

# PROGRAMME UPDATE



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

27 December 2005

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### In Brief

Appeal No. 05AA051; Programme Update no. 2, Period covered: 1 May to 31 October, 2005; Appeal coverage: 145%<sup>1</sup>; Outstanding needs: nil  
([click here to go directly to the attached Contributions List](#)) ([click here for live contribution list on the website](#)).

Appeal target: CHF 2,001,209 (USD 1,525,312 or EUR 1,292,542); Note the budget has been revised down from the originally appealed amount of CHF 3,642,801, a reduction of 36%. [Click here to go directly to the attached revised appeal budget](#).

Related Emergency or Annual Appeals: [Tsunami Emergency and Recovery Plan of Action 28/04](#)

#### Programme summary:

After a slow start to the year where resources were diverted to the tsunami response, the pace of programme implementation under this appeal has picked up and progressed satisfactorily. Several activities have been transferred to the tsunami programmes. This document should thus be read in conjunction with operations updates relating to the tsunami emergency and recovery plan of action 28/04.

The appeal budget has been reduced to reflect the current financial availability, implementation capacity and reallocation of some activities to the tsunami programmes. Health and care programme has only made a slow progress due to later-than anticipated allocation of funds for the HIV/AIDS project.

Programme	Budget reduction	Revised appeal (CHF)
Health and Care	27%	884,681
Disaster Management	41%	416,929
Organisational Development	44%	432,078
Humanitarian Values	66%	49,465
Management and Implementation	27%	218,056 <sup>2</sup>
TOTAL	36%	2,001,209

Except for humanitarian values programme, all other programmes received reasonable donor support. Significant donors/partners in the regional programmes include the Swedish Red Cross/Swedish International Development Agency for the HIV/AIDS programme. Significant support across all programmes is provided by the Swedish Red Cross, and the British government's Department for International Development (DFID). Targeted programme support is provided by the British, Finnish, Japanese and New Zealand Red Cross societies.

<sup>1</sup> The attached contributions list has yet to be updated to reflect the newly revised budget figure. Please refer to the live contributions list on the website, which will be updated with the new figure soon.

<sup>2</sup> The revision includes the removal of infrastructure budgets that are now funded by programme support recovery (PSR) and do not require voluntary donor support.

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*This Programme Update reflects activities to be implemented over a one-year period. This forms part of, and is 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, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>*

**Operational developments**

The resources of the South Asia regional delegation continued to be stretched due to a continuation of the 'mega' disasters to strike the region. During the reporting period, there was the 8 October earthquake in Pakistan and India (killing 73,000 and affecting four million) and the Maharashtra floods in India (killing over 1,000 people and affecting 8 million). These came on top of the ongoing support being provided for the tsunami relief and rehabilitation operations in affected countries in South Asia. While programme implementation under this appeal was slow in the first four months of the year due to diversion of resources to the tsunami operation, the momentum has been regained and good progress has been made in all programmes.

Security continues to be a major concern in the region. During the reporting period, there were terrorist bomb blasts in several countries, including three capital cities - Islamabad (Pakistan), Delhi (India) and Dhaka (Bangladesh). Bombs and armed attacks continued to be a common feature in Afghanistan and Pakistan. The armed conflict situation in Nepal remains complex with a mixture of precarious peace and outbreaks of violence across many districts. Despite these challenges, with the exception of Afghanistan, programme implementation was not significantly curtailed due to security issues.

As outlined in programme update 1, there was uncertainty over the future location of the South Asia regional delegation (SARD) office due to the lack of a legal status agreement in India. However, the office will remain based in Delhi for the foreseeable future and work continues on attaining a legal status agreement.

Highlights of the regional delegation during the reporting period have included:

- 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 October, 42 RDRT members had been mobilized 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.
- 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 ascertaining the true value and impact of the large volunteer base in South Asia national societies.

## Health and care

### Background

The regional health unit's efforts have been focused on supporting and coordinating with the national societies in rolling out the regional HIV/AIDS project. The project provides the basis for a long-term and coordinated Red Cross/Red Crescent response to reduce the burden of HIV/AIDS in South Asia. This is detailed below as a new additional project from what was outlined in the annual appeal. A unified programme framework has been agreed by all national societies in the region which should assist them in combating the HIV/AIDS epidemic. The recruitment of the regional HIV/AIDS delegate in March has ensured steady progress in starting up the project.

The unit was also able to support, to varying degrees, other health programme areas of national societies, from community health, communicable disease control, or first aid, to overall health sector strengthening. It is also developing a regional framework for public health emergencies to support national societies engaged in different aspects of health emergency management in a more strategic fashion. The regional health manager was deployed to Pakistan for two weeks to support the 8 October earthquake operation. The regional health unit liaised with the Pakistan country delegation, the national society and Geneva following the quake to identify where support could be provided.

The position of the regional health unit to support and coordinate strategic and programming issues of national societies in South Asia in public health was further strengthened with the arrival of the regional health and care coordinator in July 2005. It is envisaged that further recruitments will take place in the coming months to enable the unit to sufficiently coordinate and support the HIV/AIDS programme. The unit intends to maintain a small, flexible, responsive, multi-functional team, with a broad focus that goes beyond HIV/AIDS, so that this component becomes an embedded part of the overall health programme rather than a distinct element.

With confirmation of funding from Swedish Red Cross (committed by Swedish International Development Agency- SIDA) and considering the size and long-term nature of the regional HIV/AIDS programme, a new project code was opened in June 2005 dedicated to the project. Through Swedish Red Cross, SIDA has contributed CHF1.7 million annually for the first two years to cover in-country and regional project components, and has indicated to allocate similar amounts for the remaining three years. As 2005 requirements are fully covered, the Federation will actively raise funds for the remaining funding needs, approximately CHF6.5 million, starting next year.

A number of health priorities in this appeal were shifted to the regional tsunami emergency and recovery plan of action. A further review of the health and care component resulted to the reduction of the health appeal by 27 percent, with the new budgetary requirement now at CHF 884,681.

**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.**

### Regional community health and care project

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

### Progress/Achievements

**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.

Support for the implementation of the strategic options chosen by Nepal Red Cross Society after the health review early this year continued. The technical support of the regional health manager through regular visits has resulted in Nepal Red Cross Society working on a more long-term and integrated approach in health with an emphasis on developing appropriate programmes that have tangible health impacts at community level. The inputs of members of the unit have guided the national society to develop a concept paper for a long-term maternal and child health

programme and the revision of its health policy and strategy; as well as in identifying capacity building elements which were incorporated in the annual appeal.

Together with the Bangladesh delegation, the unit has supported the Bangladesh Red Crescent Society develop a plan of action in order to contribute to the national measles campaign; the campaign aims to vaccinate 1.5 and 33.5 million children aged nine months and ten years in September 2005 and February 2006, respectively. The unit has assisted in developing a project proposal and has helped to mobilize resource; as a result the Bangladesh Red Crescent Society will be able to mobilize 1,000 volunteers in one district in September 2005 in order to vaccinate 1.5 million children in three weeks.

The unit provided technical support and relevant reference materials on community health issues to the Sri Lanka Red Cross Society and the Sri Lanka delegation in developing a community-based health framework; such a framework is going to guide the Movement partners to implement health programmes in tsunami-affected communities. The Pakistan Red Crescent Society has been assisted in identifying a trainer/facilitator for its first aid trainers' training workshop in September 2005; while the India delegation has completed the recruitment of its health manager with considerable support from the unit.

A scholarship guideline has been finalized after consulting national societies and Federation delegations; the guideline has been adopted while national societies proposing participants to the International Conference for AIDS in Asia and Pacific (Japan, July 2005) – see HIV/AIDS section for details. A working framework on public health emergencies (PHE) has been drafted and is being further developed; this will enable national societies to develop PHE capacity to design and implement appropriate interventions during disasters and public health crises; further it will strengthen capacity of the Federation regional and country delegation to support and coordinate national society PHE activities. Relevant developments will be reported in the South Asia section of the tsunami appeal.

The regional health unit is liaising with the Geneva Secretariat on the avian influenza response and has commenced information dissemination to national societies and country delegations.

For the rest of 2005, the unit will continue to provide capacity building support. A regional health delegate was posted to Pakistan for two weeks from late October to assist with the earthquake operation and coordinate health activities. In addition to ongoing technical support from Delhi, a member of the regional health unit is likely to make a further visit to Pakistan in January to assist with the rehabilitation plans.

Assistance will also focus on the Nepal Red Cross Society which will be updating its policy and strategic plan in health, and Bangladesh Red Crescent Society which will also be developing a plan of action for its contribution to the measles campaign in February 2006. It will also continue its ongoing support to other national societies, as well as other forms of capacity strengthening inputs with strategic implications.

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

The regional health unit funded and coordinated the participation of Nepal Red Cross Society and Pakistan Red Crescent Society at the Federation's Global Health and Care Forum (Geneva, May 2005) where their community health and volunteer counselling and testing programmes were presented. It also facilitated the participation of the Bangladesh Red Crescent Society which presented its community-based mother and child health programme, and the Sri Lanka Red Cross Society for its social mobilization contribution to the measles-rubella elimination campaign in 2004.

A regional guide for the identification and documentation of good practices in health was circulated for inputs during the period, and was envisaged to produce one document this year by initially looking into case studies from national societies in the region presented during the Global Health Forum. The feasibility of this plan this year will be reviewed in the context of limited funding contribution and new regional health priorities.

Facilitation and dissemination of global and country-level plans to observe World First Aid Day (10 September) was undertaken. The unit will follow up World First Aid Day with compilation of in-country activities and

dissemination to regional national societies, as well as to Geneva for inclusion into the global report. Inter-regional dialogue in relation to setting up implementation mechanisms of the Asian minimum standards in basic first aid training was followed up. Linkage with the European Red Cross and Red Crescent First Aid Network and the European Reference Centre for First Aid Education was also made in order to benefit from their experience in the development of a regional first aid training certificate.

Health staff from the country delegations in Afghanistan and Pakistan joined the regional team for a short period as part of an evolving integrated health team approach across the region.

The regional health meeting hosted in Delhi in October was attended by health professionals from the national societies of Afghanistan, Bangladesh, India, Nepal and Sri Lanka, and health delegates from Bangladesh and India. Pakistan did not attend due to the earthquake operation. It was the first meeting of its kind in four years, and bonus was the attendance of secretary generals from Afghanistan, Bangladesh and Nepal and the senior health officer for the region at the Secretariat. Participants outlined their programme status and challenges. The input is being used to identify where support is required and to further develop an understanding and approach to define better programming in the region. A full report of the meeting is available from the regional health unit.

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

The unit coordinated with key informants and resource persons in carrying out the 'taking stock phase' of the community-based first aid global revitalization project. It is also following up discussions with the Sri Lanka delegation for the implementation of the second phase which involves the development of training manuals/materials as well as programmes tools and guides. The unit also coordinated and followed up consultation with national societies on the proposed revision of the Federation health policy.

The unit represented the Federation in a number of regional and international forums during the period. These have been reported in the tsunami appeal quarterly report. The regional health unit, along with the secretary generals from Afghanistan, Bangladesh and Nepal attended the International Olympic Committee meeting on HIV and sport in Delhi in October.

The regional health unit liaised closely with the Pakistan Red Crescent Society, the Pakistan delegation and the Secretariat in the immediate response to the 8 October earthquake.

The health unit is in discussions with the Secretariat over blood safety involving a possible role for the 'global advisory panel' with a view to holding a special regional meeting on blood safety to coincide with the next regional health meeting planned for February 2006.

### **Regional HIV/AIDS project**

**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.**

### **Progress/Achievements**

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

With the arrival of the regional HIV/AIDS delegate in March, key start-up activities were implemented during the reporting period. These include 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. An internal 'stock-taking' exercise in June enabled the regional health and care unit to consolidate its plans prior to a second round of country visits to provide technical assistance over the planning process in individual countries.

The planning phase started with the Nepal Red Cross Society with the development of a five-year HIV/AIDS operational plan. Supported by the unit, a three-day workshop was organized with representatives from national

headquarters and district chapters. A 2006 work-plan and budget was developed based on inputs during the workshop.

Roll-out of regional and country components of the programme is continuing. This is a crucial time, since a meaningful, sustainable regional response will require the placement of key national society and Federation country delegation staff with the necessary authority to take forward the project in each country and provide a firm foundation for a coordinated response. The unit will assist with this process over the coming months, and this will mean follow-up country visits to work with Federation country delegations to advocate for the programme amongst national society leadership, and to support the planning and staff recruitment processes using the recently-developed programme management manual as a blueprint. During the reporting period, the regional health unit has made visits to Sri Lanka, Nepal and Bangladesh in this regard.

One of the intentions of the regional programme is to promote the development of HIV/AIDS services as part of a broader, integrated health strategy. The Nepal Red Cross Society will oversee a consultancy exercise, facilitated through the regional programme, to support the development of their health policy and strategies, in the context of HIV/AIDS.

It is expected that the unit will be further strengthened in the coming months. A regional HIV/AIDS advisor will be recruited. The formation of a regional advisory group, initially planned for the latter part of the current reporting period, has been delayed.

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

The unit continued to facilitate ongoing regional dialogue on the planned rotation of the South Asia Red Cross/Red Crescent Network on HIV/AIDS (SARNHA) coordination office to India. This had been taken up at national society leadership level with support from the South Asia head of regional delegation, and at national HIV coordinator level during the SARNHA meeting in April. The actual move is unlikely to happen until the Indian Red Cross Society leadership adopts a firm decision on this. In the meantime the office remains based in Kathmandu, Nepal. The relocation is unlikely to occur before 2006.

The SARNHA coordination office circulated the proceedings of the meeting in April which also centred on relevant developments in different countries, progress in the regional HIV/AIDS programme, as well as the draft project manual. A second 2005 SARNHA meeting, firstly planned for Kabul, Afghanistan then rescheduled for Dhaka, Bangladesh had to be cancelled for security reasons. The next meeting is likely to be in February 2006. However the regional health meeting in Delhi in October did address issues relating to the HIV/AIDS project and the SARNHA office.

During the 7<sup>th</sup> International Conference on AIDS for Asia and Pacific (ICAAP) in July in Kobe, Japan, the Red Cross/Red Crescent across four sub-regions had a strong presence, and South Asia was represented by participants from India, Nepal and Sri Lanka Red Cross, Pakistan Red Crescent and the unit. Several representatives from the region made presentations on their experience in HIV/AIDS programming in their countries, while everybody participated in a Red Cross/Red Crescent satellite meeting where the regional HIV/AIDS programme in the context of strategic partnership with external partners was shared. The region also supported the RCRC exhibition.

The regional initiative promotes the concept of strategic partnerships, and the unit will continue to liaise with organizations such as networks representing HIV-positive people, Swedish Red Cross, SIDA, the World Health Organization, and the Japanese International Cooperation Agency.

The unit also contributed to the evaluation of the Federation Secretariat's global HIV/AIDS programme, with the regional HIV/AIDS delegate serving as secondary interviewer of the review team. Support and coordination has been provided for national and regional advocacy campaigns, such as an anti-stigma campaign to coincide with World Red Cross/Red Crescent Day in May, and World Blood Donor Day in June. World AIDS Day on 1 December will be a major landmark.

## Impact

The arrival of new members of the unit will enable itself to better position in supporting public health programming in the region, jointly with national societies and Federation country delegations. The rolling-out of the regional HIV/AIDS project, particularly at regional level had been sustained with the arrival of the regional HIV/AIDS delegate and confirmation of long-term development funds. The increase in human resource capacity is also allowing the unit to provide more direct support to the health programmes in Afghanistan, as well as the tsunami recovery health programmes in Sri Lanka and the Maldives (which are currently directly-managed from Geneva). While regional health strategies are considered valid and in place, the unit will also have the opportunity to review and further define these strategies with the leadership of the regional health and care coordinator.

Securing long-term development funds from HIV/AIDS was a significant achievement. This is the first developmental programme of its kind in the region, and should serve as a model for future initiatives and partnerships. The availability of long-term funds has already helped national societies across the region to consider strategic and integrated approaches to HIV/AIDS that will have much wider health and developmental implications at country and regional levels. The programme is already beginning to help catalyze a new momentum in health across the region.

National societies are nearing the end of the 'review phase' of the HIV/AIDS programme (a tangible programme milestone) and entering the 'planning phase', and some national societies, such as Nepal Red Cross Society, are at an advanced stage. The HIV/AIDS programme manual will help in this process.

### **Constraints**

Start up of country components of the regional HIV/AIDS programme were delayed by approximately four months due to confirmation of funding only in April 2005, and funding availability only in June 2005. Specific in-country situations, such as pressure to start implementation of community health activities as part of the tsunami recovery programmes in Sri Lanka; the security concerns in Afghanistan in connection with the parliamentary elections in September, and the prolonged leadership transition at the Indian Red Cross, have impeded in-country implementation.

Interim HIV/AIDS funding from Swedish Red Cross ameliorated some of the potential delays at the regional level. Nevertheless, uncertainty about the possible relocation of the regional delegation early this year also meant that scaling up of regional implementation, such as the recruitment of regional advisers to support in-country programming, was also affected. This also had a general effect on staff morale.

Considering the above, it is expected that there is substantial under-spending of HIV/AIDS project funds this year at regional and country levels. Expenditure against funds received for this component was just 34 percent as at end October 2005. The regional community health and care project, on the other hand, received just 21 percent against the originally appealed amount and some activities will be deferred.

## **Disaster management**

### **Background**

The December 2004 tsunami and the 8 October 2005 Pakistan/India earthquake have had some bearing on the nature and direction of the regional disaster management programme.

The tsunami meant the programme had to examine issues relating to rehabilitation and recovery, and at the same time, focus on early warning systems for coastal communities, development of contingency plans and other response capabilities. The disaster management needs after the tsunami confirmed the efficacy of the regional disaster management framework, developed under Appeal 2005, and minor alterations have been made to adjust to changes in structures and systems.

Regional disaster response team (RDRT) deployments made in response to the tsunami in Sri Lanka and the Maldives were completed by mid-May. The deployments were effective and much appreciated by national headquarters in Sri Lanka and the Federation delegation in the Maldives. However the response highlighted the need for further development of the concept in terms of numbers of RDRT members, training on leadership and a better system for external coordination. The Pakistan/India earthquake resulted in the largest ever RDRT

deployment. By the end of October, 42 RDRT members from nine national societies had been deployed and by the end of the year the number was expected to exceed 60. The response highlighted the importance and need to continue investment in the human resource base in the South Asian national societies in disaster management. Strategic and sustained investment will help meet the Federation diversity pledge, supported by partner national societies committed to the development of human resources from non-traditional geographies.

While in both the tsunami and earthquake operations the field assessment and coordination teams (FACT) and United Nations Disaster Assessment and Coordination (UNDAC) teams shared assessments, there were discussions on how to develop mechanisms to share knowledge and resources at country levels by international organizations. A global partnership agreement between UNDP and the Federation is one such step. The regional disaster management coordinator and the regional advisor for UNDP held several meetings and visited Nepal, Sri Lanka and the Maldives, to encourage country-specific collaborations. In all these countries, there is an agreement that UNDP, together with the Federation and national societies, will develop national disaster management frameworks, leading to disaster management policies, plans and specific roles for various stakeholders, including the national societies.

Linkages with the Sustainable Environment and Ecological Development Society (SEEDS), (an Indian-based organization which promotes safe and sustainable habitats), which collaborated with the United Nations Assistance Mission in Afghanistan (UNAMA), to develop a disaster management plan for Afghanistan, provided for a specific role for the Afghanistan Red Crescent Society in this plan. This informal relationship will continue to fine tune the description of the specific role of Afghanistan Red Crescent in disaster management at district/provincial levels.

National societies in the region are beginning to embrace the national disaster response team (NDRT) concept, learning from the successes of RDRT and NDRT deployments. All national societies are aiming to have established at least basic NDRTs in 2006. Subsequent national level events will be planned, to support linkages of these teams with other organizations, and geared with proper disaster management kits, to demonstrate and improve their skills on a regular basis.

The disaster management coordinator finished his mission in October and handed over to the disaster management delegate. During the reporting period, a disaster management manager joined the team, to focus on the development of disaster risk reduction proposal to DFID. It is planned that SARD will take over line management for countries in its region for the tsunami operation and also for the Pakistan earthquake operation. This will necessitate bolstering the regional disaster management team, with at least a disaster response delegate.

The programme had 58 percent coverage against the original appeal amount as of the end of October. This low level of funding has not had a significant impact as several planned activities have had to be postponed/cancelled due to resources being redirected to assist with the Pakistan earthquake response.

**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.**

#### **Disaster preparedness project**

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

#### **Progress/Achievements**

**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 first of two planned regional disaster management planning meetings was held in Bangladesh in May. The second meeting has been cancelled due to reallocation of resources following the October earthquake in Pakistan

and India. The May gathering was attended by senior disaster management managers from national societies, country delegations and some government counterparts. Two partner national societies and a representative from the Geneva Secretariat also participated.

The meeting was a platform for consultation and knowledge sharing amongst six countries in the region. It provided an opportunity for national society disaster management managers to negotiate national society-to-national society support, while sharing respective capacities and future plans. Another outcome was the proposal by national societies to form a disaster management working group, which can help develop peer review, learning and support mechanisms amongst national societies in the region.

To build on knowledge and skills, one Federation staff has been deployed as staff-on-loan to Papua New Guinea. While supporting a field delegates' position for three months, the staff member is learning aspects relating to mission-based support and contexts of disaster scenarios and management in other regions. This inter-regional sharing is also cost effective with expenses shared by both regions i.e. all in-country costs are borne by the Papua New Guinea delegation, while travel costs will be borne by SARD.

The disaster management coordinator attended a meeting of the disaster preparedness network (DP-Net) in Nepal in August. DP-Net has over 25 partners including the Red Cross/Red Crescent, national and international non-government organisations, the UN and governments. The disaster management coordinator emphasised the need for developing an inter-agency contingency plan, using earthquake simulation case studies carried out by Japan International Cooperation Agency (JICA) and the National Society for Earthquake Technology (NSET, Nepal). The Nepal Red Cross supported by SARD began carrying out this activity in October. It is developing a matrix examining needs, capacities and gaps. This will help all stakeholders to map their respective operational roles and help Nepal government departments to enhance their coordination role and support mechanisms.

Based on feedback and informal discussions with national society disaster management managers, the SARD disaster management team has developed a concept to allow disaster management stakeholders to communicate online and develop various resources through online collaborations. Common resources and operational updates may also be shared using this platform. Detailed specifications are being finalized.

While obviously not a planned activity, the RDRT deployment in response to the October Pakistan/India earthquake allowed for extensive knowledge sharing and support amongst national societies. From South Asia, the national societies of Afghanistan, Bangladesh, Nepal, Pakistan and Sri Lanka deployed staff to be part of the RDRT activities in Pakistan. Personnel from national societies in the Philippines, Malaysia, Laos and Singapore had also been deployed by the end of October. Assigned tasks covered a variety of areas including relief, health and logistics.

**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 tsunami operation has highlighted the need for improving first aid and community-based first aid (CBFA), together with public health in emergencies. The regional health unit has developed a framework for 'public health in emergencies' and the health team in Sri Lanka have developed a new curriculum on first aid. The regional disaster management programme will integrate these new curricula in its trainings, to improve the quality of the training and suitability for the large scale, widespread disasters. This activity will be taken up in next year.

The school programme project started in 2003 to improve community resilience and local disaster response capacity is progressing well. It has been effective in Sri Lanka and the national society is expanding it from two pilot districts to a nationwide programme. SARD has planned to enhance this approach to include basic assessment skills, first aid and disaster preparedness activities, and will recruit a staff-on-loan from one of the national societies in the region. The expected outcome of this position is to consolidate learning experiences from Nepal, Sri Lanka and Bangladesh, and develop a package which other national societies may implement. Till such time, the Nepal and Sri Lanka Red Cross societies will continue to implement the programme with the existing approach. The Bangladesh Red Crescent has now joined the project, focusing on earthquake preparedness.

A staff-on-loan from the Nepal Red Cross joined the disaster management team as the disaster management officer during the reporting period to assist with the formulation of a proposal for a DFID risk reduction project

(DFID Phase II) to be rolled out regionally and nationally. A draft proposal was completed, focusing on community resilience, knowledge sharing and disaster preparedness. The disaster management officer also acted as a focal point to collect country proposals from Bangladesh, India and Nepal.

The regional disaster management team provided feedback and technical input to assist Bangladesh, India and Nepal to finalize their proposals with a view to complete this task by the end of November. The Geneva Secretariat DFID officer visited SARD in November to scrutinize the proposals and provide feedback/input.

As outlined in programme update 1, the regional disaster management team supported the Sri Lanka Red Cross in developing its floods contingency plan; a community-based disaster preparedness plan; a disaster preparedness and first aid programme for schools; as well as long-term risk reduction programmes for 2005 and 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.

As outlined in programme update 1, this expected result has been shifted to the tsunami recovery operation and will be reported on in tsunami operational updates.

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

Production of geographical information system (GIS)/management information system (MIS) software was completed during the reporting period. Suitable opportunities for the use of the software are now being examined.

The planned vulnerability and capacity assessments (VCAs) in two national societies are unlikely to occur this year. This is due to the tsunami operation and limited VCA trained personnel in the region. However, the 2006 disaster management programme has made provision for the collection of baseline data using tools such as VCA.

**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.

The regional disaster management programme has developed operational alliances with United Nations Development Programme (UNDP), National Society for Earthquake Technology (NSET), SEEDS and the Indira Gandhi National Open University. The regional disaster management coordinator coordinated with the UNDP regional advisor to initiate the process of collaboration at country level in Sri Lanka, the Maldives and Nepal. The cumulative capacity of the Federation and UNDP should provide a powerful resource for national societies and their government counterparts, in ensuring appropriate and well coordinated disaster response. SARD facilitated a resource person from SEEDS to support the Afghanistan Red Crescent in developing its NDRT and training manual. There were discussions with NSET and the Programme for Enhancement of Emergency Response (PEER), Nepal 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.

As outlined in programme update 1 and tsunami operation updates, support has been provided to the Sri Lanka Red Cross Society in developing its training infrastructure. The deployment of the regional disaster management coordinator in Sri Lanka, to support the recovery assessment team mission, helped in developing major linkages with the national disaster management centre in Sri Lanka, along with key ministries.

As reported in programme update 1, the disaster preparedness network (DP-Net) is functioning successfully in Nepal. DP-Net will continue to be expanded regionally.

The disaster management officer participated in a meeting in Namibia (26-29 September) to share ideas and action plans with other national societies that are carrying out similar DFID risk reduction projects.

### **Disaster response project**

**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.**

**Progress/Achievements**

**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 planned RDRT training will take place in December in Bangladesh. The training will draw upon lessons learned from the extensive RDRT deployments for the tsunami operation in Sri Lanka and the Maldives and the earthquake operation in Pakistan.

Assessing these deployments, what is abundantly clear is the need for an updated definition of what exactly is the role of the RDRT and also a transparent and defined coordination mechanism. The tsunami and earthquake experiences highlight the need to incorporate components of team skills and external coordination. Existing FACT and team leader training modules will be utilised.

Six laptops with pre-configured assessment forms, various kit and items for providing higher visibility in the field were consolidated at SARD and used during October for the quake operation.

For the Pakistan earthquake deployment, the RDRT supporting documents/mechanisms were developed by SARD including a deployment letter (which served as a mission instruction, based on already-drafted template), national society secondment letter and insurance coverage.

SARD nominated the disaster management manager from the Indian Red Cross to attend team leader training. One Federation staff member has been sent to the Papua New Guinea delegation to provide mission-based support in its disaster relief operation. The staff member reported on the mission at the regional disaster management managers meeting.

SARD has been supporting the Nepal and Bangladesh national societies to develop disaster management contingency plans. The regional disaster management coordinator and the UNDP regional advisor visited these countries in September to initiate the process of multi-agency cooperation.

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

As part of an integrated approach, disaster response activities are linked to disaster preparedness planning events, to develop a synergy and to be cost effective. The disaster management planning meeting in May provided the disaster response project with the opportunity to discuss with disaster management managers/personnel from national societies, delegations and governments development of mechanisms which deliver needs-based services, and subscribe to humanitarian accountability issues at all levels, and in all stages of disaster management programmes.

National society disaster management managers have been collaborating during RDRT deployments. This trend is likely to expand in next year, for mission-based exchanges to support capacity building. The proposed disaster management working group will help bridge the communication gap and foster collaboration amongst national societies in the region.

The GIS/ MIS tool developed under disaster preparedness project is available for deployment and has been sent to Sri Lanka for piloting. The tool provides resource mapping, including human resources, materials, training and donors.

**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.

The networking with other organisations such as SEEDS has ensured that resources from these organisations are utilised for national society capacity building. A resource person from SEEDS visited the Afghanistan Red Crescent in August, to help the National Society finalise its disaster management manual and NDRT training in November. The activities of SEEDS are mainly targeted at government functionaries and thus, such collaboration provides an opportunity for networking at various levels, to perform a defined role at various stages of disasters.

The regional disaster management programme is supporting national societies to develop NDRTs and personnel for the RDRT. To date, three national societies have developed NDRTs and another three have mapped their respective logistics infrastructures.

There are ongoing discussions with the International Committee of the Red Cross (ICRC) about collaboration in training activities in the future.

Several activities planned under the disaster response project have been shifted to the regional tsunami programme, which will provide a good foundation for national societies in the region to develop disaster response capacities through peer review, learning and support mechanisms.

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

As outlined in programme update 1, this expected result has been shifted to the tsunami recovery operation and will be reported on in tsunami operations updates.

### **Population movement project**

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

As noted in programme update 1, the sudden resignation of the population movement manager early in the year has led to a reassessment of this project. It effectively has been on hold since the first quarter. Aspects of this project have been integrated into other projects/programmes. From 2006, activities related to Better Programme Initiative (BPI) and 'reach out' will be part of the humanitarian values programme. The disaster response project will handle issues relating to internally displaced persons and large scale population movement. Development of appropriate training modules and coordination will come under the disaster preparedness project. The health unit has developed a framework for public health in emergencies which will support health interventions in population movement scenarios.

### **Impact**

The programme is adding value to country structures through the strategic support provided. A key aspect of the regional disaster management programme is acting as a conduit for national societies networking with other organizations, and providing technical advice, consultation, and the development of peer review, learning and support mechanisms. Joint visits by the disaster management coordination with the UNDP counterpart has helped initiate several strategic interventions, mainly targeted at the development of national disaster management frameworks and defining the roles of stakeholders.

With support to national societies in developing approaches to reach youth the programme aims to spread disaster preparedness through all levels of national societies and communities. Not only this hopefully help engage more volunteers/ members, it aims to address gender diversity and gender sensitivity aspects in our service delivery through balanced staff/ volunteer structures.

With community as first responder and government as ultimate responder, the Movement plays a unique bridging role in bringing the two together (via the national society status as auxiliary to government). The programme ultimately strives to build community resilience to cope with and recover from disasters, and fill the gap in meeting post disaster community needs, until communities recover through institutionalized support. The disaster management programme of South Asia is developing capacities of the national societies to target both goals.

### **Constraints**

The early departure of disaster response manager and vacant position of the population movement coordinator has been a significant challenge to maintain the momentum of programme implementation. The tsunami and earthquake operations also diverted resources. Despite these constraints, most planned activities are on-track.

The disaster management coordinator ended his mission in November, and the regional team now consists of a disaster management delegate and an officer. A disaster response delegate is expected to be recruited by early 2006 to assist with the increased workload, particularly in relation to the earthquake operation.

## Humanitarian values

### Background

The regional humanitarian values programme has continued to evolve its cross-cutting nature. Elements of the programme are now being implemented through the health and disaster management programmes. This development in 2005 is reflected more concretely in the plan of action in the 2006-2007 appeal.

The redefined strategy at the regional level is also slowly being replicated at country level with some national societies planning ahead to incorporate humanitarian values in other programmes. The programme has focused on advocacy and campaigns on issues of discrimination and human dignity. National societies are now better placed for the future to pursue and implement the Federation's 'protecting human dignity' campaign.

The programme has received low funding (34 percent against the original appeal budget) but this has been offset by reallocation of some activities to under the tsunami plan of action.

**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.**

### Progress/Achievements

**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.

Two case studies examining reducing discrimination and reducing violence were commenced. The first study is detailing how the community development programme of the Nepal Red Cross has contributed to reducing caste-based discrimination in the communities; and, the second is looking at how the Bangladesh Red Crescent Society's programme in the Chittagong Hill Tracts region has contributed to reducing hostilities among beneficiaries.

As part of the planned mapping exercise, work commenced on looking at historical activities of the Bangladesh Red Crescent and how these have put the fundamental principles into action. The study is examining the relief operation for in the wake of the refugee influx from Myanmar in 1978. It also looks at how issues of gender-based discrimination have been addressed in the cyclone preparedness programme. Originally it had been planned to conduct the mapping exercise 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 is being developed and will be distributed to national societies.

The programme is seeking to get national societies to interact more with external actors/partners to further the implementation of humanitarian values. In Bangladesh, discussions have been held with two non-government organizations (NGOs) working in the field of HIV/AIDS; an NGO working in the area of the women's rights; the protection officer of the United Nations High Commissioner for Refugees (UNHCR) in Bangladesh; and also academics from Dhaka University. These organizations have shown a willingness to assist the Bangladesh Red Crescent in shaping its approach to dealing with issues relating to discrimination.

As part of the ongoing integration with other programmes, the regional humanitarian values coordinator participated in the regional health meeting in October. He outlined to the participants the advocacy campaign which is an integral part of the regional health HIV/AIDS project.

The planned regional humanitarian values workshop has been cancelled for 2005. The continued turnover of humanitarian values focal points in national societies made holding such a meeting impractical.

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

The development of training materials is an ongoing activity in the national societies in Nepal and Bangladesh. The Bangladesh Red Crescent developed a Bangla drama text that offers an analytical exercise around issues of dignity which will be used in workshops.

The regional humanitarian values coordinator helped the Bangladesh Red Crescent facilitate two workshops and the Nepal Red Cross two youth camps which had the themes of addressing discrimination in the community. The Bangladesh workshops were landmark events in it was the first time that national society had held forums dealing so specifically with discrimination against people living with HIV/AIDS and discrimination against women.

The humanitarian values focal point at the India delegation accompanied the regional humanitarian values coordinator on visits to Bangladesh and Nepal to observe youth camps/workshops with a view to learning from these events and improving programme implementation in India.

The regional humanitarian values coordinator facilitated two sessions at the regional disaster management meeting in May. Approaches to reducing discrimination through disaster management programmes were shared. Disaster management can be an effective conduit for the promotion of humanitarian values. The Nepal case study mentioned in the previous section will outline how the fundamental principles and humanitarian values agenda has been implemented through the disaster risk reduction project. The case study, when finalized, will be shared with national societies and country delegations to assist with programme design for more effective incorporation of humanitarian values in disaster management.

The regional coordinator assisted the Bangladesh Red Crescent in revising the humanitarian values component of that national society's four year plan. The coordinator has also given assistance to Bangladesh in designing a campaign dealing with violence against women (particularly in relation to acid attacks).

Assistance was provided to the Nepal Red Cross and Spanish Red Cross as partner national society with an ECHO proposal for a field-based project aimed at reducing discrimination.

The regional coordinator worked with the regional health unit in preparing for World AIDS Day (1 December). The aim was to help coordinate national societies to mark the day with various uniform elements across the region.

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

A workshop with officers and volunteers of the Nepal Red Cross community development programme was held in May, documenting the relevance of the principles in reducing caste-based discrimination in the Terai region.

There is a strong need for the continued national society level workshops on humanitarian values. These help in evolving an understanding of humanitarian values in the context of the social scenarios of the countries/societies the Movement works in the region. One such workshop supported by SARD was held in Bangladesh, but funded through the tsunami budget and not under this appeal. It is hoped in future national societies will give a greater priority to these workshops and seek funding through their own appeals for this activity.

There has been liaison with the regional health unit, NGOs, the UNHCR and university academics in Bangladesh with a view to holding a joint meeting to discuss possible future proposed activities on discrimination for incorporation into the Bangladesh Red Crescent programmes.

Low funding support has curtailed plans to further provide assistance to national societies in non-tsunami affected countries (i.e. Afghanistan, Nepal and Pakistan) to design and implement projects at community level to reduce discrimination.

**Impact**

The promotion of humanitarian values has been reinforced as a cross-cutting programme. This has seen activities under this programme being implemented through health and disaster management in particular.

The humanitarian values workshops in Bangladesh provided an entry point for discussion on issues surrounding HIV/AIDS. This was the first time the issue of stigma and discrimination in relation to HIV/AIDS has been addressed in this manner with staff and volunteers in the Bangladesh Red Crescent. The workshops provoked discussions within the National Society that will hopefully result in a meaningful change in attitudes. In Bangladesh, even in the Red Crescent, there exists a lack of understanding on HIV/AIDS discrimination and these workshops were a concrete step towards addressing this.

The cross-cutting nature of the programme was most visibly met during the disaster management planning meeting in Bangladesh. The humanitarian values programme in South Asia has had real impact through the disaster risk reduction programme in Nepal. Highlighting this example and ongoing discussions with national society disaster management managers has resulted in a commitment of greater integration in the forthcoming programmes in Bangladesh, India and Nepal.

There is a definite view emerging in the national societies in Bangladesh and Nepal that the ongoing health and disaster management programmes are effective vehicles for bringing about change in behaviour and attitudes in relation to humanitarian values.

Ironically, this cross-cutting approach by the regional programme was promoted by the lack of funding. Other avenues of implementation (i.e. other programmes) were required to promote the humanitarian values agenda. This led to a greater integration with the health and disaster management programmes than had been anticipated at the beginning of the year. Working through other programmes also broadens the scope for advocacy. Good collaboration with disaster management and health has meant that programme delivery in these areas is properly aiming at issues of dignity specific to the needs of the vulnerable people these programmes target.

**Constraints**

Funding and human resources at country level were the most significant constraints. The programme received just 34 percent coverage against the original appeal budget. However this was offset against the reallocation of some activities to under the tsunami plan of action.

As outlined in the impact section, the lack of funding contributed to more imaginative ways of exploring collaborations with other regional programmes.

The dearth of humanitarian values focal points in national societies continues to be a problem. Where they exist there is often a high turnover, or those persons are carrying out several other duties. This has impacted on the mapping exercise which has progressed extremely slowly. This has resulted in a reappraisal of the approach to this activity. Original plans for use of a consultant and extensive country visits have been replaced with a simpler, more basic approach in the form of a baseline questionnaire to national societies.

The lack of focal points also led to the cancellation of the regional humanitarian values meeting (funding was also an issue). It has also impacted on the hoped-for knowledge sharing where national society counterparts would support one another as peers.

**Organizational development****Background**

As outlined in programme update 1, some elements of the institutional development project have been reallocated to under the tsunami relief and rehabilitation operation. Similarly, the reporting and finance development projects have used the tsunami budget for funding activities relating to tsunami affected countries, resulting in a reduction of the appeal budgets for those projects.

**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.**

**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.**

### **Progress/Achievements**

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

As outlined in programme update 1, this expected result has been moved to the tsunami recovery plan and will be reported on in tsunami operational updates.

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

The ICRC in Nepal and the secretary general of the Nepal Red Cross shared their experiences and results using the ICRC 'safer access' approach in Nepal at the secretary general's meeting in Bangladesh in September. The presentation increased regional awareness of how national societies can position themselves in internal conflict situations so they can continue to recruit volunteers and deliver service to the most vulnerable irrespective of political affiliations.

A consultant has been commissioned to do a gender study on how better to involve women as volunteers in national societies. Four national societies (Nepal, Pakistan, Bangladesh and Sri Lanka) have agreed to participate in the study. The consultant will also visit the Maldives where a national society is in the process of being created. It had been hoped that the report would be completed by mid-December, but it now will be finalised in early 2006. A gender review committee to examine the studies has been formed. The committee is comprised of women from the respective national societies. The study is funded by Finnish Red Cross.

***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).

Two case studies have been done in Nepal collecting information on the number of volunteers, volunteer hours delivered and cost related to programme implementation. The format for the volunteer investment and value audit (VIVA) reports was finalized and two studies have been completed by the Nepal Red Cross. These will be distributed internally and to donors. As part of the sharing of regional learning, the organizational development programme will publish a small pamphlet on the two case studies.

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

*NB: The programme component relating to 'regional delegation support to improving national society income generation at branch level through workshops and knowledge sharing visits between national societies' was incorporated into the tsunami recovery plan and is reported on in tsunami operational updates.*

A consultant has been recruited to support all national societies in the region develop their resource mobilization. The consultant has met with the senior management and the fundraising managers in the Bangladesh Red Crescent, the Pakistan Red Crescent and the Nepal Red Cross. Together with these three national societies, she has developed specific fundraising plans. The consultant will actively assist the national societies to implement some of the planned fundraising campaigns. It has been agreed that the consultant will visit Bangladesh Red Crescent in the next reporting period. The Bangladesh Red Crescent has already made good progress by hiring a local consultant to follow up on the plans the National Society developed with assistance from the regional organizational development programme.

***Expected result 5:*** Common approach to organizational development established and organizational development part of programme development.

Prior to the 8 October earthquake, the regional organizational development delegate had assisted the Pakistan Red Crescent in strategic planning in connection with its appeal process. A presentation was given to senior

management of the Pakistan Red Crescent on the use of capacity building indicators. A similar presentation was given to the Nepal Red Cross organizational development department. The regional delegate gave presentations on Red Cross and Red Crescent principles and their linkage with organizational development issues at the Indian Red Cross state branches meeting.

The regional cooperation agreement strategy (RCAS) was reviewed at the Secretary General's meeting in Bangladesh in September. The meeting recognized the RCAS was a good tool and agreed upon a new, more concise format. The document is to be regularly updated. The next RCAS will be developed for 2006 – 2010.

**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.**

#### **Progress/Achievements**

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

(See below)

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

(See below)

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

(See below)

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

(See below)

The position of regional information delegate has remained vacant through the reporting period and no planned activities were conducted. There was difficulty in recruiting and finalizing an appointment of suitable personnel. A delegate has now been recruited and will begin her mission in December 2005.

Various information support services were conducted on an ad hoc basis such as assisting with the media demands following the 8 October Pakistan/India earthquake. The 2005 World Disasters Report was distributed in October to various international media based in Delhi, diplomatic missions, United Nations agencies and various other national and international non-government organizations.

**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.**

#### **Progress/Achievements**

***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.

Country-level finance development workshops for Nepal and Bangladesh were finalized during the reporting period and scheduled for November. It had been hoped that workshops would be conducted in all six national societies. However, time constraints and the relocation of resources for the tsunami and earthquake operations meant this has not been possible.

The purchase and installation of financial software in three Nepal Red Cross warehouses was completed. This new software will greatly enhance the financial management and transparency of the regional warehouse system in Nepal.

Finance software refresher training was conducted in Pakistan (immediately prior to the 8 October earthquake) and new software was purchased and installed. Previously the National Society had operated on a manual system. It is using the computerized system for a trial period (alongside the pre-existing manual system) with the aim of going fully operational on the software in early 2006. The planned support for Sri Lanka for software refresher training was cancelled due to the National Society having sufficient funding under the tsunami appeal.

There has been ongoing technical advice provided to the Afghanistan Red Crescent. The new finance delegate to Afghanistan (from the Indian Red Cross Society) deployed in the latter part of the year received training regional finance development manager prior to beginning his mission.

The planned exchange visit for staff from national societies in the region will not occur due to time constraints. As outlined in programme update 1, the planned regional finance development workshop was cancelled.

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

### **Progress/Achievements**

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

As outlined in programme update 1, an experienced reporting assistant was recruited in mid-April. The assistant, with ten years Federation experience was a tremendous asset to the reporting project. However, due to other commitments the appointment lasted just three months. An assistant for the incoming reporting delegate in 2006 will be recruited early next year.

The high number of reports flowing through SARD continued, resulting on an emphasis on processing rather than reporting development in the field. The support of the regional reporting unit (Kuala Lumpur) was crucial to helping meet this processing challenge. Compared to previous recent years, there has been a marked increase in information bulletins and operations updates emanating from countries in the region. The combination of the massive 2004 floods in Nepal, India and Bangladesh, the December 26 tsunami, the 2005 Maharashtra floods in India and the 8 October India/Pakistan earthquake in the space of just 16 months has led to this significant increase in reporting requirements. Given the demands, national societies have coped well, but continue to be heavily reliant on country delegation reporting delegates/focal points to finalize reports. See following expected result progress/achievements for further details.

The 2006-2007 appeal planning process for South Asia was coordinated by SARD. This included distribution of guidelines, technical feedback from various programme managers to their country-level counterparts, and processing/editing/quality review of the appeal documents. Feedback was provided to country delegations/national societies on specific issues relating to appeal quality/content.

The regional reporting consultant supported the Pakistan Red Crescent Society and country delegation following the 8 October earthquake. The Pakistan delegation reporting focal point who was also conducting numerous other duties required substantial assistance which was provided by SARD. Information bulletins, the preliminary appeal and subsequent operations updates were all processed by the regional reporting consultant. The reporting consultant was deployed to Pakistan for one week in October until relieved by the head of the regional reporting unit (Kuala Lumpur). The regional reporting unit and SARD also facilitated the deployment of a reporting delegate to Pakistan to cover the November/December operational period.

The planned regional reporting meeting was rescheduled twice but held in late November/early December in Delhi. See the annual report for details. This was the first reporting-only meeting ever to have been held amongst national societies/country delegations in South Asia since the regional delegation was established (a combined finance/reporting meeting was held in May 2003 in Sri Lanka).

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

The reporting unit provided ongoing technical support to countries in the region. Detailed feedback was provided on the draft 2006-2007 appeals. While no training visits were conducted during the reporting period, the reporting consultant was deployed to Pakistan during October to assist with reporting following the earthquake.

Getting reporting capacity up to pace at country delegation level is a primary objective as this will feed into improving the situation in national societies. In this regard, the outlook for 2006 is probably the strongest it has been in three years. Reporting delegates will be in place in Afghanistan, Pakistan, Sri Lanka, and the Maldives while designated reporting focal points are in place in Bangladesh and India. The Federation representative in

Nepal continues to be the reporting focal point in that country. However, a local Federation staff member received training in Delhi with the aim to improving her capacity to assist in reporting in the future.

### **Impact**

The VIVA study in Nepal is expected to lay the foundation for a new way to monitor and review volunteer programmes in South Asia as well as being an excellent fundraising tool. The VIVA process has assisted OD organizational development and other programme managers in the Nepal Red Cross to focus on areas often overlooked when developing programmes, especially the amount of volunteer hours spent by members of management committees on organizing activities.

Resource mobilization is the area where most interest among senior national society leadership has been created as a consequence of the intensive support during the last four years. The Bangladesh Red Crescent has made significant progress and has managed to raise upwards four million Taka (CHF 77,000) over a six-month period. Similar campaigns have been carried out in the Nepal Red Cross and the Pakistan Red Crescent but with less success. Despite the limited success of these latter two campaigns, it is encouraging that there is a stronger commitment from senior leadership in national societies to use the technical assistance from the consultant hired through the regional organizational development programme.

After a period of extensive consultation with national societies and country delegations, most have now committed to introducing capacity building indicators across programmes (horizontal integration) and in programmes (vertical integration).

### **Constraints**

Whilst it has been possible to carry out most of the planned activities a major constraint has been the turnover of staff in national societies. In Afghanistan the position of organizational development manager is vacant. In Pakistan the organizational development manager and the fundraising manger left. In Nepal, the head of the organizational development department was offered a new position in the national society and the fundraising manager went on a short-term mission to East Timor. In Afghanistan, India and Bangladesh, the resignation of the respective secretary generals had significant impacts on the performance of the national societies with a general slow-down in programme implementation. The tsunami relief operation has also resulted in a high number of qualified staff from both national societies and country delegations departing to take up delegates positions.

The security situation in a number of the countries in the region, particularly Afghanistan and Nepal, has also placed constraints on programme implementation.

In principle, the gender study has been well received but some national societies have struggled to find women to include in the gender review committee, which is an indication of the depth of the problem.

The information development project has effectively lain dormant throughout 2005. The previous information manager departed unexpectedly early in the year and a replacement delegate was only confirmed to begin her mission in December following difficulties with finalizing a suitable candidate.

## **Implementation and Management**

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

The uncertainty that threw its shadow over much of SARD's work due the possible relocation of the regional delegation has significantly abated. The three main factors for this improvement have been the decision taken by the Federation Secretariat for SARD to remain in its current location in Delhi for the time being, the slow but continual progress on achieving a legal status agreement, and a long and protracted decision finalized to relocate the SARD office due to legal infractions of the current lease. The end result of these factors has contributed to a marked improvement in staff moral, and an ease in human resource planning.

The regional delegation continues to focus on strengthening support services to attract partner national societies into the regional SARD family to better coordinate work and resources. As such, SARD has developed a 'service package' at a fixed monthly rate which it will provide to any partner national society which wishes to share office

space in the new SARD premises. A Swedish Red Cross health representative, working 50 percent for the Federation and 50 percent bilateral will be joining in January, and negotiations are ongoing with Finnish Red Cross and German Red Cross, both intending to send delegates in 2006.

Working relations with the ICRC continue to be strong. The head of regional delegation liaises regularly with his ICRC counterpart. There are regular meetings between the ICRC cooperation delegate and the SARD programme coordinator focusing particularly on solutions to the difficult human resource issues on Bangladesh.

SARD played a role in facilitating the 15th Secretary General's meeting held in Dhaka, September 26-28. The meeting took place with attendance by all Secretary Generals, while SARD was represented by the head of regional delegation and representatives from the organizational development and health programme. SARD also attended the Nepal Red Cross partnership meeting held in October which discussed the 'Federation of the future'.

### **Effective Representation and Advocacy**

Progress on the legal status agreement has continued with the persistent work of the advisor to the head of regional delegation. Weekly contact is maintained with the appropriate ministries and there is every hope that the legal status agreement will be secured during 2006.

### **International Disaster Response**

The emphasis on developing the regional disaster response teams (RDRT) over the last three years continues to pay off. This was evident in the strong and well coordinated response by SARD in activating the largest deployment in the history of RDRT in response to the Pakistan/India earthquake. Forty two staff involving nine national societies had been deployed by the end of October in the areas of health, relief and logistics. By the end of 2005, over 60 RDRT staff will have been deployed. A real time review of RDRT operations is planned before the end of 2005, as well as a debriefing/assessment with some of the RDRT members in 2006.

### **Governance support**

The SARD organizational delegate has facilitated the work of Danish Red Cross in providing legal advice for the formation of the new national society in the Maldives.

The head of regional delegation spent three weeks in Pakistan immediately after the earthquake spending significant time advising and assisting the Pakistan Red Crescent chairman in dealing with the sudden influx of large numbers of delegates, RDRT members and the FACT.

### **Delegation Management**

As outlined above, the uncertainty over the location of the SARD office due to the ongoing legal status agreement difficulties led to a slowdown of implementation in the early part of the year. However, once the decision was made to remain in Delhi for the foreseeable future, the pace picked up.

Despite the constraints of a continual decrease in core funding to the regional delegation, compounded by increasing demands on SARD, the delegation has managed its budget. However, given the planned expanded role for the regional delegation and as the Secretariat transfers more authority to the field, increased core funding is likely to be necessary.

In view of SARD's new expanded role, it has been agreed with management in Geneva that SARD will be seeking three new senior positions in 2006: deputy head of delegation, regional human resources delegate, and a regional emergency operations delegate.

There was a changeover of regional programme coordinators. Administration and visa problems led to a five-week gap between missions with the new programme coordinator arriving in mid September after spending two days in Bangkok being briefed by her predecessor.

**[Contributions list and revised appeal budget below; click here to return to the title page and contact information.](#)**

# BUDGET 2005

## PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA051

Name: SOUTH ASIA

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Recovery	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter	0	0	0	0	0	0	0
Construction	0	0	0	0	0	0	0
Clothing & Textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & Plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & First Aid	0	0	0	0	0	0	0
Teaching Materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other Supplies & Services	0	0	0	0	0	0	0
<b>SUPPLIES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & Telecom	3,000	5,848	0	17,000	0	0	25,848
Medical equipment	0	0	0	0	0	0	0
Other Equipment	0	0	0	0	0	0	0
<b>LAND, VEHICLES &amp; EQUIPMEN</b>	<b>3,000</b>	<b>5,848</b>	<b>0</b>	<b>17,000</b>	<b>0</b>	<b>0</b>	<b>25,848</b>
Storage	0	0	0	0	0	0	0
Distribution & Monitoring	0	0	0	0	0	0	0
Transport & Vehicles cost	13,684	4,080	0	1,800	6,000	0	25,564
<b>TRANSPORT &amp; STORAGE</b>	<b>13,684</b>	<b>4,080</b>	<b>0</b>	<b>1,800</b>	<b>6,000</b>	<b>0</b>	<b>25,564</b>
International Staff	168,000	48,000	0	142,800	91,918	0	450,718
Regionally Deployed Staff	30,000	19,521	0	28,200	0	0	77,721
National staff	69,306	52,320	29,750	39,095	11,032	0	201,503
National Society Staff	0	0	0	0	0	0	0
Consultants	83,495	11,614	0	65,900	0	0	161,009
<b>PERSONNEL</b>	<b>350,801</b>	<b>131,455</b>	<b>29,750</b>	<b>275,995</b>	<b>102,950</b>	<b>0</b>	<b>890,951</b>
Workshops & Training	259,350	149,604	4,000	38,000	22,500	0	473,454
<b>WORKSHOPS &amp; TRAINING</b>	<b>259,350</b>	<b>149,604</b>	<b>4,000</b>	<b>38,000</b>	<b>22,500</b>	<b>0</b>	<b>473,454</b>
Travel & related expenses	89,100	53,026	3,400	36,800	67,800	0	250,126
Information & Public Rela	35,500	18,330	1,000	9,660	0	0	64,490
Office Running Costs	43,502	11,450	6,700	15,026	0	0	76,678
Communication Costs	9,320	5,376	1,300	8,064	4,332	0	28,392
Professional Fees	0	2,500	0	0	0	0	2,500
Other General Expenses	22,920	8,160	100	1,648	300	0	33,128
<b>GENERAL EXPENDITURE</b>	<b>200,342</b>	<b>98,842</b>	<b>12,500</b>	<b>71,198</b>	<b>72,432</b>	<b>0</b>	<b>455,314</b>
Asset Depreciation	0	0	0	0	0	0	0
<b>DEPRECIATION</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Contributions & Transfers	0	0	0	0	0	0	0
<b>CONTRIBUTIONS &amp; TRANSFERS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Programme Support	57,504	27,100	3,215	28,085	14,174	0	130,078
<b>PROGRAMME SUPPORT</b>	<b>57,504</b>	<b>27,100</b>	<b>3,215</b>	<b>28,085</b>	<b>14,174</b>	<b>0</b>	<b>130,078</b>
<b>TOTAL BUDGET:</b>	<b>884,681</b>	<b>416,929</b>	<b>49,465</b>	<b>432,078</b>	<b>218,056</b>	<b>0</b>	<b>2,001,209</b>

# South Asia Regional

ANNEX 1

APPEAL No. 05AA051

## PLEDGES RECEIVED

20/12/2005

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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### CASH

REQUESTED IN APPEAL CHF ----->				3,131,012	TOTAL COVERAGE 92.9%	
OPENING BALANCE				242,839		
BRITISH - GOVT/DIFD GRANT				361,500	01.01.05	ORGANISATIONAL DEVELOPMENT, HEALTH, DISASTER PREPAREDNESS
BRITISH - RC				53,000	03.10.05	DM COORDINATOR
BRITISH - DIFD				484,492	01.05.05	DISASTER REDUCTION PHASE II
FINNISH - GOVT/RC		22,000	EUR	33,968	30.05.05	DELEGATE, WOMEN'S INVOLVEMENT IN RC ACTIVITIES
GERMAN - RC		100,000	EUR	153,950	07.12.04	DELEGATION RELOCATION
JAPANESE - RC		78,268	USD	101,278	17.10.05	HEALTH & CARE
SWEDISH - RC		500,000	SEK	85,500	29.03.05	HUMANITARIAN VALUES, DISASTER MANAGEMENT, HEALTH & ORGANISATIONAL DEVELOPMENT
SWEDISH - RC		400,000	SEK	68,400	29.03.05	HIV/AIDS
SWEDISH - GOVT		1,400,000	SEK	239,400	29.03.05	HUMANITARIAN VALUES, DISASTER MANAGEMENT, HEALTH, ORGANISATIONAL DEVELOPMENT
SWEDISH - GOVT		2,750,000	SEK	983,250	29.03.05	HIV/AIDS
SUB/TOTAL RECEIVED IN CASH				2,807,577	CHF	89.7%

### KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
DENMARK	DELEGATE(S)			73,000		
ICELAND	DELEGATE(S)			5,400		
SWEDEN	DELEGATE(S)			21,200		
SUB/TOTAL RECEIVED IN KIND/SERVICES				99,600	CHF	3.2%

### ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	