

Plan 2009-2010



South Asia

Executive summary

South Asia remains one of the most disadvantaged regions in the world and is vulnerable to health and disaster-related risks due to poor socio-economic conditions. The region has some of the highest levels of poverty, being home to about half of the world's poor¹. Although the region has seen some economic and social progress over the last decade, human development indices like life expectancy, children's education, adult literacy and per capita gross domestic product, of most South Asian countries remain below the rates of medium human development countries in the Human Development Index². In addition, the region is prone to natural hazards and many countries in the region are hit by internal conflicts, political instability and terrorism.



Vocational training in Sri Lanka, supported by the Red Cross Red Crescent Movement.

It is in this context that the Red Cross Red Crescent national societies in the region, as auxiliaries to the governments in their respective countries, provide needs-based services to the most vulnerable communities, in close collaboration with their governments, other Red Cross Red Crescent Movement partners and external partners such as UN agencies, international NGOs and civil society. At present, there are six national societies in South Asia (in Afghanistan, Pakistan, Nepal, India, Bangladesh and Sri Lanka) and a seventh one is in the process of being established in the Maldives. Each of these national societies is supported by a Federation country office.

The overall goal of this regional plan is to coordinate and support International Federation efforts at country and regional level to assist South Asian national societies to scale up their work to improve the lives of vulnerable people. To achieve this goal, four regional programmes will be carried out during the 2009-2010 period - disaster management (DM), health and care, organisational development (OD)/ capacity building (CB) and principles and values (P&V), each with a purpose aligned with the four Global Agenda goals. Several components of the regional plan are based on the International Federation's Framework for Action.

The South Asia regional office has existed since 1997, and its role will continue to evolve as a part of the new secretariat zonal structure and operating model. This model has been designed in order to create a more unified approach to Federation support to national societies across the whole of Asia Pacific. In line with the zonal strategy, South Asia regional office work in 2009-2010 will take the following directions:

- Strategic guidance and management of the Federation country level offices;
- Provision of technical support to programmes as required, in particular those with no in-country technical delegates;
- Ensure regional coordination, networking and knowledge sharing;
- Ensure that global initiatives are disseminated, understood and prioritized within the region, and that the

¹ World Bank:

<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/0,,pagePK:158889~piPK:146815~theSitePK:23547,00.html>

² UNDP: <http://hdr.undp.org/en/statistics/>

required support is given to roll out such initiatives.

The regional initiative of Integrated Programming Approach (IPA) linking disaster management, health, organizational development and principles and values was endorsed by the Secretary General's forum. At this meeting a new commitment was generated among the South Asia national societies towards the IPA for building safer communities.

The South Asia regional office also plays an important role in the mobilisation of international assistance for the Federation's programmes in the region.

The total programme budget for 2009 is CHF 3,763,197 (USD 3.44 million or EUR 2.4 million) and CHF 3,346,352 (USD 3.06 million or EUR 2.13 million) for 2010. [Click here for the budget summary.](#)

Regional context

The countries in South Asia are generally poor performers in human development indicators. The region suffers from some of the highest levels of poverty in the world and of the 1.5 billion people living in the region,³ approximately 400 million live below the average poverty line⁴. About 15 percent of the region's population does not survive beyond the age of 40⁵. While adult illiteracy rates are approximately 40 percent, only 56 percent of children complete primary education⁶ and 15.8 percent aged 5-14 work full time⁷. The region also suffers from poor health indicators. Approximately 155,000 women die from childbirth-related complications⁸ in a year. About 15 percent of the population does not have access to safe water and only 37 percent have adequate sanitary facilities. According to WHO and UNICEF, India has 665 million persons defecating in the open, the highest number in the world. The under-five mortality rate is 82 deaths for 1,000 live births and the infant mortality rate is 62 per 1,000 live births².

The poor socio-economic conditions contribute towards making the population in South Asia more vulnerable to the risks of natural and man-made disasters and public health emergencies, particularly as the region is one of the most disaster-prone in the world, in terms of both seismic and hydro-meteorological hazards⁹. During the last century, more than 100 million people were killed by natural disasters alone¹⁰. Over the past decade, the disasters in the region have included: the Orissa super-cyclone (India, 2005); earthquakes in Gujarat (India, 2001), Nahrine (Afghanistan, 2002) and Pakistan in 2005; the Indian Ocean tsunami in 2004; the floods across the region in 2004 and 2007; and Cyclone Sidr in Bangladesh in 2007. These caused massive destruction and loss of lives and livelihoods in the affected countries and affected thousands of people in neighbouring countries in some cases. The frequency and magnitude of natural disasters in the region is increasing as a result of rapid and uncontrolled urbanisation, deforestation and the effects of climate change. There is, therefore, an urgent need to: reduce underlying risk factors; integrate and adapt disaster risk reduction strategies with the new risks brought by climate change; and mainstream disaster risk reduction into long-term development work, in line with the Hyogo Framework for Action.

Public health concerns in the region are aggravated by frequent natural disasters. Despite decades of public health promotion as well as disease prevention and control measures, tuberculosis, malaria, dengue and other vector-borne diseases, cholera and other communicable diseases continue to be of high concern. The people in the region are also increasingly threatened by newer and emerging infectious diseases, such as HIV and avian and human influenza (AHI). An estimated 2,675,500 adults over 15 years of age are infected with HIV in South Asia¹¹ and the epidemic has the potential to advance at an alarming rate in the region. India and Nepal are on the verge of 'generalized' HIV epidemics, and HIV-related stigma and discrimination is high throughout the region.

³ World Bank:

<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/0,,pagePK:158889~piPK:146815~theSitePK:223547,00.html>

⁴ World Bank: http://siteresources.worldbank.org/SOUTHASIAEXT/Resources/South_Asia_growth_June_2006.pdf

⁵ South Asia Alliance for Poverty Eradication:

http://www.saape.org.np/resources/publications/poverty_report03/pov_report03.htm

⁶ UN : <http://www.unsystem.org/scn/archives/npp16/ch05.htm>

⁷ World Bank:

<http://lnweb18.worldbank.org/sar/sa.nsf/2991b676f98842f0852567d7005d2cba/6114c3934c4776238525696000487390?OpenDocument>

⁸ UNICEF: www.unicef.org/specialsession/about/sqreport-pdf/09_MaternalMortality_D7341Insert_English.pdf

⁹ The wide range of meteorological, hydrological and climate phenomena that can pose a threat to life, property and the environment, mostly the frequently occurring and extensively and routinely observed hazards

¹⁰ Centre for Research on the Epidemiology of Disasters:

<http://www.emdat.be/Documents/Publications/Annual%20Disaster%20Statistical%20Review%202007.pdf>

¹¹ UNESCAP: Statistical yearbook for Asia and the Pacific 2007

Furthermore, South Asia is also faced with wide socio-political tensions and armed insurgencies. Inter- and intra-state armed conflicts, social turmoil and widespread violence fuel population movements across the region, resulting in large numbers of refugees (many of whom are hosted by other countries in the region) and internally-displaced people. In this context, the Red Cross Red Crescent Movement's Fundamental Principles, along with the proper use of its emblem and the basics of International Humanitarian Law become very important. There is a need to develop tolerance through respect for diversity and to carry out special efforts to reduce discrimination. Reducing discrimination in the communities across South Asia is a major challenge as the region's diversity is often overshadowed by discriminatory practices based predominantly on gender, caste and religion.

In this scenario, the national societies in the region seek to provide sustainable humanitarian assistance to vulnerable populations through their respective headquarters and extensive networks of branches and volunteers. However, they continue to face a number of challenges to further modernize their organizational structures and systems for better service delivery. Revision of statutes, human resource development and in-country fundraising are issues in need of attention to ensure their strengthened independence and integrity, and the ability to scale-up programme delivery. Similarly, continuous skills development is needed in the areas of planning, monitoring & evaluation, reporting, finance and communications, to ensure that programmes achieve sustainable results and the high level of performance and accountability demanded by the international community. The capacity of national societies to incorporate the Movement's Fundamental Principles and values in their programming also needs further development.

Regional priorities and current work with partners

The national societies of South Asia are committed to assisting vulnerable populations both in normal situations and in emergencies. Their work is firmly placed in the context of their auxiliary role to the government, and consequently they work closely with the ministries of health and education, and government departments like national disaster management authorities and national AIDS control organisations in their countries, as well as in partnership with other organisations.

The secretary generals of the national societies have been meeting on a regular basis for the last 10 years in the secretary general forum, which is a forum for exchange of information and finding common ground to develop a regional voice representing 1.5 billion people. It is also an important forum for programme staff to present regional initiatives and programmes to the secretary generals and obtain their support and approval.

As a follow up to the 2006 Singapore Conference, the region will conduct a workshop in 2009 in order to take stock of the progress of the Singapore Declaration in the region.

The priorities of the national societies are based on their strategic plans and are aligned with the International Federation's Global Agenda Goals. While national society strategic plans exist in Afghanistan, Pakistan, Nepal, Bangladesh and Sri Lanka, the Indian Red Cross Society's development plan ended in 2007 and the next plan (for 2008-11) is in the process of being developed. In the Maldives, a strategic plan will be developed after the formation of the new national society. The current priorities, needs and capacities of the national societies in the region provide the basis for the design of the South Asia regional office's programmes.

In South Asia, only Nepal currently has a cooperation agreement strategy (CAS). Bangladesh and Pakistan will develop their CAS during the 2009-10 period. Pakistan is in the last phase of the earthquake and floods emergency operations, and 2009-10 will be a period of transition, moving towards working with a few long-term partners. In Afghanistan, a Movement-harmonised planning approach has been piloted. This has led to a transparent and optimised mechanism for resourcing funds as well as technical support for the Afghan Red Crescent Society. Further development of a harmonised approach among Movement partners will take place from 2009-10. Coordination with partner national societies continues in Sri Lanka and Maldives during the last phase of



A regional vulnerability capacity assessment training (under the "Building Safer Communities" initiative) in progress in Dhaka, Bangladesh, in March 2008.

the tsunami operation.

Programme staff from the national societies in the region meets twice a year in a technical forum, the disaster management working group (DMWG). In this group the following priorities for the region were identified. Firstly, disaster risk reduction (DRR) at community level which in the region has been regrouped under the regional initiative *Building Safer Communities*, which includes climate change adaptation and vulnerability capacity assessment learning by doing and the development of the DRR framework. Secondly, strengthening disaster response and preparedness for response which includes the national disaster preparedness response mechanisms (NDPRM), national disaster response teams (NDRTs), regional disaster response teams (RDRT), disaster response and contingency planning and strengthening the technical support for among others logistics and shelter.

Additionally, there has been increased awareness of the need to advocate for the strengthening of legal frameworks for international disaster response, as endorsed by national societies' leaders in the Singapore Declaration of the 7th Asia Pacific regional conference and the resolution on IDRL at the 30th International Conference. Thirdly, recovery which has proven to be a very crucial area with four recovery programmes in the region. The recovery area includes promotion of recovery concepts, involvement of beneficiaries and post disaster review. All these priorities have been confirmed by the findings of the survey on Well Prepared National Societies (WPNS). A more in-depth picture of the DM priorities of all national societies in the region will be available once the South Asia DM review¹² is completed by early 2009. Based on the outcome from the DM review, a comprehensive DM/DRR framework will be developed.

The main health and care priorities of South Asian national societies are the implementation and expansion of their HIV programmes in line with the Global Alliance on HIV; promotion of blood safety and 'club 25'¹³ initiatives; scaling-up of community-based health and first aid activities; primary health care including vaccine preventable diseases, emergency health activities and avian influenza. In addition, development and capacity building for programming, monitoring & evaluation and reporting; and partnership development are also priorities. To ensure that the regional support in health and care is responsive to the needs of national societies and is in line with the Global Agenda goals and priorities, the regional health and care programme is built around a four-year regional health strategy (2005-09) aligned with the Federation's global health and care strategy. To coordinate, sharing knowledge, experiences and best practices and discuss challenges and new global health initiatives, annual regional health working groups are held where the senior health managers from national societies participate. A similar regional meeting is held for the HIV programme managers.

The OD priorities in the region centre on the core OD areas such as legal base revision, branch development, volunteer management including focus on volunteers in emergencies, human resource management and resource mobilisation/fundraising. All South Asian national societies are committed to achieving the characteristics of "well-functioning national societies" and there has been some progress made by them during the past few years. Strategic planning has also been well established in most national societies, complemented by strengthened leadership, improvement in volunteer management and recruitment of more volunteers and members, increased understanding of the importance of good operational planning, monitoring & evaluation and reporting (PMER), modernisation of financial management systems, and development of communication networking systems.

Similarly, all the national societies in the region have a strong commitment to disseminate the Movement's Fundamental Principles and values and enhance knowledge and awareness on these both within and outside the national societies. The main approach taken is to integrate humanitarian values in all programmes, making dissemination of humanitarian values and fighting stigma and discrimination an integral and prioritised part of all service delivery.

The major Movement partners working bilaterally and/or multilaterally in South Asia include the American Red Cross, Australian Red Cross, Austrian Red Cross, Belgian Red Cross, British Red Cross, Canadian Red Cross, Chinese Red Cross including the Hong Kong branch, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Hellenic Red Cross, Italian Red Cross, Iranian Red Crescent, Japanese Red Cross, Kuwait Red Crescent, Netherlands Red Cross, Norwegian Red Cross, Qatar Red Crescent, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, UAE Red Crescent, and the International Committee of the Red Cross (ICRC). Movement partners are carrying out large scale recovery programmes following emergencies in four countries in

¹² The DM review was developed through a consultative process with the countries at the regional DMWG meeting in India in May 2008 and was endorsed by the national societies' Secretaries Generals in Nepal in June 2008.

¹³ Club 25 aims to have voluntary and non-remunerated young people around the world donate blood 25 times before they turn 25 years of age.

the region, viz. Bangladesh (Cyclone Sidr operation), Maldives and Sri Lanka (Tsunami operation) and Pakistan (Earthquake operation). A number of Movement partners are a part of the operational alliance initiative around the community development programme in Nepal¹⁴. In addition, the Global Alliance on HIV for South Asia will be launched in the fall of 2008, and has further strengthened partnerships as the framework highlights the role of partner national societies in providing resources, capacities and specific inputs to support products and services of the Global Alliance in line with the principles of 'seven ones'¹⁵. So far, the South Asian national societies that are participating in the Global Alliance on HIV are the Nepal Red Cross, Indian Red Cross, Bangladesh Red Crescent and Sri Lanka Red Cross.

Besides Movement partners, the British government Department for International Development (DFID) and the European Commission's Humanitarian Aid Office (ECHO/DIPECHO) are also key partners working with the International Federation on DM issues across the region; the World Bank is the partner for the Global Facility on DRR for 2009-2010; and the Australian government and the Organisation of the Petroleum Exporting Countries (OPEC) are supporting health programmes in the region. Partnerships formed in health and care programming at the global level, for instance with UN agencies and the global network of positive people, have led to formal and informal partnerships at the regional and country level, which are being further strengthened. The World Health Organisation (WHO) is a partner of the regional health programme in the areas of HIV and emergency preparedness and response.

The table below reflects all key partners supporting the regional programmes:

No.	Partners supporting regional programmes	Programme components
1	Swedish Red Cross	Disaster preparedness (building safer communities), community based health and first aid, HIV/AIDS, PMER, finance development, communications development
2	Danish Red Cross	OD/CB, PMER, finance development, Federation coordination
3	Japanese Red Cross	Disaster response (contingency planning), community based health and first aid, OD/CB, PMER, communications development, Federation coordination
4	British Red Cross	Disaster response and emergency health (RDRT) and DRR
5	American Red Cross	Disaster response (NDPRM)
6	Finnish Red Cross	Community based health and first aid
7	European Commission/ ECHO	Disaster preparedness (building safer communities/ DIPECHO)
8	DFID	Disaster preparedness (building safer communities)/DRR

Secretariat-supported programmes in 2009-2010

Logical frameworks are available on FedNet¹⁶, or [upon request](#).

Disaster Management

a) The purpose and components of the programme

Programme purpose
Strengthen the capacity of national societies to implement mitigation, preparedness, response and recovery programmes.

The disaster management programme budget for 2009 is CHF 1,475,882 and CHF 1,236,578 for 2010.

The regional DM programme will focus on meeting the urgent challenges raised by increased vulnerability to disasters at local, national and regional levels, by scaling-up DM/DRR and building on the achievements of the past years. The DM 2009-10 plan is a continuation of the DM plans since 2006, ensuring consistency, consolidation and quality of interventions. The programme is guided by the International Federation's Global Agenda Goal 1 (reduce the number of deaths, injuries and impact from disasters) and is committed to championing new DRR approaches in support of the priorities outlined in the Hyogo Framework for Action and the Millennium Development Goals. Increased focus will be given to adaptation to climate change. This will include developing a comprehensive regional DM/DRR Framework and conducting an in-depth DM review and analysis.

¹⁴ Belgium (FL), Danish, Finnish, Norwegian, Swedish and Austrian Red Cross

¹⁵ The Global Alliance on HIV is described as an enabling framework, and all members must follow a standard approach under seven basic principles

¹⁶ FedNet is an intranet and available to Movement members only

Programme component 1: Building safer communities

Outcome: National society capacity to support community preparedness and mitigation is strengthened

This component falls under the “Building Safer Communities” umbrella which incorporates the lessons learnt from the DRR phase I and II DFID-funded programme. It aims to improve the quality of national society community-based preparedness and mitigation programming by focusing on updating DRR methodologies, materials and tools, including issues of recovery and climate change which also include community health. The focus will be on strengthening the resilience of individuals and communities to reduce their vulnerabilities. The initial step in the integrated programming approach will be to conduct a VCA within the community and incorporate the “Better Programming Initiative” (BPI)¹⁷ where relevant. This will help to ensure community ownership, internal and external participation and coordination and networking among the different stakeholders. In addition to this, the aim will be to strengthen the national societies DRR advocacy role towards their local and national DRR platforms. It will also include increasing the national societies’ awareness of the priorities highlighted in the Hyogo Framework for Action and supporting the appropriate inclusion of the Framework priorities in the national societies’ country plans. Adaptation to climate change in the region is one of the key challenges that need to be addressed in the DRR approach. To that effect the climate change centre will be used as a resource.

DFID, ECHO/DIPECHO, Swedish Red Cross, World Bank/Global facility on DRR are supporting the Building Safer Communities initiative. The development of the Global alliance on DRR will be followed closely and the regional programme will be aligned with it.

Programme component 2: Disaster response and preparedness for response

Outcome: Regional capacity and systems are improved to respond effectively and efficiently in times of disasters

Building on the past years initiatives, this component aims to consolidate and further strengthen disaster response and preparedness for response at regional and national levels. This entails strengthening the regional disaster response system, including regional disaster response teams (RDRT), as well as national disaster preparedness and response mechanisms (NDPRM) including the national disaster response teams (NDRT). The global guidelines on disaster response and contingency planning have been disseminated across the region and contingency plans will be finalised and implemented. Furthermore, a revised regional response and contingency plan will be developed based on the national plans. All the contingency plans will encourage implementation of aspects of IDRL (international disaster response laws, rules and principles), with the support of the zone IDRL unit. Technical support will be provided in specific DM areas such as logistics, relief and shelter, in coordination with the zone DM/DMU and logistics units.

Programme component 3: Recovery

Outcome: National societies will have a better understanding of the recovery concept and activities, and have the capacity to adapt the recovery guidelines and policies within their context

As South Asia is exceptionally prone to large-scale and devastating disasters, recovery is included by most countries in their programming and the countries have informed South Asia regional office that the current guidelines are insufficient. Based on the current activities and needs, it is proposed to include recovery as a separate programme component under the regional DM programme. The programme will enhance the capacities of national societies to adapt and implement quality recovery programmes through the development of guidelines to help them better understand the concept of recovery, as well as inclusion of the following aspects in their programming:

- Promoting recovery policies/guidelines.
- Promoting community participation in the recovery process.
- Beneficiary communications.
- Conducting post-disaster reviews, which will also cover the link between relief, recovery and DRR.

Once it is finalized, this component will be aligned with the regional DM/DRR Framework.

Programme component 4: Coordination and cross cutting issues

Outcome: South Asia DM programme is made more effective through coordination, collaboration and innovative cross-cutting initiatives

¹⁷ An International Federation impact assessment tool used to analyze existing programmes implemented in areas with underlying problems of violence.

To ensure more effective coordination and knowledge sharing the regional DMWG will be one of the main forums. Coordination and knowledge sharing will also continue between South Asia regional office and UN agencies, governments and international NGOs. As mentioned under component 2, national societies will, through the national disaster preparedness and response mechanism, be encouraged to promote and advocate the incorporation of the IDRL guidelines, as well as key aspects of DM/DRR, in legislative and policy frameworks. Trainings, awareness raising exercises and publications by the zone IDRL unit will also improve the understanding of humanitarian principles, quality and accountability standards, such as the Code of Conduct of the International Red Cross and Red Crescent Movement and Non-Governmental Organizations in Disaster Relief and the Sphere Project Humanitarian Charter and Minimum Standards in Disaster Response.

From 2009-2010, relevant civil and government authorities in Bhutan will also be involved in the regional DM and DRR activities. This inclusion is based on a UN review conducted by UNDAC¹⁸ in Bhutan in April 2008. This three week review, in which South Asia regional office participated, assessed the country's disaster preparedness.

b) Profile of target beneficiaries

The direct beneficiaries of the DM programme are principally DM staff members and volunteers in the national societies and country offices in the region. An estimated 3,000 staff and volunteers from six national societies, partner national societies and International Federation staff in South Asia will improve their operational and implementation capacity, while approximately 300 people will benefit from lessons learned and best practices workshops.

c) Potential risks and challenges

Taking into account the increasing frequency and scale of disasters in the region, if a particularly large “mega-disaster” or an unusually large number of “normal” disasters hit, the scope of the DM programme to continue as normal would be challenged. To reduce this potential risk the aim will be to increase the use and coordination of the zonal DM capacity and network. Also, national societies and country offices will be encouraged to provide assistance from the existing DM resources available in the region, for instance the possibility of staff-on-loan from one national society to another during disaster times. Additionally, there is the challenge to include DRR into the response and recovery activities in case of disaster. This will be addressed in the coming years through the global and regional DRR framework.

Such mutual support between national societies will also help in addressing another potential risk related to the high turnover of DM staff in national societies and country offices, which hampers the steady and sustainable progress in improving the level of service delivery of country programmes. Lack of long-term funding may make it difficult to ensure longer term sustainability of interventions. To overcome this, the DM programme will seek and promote long-term, stable and diversified funding.

The security situation in the region related to political and social issues frequently causes serious problems in terms of access to the population and ability to work closely with some branches, as well as difficulties in monitoring of programmes causing delays and problems in quality programme implementation.

Health and Care

a) The purpose and components of the programme

Programme purpose
Enhance the capacity of national societies to reduce the number of deaths, illnesses and impact from disease and public health emergencies.

The health and care programme budget is CHF 796,984 for 2009 and CHF 824,791 for 2010.

The regional health and care programme, in line with the regional health strategy (2005-9), focuses on assisting national societies in their endeavour to reduce vulnerability due to poor health by enhancing their capacity to respond to HIV and other public health issues in emergencies and in normal situations, through partnership, advocacy and resource development initiatives.

The programme supports national societies in enhancing their capacity in knowledge management and strategic development for health programming, through the dissemination of relevant materials, technical support and facilitation of workshops. National societies will be supported to have improved human and financial resource mobilisation for health programmes. The programme will develop a pool of health and care resources in South Asia that can be accessed by all societies in the region. Internal and external networking and collaboration will be

¹⁸ UN Disaster Assessment and Coordination

enhanced, through increased joint programming and activities. Effective linkages will be developed within the health programme and with other programmes, viz. DM, OD and Principles and Values (P&V), in the national societies and country offices, through information sharing, meetings and workshops. The promotion and advocacy of Red Cross values in relation to HIV-related discrimination and gender equity will be supported through providing training modules and technical advice, thereby integrating P&V into the health programmes.

In this way the programme will contribute towards Global Agenda Goal 2 (reduce the number of deaths, illnesses and impact from disease and public health emergencies).

Programme component 1: HIV and AIDS

Outcome: Vulnerability to HIV and its impact reduced through preventing further infection, expanding care, treatment, and support, and reducing stigma and discrimination

The five-year regional HIV programme funded by Swedish Red Cross will continue until the end of 2009. In spring 2008 a mid-term evaluation was carried out of the regional HIV programme and a follow up plan developed based on the recommendations which are being addressed. At end of the regional programme a final evaluation will be carried out followed by a participatory process to develop the next five-year regional HIV programme. The regional programme covers the following countries: Afghanistan, Pakistan, India, Nepal, Bangladesh and Sri Lanka. The latter four have signed up with the Global Alliance concept. In keeping with the Global Alliance on HIV, the component will scale-up to double its reach by 2010. It will focus on strengthening national societies' capacities to deliver scaled-up HIV interventions, by providing guidelines as well as training and technical assistance on preventing further infection, expanding care, treatment, and support, reducing stigma and discrimination and monitoring & evaluation. The specific programme activities are peer education, awareness campaigns, develop to services and care and livelihood support. A fourth enabling output will be to strengthen national and regional capacities to deliver and sustain these scaled-up initiatives.

South Asia regional office's role is to develop capacity in the national societies to implement the specific programme activities, enhance partnership development for exchange of best practices and advocacy, be the coordinating body in the region and follow up on Global alliance on HIV implementation. South Asia regional office will continue to support the national societies in their HIV awareness campaigns during World AIDS day. Regular updates on the latest development and statistics in the field of HIV is being shared with the national societies and annual meeting of HIV coordinators of the national society are held to sharing of knowledge and coordinate. South Asia regional office will also continue to develop and maintain the strategic partnerships with networks of PLHIV¹⁹ and other relevant organisations.

Programme component 2: Voluntary Non Remunerated Blood Donation

Outcome: Combat HIV/AIDS, malaria & other diseases through voluntary non remunerated blood donation

This component forms part of the regional HIV programme and will also fall under the Global Alliance on HIV mentioned above. In line with Strategy 2010, the regional health programme will continue to support national societies to scale-up this component, based on the expansion of the component seen during the past few years. The safe blood component will be strengthened and voluntary non-remunerated blood donation (VNRBD) will be promoted through awareness campaigns and the 'Club 25'²⁰ initiative. Additionally, under the partnership with WHO SEARO²¹ a resource pool of master trainers on recruitment of voluntary non-remunerated blood donors is being established in the region. The programme will continue to advocate for VNRBD during world blood donor day with the national societies. Furthermore, South Asia regional office will continue to support the national societies in the development of partnerships with Ministry of Health in the field. The achievement by 2015 of the following health-related Millennium Development Goals (MDGs) will be facilitated by efforts to attain universal access to safe blood - Reduce child mortality (MDG 4), improve maternal health (MDG 5) and Combat HIV/AIDS, malaria & other diseases (MDG 6).

Programme component 3: Community-Based Health and First Aid

Outcome: Increased healthy communities which are able to cope with health and disaster challenges achieved through community based integrated health and first aid activities

By the end of 2008 the Community-Based Health and First Aid (CBFA) training modules will have been revised. The following years will focus on rolling out this new training package through developing a regional pool of master trainers. A few pilot projects will be implemented and lessons learnt will feed in to expand the programme

¹⁹ PLHIV: People living with HIV

²⁰ Club 25 aims to have voluntary and non-remunerated young people around the world donate blood 25 times before they turn 25 years of age.

²¹ South East Asia Regional Office

across the region. The regional health meeting will be used as a platform for this exchange. The community based integrated approach in first aid and health involves engaging communities and their volunteers to use simple tools adapted to their local context in order to promote behavioural change in health, first aid and safety practices. This is done through community and household actions. The community based health interventions will expand to include climate change, avian influenza and pandemic preparedness activities, vaccine preventable diseases, prevention of vector-borne and non-communicable diseases, water and sanitation (watsan) and public health in emergency trainings. The component will be linked to the community based disaster risk reduction interventions, focusing on Building Safer Communities, under the DM programme.

Programme component 4: Emergency Health

Outcome: Access to curative and preventive health services improved in the target area

The regional health and DM programmes will continue to work closely together on emergency health. This component will focus on supporting national societies to have an increased capacity to respond to public health emergencies through the regional and national disaster response mechanisms, by building capacity at regional, national and community levels. This will be done through regional and national workshops and joint deployments during emergencies. A public health approach will be applied when responding to health aspects of crises and epidemics. This will involve addressing the immediate needs of the most affected and vulnerable people by filling a temporary gap or overload in the health care system caused by the disaster. This will also be achieved through facilitating the provision of standardised basic health care, district level hospital services, and water and sanitation through specialized emergency response units, along with disease prevention and epidemic control through health education and promotion carried out by trained volunteers and community outreach teams. This component falls under the regional work plan developed with WHO South East Asia regional office which also includes HIV and VNRBD.

Programme component 5: Water and Sanitation

Outcome: Access to safe water and sanitation services improved in the target area

The aim of this component is to build national societies' capacities for hygiene promotion and for the provision of assistance to vulnerable communities to access safe water and sanitation during disasters and normal times. This will involve an increased capacity at country, regional and zonal levels in disaster preparedness and response, water and sanitation and hygiene promotion (including vector control), especially for the provision of pre-positioned 'water and sanitation disaster response kits' and imparting training on their use and deployment at the field level. A consultant will for two month provide technical support to the regional health and care department to develop a regional water and sanitation proposal to strengthen the water and sanitation programmes in the countries.

b) Profile of target beneficiaries

The regional health and care programme works with the national societies and country offices, and through them the beneficiaries in areas where the national societies' health programmes are implemented. In other words, the direct beneficiaries of the regional health programme are the national societies' health staff at headquarters and branches, and volunteers engaged in health programmes. It is estimated that 1,800 people will benefit directly from the programme - 50 staff (headquarters and branches inclusive) and 250 volunteers in each national society.

c) Potential risks and challenges

Stability of national societies' human resources and security of funds are two major risks of long-term health programming, both at regional and country levels. The regional health programme will continue to be vigilant of national societies' staff turnover pattern and reasons for potential lack of funding for some of the components of the health programme of strategic importance. It will continue to promote funding for sustained long-term programming in health. In order to work towards reducing the funding gaps, especially in the emergency health programme component, efforts will be made towards programme integration and resource sharing, undertaking activity based fundraising and diversifying the funding sources.

Organisational Development/Capacity Building

a) The purpose and components of the programme

Programme purpose

Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability

The organizational development/capacity building programme budget for 2009 is CHF 978,929 and CHF 978,929 for 2010.

The programme addresses a range of OD and CB needs and will provide support to the six established national

societies and the national society under formation in the Maldives through four related components. The four programme components are 1) Strategic OD and CB, 2) Communications Development, 3) Finance development, 4) PMER development. The technical support provided in these areas will be increasingly integrated and a joint strategy will be developed to provide comprehensive OD and CB support and interventions to the national societies. The programme is aligned with Global Agenda Goal 3 (increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability).

Programme component 1: Strategic OD and CB support

Outcome: National societies have developed structures, policies and procedures that enable better programme implementation

Two consultants visited the region to develop strategies, plans and policies in HR management and resource mobilisation²². Work continues to follow up on the outcome of these consultancies. Some national societies are facing structural blocks that hamper further development of the HR reform. However in the coming years, HR reform will remain a focus for the regional OD. To address these structural blocks OD will continue to support and address auxiliary status/legal base issues.

This component works within the framework of the Asia Pacific zonal OD programme and will address national societies' OD challenges, aligned with their strategic plans. The key OD issues across the region, with regard to national societies' developments towards well-functioning national societies, are auxiliary status issues (particularly legal base), human resource development, strengthening membership and volunteer base, branch development, fundraising and gender equity. This component will address national societies' priority issues through the following approaches:

1. Provision of tailor-made OD and CB support.
Key activity areas will include supporting legal base development in national societies' across the region, supporting national societies to develop their fundraising capacity through a regional fundraising support project, assisting in branch development in Pakistan and Bangladesh and supporting the national society formation process in the Maldives.
2. Integration of OD and CB aspects with Health, DM and P&V programmes.
Key activity areas will include advocating for an integrated programming approach through joint forums with DM, Health and P&V programmes, providing guidance on integration of OD and CB aspects in other programmes such as volunteer management including volunteers in emergencies, branch development, human resource development and resource mobilization.
3. Cross-regional information sharing and knowledge management.
This will be done through facilitation of a peer support process among national societies and sharing best practices, tools and lessons learned across all Movement components in Asia-Pacific, as well as advocating for women's participation at all levels of the national societies.

b) Profile of target beneficiaries

The direct beneficiaries of this component are the national society staff and governance members who will receive skills development, peer support, mentoring and guidance on OD aspects of their work.

c) Potential risks and challenges

A potential challenge to the implementation of strategic OD and CB support might come from exceptional disasters that require national societies to divert all their resources to managing the emergency operations. A strong focus on ensuring that OD/CB components are included in all parts and phases of emergency response will ensure that opportunities for OD/CB are not missed.

Changing political situations at country level or internally in national societies can also hamper or delay the implementation of interventions. This will be addressed by providing flexible and tailor-made support to national societies and country offices, based on close consultations with them.

Programme component 2: Communications development

Outcome: Communications and advocacy for the most vulnerable at national society and regional level are more effective

Substantial work has been done to improve the communication planning in the various national societies. Over the last year three national societies have submitted communication plans to their boards (Bangladesh, India and Nepal). South Asia regional office will focus on further assisting national societies and country offices to establish

²² HR consultancies in Afghanistan, Nepal, and Sri Lanka.
Resource mobilisation consultancies in Afghanistan, Bangladesh, Nepal, Pakistan and Sri Lanka.
The two consultancies visited the countries between 2004 and January 2007.

a culture of communications to equip the Red Cross Red Crescent to be the primary reference for information on disasters and other humanitarian issues in the region. This will involve raising awareness and support for communications-related activities to build-up strong internal and external communications networks. Towards this end, South Asia will assist national societies to adapt, improve and implement their newly developed communications plans.

2009 will be a high-profile year for communication activities at the global level for the Red Cross Red Crescent. The biggest year-round event will be a global campaign run by all Movement partners (led by International Federation and ICRC) to celebrate 150 years of Solferino. Though the main celebration would be on World Red Cross Red Crescent Day, activities and promotions will be carried out starting January 2009 across the region. Two other special events are the 90th Anniversary of the International Federation and the fifth anniversary of the tsunami, which marks the culmination of the recovery operation.

Regional initiatives like the 'South Asia Link' (a monthly e-Newsletter), a South Asia site on You tube for posting videos on the work of the national societies and country offices in the region, an annual regional communications training that helps to build a pool of communication resources that will improve communications in the region, and strengthening relationships and information sharing both within the Movement and externally, including with media sources such as Reuters, BBC and CNN, (during disasters and normal times), will continue. Integration of communications with various programmes will also continue.

b) Profile of target beneficiaries

The direct beneficiaries are principally the communications focal points in the national societies and country offices, and programme managers, equipping them with skills and a better understanding of the importance of communications. The improvement of their communications skills and the building of bridges (networking) with programme managers, media, donors and other interlocutors, ultimately benefits the vulnerable people and communities that the national societies/country offices serve in the region. The donors and media too are more appropriately addressed in terms of their communications expectations from the Red Cross Red Crescent.

c) Potential risks and challenges

The most significant challenge for communications is the lack of awareness and importance given to it and the insufficient funds allocated for it, making it difficult to accomplish its objectives and implement the communications plans of national societies. To address this all national DM and health programmes will also be encouraged to have communications as a cross-cutting component in their budgets.

Programme component 3: Finance development

Outcome: National societies' capacity in financial accountability, reporting, management is strengthened.

Though good progress has been made under this component, the establishment of a fully functioning modern financial administration system is a long term, technically demanding and institutionally complex process. This is the key priority that this component will address. All national societies with plans to provide training to their finance management staff will be supported. This national level training will also be supported with one regional training per year. These trainings will be further supported by continuing to encourage peer-learning exchange visits between national societies, which will help to build up a regional network of finance staff that can provide mutual support in financial management.

The Afghan and Bangladesh Red Crescent Society's will receive technical support for their finance management trainings for finance focal points and programme managers. The Nepal Red Cross Society will be assisted with a refresher training on their finance software and with targeting finance development work at the branch level as the financial management capacity at its headquarter level is sufficient. Afghanistan will also be supported with developing its strong manual accounting system, as per international standards, and for conducting an external audit on a yearly basis. Bangladesh will be assisted in the installation of finance software in its medical college hospital and some selected district branches. The Indian Red Cross will receive technical support in the upgrading and customizing of its Navision finance software according to IRCS requirements. The Pakistan Red Crescent will be supported in replacing its existing finance software and training, based on a felt need as a result of an increasing reporting requirement following the earthquake operation.

b) Profile of target beneficiaries

The principal direct target audience is finance staff in the national societies.

c) Potential risks and challenges

A key challenge is the high staff turnover in the finance departments in national societies in the region, which hampers the steady and sustainable progress in finance development work. An attempt to address this will be made through staff exchange programmes between national societies. Another challenge is that proposals for finance development work take time to get approved from the national societies, thereby delaying the carrying out

of planned activities. To facilitate a quicker process, close follow-up will be done with senior management of national societies and specific finance development trainings will be organised for them. The risk of low funding for this component, as well as late confirmation of funding by donors, might also pose a challenge in carrying out planned activities.

Programme component 4: Planning, monitoring, evaluation and reporting development

Outcome: The capacity of national societies in planning, monitoring & evaluation and reporting is strengthened further

Over the past years substantial capacity has been built across the region in PMER. A PMER training package was developed and training carried out which will continue over the next years. This component focus on a comprehensive approach to project management, in line with the action area 5 of the Federation’s Framework for Action: “A Federation-wide approach to planning, performance management and accountability”. The two key focus areas are a) reporting development b) planning, monitoring and evaluation development, and the strategic priorities of PMER were revised at the regional PMER meeting in March 2008 and are:

1. PMER capacity of the staff in the country offices and national society will be increased with more attention given to develop the Monitoring and Evaluation component of the PMER training package and through providing support, either training or coaching, to assist the NS in filling the identified PMER gaps.
2. Stronger links and integration will be established with other core programmes at the regional level and through them at the country level.
3. Cross regional information sharing, knowledge management and networking will be ensured.

This component will include a regional workshop on follow up to the Singapore declaration and the Framework for Action to take stock of progress achieved in the region.

b) Profile of target beneficiaries

The direct beneficiaries are PMER and reporting focal points and programme managers in the national societies, both at national and branch level, who will principally receive skills development, coaching and training support, as well as continual constructive feedback on their performance in these areas.

c) Potential risks and challenges

A particularly large “mega-disaster” or an unusually large number of “normal” disasters could challenge the normal continuation of longer-term development aspects under this component, due to the pressure of emergency planning and reporting. In an effort to address this, the larger network of PMER focal points across South Asia could be tapped into for the provision of planning/reporting assistance during disaster times. The low funding of the PMER component will also pose a challenge in implementing planned activities.

Principles and Values

a) The purpose and components of the programme

Programme purpose

Increase the capacity of national societies to promote dignity and respect for diversity and fight discrimination and intolerance in communities

The Principles and Values programme budget is CHF 26,738 for 2009 and CHF 26,738 for 2010.

The responsibility for Principle and Values has now been shifted to the regional OD delegate as part of the consolidation process. A strong commitment remains in South Asia to disseminate information about the Movement’s Fundamental Principles and Values to national societies in the region and to build their capacities to fight discrimination and promote dignity and a respect for diversity in their countries. The Principles and Values programme is closely linked to Global Agenda Goal 4 (promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion).

Programme component 1: Promotion of humanitarian principles and values

Outcome: National societies and Federation country offices show an increased understanding of humanitarian values.

The main activity under this component is ongoing dissemination. Dissemination is done as part of volunteer and staff induction and workshops. Promotion of P&V will also be an integral part of the ongoing work under the regional communications programme. Whenever any advocacy, dissemination or similar communication is undertaken to provide a background of the Red Cross Red Crescent Movement and about the International Federation and its activities, P&V is always a part of the presentation and discussion. HIV in the workplace has been introduced and will be followed up.

Programme component 2: Operationalisation of fundamental principles and humanitarian values

Outcome: Fundamental principles are integrated into national society operational programmes (DM, health and migration)

By creating awareness on the issues of non-discrimination, dignity, diversity and tolerance, the integration of P&V with the core programmes will aim to improve capacity of national societies to address these issues during programme planning and implementation across all programmes. Under health, the HIV programmes in particular focus on reducing stigma and discrimination of the HIV infected persons. Under the global alliance on HIV, reducing HIV stigma and discrimination is one of the 4 programmatic output that all need to be addressed in an effective HIV response and this therefore form an integral part in the new global Alliance on HIV for South Asia. In the field of DM, special attention will be given to gender issues in the programme planning and implementation. The VCA will provide information on the specific vulnerabilities in a gender sensitive manner. A key area of integration of DM with HV will also be with regard to advocacy initiatives around the Code of Conduct of the International Red Cross and Red Crescent Movement and non-governmental organizations in Disaster Relief and the Sphere Project Humanitarian Charter and Minimum Standards in Disaster Response.

Programme component 3: Anti discrimination and violence prevention/reduction programmes

Outcome: Improved targeting of marginalised groups within the programmes.

Within the countries there are targeted P&V responses, like for example in Afghanistan with the Marastoons and in Nepal with the social discrimination projects against children, women, returnees and PLHIV. At a regional level a workshop on P&V will be held to disseminate P&V concepts, exchange best practices and to map the various populations groups vulnerable due to discrimination, violence, social exclusion and intolerance within each country in the region. The outcome from the workshop will feed into the DM, health and OD programmes to improve the targeting of these marginalised groups within the programmes.

b) Profile of target beneficiaries

The integrated activities under the P&V programme will target staff and volunteers of the national societies.

c) Potential risks and challenges

The reduced scope of the P&V programme will result in missed opportunities to support youth camps, conduct P&V workshops in national societies, engage with academics, civil society and the media to examine related issues and publish communication materials like case studies. Therefore, funding for P&V activities will continue to be sought and the regional communications programme will give special attention to P&V in its work with the media.

Role of the secretariat

The South Asia regional office coordination budget is CHF 484,663 for 2009 and CHF 279,315 for 2010.

a) Technical programme support

The regional delegation, with a mix of international delegates and national/regional staff, will continue to support the six national societies (and Maldives Red Crescent once it is recognised), and seven country offices in the region in the implementation of their programmes. The country offices are primarily responsible for the provision of Federation support to the ongoing programmes of the national societies they work with, as well as coordination with in-country partners.

The regional delegation support to the countries is four-fold: 1) Strategic guidance and management of the Federation country level offices; 2) Provision of technical support to programmes as required, in particular those with no in-country technical delegates; 3) Ensure regional coordination, networking and knowledge sharing; 4) Ensure that global initiatives are disseminated, understood and prioritized within the region, and that the required support is given to roll out such initiatives.

South Asia regional office also plays an important role in the mobilisation of international assistance for the Federation's programmes in the region.

The regional and the India offices are currently going through a consolidation process. The aim is to return to the pre-Gujarat earthquake model where one office serves as both India country office and regional office in order to optimise financial and human resources.

All regional programmes will be implemented by the respective technical units at the regional delegation, in close collaboration with counterparts in the country offices and national societies. The health and disaster management teams will maintain a basic structure with 2-3 senior level staff each including a coordinator. There will be one OD delegate that will also handle the P&V programme.

The regional programmes contribute to national societies' and country offices' programming through the provision of strategic technical support and guidance, monitoring and evaluation of programme performance, and

optimising the utilisation of regional resources and mutual learning and support between national societies and with other partners. They also help create awareness and understanding of global/zonal/regional trends and systems amongst national societies and country offices. For instance, based on an initiative already underway, the regional delegation will develop guidance on the integrated programming approach and support the countries in incorporating this approach into their programming.

b) Partnership development and coordination

Besides strengthening existing partnerships, the programmes will continue to forge, nurture and develop new partnerships. The DM programme will develop partnerships with a wide range of organisations including the UN, International Strategy for Disaster Reduction (ISDR), World Health Organisation (WHO) and other UN institutions; regional and national NGOs, academic institutions such as ADPC (Asia Disaster Preparedness Centre) and government bodies at national and regional levels. In particular, there will be an increased focus on the disaster management activities and mechanisms of the South Asian Association for Regional Cooperation (SAARC) with a view to promoting implementation of the IDRL Guidelines and undertaking advocacy on a number of other key issues such as community participation, non-discrimination and disaster risk reduction. Wide-ranging partnerships with key institutional donors such as ECHO, DFID, AUSAID, USAID, SIDA and the World Bank (through the ProVention consortium, the Global Facility on DRR, South to South initiative (a new DRR initiative)) and the Red Cross Red Crescent climate change centre will also be enhanced.

In addition, collaboration with Movement partners will also continue under the DM programme, principally through the regional DMWG, a regional technical forum for DM managers from the national societies and country offices in the region. The DMWG serves to promote regional cooperation, knowledge sharing and capacity building amongst Movement partners in the region. Regular coordination will continue (via knowledge and information sharing) with all Movement partners during disasters, including the coordination for canalizing of resources to the national society in the affected country. Joint assessments by Movement partners will also be encouraged and facilitated.

The regional health programme will continue to establish collaborative efforts in HIV prevention and in preparedness to health emergencies with Movement partners, UN agencies, international NGOs, networks of people living with HIV, government ministries and national AIDS control programmes. Positive initiatives like the operational alliance in Nepal, HIV consortium in India and the Global Alliance on HIV, already exist and can form the basis for partnership development. Annually two regional meetings are held in the field of health one on general health issues and one on HIV to provide for sharing of experiences, lessons learnt, best practices and case studies.

The memorandum of understanding with WHO will be taken forward; joint plan of actions agreed with WHO will be implemented, as part of the regional health programme, in the areas of HIV and emergency preparedness and response. A task force to serve as a forum for information and knowledge sharing on emergency health issues and to provide strategic directions on emergency preparedness and response will be formed. The regional health programme will continue to integrate with the DM programme in preparedness and emergency health. It will include Movement partners and ICRC in overall health programming through regional health meetings, trainings and workshops.

In keeping with an increasing focus on aligning Movement support, the regional OD programme will promote Movement harmonised approach to operational planning in the region, as was carried out in 2008 by the Afghan Red Crescent Society, ICRC and the International Federation. This will provide for strong cooperation with the ICRC, resulting in optimal use of Movement resources. The implementation of the operational alliance will also be a key focus area of collaboration.

The communications component of OD will partner with the ICRC for specialised trainings and events, as well as maintain close cooperation during disaster situations. The communications component will also maintain close cooperation with reputed media agencies like Reuters, BBC and CNN, as well as with other major humanitarian actors and donors in the region like ECHO, for efficient information flow especially during disasters. The PMER component will continue the collaboration with the British Council and seek other suitable partners for technical inputs and knowledge sharing.

c) Representation and Advocacy

The regional delegation will continue to represent the South Asian national societies and country offices in international and regional forums and events and will also facilitate the participation of national societies from the region at various international conferences, training programmes and events. In addition, the regional programmes will ensure coordination and visibility in events related to their technical areas of work, in order to advocate their cause. Advocacy will also be carried out through the continued preparation of visibility and promotional material and close cooperation with the media during times of disasters and major Red Cross Red Crescent events.

d) Other areas

In addition to programme support, based on a need for assistance requested by the countries, the regional delegation, in collaboration with the Zone office, will also support them and develop their capacity in the areas of human resource management and administration (sharing up-to-date HR procedures, organizing a regional training for administration/HR managers and supporting travel arrangements of internal/external visitors), information technology (upgrading computer hardware and software and providing IT training) and procurements (including supporting the procurement of disaster preparedness stocks).

Promoting gender equity and diversity

The regional delegation believes in the importance of integrating an understanding and application of gender equity and diversity issues in all programmes across the region, while recognising the long-term nature of this, and the challenges it poses. One of the components of the DM programme is focused on building the capacity of the national societies/country offices to design and implement DM assessments, activities and programmes that are sensitive to cultural diversity, age and gender. One specific activity at the regional level will be establishing baseline information on gender representation in regional trainings and deployments.

The health programme emphasises the importance of equitable gender representation in national society health programmes and in accessing services. Relevant guidelines and best practices have been shared with the national societies, and they have been supported to ensure balanced gender representation while recruiting staff for their programmes, as well as selecting peer educators/outreach workers and target beneficiaries. While respecting social and cultural contexts, the programme will continue to focus on gender equity in health programming.

The strategic OD/CB support component has a direct focus on gender equity, with one of its four main approaches including initiatives to support gender sensitivity and equity among staff and volunteers. This includes advocating for development and implementation of national society gender policies, providing technical support for gender focal points in national societies and in country offices and sharing good practices across the Asia Pacific zone. The communications component will continue to promote gender issues through publications and the PMER component will facilitate access to guidance on gender and diversity sensitive planning.

These initiatives related to diversity and non-discrimination will also continue to be supported through the integration of P&V activities into the core programmes. This will include a continued emphasis on supporting national societies' DM and health programmes to understand and integrate methods and approaches that address issues of diversity and discrimination.

Quality, accountability and learning

As all the regional programmes are focused on capacity building, they make a significant contribution to improving national societies' understanding and use of Federation and international quality standards in their programme areas. In the area of health, this includes Federation, WHO, UNAIDS standards and guidelines. For DM, this includes the Code of Conduct, SPHERE standards, the IDRL guidelines and International Federation guidelines for effective response and community involvement in DM work. The components of the OD programmes are directly related to improving quality, accountability and learning in national society and International Federation programmes across the region. National societies will be supported to carefully align their work with relevant aspects with the Federation Framework for Action, global strategies, as well as international standards and best practices in financial management, PMER and communications.

Over the next two years much attention will be given to strengthen the monitoring and evaluation framework to improve quality of programmes, accountability and learning. Specific monitoring and evaluation plans will be developed for each programme based on the programme logframes. In early 2009 a regional DM review will be conducted and in 2010 a final evaluation of the Regional HIV programme component will be carried out. Additionally, an evaluation of the integrated programme approach will be carried out.

DM programme components will be monitored and evaluated at the national and regional level following guidelines specified by donors (such as ECHO) as well as according to Federation standards. Under the health programme, monitoring, evaluation and reporting frameworks will be developed in line with the Global Alliance on HIV to ensure proper accountability and measure progress. In finance, PMER and communications development, monitoring will be mainly focused on internal monitoring of progress of country reports and media stories. All programmes will also be monitored through regular communication with programme counterparts in national societies and country offices, and during country visits.

Knowledge sharing is also a key function of the regional operation, with significant aspects of each programme

dedicated to increasing peer-learning, learning from other best practices and lessons learned from the relevant areas. A wide range of techniques will be used to achieve this, including development of case studies and lessons learned, communications materials, along with regional workshops and technical meetings like the regional DM working group and regional health meetings.

How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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