted policies, by-laws etc.</p> <p>Regular meetings, reviews, coordination meeting with stakeholders.</p> <p>Publication/distribution of IEC materials, annual reports, brochures.</p> <p>JRC/YRC seminar/workshop, GO/I/NGO workshop, DC/sub-chapter workshop, ward-level committee meetings.</p> <p>Baseline survey and context analysis of new project district and final evaluation of Rasuwa project.</p>
Project Two: Community Based First Aid			
Function committees at community level.	<p>11 CBFA committees at community level.</p> <p>Regular meetings.</p> <p>11 community study centres (CSC) for 42,000 people.</p>	<p>Country is in a peaceful state.</p> <p>Communities living in harmony.</p>	<p>Sensitisation workshop on CBFA programme in 3 new districts.</p> <p>11 workshops on management information system in 11 districts.</p> <p>Community survey in 3 areas of 3 new districts.</p> <p>Establish 3 CSCs</p>
Regular first aid service and	330 trained first aid	Trained volunteers are	Three 5-day elementary CBFA

Expected Results	Indicators	Risks/Assumptions	Activities
awareness activities at community level.	<p>volunteers are available in the community.</p> <p>Consumption/replenishment system of first aid materials in all 11 communities.</p> <p>Planned awareness activities run in each 11 communities.</p> <p>Produced/procured IEC materials, first aid kit boxes, Red Cross souvenirs etc.</p>	<p>accepted in their community.</p> <p>Communities are cooperating with first aid volunteers and CBFA committee.</p>	<p>training for 90 community volunteers in new 3 districts.</p> <p>Construct model sanitary toilets or washing platforms.</p> <p>Organise 11 first aid skills competitions in 11 districts.</p> <p>Hygiene/sanitation competition in 12 districts.</p> <p>Organise 12 World First Aid Day events in 12 districts.</p> <p>Produce 360 copies of CBFA volunteer manual.</p> <p>Produce 100 copies of CBFA trainer manual and 240 first aid kit boxes.</p>
Communities are prepared for probable disaster and accident.	<p>11 Communities comprising 330 trained volunteers in total, have a disaster relief fund and planned fundraising activities.</p> <p>Written guidelines to operate fund.</p>	<p>Trained volunteers are accepted in their community.</p> <p>Communities are cooperating with first aid volunteers and CBFA committee.</p>	<p>Organise 3 supplementary trainings for CBFA volunteers.</p> <p>9 supplementary trainings for JRC members in 3 districts.</p> <p>Support for community disaster relief (CDR) fund in 3 committees.</p>
Red Cross district chapters, sub-branches at local level are capable of monitoring activities.	<p>11 functioning bodies of the local NRCS.</p> <p>District chapter, sub-chapter with plan linked to CBFA activities.</p> <p>First aid section, district chapters, sub-branches are equipped.</p>	<p>NRCS district chapter sub-branch executive body is active</p>	<p>CBFA orientation workshop in 3 new districts.</p> <p>CBFA training of trainers (ToT) in 3 new DC.</p> <p>Proposal writing training in 3 new districts.</p>
Project Three: Health and Care			
Increased information on reproductive health to the community.	<p>Number and type of communication activities.</p> <p>% of target audience exposed to RH message (respondent recall).</p> <p>% of audience who can identify at least 3 methods of contraception.</p> <p>% of audience that know how to prevent HIV/STDs.</p> <p>% of audience who can demonstrate correct use of condom.</p> <p>Number of people reached with RH message at various events.</p>	<p>Political situation does not impact on project efforts.</p> <p>Coordination with stakeholders.</p> <p>Timely availability of contraceptives from government sources.</p> <p>Communities accept RH message and services.</p>	<p>10 IEC activities.</p> <p>Organise advocacy events and RH publicity campaign.</p> <p>Peer approaches and group discussions.</p> <p>Community-based counselling.</p> <p>Conduct 90 health talks.</p>

Expected Results	Indicators	Risks/Assumptions	Activities
Increased access to reproductive health services.	<p>Types of services available.</p> <p>Number of service providers providing RH available.</p> <p>Proportion of clients practicing RH services.</p> <p>% of population that knows of at least 1 source of contraceptive service and/or supplies available in the local area.</p> <p>% of non-use of counselling services and contraceptives related to psycho-social barriers.</p> <p>Number of clients counselled for family planning, STI, HIV/AIDS referred.</p> <p>Ratio of PLWHA seeking and receiving services.</p> <p>STIs and number of patients treated.</p>		<p>Family planning services (1,000 clients).</p> <p>Maternal health services (200 clients).</p> <p>Child survival referral services (500 beneficiaries).</p> <p>STI case management services (500 people).</p> <p>STI case management services (500 people).</p> <p>Care and support for HIV/AIDS infected and affected (50 people).</p> <p>Community-based counselling on HIV/AIDS (40 people).</p> <p>Direct service delivery and referrals for RH services.</p>
Enhance practice of positive health behaviours.	<p>Increased proportion of target audience using available RH services.</p> <p>% of pregnant women seeking ante-natal care.</p> <p>Number of women started immunising their children.</p> <p>Number of RH service practitioners.</p> <p>Number of people accessing care and support services.</p> <p>MIS system in place.</p>		<p>Mobilisation of network and other organisations and alliances.</p> <p>MIS activities and follow up (6 units).</p> <p>Behaviour change communication activities.</p> <p>Women empowerment training.</p> <p>Women group meeting and mobilisation for behaviour change initiatives.</p>
Strengthened institutional and community capacity.	<p>Types of RH services available from health post/sub-health post.</p> <p>Number of village development committee members and RCV acquire RH knowledge/skills .</p> <p>Increased involvement of committee members</p> <p>Improved attitudes towards stigma and discrimination re. HIV/AIDS in the community.</p>		<p>Capacity building of sub/health post support committee.</p> <p>Capacity building of village development committees and stakeholders.</p> <p>Institutional capacity building through training of volunteers (management and OD).</p> <p>Formation and strengthening of network/linkages.</p> <p>Community mobilisation activities.</p>

Expected Results	Indicators	Risks/Assumptions	Activities
	Number of networks, linkages established and mobilised. Number of people mobilised.		Training on counselling, treatment and care for RCY/JRC.
Project Four: JRC/RCY Organisation and Service			
Increased number of junior/youth Red Cross circles and junior /youth members.	Increased by 5 % no. of JRC/RCY circles.	Smooth coordination with stakeholders.	Conduct 3 workshops and provide motivation and guidance to junior/youth members, teachers and volunteers. 3 Volunteers (teacher sponsors) sent to 3 districts to strengthen district junior/youth programme. Provide resource persons to 15 districts. Monitoring, evaluation and follow-up visits for observation activities in some 30 districts.
JRC/RCY movement and programme more efficient and better equipped in programme development and management, providing qualitative service through better management of programmes at district and circle level.	Number of junior/youth members providing improved services.	No major impact from disasters.	Organise 3 trainings on first aid, leadership. Organise one national youth camp for youth members. Conducted 5 district level junior camps to orientate members on the Movement. Programme management and capacity building training.
Services provided to community through the junior/youth Red Cross.	J/RCY members involved in J/RCY activities.	Educational calendar similar to previous years. Programmes conducted on schedule.	10 literacy classes in 10 districts in 'out of school' support programme. Provide textbooks and teaching materials provided in 20 circles in 20 districts. School forestation activities in 10 districts in 10 youth circles. Establish 5 first aid training units in 5 districts.
Project Five: JRC/RCY School Health, Sanitation and Environment			
School children developed the habit of washing their hands with soap or ash after toileting and before eating.	Number of students using soap/ash in school and community.	Full participation and commitment of district and sub-district chapters, headmasters, teachers, junior/youth circles.	Develop and publish life skills, school health, hygiene and sanitation educational manual. Conduct baseline survey.
Child-to-child learning environment developed about hygiene and sanitary behaviour.	Changed behaviour of students and nearby communities.	Prioritised by government and UNICEF and project receives technical support from these sources.	Implement the basic health sanitation and hygiene education package (basic health, hygiene and sanitation classes).
Sanitary units (toilet, drainage, soak-pit, garbage-pit etc.) installed, improved,	Number of sanitary units installed.	Schools and their circles support and implement activities.	Sanitary units improved in schools and communities (toilet, garbage pit, soak-pit, smokeless

Expected Results	Indicators	Risks/Assumptions	Activities
maintained and properly used at school and nearby communities.			stove, eco-sanitary structure, drinking water source etc.)
Institutional capacity of JRC/RCY circles enhanced.	Record of exchange of ideas and changed attitudes of the students. Number of trained volunteers, of reports sent, and recipients of first aid services. Improvement in record keeping system.	Political situation does not hinder project initiatives.	6 life skills-based health (HIV/AIDS) and environmental sanitation trainings to the 210 youth members. 2 professional/ leadership development and motivational trainings for staff, youth volunteers. 3 first aid trainings for teachers and students. 3 orientation programmes and 3 workshops for teachers, students, community members. Regular monitoring and periodic evaluation.

2. Disaster Management

Background

The Nepal Red Cross faces the risk of a major earthquake in the Kathmandu valley, which historically has struck approximately every 75 years. The last major earthquake, of 8.4 on the Richter-scale, was in 1934 and killed almost 17,000 people. Considering the density of population in Kathmandu, swollen by increased migrant population during the current political situation in the country, an earthquake of a similar magnitude would have devastating consequences and could cause an estimated 78,000 deaths in the capital. The national society is scaling up its disaster preparedness programme, including earthquake preparedness and conflict preparedness across the country.

While the ICRC is the Movement's lead agency in Nepal, the Federation is scaling up its support in the area of disaster management (DM) as well as organisational development.

The NRCS has been engaged in responding to disasters and providing relief to those affected since 1966, starting with the earthquake relief operation in far western Nepal. However disaster preparedness (DP) only began as a structured programme in 1975, with the assistance of the Swedish Red Cross. This enabled the NRCS to respond to the needs of vulnerable people through strategically located warehouses and pre-positioned relief materials, learning from the experiences of previous disasters. The society has managed to develop needs-based, community-based initiatives, especially in the area of DP, which has enabled it to help communities establish links with other stakeholders, including government development departments. The NRCS now has a presence in all of the country's 75 districts through over 2,000 sub-chapters. Most sub-chapters are involved in local fundraising, complementing external support in the areas of health, water sanitation, community development and DM.

In June 2003, the NRCS ran a disaster simulation exercise and national seminar to improve organisational linkages to strategise its response, while examining the disaster response of other organisations under its mandated activities. The result is better coordination with other stakeholders through DP-Net (DP Network, a loose organisation of different UN, international NGOs and government agencies engaged in DM), especially in information sharing and developing standards in information sharing practices. The NRCS has been requested by member organisations to continue with DP-Net secretariat responsibility for the year 2004. The society is a statutory member of the National Disaster Relief Committee headed by the Ministry of Home Affairs. This statutory representation has greatly contributed to coordination of relief operations with the government. To further consolidate the available infrastructure, NRCS is developing mechanisms at various levels to coordinate with other agencies and develop a national disaster response team (NDRT), by customising the successful regional disaster response team (RDRT) programme to suit local needs.

Recent developments based on the lessons learnt from experiences of the past are to diversify, decentralise, empower and transfer ownership of DP programmes. Community-based disaster preparedness (CDBP) programmes are being implemented in many parts of the country through specifically tailored programmes of the NRCS or by integrating CDBP components with other development programmes and by coordinating with other organisations in implementation of similar programmes. Under CDBP programmes of the NRCS, the society provides three types of training courses to empower community volunteers, hazard and vulnerability mapping exercises, as well as conducting small disaster mitigation activities. These help community members draw up their own preparedness plans, and suggest ways of improving the community's long-term coordination with government organisations and NGOs for sustainability. Policy guidelines for CDBP have been developed for communities to support proper utilisation of the local disaster relief funds they create and maintain by themselves.

The South Asian regional delegation has been supporting national societies to strengthen DM capacities and has been playing an important role in helping donors keep in contact with national societies. The NRCS has undertaken, as a key part of its DP programme, CDBP training in over 20 districts with support from Netherlands, and New Zealand Red Cross Societies and DFID (through the Federation), and bilateral support from the Belgian Red Cross. American Red Cross has directed bilateral support to building capacity for earthquake preparedness in the Kathmandu Valley.

To date the NRCS DM department has implemented the following major disaster preparedness activities:

- Warehouse management, including pre-positioning of DP stocks.
- Training of human resources (volunteers and staff) on disaster management.
- Collection and mobilisation of disaster response emergency fund (DREF).
- CDBP programme, integration of sustainable livelihoods into CDBP and handover strategies.
- Flood mitigation programme.
- Participation in DP-Net.
- Strengthening of geographical information system (GIS) for resource and hazard mapping.
- Planning for implementation of earthquake preparedness programme in Kathmandu Valley.
- 'Action Together for Livelihood Management Plan in flood Situation in Jaleswor' has been implemented in Mahottari district since 2001, with CARE Nepal.

Nepal is not only affected by annual floods, landslides, and fires but also frequently hit by earthquakes, epidemics, droughts, and avalanches. Aggravating the problem is the inadequacy of the transportation and communication infrastructure, sometimes necessitating several days to reach affected areas. For these reasons NRCS is making continued efforts to decentralise the disaster response activities to different regions. District chapters and sub-chapters take care of the disasters that occur at local level. However, if the local resources prove to be inadequate, the NRCS national headquarters comes to their assistance to provide aid to those affected. It is estimated that 75 per cent of all those affected by disasters receive assistance from the society, owing to strategically located warehouses, trained volunteers and clearly defined role and responsibilities of stakeholders at various levels. The NRCS is also planning to include emergency medical interventions for disaster victims.

Population movement is now an integral part of the society's DM operations, starting in the mid-1960s with Tibetan refugees, with the refugee programme since including services such as health, education, income generation and skills development.

As an impact of political unrest in Bhutan, in 1993 about 100,000 people were displaced and reached Nepal as asylum seekers. The refugees are in seven camps in the districts of Jhapa and Morang, with the NRCS the first organisation to assist them. As more refugees arrived, organisations took over specific needs, such as shelter, infrastructure, health services, schooling, and later skill development and training. The NRCS is targeting its assistance to the refugees with food and non-food items and uniforms for school students. It will soon commence a psycho-social care programme with American Red Cross assistance. The society is working closely with ICRC, UNHCR, WFP and Swiss Red Cross in refugee programmes management. After verification of refugees' status in some camps, a repatriation process is expected to commence in the near future.

Overall Goal

To strengthen the disaster management capacity of NRCS in order to provide effective response to disasters as well as enhance capacities of vulnerable communities.

Programme Objectives

The disaster management programme comprises three projects:

1. Disaster Preparedness

To strengthen the disaster preparedness capacity of the society to enhance the capacity of the most vulnerable communities.

2. Disaster Response

To enhance the disaster response capacity of the society at all levels by forming disaster response teams at national headquarters, regional and district level

3. Population Movement

To improve the lives of Bhutanese refugees in refugee camps through the provision of food and non-food items.

Expected Results	Indicators	Risks/Assumptions	Activities
Project One: Disaster Preparedness			
Capacity to respond to 500 affected families can be sustained by strengthened capacity of NRCS warehouses.	Stock of relief materials, stock ledger, tender documents and bills.	No significant economic fluctuations. Community participation.	Acquisition and pre-positioning of relief materials. Warehouse maintenance/computer support.
Increased skilled HR in basic DM (90-100) and warehouse management (20-25) will be inducted into NRCS DM.	Training report, list of participants.	Availability of suitable trainees and training materials.	DM basic level training. Warehouse management workshop.
Capacity of vulnerable communities enhanced reducing loss of life and property due to disaster.	List of DP unit. Training report. List of participants. Periodic progress reports. Construction works.	Adequate funding available.	CBDP orientation to DC and DP unit, CBDP ToT, first aid ToT, training on how to prepare preparedness plan, community level trainings. Small mitigation projects and community coordination meeting (DC and community level). Incorporate sustainable livelihood interventions i.e. grain storing drum support to communities. Internal observation tour, half yearly/annual review meetings, monitoring/supervision, OD for DCs. CBDP follow-up refresher training, monitoring and staff supervision, mobility review and evaluation meeting. Small mitigation works.
Capacity of vulnerable communities in the Kathmandu Valley will be enhanced, reducing loss of life and property caused by earthquakes.	Mobilised local resources. Developed coordination and communication mechanisms. Developed skilled HR for immediate response.		Basic DM training at ward level. Rehearsal on earthquake preparedness. Development of IEC materials. Street dramas.
Experienced HR recruited	Number of staff	Availability of suitable	Recruitment of appropriate staff.

for effective management of all activities related with DP project.	hired/deployed. Training/orientation programmes arranged.	persons for recruitment.	Administrative and programme support.
Project Two: Disaster Response			
Response section at headquarters established and disaster response (DR) teams at different levels formed to ensure immediate, effective disaster response in times of emergencies.	1 central, 5 regional and 75 district -level DR teams operational.		Formation of DR teams at national, regional and district level.
Project Three: Population Movement			
Bhutanese refugee children attending schools will have benefited from provision of uniforms.	Number of students who have received uniforms.	No major economic fluctuations.	Distribute 45,000 sets of uniform materials.
Bhutanese refugee families will have received food and non-food support.	Number of refugees in 7 camps in Morang and Jhapa who have received food/non - food items.	Regular financial support from UNHCR and WFO.	Procurement and distribution of food and non-food items.

3. Humanitarian Values

Background

Since its inception in 1963, the NRCS has acted in accordance with being a neutral and impartial humanitarian organisation. However, it is essential that the message of what constitutes humanitarian values is imparted to all of the society's staff and volunteers to improve their effectiveness in promoting tolerance and reducing discrimination within society. The promotion of fundamental principles and humanitarian values is even more vital in the current conflict situation. The NRCS is in an ideal situation to take advantage of its position as being regarded by the parties in the conflict, and by the general public, as being neutral and impartial.

Under its present fourth, five-year development plan, the NRCS is examining its current programmes with a view to incorporating the promotion and dissemination of the Movement's principles as an integral part of all programmes. This approach will be complemented by applying the Better Program Initiative (BPI) methodology in starting new programmes and assessing existing ones, to ensure rigorous community participation in programme design. By adopting this approach, the national society will promote humanitarian values through its programmes as well as through its information department, which in turn will contribute towards bringing about positive changes in people's behaviour both within the NRCS and outside.

The country has been caught up in armed conflict for the past eight years, adding an extra incentive to try to ensure communities live in harmony. The society plans to promote human dignity and tolerance, among its volunteers especially the JRC/RCY members as well as to the general population. Through JRC/RCY activities, it looks forward to promoting the atmosphere of cooperation and friendship, tolerance and non-violence in the country.

The Nepal Red Cross has been successfully disseminating the Movement's ideals and values for many years with the support of the Movement partners, and various organisations.

Overall Goal

Bring about changes in people's behaviour, increasing mutual understanding and respect for human dignity through a wider dissemination of humanitarian values.

Programme Objective

To train Red Cross staff, volunteers and the general public on humanitarian values and to publicise the fight against discrimination in communities.

Expected results	Indicators	Risks/Assumptions	Activities
Project: Humanitarian Values			
By the end of 2004, 350	Progress Reports.	Political instability will not	3 trainings for staff and

<p>staff and volunteers of NRCS will have a better understanding of humanitarian values, tolerance and the issue of discrimination.</p>	<p>Training/ Workshop reports.</p>	<p>hamper activities.</p>	<p>volunteers on humanitarian values and Fundamental Principles.</p> <p>Produce dissemination/ communication materials on humanitarian values: brochures, stories, and make them available to volunteers and staff.</p> <p>Produce 100 copies of <i>Communicators Guide</i> to provide the district branches with resource material for dissemination and communication.</p> <p>Essay writing competitions in 20 districts on topics related to humanitarian values.</p> <p>Youth camps to provide better understanding of living in harmony and cooperation between people of different communities.</p>
<p>Dissemination of NRCS activities focusing on its humanitarian services.</p>	<p>Media coverage, publications, photographs, reports, workshop reports, profiles.</p>	<p>Political instability will not hamper Red Cross activities.</p>	<p>Facilitate field visits for 2 journalists to profile and publicise Red Cross humanitarian activities.</p> <p>Produce 1 video documentary of NRCS activities for broadcast on TV, focused on its humanitarian work in communities to promote tolerance and harmony.</p> <p>Visits by national HQ staff to five regions in NRCS programme areas to profile humanitarian work.</p> <p>Distribute to stakeholders, reading materials/literature /reports on NRCS humanitarian activities.</p> <p>Communication workshop to enable district branches to communicate their work and advocate on the issue of non-discrimination.</p> <p>Increase newspaper publicity and media coverage of NRCS humanitarian activities.</p> <p>Expand network of media contacts and increase press-releases and publications.</p>

4. Organisational Development

Background

Organisational development efforts within areas such as human resource development, better planning and review exercises and so on have resulted in strengthened programmes and impacts in community level services. One example is that more sensitive branch level assessment skills have helped to achieve more targeted services through volunteers recruited from vulnerable communities. This further ensured that the needs of the vulnerable are incorporated into programme design.

Nepal Red Cross Society has been using several strong internal organisational development processes to help it undertake planned change processes. The intensive orientation of members, volunteers and staff over the past three years has led to strengthened organisational diagnosis, strategic planning, implementation, and evaluation skills at many levels. Some of the results of the commitment to planned change processes include annual reviews undertaken into all the society's programmes by each of the six national policy committees, leading to the central executive committee's final evaluation of progress. It further included development of a five-year strategic plan through a highly participatory internal process and more integrated aspects of capacity building within each of the core programmes (such as crosscutting improvements in human resources development, volunteering management, and gender sensitisation).

Organisational development (OD) together with integrated approaches to overall capacity building, are built-in components of most of the programmes of the NRCS. Creating local infrastructure and sustainability, for example, has been strengthened in most programmes through integrated resource mobilisation approaches at the community level. The approach to community involvement through membership development and recruitment of active volunteers resulted in an effective means of transferring skills and resources to develop sustainable structures at the community level over the years. A recent example is a women's development programme which achieved remarkable increase in their membership in the targeted districts and also increased the participation of women in the decision making process. This empowered women at local levels and helped ensure gender sensitivity in planning of programmes that can meet their needs long term.

Young people were also better integrated into the programmes of the NRCS, such as first aid and relief and rescue. The JRC/RCY messengers in remote districts were used to get assistance for accident victims, or to carry sick or wounded civilians to the nearest hospitals. Members provided food and medicines to some victims of the conflict and other emergencies, and organised blood donations at regular intervals. Young people were empowered to manage their own service programmes better (for example, school youth circles at sub-chapter level mobilised and increased local resources through RCY/JRC 'days' to fund their own activities).

In order to further build the organisational capacity of the society, a number of innovative activities and programmes were successfully developed and implemented in recent years, categorised for practical purposes as follows:

- Governance and organisational development;
- Management and administrative development;
- Financial resource and assets development; and
- Human resource development.

The NRCS, as part of its general policy and strategy, has many types of income generation programmes and schemes incorporated into its activities, programmes, and organisational units, with the aim of achieving long-term sustainability. Most of these programmes are based on traditional income generation methods, such as renting building space, service charges, interest from fixed bank deposits, and the participation of stakeholders, including communities, local organisations, and administrative and political units. Such programmes are one of the great strengths of the society. Nevertheless, several important programmes are facing setbacks due to a shortage of funds and resources.

During the last two years, OD initiatives strengthened the capacities of services and volunteers and staff members at branch/sub-branch levels, in the JRC/RCY structures, and also in governance and management at the national headquarters level. Some of the major achievements include:

- completion of the constitution's revision and adoption;
- introduction of the *Code of Conduct* for volunteers;
- a new human resource development policy;
- construction of the resource centre of the JRC/RCY;
- effective mobilisation of local resources, as a result of which the self-sustaining capacities of vulnerable communities are strengthened;
- a wider diversity of volunteers (including volunteers from vulnerable communities and their involvement as potential members of the national society developing more sensitive policies and services);
- training of more than 800 volunteers in managerial skills;
- effective implementation of the SCALA and Crystal software systems at the national headquarters leading to strengthened financial and report writing capacities.

The new volunteer base will need to be supported by a stronger human resources development system across all branches to enable them to deliver effective services through planned skills training.

The OD programmes of the NRCS emphasise capacity building as the overarching net product of all programmes which build stronger and more relevant services to meet the needs of vulnerable communities. In this sense, the OD programme, with its integrated approach to governance and management development, strengthening of branch level systems and structures, finance and information development, represents an integrated capacity building and change management plan operating across all the activities of the society. The main emphasis is on shifting the focus from support at national levels to improving service delivery at local levels.

The ongoing conflict has resulted in the need for the national society to manage strategic change processes to improve its overall positioning and its services. This has made the OD programme a more vital component of the change management plan. All of the OD programmes are re-evaluating objectives in order to focus work on the new vulnerabilities and needs for services due to the conflict. The human resources development (HRD) and personnel (volunteer and staff) selection, analysing and responding to the gendered impact of conflict, the strategic use of information and communications in positioning work, and the need for chapters to demonstrate the highest integrity in their financial and administrative systems, will all play a significant role in whether the NRCS is accepted in a unique and neutral position in the conflict.

Finally, the NRCS has been an active participant in the Federation's regional OD programme, adopting and implementing many regional outputs from shared learning and knowledge exchange exercises. These have included the adoption of the regional HRD manual for volunteers, running regional training modules to strengthen the society's systems in local resource mobilisation, and developing internal audit systems following exposure visits to other national societies in the region. Due to its strengths in many OD areas, NRCS has also assisted with conducting regional training courses for other national societies, in areas such as management development and gender sensitization, which has been widely welcomed by both the regional Federation delegation and other societies in the region.

Overall Goal

Vulnerable people will receive increased and sustainable community-based support to reduce their vulnerability through increased capacities of the NRCS, and their needs will be assessed at all levels and development of relevant and focused programmes will occur to meet them.

Programme Objective

The Nepal Red Cross Society moves 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.

1. Organisational Development

Governance and management potential of the national society is strengthened, leading to stronger capacity in its more diversified human resource base (gender, junior and youth, volunteers, handicapped) to deliver humanitarian service to the most vulnerable communities who are impacted by disasters.

2. Financial Capacity Development

Diversify and increase financial resources to meet organisational and programme development needs through the improved resource mobilisation system and enhance the financial management capacity through modern technology and new techniques in financial management.

Expected Results	Indicators	Risks/Assumptions	Activities
Project One: Organisational Development			
Strengthened capacity of governance and management of regional, branch and sub-branches to effectively and efficiently deliver service to the most vulnerable communities.	<p>Assessment reports reflect improved performance of 10 branches and 10 sub-branches to provide relevant and effective humanitarian services.</p> <p>Assessment reports reflect improved performance of 5 regional coordination committees to activate and moderate branches in OD and other humanitarian services.</p>	<p>Volunteers are highly motivated.</p> <p>Conflict situation stabilises.</p>	<p>Capacity development of 10 branches, 5 regional branches, and 10 sub-branches (personnel, equipment, admin costs etc.)</p> <p>5 OD workshops for 75 participants each.</p>
Increased managerial competence of volunteers and staff for developing effective and relevant activities.	Assessment reflects improved managerial capacity of executive branch members, volunteers and staff in 75 districts.	Level of commitment of volunteers and staff.	<p>5 management development workshops.</p> <p>1 central executive committee review meeting</p> <p>Publish 500 copies of management manual.</p> <p>Upgrade central training centre with modern teaching equipment.</p>
Optimum involvement and contribution of volunteers to promotion of humanitarian values and service work at all levels in all circumstances.	Assessment reflects improved organisational and institutional managerial capacity of 1,500 volunteers in 75 districts.	Involvement and convenient time factor of the volunteers.	<p>Needs assessment of programme planning of volunteer management.</p> <p>Publish 500 copies of volunteer management manual.</p> <p>75 one-day orientation courses for 1,500 district executive members on volunteer management.</p> <p>Hold 5 volunteer management training courses.</p>
Increased participation of women in all levels of the structure and institutional development sectors (planning, implementing, monitoring and evaluation).	<p>Women members in NRCS increased to 30%.</p> <p>Participation of women in decision making and planning process of the society increased to 10%.</p>	Equal opportunities promoted by decision making body.	<p>National level gender policy development workshop.</p> <p>Gender analysis and gender needs assessment.</p> <p>One review meeting.</p> <p>5 training courses on gender issues and involvement of women.</p> <p>10-day sensitisation visit for 5 selected staff or volunteers to share and enhance knowledge and experience of women's</p>

Expected Results	Indicators	Risks/Assumptions	Activities
			<p>involvement in key activities.</p> <p>Provide support to 5 branches for womens capacity development (training, personnel, and admin etc.)</p>
Institutional capacity of the JRC/RCY enhanced.	<p>Youth membership increased by 25% on basis of gender balance.</p> <p>30% of the junior and youth involve/participate in institutional development, humanitarian services and development services sectors of the society.</p>	<p>Good coordination with stakeholders.</p> <p>Minimum impact from natural and man-made disasters.</p>	<p>5 JRC leadership courses.</p> <p>One 5-day observation tour for 20 people.</p> <p>Five seminars involving headmasters, teacher sponsors and JRC committee.</p> <p>Regional circle support programme for 5 circles (education materials, electronic materials, games, furniture).</p> <p>Publish 500 copies of youth management manual</p>
Project Two: Financial Capacity Development			
Resource mobilisation policy, strategy, procedures and approaches developed and implemented.	<p>Record management system for skilled HR.</p> <p>Donor management system and database in place.</p> <p>Fundraising activities and resource mobilisation system improved.</p>	Funding and resources available.	<p>Review workshops.</p> <p>Prepare resource development strategy using consultant.</p> <p>Implementation of one fund-raising pilot programme.</p> <p>Build and complete remainder of JRC/YRC resource centre and build/improve national training centre.</p> <p>Two fund raising workshops.</p> <p>Field observation to explore the possibility and share the ideas for local resource mobilisation in 20 selected districts.</p> <p>Coordination meeting with large corporations</p> <p>Produce/distribute IEC materials/commitment forms.</p>
Maintenance of account/data management system at National Blood Bank, computerised account/inventory management system at 6 warehouses and account/warehouse management training are developed, implemented and recorded.	<p>Software programme account/ data management package at National Blood Bank.</p> <p>Computerised warehouse management package at 6 regional warehouses installed.</p> <p>Trained HR available.</p>	Funding and resources available.	<p>Maintenance of computerised account/data management package.</p> <p>Installation of computerised warehouse management package in regional level warehouses.</p> <p>Two trainings in account and warehouse management for 40 participants from district chapters responsible for financial matters.</p>

5. Representation, Management and Implementation

Background

The programmes described above will be implemented by Nepal Red Cross based on policies, procedures, strategies and plans currently in place. Internal management structures will be developed and implemented for effective management of the project activities. Detailed strategies and priorities have been described above under the appropriate programme headings.

The Nepal Red Cross is a strong national society with a long proven track record in community-based programme management, from design, to implementation, to reporting. The Federation ran a delegation in Nepal up until its closure in 1997 when it was considered that the national society had sufficient capacity to continue its mandate with more remote support from the regional delegation based in Delhi. The Nepal Red Cross capacity has further developed during this period and remains high to this day. However, circumstances have now changed in Nepal, with the increasing extent and magnitude of Nepal Red Cross programmes and the complex security situation that has developed more recently. Coordination of the many national society programmes, including bilateral, has become a major management task for the NRCS as the requirements from donors and the Federation have become increasingly demanding in recent years.

The armed conflict between government forces and rebel groups has had serious consequences for the country and the Nepal Red Cross environment. The ICRC has been forced to scale up its presence considerably in Nepal and is currently the lead agency in terms of the Seville Agreement. However, if the current, somewhat tenuous, peace process continues in a positive way, the ICRC may gradually decrease its presence, thereby requiring closer collaboration with the Federation during the transition phase.

In recognition of these factors, the Nepal Red Cross, and ICRC, requested the renewed presence of a Federation representative in Kathmandu to provide a higher level of support to society, in particular:

- to develop and maintain close relationships with ICRC;
- to coordinate the cooperation between the three Movement components;
- to provide an in-country Federation focal point on programme related issues; and
- to maximise programme impact on the most vulnerable.

The Federation representative will be a focal point and conduit for information flow between the Federation, Red Cross Red Crescent partners and the Nepal Red Cross. A key role will be coordination and optimisation of support to the national society, including bilateral partnerships, and participation in development of the next Nepal Red Cross cooperation agreement strategy for 2004 to 2007. The Federation representative will participate as an equal third partner to the Nepal Red Cross and the ICRC regarding the implementation of the Seville Agreement as it applies and develops in Nepal.

Coordination, cooperation and strategic partnership

In close coordination with Nepal Red Cross the Federation representative will maintain the necessary contacts and representation function with the relevant authorities. In particular s/he will represent the Federation and build good relations with international and national organisations, donor governments, the diplomatic community, as well as national and international media. Through this profiling, priority will be to actively pursue and maximise fundraising from the relevant sources in close coordination with the Nepal Red Cross, the Federation regional delegation and the secretariat in Geneva. A close relationship will also be maintained with the Government of Nepal in the context of the existing legal status agreement.

Delegation management

The Federation representative will manage the Federation office in Kathmandu, including personnel, security, fixed assets, financial assets and other resources in accordance with secretariat procedures and regulations. This will include managerial supervision and overview of the South Asia regional network on HIV/AIDS office.

For further information please contact:

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BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.58/2004

Name: Nepal

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	12,705	24,456	0	0	0	0	37,160
Clothing & textiles	0	135,221	0	0	0	0	135,221
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	22,032	0	0	0	0	0	22,032
Medical & first aid	23,354	1,834	0	0	0	0	25,187
Teaching materials	20,058	0	0	1,836	0	0	21,894
Utensils & tools	0	3,213	0	0	0	0	3,213
Other relief supplies	551	16,194	0	0	0	0	16,744
SUPPLIES	78,700	180,918	0	1,836	0	0	261,453
Land & Buildings	13,770	0	0	165,240	0	0	179,010
Vehicles	4,498	0	0	2,295	0	0	6,793
Computers & telecom	3,500	18,360	0	46,175	0	0	68,035
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	38,841	8,262	0	65,178	0	0	112,280
CAPITAL EXPENSES	60,609	26,622	0	278,888	0	0	366,119
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	8,130	4,590	367	3,819	0	0	16,906
TRANSPORT & STORAGE	8,130	4,590	367	3,819	0	0	16,906
Programme Support	41,075	28,673	1,997	47,328	5,005	0	124,078
PROGRAMME SUPPORT	41,075	28,673	1,997	47,328	5,005	0	124,078
Personnel-delegates	60,000	0	0	12,000	72,000	0	144,000
Personnel-national staff	116,412	49,003	4,039	63,783	0	0	233,236
Consultants	29,284	0	0	7,344	0	0	36,628
PERSONNEL	205,696	49,003	4,039	83,127	72,000	0	413,865
W/shops & Training	134,753	81,427	4,865	153,765	0	0	374,810
WORKSHOPS & TRAINING	134,753	81,427	4,865	153,765	0	0	374,810
Travel & related expenses	23,556	18,166	2,479	14,688	0	0	58,888
Information	19,719	720	14,872	54,162	0	0	89,472
Other General costs	59,688	51,008	2,102	90,507	0	0	203,305
GENERAL EXPENSES	102,963	69,894	19,453	159,357	0	0	351,665
TOTAL BUDGET:	631,926	441,127	30,721	728,120	77,005	0	1,908,898