

# 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

## SOUTH ASIA

29 May 2006

### In Brief

Appeal No. 05AA051; Appeal target: CHF 2,001,210 (USD 1,525,312 or EUR 1,292,542); Appeal coverage: 122.6%.

[\(click here to go directly to the attached Annual Financial Report\).](#)

*This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning. All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation's website at <http://www.ifrc.org>*

**For further information specifically related to this Annual Appeal please contact:**

- In India: South Asia Regional Delegation contact – Head of Regional Delegation, Bob McKerrow, email [bob.mckerrow@ifrc.org](mailto:bob.mckerrow@ifrc.org), phone +91 11 2411 1125, fax +91 11 2411 1128
- In Geneva: Asia Pacific Regional Department, Jagan Chapagain (Regional Officer), email [jagan.chapagain@ifrc.org](mailto:jagan.chapagain@ifrc.org), phone +41 22 730 4316, fax+41 22 733 0395

### Operational Context

Plans developed during 2004 for 2005 were turned on their head by the 26 December 2004 tsunami disaster. The massive scale of the disaster which severely affected three of the seven countries in the region (Sri Lanka, India, and the Maldives) meant a rapid reassessment of priorities. Many planned activities had to be postponed with the emphasis placed on emergency relief support rather than developmental work. This led to low implementation levels under the annual appeal plan in the first half of the year.

Another factor contributing to the low implementation in the early part of the year was ongoing uncertainty on the location of the South Asia regional delegation (SARD). This was due to the lack of a legal status agreement in India and contingency plans were made to relocate. However, a decision was made to remain in Delhi and pursue a legal status agreement. Significant progress was made on this through the remainder of the year, with clearances gained from various ministries. The legal status agreement was finally signed in May 2006.

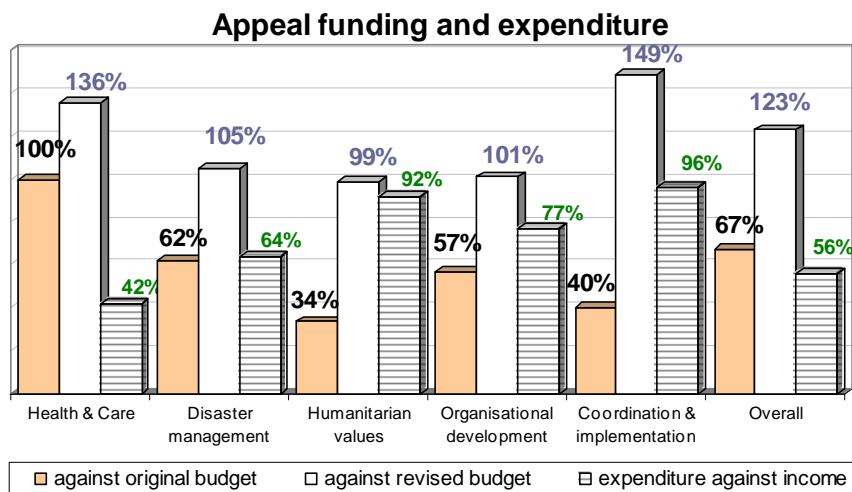
The 8 October earthquake killed over 70,000 people and affected four million in Pakistan and India, therefore diverting SARD's resources. The regional delegation provided significant support to the operation, but this did impact on other planned activities.

As a result of the combination of these factors, expenditure on income overall was low (56 percent) as detailed in the charts below. The low expenditure is not a reflection of low output by the regional delegation. The regional delegation's involvement in responding to the tsunami and earthquake disasters and the Maharashtra floods in India (1,000 deaths, eight million people affected) and various other numerous minor disasters across the region meant that resources were severely stretched. The health and disaster management programmes in particular were under strain throughout the year and greater resources are being sought in these areas in 2006-2007.

The regional delegation continued to provide support across the region and seek to improve coordination, knowledge-sharing and a uniform programme approach among national societies. Highlights of the regional programme for 2005 were:

- Coordination of the largest deployment of regional disaster response teams (RDRTs) in the history of the Movement in response to the 8 October Pakistan/India earthquake. By the end of 2005, 70 RDRT members had been mobilized in four rotations involving nine national societies. SARD provided extensive technical support to the quake operation and deployed six personnel to Pakistan to assist in health, disaster management, reporting and administration.
- Extensive technical support provided to tsunami-affected countries (particularly Sri Lanka), especially in the areas of health and disaster management.
- The finalization and key start-up activities for the regional HIV/AIDS project. These included the establishment of the foundations for a regional team with responsibility for HIV/AIDS, establishment of financial management procedures, development of a draft programme management manual and guidelines for national society and Federation country delegation staff recruitment, a regional planning and orientation workshop for national society and country delegation staff, and country visits.
- Integration of humanitarian values components in the health and disaster management programmes in a continuation of establishing it as a true cross-cutting programme.
- The launch of the ‘volunteer investment and value audit’ project in Nepal which will serve as a template for determining the true value and impact of the large volunteer base in South Asia national societies.

The original budget of CHF 3.6 million was reduced quite late in the year to CHF 2 million. These major budget revisions were due to the complex changing situation during the two largest humanitarian operations seen in the region for many years – the ongoing tsunami response and the October 2005 earthquake operations, which both have their own separate budgets.



The budget revision process itself was also delayed due to the demands placed on SARD by the scale and complexity of these operations. However, the revisions also allowed for more accurate and realistic planning and budgeting for the 2006/2007 appeal. For these reasons, the analysis presented here focuses on the original budget. Overall, the appeal received 67 percent support against the original budget (123 percent against the revised budget).

As mentioned earlier overall expenditure against income received was 56 percent. This low figure was due to a number of reasons:

- The tsunami and earthquake operations led to lower than expected implementation across most programmes. Tsunami and earthquake activities undertaken by the regional delegation have separate budgets outside of the annual appeal.
- More funds than were budgeted for were received for some projects – Federation coordination from the German Red Cross and the HIV/AIDS funding from Swedish International Development Agency (SIDA).
- A large amount of the HIV/AIDS funding was received very late in the year and was unable to be spent by the end of 2005. With the agreement of the donor, the funds were carried forward.

- The uncertainty over the location of the regional delegation for the early part of 2005 led to a slowdown in implementation (and thus expenditure).

Taking into account expenditure levels in 2005, and separate funding for tsunami and Pakistan earthquake related activities, the appeal budget for 2006 (CHF 2.5 million) is 31 percent lower than 2005's original amount. Despite the budget reduction, the regional delegation is expanding significantly to accommodate the demands of the tsunami and Pakistan earthquake operations which are funded separately from the annual appeal. Even with increased personnel and technical support, the capacity of the South Asia regional delegation is likely to be stretched.

## Overall analysis of the health and care programme in 2005

**Overall goal: Community vulnerabilities related to poor health in the South Asia region are reduced.**

**Programme objective: Red Cross and Red Crescent national societies in the region deliver quality and sustainable health and care programmes that address the health needs of vulnerable communities.**

### Achievements, Constraints and Lessons Learnt

#### Community health and care

**Project objective: National societies in the region deliver responsive, quality and sustainable community-based health and care programmes**

***Expected Result 1:*** South Asia national societies have increased technical and organizational capacity to effectively and efficiently design, implement, monitor and evaluate public health programmes.

The regional health unit continued to make a significant contribution towards strengthening national society capacity in health. As national societies are at different levels of development, the inputs have been tailor-made to specific needs. Examples include health policy development of the Nepal Red Cross; programme design for community mobilization by the Bangladesh Red Crescent as its contribution to measles control, one of the biggest public health initiatives in Bangladesh history targeting 35 million children; and development of a sustainability plan of the Afghan Red Crescent Society. The regional health unit has also made a substantial contribution in the development and implementation of emergency health interventions of the Pakistan Red Crescent and Federation in response to the devastating 8 October earthquake, as well as the recovery programming in health of the Sri Lanka Red Cross and Federation in response to the Indian Ocean earthquakes and tsunami.

While the unit has progressed towards achieving its capacity building inputs, these are proportional to the current strength of the unit – which is half the size of the proposed structure. Further, it is only one of the many actors that contribute to the strengthening of national society capacity as key civil society players in public health.

***Expected Result 2:*** Regional networking and knowledge sharing mechanisms are strengthened, complementing country-based support to health programmes of national societies in South Asia.

There was a big leap towards meeting this result with the revival of the regional health forum, a platform for national society health managers in the region to collectively discuss technical and management health matters, lessons learned and challenges, as well as to explore concrete actions to address those, both individually and together. Since 2001, the only regional mechanism that had brought national societies together was the South Asia Red Cross & Red Crescent Network on HIV/AIDS (SARNHA). A wider platform was needed - national societies have other health priorities, such as community-based first aid, maternal and child health, primary health care, and blood services to name a few, where networking and knowledge sharing mechanisms are vital to their further development. The revitalization of the regional health forum was also an opportunity to involve national society secretaries general and leadership in tackling health issues and challenges and in identifying specific roles to address them. The forum will also increasingly involve partner national societies with strategic programmes in the region.

It is still premature to assess the impact of this regional mechanism (which is perceived to also influence programming in health, or result to the development of cross-border initiatives to address common health concerns), while other regional networking and knowledge sharing initiatives still have to be launched.

**Expected Result 3:** Coordination and strategic partnerships contribute to further development and sustainability of national societies' health programmes.

The Federation has an existing collaboration with the World Health Organization (WHO) Southeast Asia regional office (SEARO) specifically in areas of communicable disease prevention and control, volunteer blood donor recruitment, public health emergencies, as well as pre-hospital care, water and sanitation, mental health in emergencies and post-disaster situations. This was reinforced by the signing of a global letter of understanding between the two organizations during the Global Health Forum in May 2005. The Nepal Red Cross and Federation delegation in Nepal had been actively involved in the UN Consolidated Appeal Process (CAP), and a number of its initiatives incorporated in the CAP. On the other hand, this partnership still has to be converted into action in other countries.

### **HIV/AIDS**

**Project objective: National societies in the region deliver community-based prevention, care and support programmes that contribute to the reduction of the burden of HIV/AIDS in the region through strengthened regional approaches.**

**Expected Result 1:** National societies are supported in the planning, implementation, monitoring and evaluation of HIV/AIDS programmes.

The regional health unit continued its support for the regional HIV/AIDS programme with national societies in the region. Its own capacity in HIV response was strengthened with the recruitment of a HIV/AIDS delegate along with a technical manager to support the programme in terms of monitoring and evaluation and training. Country level discussions and planning were developed during the year. Within the broad HIV/AIDS framework, national societies have been encouraged to develop a specific response unique to the circumstances in each country and to use a 'programme-based' rather than a 'project-based' approach. For example, the Nepal Red Cross Society was supported in developing its five-year operational plan for HIV. This plan was developed as part of a wider health policy and strategy, which the regional health unit also supported. Other national societies will develop operational plans during 2006. A project management manual was drafted and developed with national societies - a final version of this manual is to be printed in early 2006. Another manual to provide guidance on implementing the youth-peer education component of the programme has been developed and will be shared regionally during early 2006. The regional health unit is in the process of developing a regional monitoring and evaluation framework and shall seek to measure the impact of the programme. The framework shall also look at issues of sustainability, efficiency and effectiveness.

**Expected Result 2:** Regional networking, knowledge sharing and mutual support on the development of HIV response mechanisms are strengthened.

The regional health unit continued to support SARNHA during the year. The 5<sup>th</sup> SARNHA meeting was held in Sri Lanka during which the outline of the regional HIV/AIDS programme was discussed in detail. The regional health unit supported the SARNHA coordinator in developing an operational framework for SARNHA, which is expected to be adopted by the national societies in 2006. Four national societies from the region were supported to attend the 7<sup>th</sup> International conference on AIDS in Asia and Pacific, in Kobe, Japan where participants made presentations on their HIV/AIDS programming.

\*\*\*\*

### **Analysis**

Considering a period of status quo (2001-2002), the programme is still in the process of achieving its strategic potential to deliver sustainable capacity development. While it has already made significant contributions to national society capacity development in health, the unit may require time to achieve its objectives considering that national societies are in different stages of development. The unit has scheduled a mid-term review of the programme in 2007 to determine whether current strategies and initiatives are contributing to the achievement of programme objectives which were based on the Federation's *Strategy 2010, Strategy for Change*, the *Manila*

*Action Plan*, regional cooperation strategies and the *Kabul Pledge*. Programme activities are also implemented following Federation's policies and guidelines.

The regional health unit works closely with WHO through its regional collaboration which was reinforced by a global letter of understanding in mid 2005. Unit members have made it an operational norm to link up with WHO country offices when conducting technical visits in different countries. In the implementation of HIV/AIDS programmes in various countries, the regional health unit ensured that national HIV/AIDS committees, UNAIDS and networks of people living with HIV/AIDS are consulted and coordinated with. It has been noted that during the past year that national societies had established more meaningful links with people living with HIV/AIDS networks by involving them identifying strategic directions in HIV or in developing care and support programmes for people living with HIV/AIDS. The unit is also in the process of identifying more strategic partners in health at the regional level, and in different countries together with national societies and country delegations.

### **Constraints**

The achievement of expected results in 2005 was severely affected by the occurrence of the December 2004 tsunami and the October 2005 earthquake in Pakistan. Generous support was received for the tsunami response, but this also resulted in funding challenges in other countries; and the earthquake in Pakistan nearly overwhelmed the capacity of the Federation (with the need to deploy the last available emergency response units). The unit has had to adjust its action plan in the light of these extra-ordinary events, especially the earthquake. National societies in Sri Lanka and Pakistan have also had to focus their attention in responding to these events resulting to major delays in the implementation of developmental health programmes, such as HIV/AIDS.

While securing long-term funding was an opportunity, the Swedish Red Cross contribution to the regional HIV/AIDS programme was only available in June 2005 resulting to delays in implementation of activities. Contributions for proposals submitted in February 2005 were only available in the last quarter, which left no time for the unit to implement proposed activities.

The unit was still operating with very limited number of staff (five at the end of 2005) though the annual appeal reflected an eight-person team. The health and care coordinator left unexpectedly at the end of 2004 and was only replaced in July 2005, while recruitment of other health staff was delayed.

### **Opportunities**

The response to the tsunami was so profuse, but has also negatively affected development assistance in other countries. Funds from the tsunami were utilised to develop and implement initiatives that were also used to benefit other countries in the region. In addition, these funds enabled the unit to develop a multi-year programme component without the usual fund-raising requirement.

The start up of the HIV/AIDS programme was significant because it is a long-term development programme, of relevance to all national societies in the region. It is the first of its kind and is intended to have an impact that goes beyond the boundaries of individual countries – a communal, shared response that will be important across the region as a whole.

### **Lessons learnt**

South Asia has enormous humanitarian needs and the Red Cross & Red Crescent in the region needs the capacity to respond quickly and effectively to public health crises, such as to the major disasters in 2005. The national societies in the region have a lot to offer to address these considering their community-based first aid and health programmes -- but they are not at the desired level yet, individually or collectively. The unit has consciously assumed a 'reactive' position with regards public health emergencies in the past two years, but has taken a more 'proactive' stance in the middle of 2005 through the development of a programme framework which intends to contribute to building national society and Federation capacity in public health emergency preparedness and response in the region.

### **Impact**

The programme had been able to address the different needs of national societies and country delegations in the region through targeted technical and resource support (which are briefly summarized under each expected result

of the health projects). The unit was also able to revive the regional mechanism which enabled national societies to tackle common technical and management issues in public health. The above were made possible by focusing on critical health programme issues, regular dialogue with national societies and country delegations, and gradual build up of the regional health unit to strategically fulfil the needs and expectations of national societies. In the area of HIV/AIDS, considering the fact that the regional programme is long-term and developmental in nature, and that it started towards the latter part of the year, it is premature to predict the full impact, though it can be said that this programme has galvanized national societies to work on HIV/AIDS in a strategic and planned way.

The regional health unit endeavoured to become more meaningful to national societies and country delegations in the region by reviewing its objectives and strategies towards the latter half of 2005. It has re-committed itself to making a difference in the areas of capacity development, quality assurance and humanitarian advocacy. It has also identified a number of core areas to achieve its strategies, and which will be further defined in 2006.

In 2005, 58 percent of contributions received were not spent considering delays in confirmation and actual transfer of funds which also resulted to delays in implementation of activities. The regional HIV/AIDS project received more funds than were requested; this contributed to the appearance of substantial programme under-spending which was an unexpected side-effect. The adjustment of priorities in response to two extraordinary events, resulting to non-implementation of a number of activities, was another reason for the under-spending.

The regional health programme was carried out in 2005 by an over-stretched regional health unit. It has outlined an expanded unit taking into consideration the start-up of the regional HIV/AIDS programme and more active engagement in public health in emergencies, but its expansion did not take place as planned. The regional health unit will actively endeavour to recruit the needed human resources in early 2006.

## Overall analysis of the disaster management programme in 2005

**Overall goal: Communities have an improved capacity to prepare for, manage and recover from disasters and population movements affecting vulnerable communities.**

**Programme objective: To improve disaster preparedness, response mechanisms and networks, so as to strengthen the capacity of vulnerable communities to manage, cope and recover from disaster risks.**

### Achievements, Constraints and Lessons Learnt

#### Disaster preparedness

**Project objective: South Asia national societies develop an integrated risk management approach and higher level of coordination with other disaster management stakeholders, including vulnerable communities, to better manage the impact of disasters.**

*Expected result 1:* Improved cooperation and knowledge sharing amongst South Asia national societies, as reflected in their disaster management policy, strategy, plans and operations.

The December 2004 tsunami disaster caused significant delays in implementation of the regional disaster management programme, particularly during the first half of 2005. However, the tsunami operation was utilised as an opportunity to further promote coordination and cooperation. The national societies of Afghanistan, Bangladesh, Nepal and Pakistan supported the tsunami response operation in Sri Lanka and the Maldives through deployment of regional disaster response team (RDRT) members and fundraising campaigns.

Coordination, cooperation and collaboration among sister national societies in South Asia also took place proactively after the Pakistan earthquake in October 2005 under the guidance of the regional disaster management programme.

The regional disaster management planning meeting was held in Bangladesh in May 2005. This was attended by senior management managers from national societies, country delegations and some government counterparts. The meeting focused on disaster management programme mapping for national societies, part of which was the risk

reduction programme, sponsored by United Kingdom's Department for International Development (DFID), in three national societies – Bangladesh, India and Nepal. The lessons learned from the 2004 flood operations in Bangladesh, India and Nepal had been widely shared with all participants. The meeting provided an excellent platform for consultation and knowledge sharing amongst six countries in the region. One of strong recommendations out of the meeting was to formulate a disaster management working group (DMWG) in the region.

A preliminary DMWG was held in December 2005 with representatives from five national societies and terms of reference were drafted to generate more discussions.

The regional disaster management coordinator attended a meeting of the disaster preparedness network (DP-Net) in Nepal in August 2005. The DP-Net has over 25 partners including the Red Cross, national and international non-governmental organizations, UN and government counterparts. The importance of developing an inter-agency contingency plan was highlighted by the regional disaster management coordinator, using earthquake simulation case studies carried out by the Japan International Cooperation Agency (JICA) and the National Society for Earthquake Technology (NSET).

The regional programme facilitated a staff-on-loan from the Bangladesh country delegation to Papua New Guinea for three months to gain more experiences from the disaster operations.

**Expected result 2:** Informed communities are better equipped to understand and manage local disaster risks in a participatory manner, reflected in local disaster management plans.

The regional disaster management programme has worked closely throughout 2005 with the Sri Lanka Red Cross Society in national disaster management strategy planning. The Sri Lanka Red Cross has been a leader in the region in community programme implementation. As part of tsunami recovery programme, the national society is working towards integrated community projects that start with vulnerability and capacity assessment (VCA) and the regional programme has assisted with this.

The school project that started in 2003 to improve community resilience and local disaster response capacity is progressing well in Nepal and Sri Lanka. Sri Lanka plans to expand the programme from two pilot districts to a nationwide one. The Bangladesh Red Crescent has also joined the project, focusing on earthquake preparedness.

A regional disaster management officer was recruited in September 2005 to assist three national societies in implementing the DFID risk reduction programme. The programme that runs until April 2008 focuses on three thematic areas: community resilience, knowledge sharing and disaster preparedness in communities and respective branches. The consultative meeting in May, in conjunction with the regional disaster management planning meeting, encouraged targeted national societies to draft innovative and realistic programme proposals. All three targeted national societies – Bangladesh, India and Nepal – have spent another six months compiling three-year proposals as well as action plans for 2006.

**Expected result 3:** An adequate number of trained and competent staff of more equal gender balance at operational level, through training and missions, addressing the knowledge and skills of staff and volunteers.

Elements of this expected result were incorporated into the regional tsunami disaster management programme. However activities under this expected result under the regional disaster management programme have been postponed due to the tsunami operations in Sri Lanka and the Maldives and the Pakistan earthquake operation. However, the regional programme has endeavoured to promote women's participation and representation throughout 2005. One example was the regional disaster response team (RDRT) training course in December 2005, in which women's participation was a key selection criterion for training course participants.

**Expected result 4:** South Asia national societies and delegations use appropriate IT tools and management practices for effective, efficient programme implementation and resource utilization.

The regional programme has been working with an independent consultancy company to develop management information systems (MIS). It is expected that this tool will help many disaster management managers in programme planning and operation implementation. The MIS will include a user-friendly graphic interface, and

this will be linked with geographical information system (GIS) software. The key challenge is to collect necessary data from national societies and input them in the system.

The planned vulnerability and capacity assessments (VCA) in two national societies did not happen due to the lack of trainers available for the courses. However, this issue will be dealt in 2006 with baseline data collection and more human resources development.

**Expected result 5:** Improved coordination amongst DM stakeholders before and after disasters for better knowledge sharing, service delivery and promotion of Federation global DM tools and approaches.

In contributing to the Sri Lanka tsunami recovery assessment, the regional programme promoted increased collaboration with participating national societies, UN and government counterparts. Strategic operational alliances continued throughout 2005, one of which is the partnership with United Nations Development Programme (UNDP). The regional disaster management coordinator conducted joint planning and vulnerability assessments in Sri Lanka and the Maldives with a UNDP counterpart.

The disaster preparedness network (DP-Net) continued to function successfully in Nepal. The Nepal Red Cross Society, the DP-Net secretariat (<http://dpnetnepal.tripod.com/>) held a conference in early 2005 to build knowledge sharing and networking.

The Finnish Red Cross regional delegate actively supported the Federation's regional disaster management programme, coordinating specific initiatives in the area of knowledge sharing, assessment and monitoring. The Finnish Red Cross delegate also contributed to the tsunami recovery assessment mission in Sri Lanka.

The regional programme has also maintained operational alliances with the National Society for Earthquake Technology (NSET), the Sustainable Environment and Ecological Development Society (SEEDS) (<http://www.seedsindia.org/>) and the Indira Gandhi National Open University. For example, the regional programme contracted a consultant from SEEDS to support the Afghan Red Crescent Society in developing its national disaster response team and training manual. There were discussions with NSET and the Programme for Enhancement of Emergency Response (PEER) to explore the possibility of search and rescue training and medical first responder training for selected staff / volunteers in Afghanistan, Bangladesh, India, Nepal and Pakistan.

The regional disaster management officer, who is the focal person for the DFID risk reduction programme, participated in a meeting in Namibia in September to share ideas and action plans with other national societies that carry out similar DFID risk reduction programme in Southern Africa. He also attended in the World Conference on Disaster Reduction in November 2005 in Mumbai, which focused on the joint roles and responsibilities between the corporate sectors and humanitarian organisations including the Red Cross and Red Crescent Movement. There was extensive networking with academic representatives and corporate sectors at the conference. One of these was with a representative from Kyoto University in Japan. The regional programme is now exploring a possible collaboration with the university on a climate change study in Bangladesh.

### **Disaster response**

**Project objective: Disaster response capacity at a national and regional level is further improved and mobilization of global, regional and national disaster response systems is ensured by promoting an integrated disaster management approach.**

**Expected result 1:** Regional disaster response team (RDRT) further equipped and strengthened, linking and supporting national response mechanisms as well as international response tools such as emergency response unit and field assessment and coordination team (FACT).

The major focus for the RDRT in the past year has been the tsunami operations and the Pakistan earthquake operation. The deployment for the Pakistan quake operation broke new ground in that it was the largest RDRT deployment in history of the Movement and the first pan-regional deployment. Over 70 people have been deployed to Pakistan in four rotations. A total of 35 RDRT members were deployed from South Asia and the remainder were from Southeast Asia, Central Asia and Central Europe. The regional programme has facilitated and coordinated the deployment from four sub-regions, while a RDRT coordinator was recruited to oversee team members in Pakistan.

Capturing lessons from the Pakistan earthquake operation, the regional programme conducted a RDRT training course in December 2005 for 39 participants to reinforce regional disaster response capacity. The participants represented five national societies in South Asia and the Malaysian Red Crescent Society. Each individual's performance is being reviewed and evaluated. Only those who meet certain standards will be recommended for further advanced training courses planned for 2006.

Two national societies – Afghan Red Crescent and Nepal Red Cross – conducted national-level training courses after the regional training course in December. In India two state level disaster response team training courses were run by the country delegation in 2005.

***Expected result 2:*** Networks established and fostered between national societies.

The disaster management planning meeting in May and RDRT training in December provided the opportunity for strengthening networking among sister national societies in the region as well as with government counterparts. The RDRT deployments in the tsunami and Pakistan earthquake operations also helped foster relationships between national societies. For example, Nepal Red Cross experts in emergency relief distributions were part of the RDRT in Pakistan. They have provided expertise and training for their Pakistan Red Crescent colleagues in this vital area. Such interaction strengthens the ties between national societies and will hopefully lead to greater cooperation and coordination.

***Expected result 3:*** Regional disaster response training curriculum available linking the national curriculum to FACT and ICRC training activities in order to further facilitate development of a regional Movement approach and minimum standards in disaster response at national, regional and international level.

Aspects of this expected result were transferred to the regional tsunami programme. These are aimed at providing a foundation for national societies in the region to develop disaster response capacities through peer review, learning and support mechanisms.

The consultant from SEEDS visited the Afghan Red Crescent Society to help finalizing its disaster management manual and NDRT training.

The ICRC facilitated two modules – seven pillars of security and tracing – during the RDRT training in December 2005.

***Expected result 4:*** Capacity for integrated disaster management by communities in a selected and piloted country is enhanced.

No specific activities have been carried out under this expected result and these activities were incorporated into the regional tsunami recovery programme.

**Population movement**

**Project objective: To address the needs of the displaced persons by building the capacities of the national societies to reach out to them.**

This project had seven expected results when the 2005 appeal was launched. Focal points were identified in the national societies of Afghanistan, Bangladesh and Pakistan. Small mapping exercises for the internally displaced people (IDP) were conducted in Afghanistan. However, due to the change in the regional disaster management programme priority following the South Asia tsunami, most activities were either cancelled or postponed including the regional population movement planning meeting. The regional population movement manager resigned in early 2005 and due to the decision to defer/cancel most activities, this position was left vacant.

In addition, the lack of funding was another contributing factor for putting the project on hold.

\*\*\*\*

**Analysis**

The South Asia tsunami in December 2004 and the Pakistan earthquake in October 2005 meant that some planned activities originally conceived during 2004 had to be adjusted/cancelled/put on hold. However the regional programme did manage to continue to strive for regional coordination/networking and national society disaster management capacity building by implementing planned activities. The major casualties of the need to readjust priorities due to the tsunami and earthquake operations were the gender-related activities, the development of integrated training modules and the population movement project.

The regional disaster management programme struggled to meet its overall goal and 2005 was very much a transitional year. The programme suffered from a low human resources capacity with just a sole disaster management coordinator in place until September 2005 (who subsequently resigned in October 2005). The coordinator was attempting to carry out the programme in addition to assisting tsunami affected countries. This resulted in low implementation and expenditure against the appeal plan.

Programme activities were rearranged in October to more effectively support national societies and country delegations as well as to accommodate the Federation's Global Agenda, the Hyogo Framework for Actions, which was adapted in the second World Conference on Disaster Reduction in January 2005.

The regional disaster management programme was however very conscious about maintaining continuity of implementation, and tried to ensure that there was a seamless transition in support to respective national societies. One of practical examples was the preliminary disaster management working group (DMWG) meeting in December. This meeting arose out of strong recommendation by national societies after the disaster management planning meeting in May 2005.

The major constraint in 2005 was human resources management at all levels. Many competent disaster management staff and volunteers left national societies to become delegates in the tsunami operations. For example, more than 30 people including key disaster management personnel left the Indian Red Cross Society after the tsunami. The IRCS had to recruit more staff before implementing on-going programmes. Several national societies are suffering from the lack of experienced disaster management personnel.

A major achievement of the programme was that it provided a focal point for disaster management across the region. With seven countries, spanning a wide array of cultures, disaster challenges, terrain and disaster management capacities, it is essential that there is a unifying factor to increase the effectiveness of service delivery to vulnerable people. The regional programme continues to make progress in this regard. The RDRT concept is a good example of what the regional programme is trying to achieve. The RDRT concept was more widely embraced and positively received across the region during 2005. With close guidance from the regional programme, some national societies even took initiatives to conduct national level disaster response team training courses.

The programme is connecting people in the region. This process will continue in 2006-2007, and will eventually further facilitate developing a regional disaster management working group and drafting of a regional strategy to guide national societies.

**Impact**

Despite several constraints and challenges, the regional programme provided good support to national societies. However, much of this support related to the 2004 tsunami operations and October 2005 earthquake operations rather than planned activities under the appeal.

However, the programme could not support all six national societies with equal levels of intensity. It is necessary to find a solution in 2006-2007 under the new regional disaster management team to provide national societies with more effective and efficient support.

This support will be ramped up in 2006-2007 with a new regional disaster management team structure in place. As opposed to the sole disaster management coordinator at the beginning of 2005, at the start of 2006, the

regional team structure will include two regional DM coordinators, two regional disaster response coordinators and a regional DM officer (for the DFID disaster reduction project).

The programme under spent significantly on budget, with just 64 percent expenditure of funding received. This low expenditure was due to lack of human resource capacity for much of the year, and diversion of resources for the tsunami/earthquake operations (which had their own budgets/activities).

Despite various constraints, there were significant achievements during the year including the establishment of the national society driven disaster management working group; the record-breaking RDRT deployment for the Pakistan earthquake operation; the RDRT training in December and revamp of RDRT deployment terms of reference, rules and regulations.

## Overall analysis of the humanitarian values programme in 2005

**Overall goal: Increased trust and understanding and reduced violence and discrimination within communities across South Asia through Red Cross and Red Crescent programmes.**

**Programme objective: Effective advocacy among members, programme beneficiaries, internal stakeholders, media, public authorities and civil society results in changed behaviour of target groups, increased tolerance and consequently reflects in reduction in discrimination in communities.**

### Achievements, Constraints and Lessons Learnt

**Expected Result 1:** The global agenda on discrimination and humanitarian values are promoted through effective communication and advocacy with internal stakeholders, the media and civil society and national society programmes, bringing about changes in behaviour.

**Expected Result 2:** National societies design and implement specific projects to address discrimination-based vulnerabilities among communities

**Expected Result 3:** Alongside promoting the understanding of the Fundamental Principles, national societies have advocated on different forms of discrimination vulnerable people face

Despite the refocusing of priorities across much of the region due to the December 2004 tsunami and the October 2005 earthquake, progress was made in the regional humanitarian values programme. Work was undertaken to integrate humanitarian values into the regional health and disaster management programmes. While there has been consultation and partnering with the humanitarian values programme in recent years, 2005 marked progress in ensuring that this cooperation happens strategically.

The humanitarian values coordinator met regularly with the regional disaster management and health teams during the 2006-2007 appeal planning process while also helping in the implementation of activities coinciding with these programme's plans for 2005. The humanitarian values coordinator was involved in numerous disaster management and health meetings and workshops.

The regional humanitarian values coordinator facilitated two sessions at the regional disaster management meeting in May 2005. Strategic approaches to reducing discrimination through disaster management programmes were shared amongst national societies. The regional programme is also contributing inputs to the DFID-funded regional disaster risk reduction programme in three countries in the region.

An example of the cooperation with the health programme was working together with the HIV/AIDS project relating to promotion of advocacy messages around the region on World AIDS Day.

The strategy of promoting humanitarian values as a cross-cutting theme was also implemented at national society level. The Nepal and Bangladesh national societies, with the assistance of the regional programme, have incorporated humanitarian values elements that impacts on the services beneficiaries receive through the health and disaster management programmes in the coming years.

To this end, two case studies initiated in 2004 were finalized that brought to the fore 1) how issues relating to humanitarian values have been an integral part of Red Cross Red Crescent programmes; and, 2) that there is a need to pursue the same line more strategically, rather than just see it happen, as if by default. The first case study detailed how the Nepal Red Cross community development programme contributed to reducing discrimination based on the caste system. The second case study portrays the gains made by way of promoting tolerance in the Chittagong Hill Tracts region of Bangladesh in a post-conflict situation.

The findings from these two national societies are being shared around the region. This sharing of knowledge amongst peers is being facilitated by the regional delegation. This sharing of lessons learned relating to humanitarian values is a significant step forward in the South Asia region. There is a growing understanding in national societies that the gains from a humanitarian values programme will take more time than developmental programmes to become visible as they are related to changes in behaviour/attitudes.

Originally it had been planned to conduct a mapping exercise of humanitarian values activities and needs in national societies using a consultant and making extensive country visits. However it became apparent that this was too broad and ambitious. This approach has been replaced with a simpler, less costly one of a baseline questionnaire. This has been distributed to national societies and data will be collated in 2006. This is aimed at improving the regional programme support to national societies.

The year 2005 also saw improved interaction with other players, internally and externally in the field of humanitarian values. The regional programme assisted in facilitating workshops in the Bangladesh Red Crescent for senior managers, staff and volunteers that focused on discrimination against people living with HIV/AIDS and discrimination against women. Initial contacts were established with WFP and the United Nations High Commissioner for Refugees (UNHCR) in Bangladesh. The regional delegation is also in touch with the UN interlocutors in caste-based discrimination in India.

The regional programme has facilitated numerous workshops on humanitarian values to help evolve the process of understanding and contextualise it to the needs of the respective national societies and their social and cultural environments. The feedback from these workshops have revealed that national societies are gaining a clearer picture of humanitarian values and how to incorporate it in their service delivery to the most vulnerable. Whilst reflecting global initiatives, the regional programme has tailored workshop methodologies and training materials to suit the South Asian context. Involvement of external organisations, (mainly local NGOs) for the purpose of facilitating sessions has proved valuable. In Bangladesh, for example, the sessions on stigma and discrimination associated with HIV/AIDS actually also needed basic information on HIV/AIDS and this was provided by resource persons from NGOs. Similarly NGOs were brought in for speaking on issues relating to gender-based discrimination. The regional programme has also facilitated knowledge-sharing within the region on holding and conducting workshops. The humanitarian values focal person in the Bangladesh delegation visited Nepal to observe and also help facilitate a workshop for senior management of the Nepal Red Cross.

The youth camps themed around discrimination that were initiated in Nepal in 2004 have been followed up during 2005. Counterparts from India have attended youth camps in Nepal and subsequently conducted a youth camp for volunteers of the Indian Red Cross Society based on their learning/observations. The youth camps in Nepal have shown some good results in promoting tolerance and also giving discriminated people greater confidence. For example, when a condom distribution company in Nepal held a beauty pageant for HIV positive young women, the participants at the pageant spoke of the encouragement and inspiration they had gained from the Nepal Red Cross youth camp they had attended.

\*\*\*\*

## **Analysis**

Humanitarian values was first introduced as a stand-alone regional programme in 2002. The first challenge has been to increase the understanding in national societies of the concept. Historically national societies have focussed on disaster management and health response and development programmes. While elements of humanitarian values were part of their work, they occurred on an ad hoc basis. The regional programme continues to strive to develop a more strategic approach to promoting change in public behaviour/attitudes. This is beginning to produce results and some heartening success stories.

The young HIV-positive women who participated in the beauty pageant in Nepal spoke openly at the event that they had been given the courage and inspiration to participate based on their experiences at the Nepal Red Cross youth camp they had attended. The pageant was also accepted by the public whereas in the past this may have sparked condemnation and protests in what is a very conservative society. It is important to bear in mind that the Red Cross/Red Crescent alone cannot take credit for such behaviour change. Other factors such as the media and government organisations have an impact. It is vital the Movement coordinates and cooperates with other actors to achieve behavioural change. As outlined earlier, the regional programme is working with external agencies such as local NGOs and UN agencies.

The humanitarian values programme is intrinsically about bringing the Fundamental Principles into action through the ongoing programmes in the core areas of disaster management and health. The statutes regarding gender and diversity (emphasis on the Federation Pledge on Diversity) are articulated throughout the programme and this is reflected in the way the programme is implemented at the level of the national societies as well.

The most significant constraints in 2005 were funding and the high turnover of humanitarian value focal points in country delegations/national societies. The regional programme received just 34 percent support against the original appealed amount. This was offset to some degree by funding for humanitarian values programmes in tsunami affected countries under the tsunami relief and rehabilitation appeal. The tsunami and earthquake operations also diverted resources at the regional and country level. The regional humanitarian values coordinator was seconded to provide information support for several weeks immediately following both disasters.

Ironically, the lack funding for the regional programme provided an opportunity to look at different ways of working and gave impetus to further integrating humanitarian values into health and disaster management. This has led to looking at implementing activities together with these core programmes, advocating for greater involvement of the humanitarian values programme in these programmes to impact in service delivery.

Reflecting on the last three years, the most significant lasting effect of the programme has been getting national societies on board and lifting the priority of humanitarian values. There has been progress on increasing the understanding of national societies about the concept of humanitarian values and how they can find a direct relation to the cultural and social environments they operate in.

## **Impact**

The most significant impact in 2005 was the promotion of humanitarian values as a cross-cutting programme, and an integral component of health and disaster management activities. The national societies in Bangladesh and Nepal are leading the way in the region in this regard. It is hoped that by knowledge sharing with the other national societies in the region that this process will gain momentum elsewhere.

Currently the regional programme is targeting national society staff and volunteers. By increasing their understanding and commitment to humanitarian values, the service delivery to the most vulnerable will be increased. A potential future impact (and certainly an aim of the programme) is to broaden the diversity of staff and volunteers, greater involvement of women and people from discriminated groups. For example, as outlined in the health section, there have been encouraging developments of national societies utilizing people living with HIV/AIDS in developing and implementing HIV/AIDS projects.

The plans and approaches for 2006-2007 have incorporated lessons learnt from 2005 and previous years. As a result, the 2006-2007 plan focuses on two areas: 1) understanding humanitarian values (conducting workshops

etc) and 2) reducing discrimination to incorporate the programme into other core programmes. The regional programmes have been designed so that the activities for this second project are incorporated into the health and disaster management programmes.

## Overall analysis of the organizational development programme in 2005

**Overall goal: Well-functioning national societies deliver effective and relevant service to vulnerable people and communities.**

**Programme objective: Build common standards and strategies enabling national societies to improve service delivery and advocacy based on identified needs and continued learning.**

### Achievements, Constraints and Lessons Learnt

#### Strategy and management development

**Project objective: National societies will increasingly display the characteristics of a well-functioning national society through strengthening their legal base, volunteer management, volunteer diversity, and branch development, thereby increasing programme sustainability and finding new ways to measure and show programme impact.**

**Expected Result 1:** Strengthened legal base in two national societies.

This expected result was moved to the tsunami recovery appeal.

**Expected result 2:** National societies have a stronger and diversified volunteer base.

A number of national societies are seeking to diversify their volunteer base and develop their volunteer management systems. The Afghanistan Red Crescent launched a membership drive with a focus on recruiting active members. In the Nepal Red Cross a volunteer system is being established though it is still in its early stages. The Pakistan Red Crescent decided before the October 2005 earthquake to focus on volunteer management development in order to meet its objective of being an effective emergency response organization. This objective is now even more pertinent following the quake disaster. A specific example has been Pakistan Red Crescent North West Frontier Province branch drive to include more women as volunteers especially as part of the health assessment teams. This is crucial in enhancing the ability of the branch to deliver quality health services to women. In the Bangladesh Red Crescent numerous women's committees are being established in order to strengthen the role of women in the organization.

The South Asia secretaries general meeting in September 2005 also reviewed and acknowledged the importance of the ICRC Safer Access approach. In cooperation with the ICRC regional delegation in Delhi the safer access approach is now being promoted at country level in South Asia.

The gender study focusing on how better to involve women as volunteers in the national societies in the region was not fully completed due to visa restrictions for the Indian consultant after the earthquake in Pakistan. A draft final report is drafted though and a capacity building fact sheet on gender development in Nepal is being produced. The gender study will be finalized in first quarter of 2006 with the kind support of the Finnish Red Cross.

The regional programme facilitated a youth volunteer development visit to Nepal. Youth volunteers from the national societies of Bangladesh and Sri Lanka visited the Nepal Red Cross. They participated in a youth camp and used the visit to observe programme implementation etc.

**Expected Result 3:** One national society is able to demonstrate the value of selected volunteer programmes in an innovative way (revised down from two national societies as outlined in programme update 1).

The Nepal Red Cross completed a groundbreaking study on the value of volunteers in two selected programmes. The volunteer investment and value audit (VIVA) is the first ever in the developing world and the results are very interesting and useful. The Nepal Red Cross will now use the VIVA to review their programmes from and

promote the results to donors. For example the national society can now show that their volunteers in an HIV/AIDS programme contribute nine times the value in terms of hours compared to what's invested in them.

**Expected Result 4:** Two national societies increase income generation.

The Nepal Red Cross and Bangladesh Red Crescent managed to increase their own income generation. Guided by extensive support from a consultant recruited through the regional programme a number of specific initiatives were implemented resulting in new sources of funding.

**Expected result 5:** A common approach to organizational development is established and organizational development is part of programme development.

The continual focus on the use of global and regional policies and tools are bearing fruit. It is encouraging that a high number of the Federation governance priorities are also priorities in the national societies – in particular good governance, resource mobilization, gender, and branch and volunteer development. The use of common organizational development tools are also occurring. For example, there is an increased use of the regionally developed branch development framework and impact indicators.

The secretaries general of South Asian national societies have agreed on a new meeting format modeled on the Southeast Asia version. This will further strengthen the national societies' ability to direct future regional initiatives and follow up on agreed actions. The new regional cooperation agreement strategy format will also strengthen a regional common approach.

### **Information development**

**Project objective: Effective communications, advocacy and networking initiated by national societies in the region delivers enhanced services to vulnerable communities through national societies' improving internal and external information flow.**

**Expected result 1:** Enhanced technical skills, knowledge sharing and mutual support between national societies.

**Expected result 2:** A strong organizational network focused on flow of information and knowledge.

**Expected result 3:** Resources and professional staff in each national society to further the objectives of the branch development framework.

**Expected result 4:** National society branches exhibit improved internal communications.

The regional information delegate's position remained vacant for ten months of 2005 leading to low implementation and cancellation of the majority of planned development activities.

The regional information development delegate began her mission in December 2005. Her efforts were focused on tsunami one-year anniversary activities including production of a joint humanitarian agency report and national society formation in the Maldives. These activities were conducted under the tsunami relief and rehabilitation appeal. Not funded under this appeal, but coordinated by the regional delegation was the appointment of a regional tsunami information delegate. The delegate was deployed from February to April to assist with information requirements in Sri Lanka, the Maldives and India.

Information technical support was provided on an ad hoc basis by various regional staff, particularly following the December 2004 tsunami and October 2005 Pakistan earthquake.

The 2005 World Disasters Report was distributed by the regional delegation to 15 international media organizations and 38 international organizations/embassies/high commissions.

The regional programme continued to support the salary of the Nepal Red Cross information officer. The Nepal Red Cross produces numerous publications and promotional material.

### **Finance development**

**Project objective: To improve national society financial accountability, reporting and management capacity, in support of management decision making with resulting improvement in quality and timeliness of reports and a gradual reduction in dependency on donors and the Federation.**

***Expected result 1:*** Vulnerable communities receive well-timed and efficient services through improved financial planning and management capacities at all levels of the national societies.

Regional support for the installation of international standard financial software continued. New financial software was purchased and installed for the Pakistan Red Crescent national headquarters and training conducted. This was done immediately prior to the October earthquake meaning the enhanced financial reporting capacity was able to be utilized immediately for a large scale operation. Financial software was also purchased and installed in the Punjab provincial branch headquarters.

Building on the financial management capacity of the Nepal Red Cross, the regional programme supported the installation and training on the use of financial software in three regional warehouses. The Nepal Red Cross national headquarters has been operating on a computerized system for the last ten years. Further support was provided to Nepal through assistance in completing a finance manual and conducting an internal audit.

With the exception of Afghanistan, all national societies in the region now have computerized financial management systems in at least national headquarters level. A finance delegate began an eight month mission in Afghanistan in November 2005 (funded under the Afghanistan annual appeal) and received training from the regional finance development manager prior to his deployment.

The regional programme helped facilitate finance development workshops in Nepal and Bangladesh. It had been hoped that workshops could be conducted in all six national societies but time constraints and reallocation of resources relating to the tsunami and earthquake operations meant this was not possible.

### **Planning and reporting**

**Project objective: National societies improve reporting and utilize it as a planning tool to deliver more effective humanitarian services.**

***Expected result 1:*** Quality, analytical and timely reporting from national societies (via Federation country delegation/office) meeting minimum Federation standards.

2005 was an exceptional year in reporting workload for countries in the region. This was mainly due to the tsunami and Pakistan earthquake disasters. During 2005 the tsunami operation had 51 operations updates while the Pakistan quake disaster resulted in an emergency appeal and 20 subsequent operations updates. These reporting requirements were in addition to the usual programme update/operations updates on other appeals/information bulletins, and pledge-based reports.

The weight load of reporting affected some countries which struggled to meet deadlines and minimum reporting requirements. As outlined in the next section, reporting capacity at country delegation level was bolstered in Pakistan and Sri Lanka to attempt to meet the increased demands. The regional programme facilitated short-term reporting support for Sri Lanka until a full-time delegate was appointed. Likewise, the regional programme provided short-term reporting cover following the Pakistan earthquake until a reporting delegate was deployed.

The regional delegation disseminated guidelines and provided technical support for countries in the region for the 2006-2007 appeal planning process. However due to slow finalization of guidelines and templates, this process became severely time-constrained, impacting on the regional delegation's ability to provide in-depth feedback and analysis on draft programmes. An earlier start in the entire process is imperative to improve the quality of programme design drafting and feedback.

***Expected result 2:*** Competent local reporting personnel at national society and/or country/delegation level.

The focus continued in 2005 to bolster the capacity at country delegation level through technical support. This is to establish the base from which to continue development in national societies. The regional reporting meeting in Delhi in December 2005 was the first South Asia reporting-specific meeting held since the regional delegation

was established (previous meetings have been combined with finance/information). Representatives from the country delegations in Afghanistan, Pakistan, India, Nepal, Bangladesh, and Sri Lanka attended (and a Sri Lanka Red Cross Society representative), as well as representatives from the regional reporting unit (Kuala Lumpur) and the Geneva Secretariat.

Among the outcomes of the meeting were agreed upon uniform approaches to reporting standards, formats, timeframes etc. There was extensive discussion and information sharing on development work with national societies. Areas of weakness in reporting in the region were identified and solutions discussed. The area in most need of development is monitoring and evaluation. National society reporting in South Asia is predominantly quantitative rather than qualitative leading to poor analysis. In conjunction with the regional reporting unit, the regional programme will focus heavily on dealing with this aspect in 2006.

As a result of the tsunami and Pakistan earthquake operations, there are now reporting delegates in place in Sri Lanka and Pakistan, while a reporting delegate began his mission in Afghanistan in late 2005. This has further bolstered the capacity at delegation level, and will have flow-on effects for national society development. The reporting capacity at the end of 2005 was:

Country/region	Delegation focal point	National society focal point
Afghanistan	Delegate	None
Pakistan	Delegate (until March 2007)	Yes but with other duties
India	Reporting officer	Yes but with other duties
Nepal	Sole Federation representative	To be appointed
Bangladesh	Reporting officer (until June 2006)	None
Sri Lanka	Delegate (until August 2006)	Yes
Maldives	Information/reporting delegate (until Jan 2007)	N/A
South Asia regional delegation	Consultant being replaced by delegate through to end 2007	N/A

Due to heavy workload in report processing, mainly resulting from the tsunami and earthquake operations, reporting development visits were severely restricted. A week-long visit to the Afghanistan delegation was conducted, with intensive one-on-one work with programme managers. The regional reporting consultant also conducted a session on reporting in emergencies at the RDRT training in Bangladesh in December.

There is a need for more extensive country visits. An assistant has been budgeted for for the incoming regional reporting delegate in 2006 to provide the capacity to undertake more development work.

\*\*\*\*

### Analysis

In general progress in the region is satisfactory, but individual national societies still face significant challenges in order to display the full characteristics of a well-functioning national society. The South Asia regional delegation and the country delegations have put a lot of effort into highlighting and recommitting the national societies to the Federation policies and decisions.

The major constraints in 2005 were the interruption to planned programmes due to the tsunami and Pakistan earthquake disasters. These events forced the affected national societies to refocus their efforts and resources primarily on relief activities. However the disasters have also been an opportunity for the national societies to secure resources for long term capacity building and enhance their ability to cope with future disasters. A significant constraint for the regional information development project was the position of information delegate being vacant for 10 months. However, the position was filled late in 2005 and a wide-ranging series of activities are planned for 2006/07.

The lasting impact of the regional organisational development programme has been a shift in mindset amongst national societies. Resource mobilization and volunteer and branch development are now being placed high on their list of priorities – a significant step forward compared to the past.

The most significant activity under the strategy and management development project has been resource mobilization support which is also the activity to which most financial resources have been allocated. An indicator of the change of mind set as a result of the continued focus on this issue was the South Asia secretaries general meeting in September 2005 where financial self sustainability was put high on the list of priorities.

### **Impact**

As described above there is in general progress towards national societies achieving the characteristics of well-functioning national societies. The impact on vulnerable people of the organizational development programme is still difficult to measure though. A high number of organizational development and capacity building activities are being implemented but are not in general linked or measured to impact. In 2005, a number of impact indicator tools were introduced to address this issue and this is one of the main focus areas for common approaches in 2006-2007.

There was slight under-spending on the programme with 77 percent of funds received used over the four projects. However this is due in part to additional activities funded separately for the tsunami and earthquake operations..

## **Overall analysis of coordination and implementation in 2005**

### **Coordination, cooperation and strategic partnerships**

In September 2005, a three-day meeting of the region's secretaries general was held in Bangladesh. Representatives from both Federation and the ICRC were invited. This focus of this forum has changed from information sharing to regional policy and decision making, and accordingly considerable time was spent discussing the "Federation of the future" in preparation for the General Assembly. At the next session of this forum, the conclusions from regional technical meeting of health, disaster management HIVAIDS will be reported.

The regional delegation has agreed to host a Swedish Red Cross delegate working half time for the Federation Secretariat and the other half for the Swedish Red Cross, in order to support the large SIDA/Swedish Red Cross-funded HIVAIDS programme,

It was pleasing to see the regional HIVAIDS programme quoted at the General Assembly as a good model of an operational alliance. With one strong model to learn from, the process of seeking new operational alliances has started.

Hosting the editor of the world disasters report for the past year has provided access to global knowledge on disaster issues and relevant contacts, and is a knowledge sharing operational alliance of high value.

Partnership meetings for the tsunami in Hong Kong, Sri Lanka and Pakistan were used to strengthen old and forge new strategic partnerships that should go well beyond these current disasters.

The Federation and the ICRC regional and country delegations benefit from a very positive working relationship and cooperate on a number of joint initiatives.

With the arrival of a new regional programme coordinator, a new focus on building SARD into a regional service centre for national societies and country delegations, while at the same time enhancing cooperation and information sharing strategies.

### **Effective representation and advocacy**

In the aftermath of the tsunami and the Pakistan earthquake, the Federation regional delegation was able to represent itself by practical support to the national societies on the ground and to ensure Federation Secretariat's

work was publicized as widely as possible. Having been visible in the Orissa super cyclone, Gujarat earthquake, a succession of annual floods and landslides, droughts and the recent tsunami, the South Asia regional delegation has positioned itself as a reference point for diplomatic missions, universities and institutes, UN and international NGOs and governments seeking advice and knowledge on disasters, health and HIV/AIDS.

Progress on obtaining a legal status agreement was looking positive at the end of 2005 (it was finalized in the first half of 2006 as expected).

### **International disaster response**

Three years ago, SARD took a significant gamble in putting a lot of time and effort into setting up the RDRT concept in South Asia. With over 50 people from all national societies in the region attending the first course and having used the first RDRT teams in 2003 and 2004 floods, the tsunami and Pakistan earthquake provided the opportunity to employ larger numbers and demonstrate the strength and capabilities of such a large force of trained people. By the end of the year, over 70 RDRT members had been deployed during the Pakistan earthquake relief operation and their efforts were greatly appreciated by governments, national societies and affected populations. It is interesting to note that over 30 staff members from South Asian national societies are now Federation delegates scattered throughout operation around the globe.

### **Governance support**

Up until his term expired in late November, steady support was given to the vice president of the Federation who is based in India. The head of regional delegation accompanied the president of the Federation on trips to Sri Lanka and Pakistan. The national secretary of the Sri Lanka Red Cross who is part of his national society governance team, was elected to chairman of the relief commission at the Seoul General Assembly.

During the General Assembly in Seoul, chairpeople/presidents and secretaries general from South Asia met for the first time, to discuss having a combined meeting of secretaries general and governance next year. The first formal meeting will be held one day earlier in Singapore, November 2006, the venue for the next Asia and Pacific conference.

### **Delegation management**

The regional delegation moved to new premises in New Delhi in December and has established a good base. Extra space has been set aside for partner national societies with regional mandates to share offices and enhance knowledge sharing capacity.

Two SARD team meetings were held in 2005 to coordinate regional support to country programmes and to deal with management issues.

*[The annual financial report is below; click here to return to title page and contact information.](#)*

**International Federation of Red Cross and Red Crescent Societies**
**SOUTH ASIA REGIONAL PROGRAMMES**

Selected Parameters	
Year/Period	2005/1-2005/12
Appeal	M05AA051
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	884'681	416'929	49'465	432'078	218'056	2'001'210
B. Opening Balance	51'211	65'295	19'448	107'412	-527	242'839
<b>Income</b>						
Cash contributions						
British Red Cross	64'100	287'670		139'132	49'690	540'592
Danish Red Cross				4'836		4'836
Finnish Red Cross				27'792	6'176	33'968
German Red Cross					151'640	151'640
Icelandic Red Cross	363					363
Japanese Red Cross Society	101'278					101'278
New Zealand Red Cross					29'589	29'589
Swedish Red Cross	1'042'650	65'690	29'736	134'400	29'571	1'302'047
C1. Cash contributions	1'208'391	353'360	29'736	306'160	266'666	2'164'313
Outstanding pledges (Revalued)						
British Red Cross		35'333				35'333
C2. Outstanding pledges (Revalued)		35'333				35'333
Reallocations (within appeal or from/to another appeal)						
Finnish Red Cross		-15'087			15'087	0
OPEC Fund For International C	-124					-124
Swedish Red Cross	-67'200			-51'691	21'691	-97'200
C3. Reallocations (within appeal)	-67'324	-15'087		-51'691	36'778	-97'324
Inkind Personnel						
Danish Red Cross				74'400		74'400
Icelandic Red Cross	5'580					5'580
Swedish Red Cross					21'493	21'493
C5. Inkind Personnel	5'580			74'400	21'493	101'473
Other Income						
Miscellaneous Income	7'801					7'801
C6. Other Income	7'801					7'801
C. Total Income = SUM(C1..C6)	1'154'449	373'606	29'736	328'869	324'937	2'211'597
D. Total Funding = B + C	1'205'659	438'902	49'184	436'281	324'410	2'454'436

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	51'211	65'295	19'448	107'412	-527	242'839
C. Income	1'154'449	373'606	29'736	328'869	324'937	2'211'597
E. Expenditure	-506'811	-283'080	-45'152	-334'223	-209'092	-1'378'358
F. Closing Balance = (B + C + E)	698'849	155'821	4'032	102'057	115'318	1'076'078

International Federation of Red Cross and Red Crescent Societies

SOUTH ASIA REGIONAL PROGRAMMES

Selected Parameters	
Year/Period	2005/1-2005/12
Appeal	M05AA051
Budget	APPEAL

All figures are in Swiss Francs (CHF)

### III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
<b>BUDGET (C)</b>		884'681	416'929	49'465	432'078	218'056	2'001'210	
<b>Supplies</b>								
Teaching Materials		58					58	-58
Total Supplies		58					58	-58
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	25'848	2'617	3'774		13'952		20'343	5'505
Total Land, vehicles & equipment	25'848	2'617	3'774		13'952		20'343	5'505
<b>Transport &amp; Storage</b>								
Transport & Vehicle Costs	25'564	9'298	3'343	2	1'772	6'804	21'219	4'345
Total Transport & Storage	25'564	9'298	3'343	2	1'772	6'804	21'219	4'345
<b>Personnel Expenditures</b>								
Delegates Payroll	350'925	116'723	18'370		157	48'958	184'208	166'717
Delegate Benefits	132'664	65'178	21'591		142'787	59'195	288'752	-156'088
Regionally Deployed Staff	44'850	9'423	14'852		1'876		26'151	18'699
National Staff	201'503	63'693	31'905	19'952	18'389	5'073	139'013	62'490
National Society Staff		611	3'435	6'682	19'244	967	30'939	-30'939
Consultants	161'009	32'782	10'171		68'457		111'410	49'599
Total Personnel Expenditures	890'951	288'410	100'325	26'635	250'910	114'194	780'474	110'477
<b>Workshops &amp; Training</b>								
Workshops & Training	473'454	77'840	99'784	2'508	15'407	10'863	206'402	267'052
Total Workshops & Training	473'454	77'840	99'784	2'508	15'407	10'863	206'402	267'052
<b>General Expenditure</b>								
Travel	250'126	41'696	23'973	5'136	9'238	8'383	88'425	161'701
Information & Public Relation	64'490	2'929	17'730	856	1'102		22'616	41'874
Office Costs	76'678	40'422	8'853	5'590	14'747	55'284	124'896	-48'218
Communications	28'392	8'980	6'397	1'490	4'393	3'321	24'583	3'809
Professional Fees	2'500				957		957	1'544
Financial Charges	590	112		1	217	-7'624	-7'295	7'885
Other General Expenses	32'538	1'646	500		119	84	2'349	30'189
Total General Expenditure	455'314	95'784	57'454	13'073	30'772	59'448	256'532	198'782
<b>Depreciation</b>								
Depreciation						4'283	4'283	-4'283
Total Depreciation						4'283	4'283	-4'283
<b>Program Support</b>								
Program Support	130'079	32'919	18'400	2'935	21'410	13'500	89'165	40'914
Total Program Support	130'079	32'919	18'400	2'935	21'410	13'500	89'165	40'914
<b>Operational Provisions</b>								
Operational Provisions		-116					-116	116
Total Operational Provisions		-116					-116	116
<b>TOTAL EXPENDITURE (D)</b>	2'001'210	506'811	283'080	45'152	334'223	209'092	1'378'358	622'851
<b>VARIANCE (C - D)</b>		377'871	133'849	4'313	97'855	8'964	622'851	