

SOUTH ASIA

REGIONAL PROGRAMMES

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Introduction

The South Asia Regional Delegation was established in New Delhi at the beginning of 1998. It covers six South Asian countries with established Red Cross/Red Crescent Societies – India, Pakistan, Nepal, Afghanistan, Bangladesh, Sri Lanka – as well as Bhutan and the Maldives, which at present do not have a National Society. This region is one of the poorest regions in the world, and faces many problems related to health, hygiene, and population increase. According to the Federation's 1998 World Disasters Report, more than 77 million people were affected by disasters in these eight countries in 1996.

Objectives

The National Societies in the region are at different stages of development, and have different strengths and weaknesses. The first major meeting of the Secretary Generals of the National Societies in the region, the South Asia Partnership Strategy Meetings and the Asia and Pacific Planning Meeting, identified Institutional and Human Resource Development, Disaster Preparedness and Health as priority areas for the region. Within these three areas the following five objectives have been identified:

- To develop and utilise regional institutional and human resources, and to increase co-operation between National Societies
- To increase the capacities and financial sustainability of the National Societies
- To support the National Societies in improving the quality and effectiveness of their health programmes, and in building their capacity and ability to respond to emerging trends and problems
- To improve the National Societies' disaster preparedness and response capacity
- To strengthen external and internal information and communication strategies.

Programmes

- Institutional and Human Resource Development

Training is a core part of the planned activities and various initiatives are scheduled.

Reporting Workshops Following the success of a reporting workshop in Nepal, similar workshops are planned for Bangladesh, Nepal, Pakistan and India. The seminars will consist of three to four days training, except in Nepal where shorter, refresher training is planned.

Resource development/Governance Training workshops Two regional and two national Workshops are planned.

Institutional Development seminars These will take place in Sri Lanka, Pakistan, India and Bangladesh, in parallel with ongoing finance development work.

Youth meeting In order to make better use of the vast resource that young people represent, a regional meeting will be organised, focusing on how to integrate youth into programmes.

- Finance Development

The Regional Finance Unit was established in New Delhi in early 1998; it currently manages the finances of the Regional Delegation in India and Nepal. In 1999, it is planned to develop a co-ordinated approach, with financial reporting for the region consolidated through the regional office. In addition to specific country initiatives, described further in this programme and the Bangladesh programme, regional initiatives are foreseen:

Regional Finance Workshop

A regional finance workshop will be held, for a total of twelve participants from each of the National Societies' Headquarters finance departments. It will concentrate on reporting and budgeting. Participants in this training should afterwards be able to disseminate what they have learned to their colleagues.

Workshops for non-finance staff

A series of national two-day workshops for non-finance managers will be held, with participants from both HQ and the branches. They will look at the relationship between the finance department and other departments, and basic internal controls. These workshops are initially planned for Pakistan and Sri Lanka where the need was identified in assessment missions, and in India and Bangladesh.

- Health

Regional Workshop

To facilitate capacity building in the region, a regional workshop will be held on strategic planning within the health sector. It will include a review of the health services of each National Society. The sponsorship of key officers from National Societies to appropriate training courses is also envisaged.

India: Health Programming

The Indian Red Cross needs to address issues of health programme management. Besides a policy level review, specific programming initiatives include planning meetings at state branch level, and commissioning a consultancy to collect data on programmes. This consultancy will be led by the Delegation, with outside input as necessary.

Safe Blood

Since virtually all National Societies in the region are involved in blood services, there is an urgent need for a regional blood programme to ensure standards for safe blood. This project foresees assessment work and the development of a strategy.

HIV/AIDS Initiative

The HIV epidemic in the region has reached pandemic proportions in some countries, leaving the control and prevention response lagging behind. Country programming initiatives need to be expanded and developed: this will be done in collaboration with the Regional Delegation in Kuala Lumpur.

CBFA Regional Approach

Community Based First Aid (CBFA) is an ongoing programme of the National Societies in the region.

They will be helped to develop a common regional approach, and to promote its integration into the PHC and DP programmes.

Integrated MCH care

Although several of the NS have maternal and child health (MCH) projects there is a growing recognition that such projects should be consolidated into integrated reproductive and child health programmes. Technical support from the Delegation will include a Regional training course, as well as the development of community level programmes adapted to countries' needs.

- Disaster Preparedness

Response mechanism

In Sri Lanka and Afghanistan, discussions are underway with the ICRC in order to present a co-ordinated approach. Efforts will be increased in order to produce an efficient, effective disaster response mechanism for all countries and districts within the region. Detailed plans for this are still being developed.

- Information and Communications

The Regional Delegation has had an Information Delegate since September 1998. A Regional Communications / Information Delegate will join the Delegation in 1999, with an initial brief to conduct a series of assessments in the regional National Societies to analyse their communications and information technology needs.

The following initiatives are scheduled for 1999:

to provide information systems and general PR to develop the image of National Societies and the Federation as a whole. In this process, there will be a much greater use of senior National Society and regional delegation staff in press and media relations

to work with the National Societies in the region to identify priority areas and to establish a regional strategy, together with counterparts from ICRC

to disseminate within the National Societies in the region the fundamental principles and values of the Red Cross/Red Crescent Movement in association with ICRC

to conduct an Information Workshop to promote regional co-operation

to produce a South Asian newsletter

to produce a video on the Indian Red Cross Society, for external and internal information purposes

to develop a regional website in liaison with the South East Asia regional office

to establish a database on the National Societies, incorporating operational and organisational skills and capacities.

South Asia Regional Reporting Team

Reporting is a critical element of any relief operation or developmental programme. The growing demand for more specialised reporting makes it essential to increase the number of personnel trained in this speciality.

Objectives

to increase the reporting capacity, both in quantity and quality, of the Federation in South Asia

to increase the reporting capacity of National Societies in Afghanistan, Bangladesh, India, Nepal, Pakistan, and Sri Lanka in both resource generation and written accountability

to develop a highly trained reporting team that can respond to regional needs

to create a model that can be replicated on the national and district level in each NS

to plan and implement national reporting plans

to decentralise reporting functions.

National Societies will be expected to contribute: a 36 month commitment to the programme; one staff member who will receive advanced training in reporting; and the secondment of 25% of one staff post for a reporting officer position - including participation in at least two relief operations in the region.

Plan of Action

- technical training in report writing
- skill development within a training programme designed to transfer skills to a wider audience within the NS in the region

- technical guidance in preparation for national reporting policies and procedures.

The South Asia Regional Delegation will provide programme co-ordination and facilitation. Reporting Officers will report to the Information Delegate on Federation issues. All regional delegates will provide technical support on programme specific issues (i.e. health) with written feed back to the Reporting officers, as will the Geneva Secretariat, to ensure a more dynamic learning process.

INDIA

Community-Based Disaster Preparedness and Response Programme

India faces numerous disasters of all kinds every year. Its long coastlines expose millions to tropical cyclones, while floods and earthquakes are common and regular occurrences. Human caused disasters also produce considerable suffering, loss of lives and livelihood, and damage to property and stocks. Seventy-four percent of its 977 million inhabitants live in rural settings. The IRCS needs to expand its disaster preparedness awareness raising workshops held over the past two years. A three year training initiative, using a community based approach, will provide skills to IRCS local, district and state staff and volunteers in disaster preparedness, hazard identification, risk mapping, vulnerability and community capacity analysis. The workshops will enable the staff and volunteers to conduct their own sub-branch and village based training events and apply the new skills to disaster situations. A mechanism will be developed to gradually establish a series of district level DP plans based upon the results of vulnerability and capacity analyses. This data base will provide the foundation for a state level, and eventually national level, disaster preparedness plan.

Upgrade of Blood Transfusion Services in New Delhi

The capital of India requires 300,000 units of blood annually, with the IRCS providing 20% of this amount. Nationally, over 1,200 blood banks collect 2 million units each year. Just half of these are government operated and only 29% of all blood comes from voluntary donors. In keeping with its own evolving blood policy, and that drafted by the Ministry of Health in August 1998, the IRCS will increase its source of safe blood in New Delhi to 50% of the area's needs. Concurrently, it will provide up-to-date staff training, upgrade and reinforce public awareness initiatives, and increase voluntary donors. To accomplish these goals, the Blood Transfusion Centre will add an air-conditioning system, and upgrade collection and screening equipment. Increased staffing needs will be covered by the IRCS. With Hepatitis C screening recently made mandatory by the Ministry of Health, IRCS will adjust its current cost recovery system and develop a more sustainable approach.

Institutional Development

The IRCS faces the same challenges as many organisations in developing countries as information technology advances become the normal mode throughout the country. Some branches have established computer systems but NHQ still depends upon manual methods to conduct business and manage its finances. Communication, both inside NHQ and with its branches, is becoming more difficult and needs updating. The IRCS will establish a computer network at NHQ during phase one of this two year programme. The model recently

implemented in Beijing at the Red Cross Society of China will be adapted to the India context wherever possible. This programme will include a strong component on training in the use of modern technology.

This initiative is the beginning of an institutional development process that will initially focus on the much needed modernisation of current work methods, but also offer an ideal opportunity for institutional development of the entire organisation. A special focus will be placed upon the IRCS financial management system, still using traditional manual methods. Phase two in the year 2000 will expand to include key state branches.

Technical support will be provided through the Regional Delegation, the Secretariat's technical service units, short term consultants, and through expertise available within India, the South Asia region and the Federation's membership.

NEPAL

Community Development Programme

NRCS will expand its current programme to additional communities in the project area. This programme is based on the clear definition of "vulnerability" in the context of Nepal, concise selection criteria established through assessments, feasibility studies and constant monitoring, and substantial community participation. The programme aims at reducing vulnerability and building up capacities of rural communities with specific focus on areas with difficult access and few services. Some 30,000 people are expected to benefit from the various activities that focus on gender issues, literacy, health and hygiene.

Remote District Chapter Development

With 12 of the 75 districts in Nepal officially classified as "remote" and a further 17 districts as "developing", NRCS plans to expand its organisation and management development to selected district chapters that did not receive such assistance in the past through other programmes. This approach will spread over five years to 25 district chapters. The programme will enhance services as well as managerial capacities and introduce the concept of institutional development to the remotest corners of the country. The main focus will be on early self-sustainability through a variety of income generating activities.

Training Centre Development

Because Nepal has few facilities for structured human resource training, NRCS last year began construction of a small training centre on donated land. In 1999 it will begin regular training and start generating income from external users. Close training links have been established with training facilities in India and Thailand to ensure regular use of the centre. A cost recovery scheme has been established.

Community-Based Disaster Preparedness and Response

Traditional Disaster Preparedness

Because Nepal is vulnerable to earthquakes, landslides and floods, disaster preparedness is high on the agenda of NRCS. While community based preparedness is being implemented wherever possible and appropriate, prepositioning relief stocks and training local volunteers in remote but strategic districts is also a necessity and has saved many lives when road access

was interrupted. The approach builds on over five years of systematic preparedness work covering all 75 districts.

NRCS introduced the community-based DP approach in 1996 as best suited for the difficult terrain of the country and for increasing the coping capacity of the most vulnerable sections of the rural population. Staff, volunteers and community members are being trained in hazard identification and risk mapping, vulnerability and capacity analysis, basic disaster management and in a series of preventive and mitigation measures. The NRCS has developed a comprehensive training manual.

Community-Based First Aid

Nepal's health services are unable to cope with the needs of its 21 million inhabitants. One doctor serves over 15,000 people in areas where the nearest medical facility is frequently several days walk away. Following the adoption of Community-Based First Aid in 1996, NRCS plans to expand its access to over 134,000 people in selected areas. The programme will strengthen the communities' ability to cope with everyday health problems, control communicable diseases through raised awareness, and mobilise local resources to maintain the village First Aid Volunteer (thus demonstrating ownership of the programme).

Gender-related Development

NRCS has developed a clear focus on gender issues and on the future increased role of women within the National Society and its programmes. This project will address the current gender imbalance, create a higher awareness on the importance of this issue, undertake orientation and dissemination programmes, and raise the level of involvement of women in the Society's management and activities.

Management and Organisational Training Programme

Begun in 1995, the programme has brought about important changes and developments including a complete restructuring. Systematic training ranges from basic language and administrative skills to the training of master trainers and covers all levels of NRCS headquarters and, to some extent, district chapters. The programme, in its last phase, will aim at intensifying and institutionalising the training, strengthening selected district chapters, revenue generation, policy development and streamlined staff and volunteer management.

Youth Red Cross

Continuing its well established programme, Youth/Junior Red Cross with its almost half million members, will focus on policy and leadership development, dissemination, motivational and educational staff and volunteer exchanges, training, and a variety of community-based support activities, such as youth camps, school support to underprivileged children, out-of-school literacy, and environmental protection activities.

Youth Red Cross / HIV/AIDS

Though located within the Youth/Junior Red Cross, this programme is a distinct activity applying two approaches: the ART (AIDS Regional Taskforce) Peer Education and the school-based approach, both supported by different parts of the Movement.

By 1997, there were 1,067 registered cases of AIDS. HIV prevalence is highest in the 14-29 years age

group – which this project targets, both inside and outside school. The general objectives of the project include a higher awareness among youth on reproductive health and HIV/AIDS, better communication methods, and a decrease of stigmatisation through community awareness. This will be achieved through integration into other youth activities and the training of a substantial number of core trainers, motivators and counsellors.

Blood Transfusion Services

NRCS has responsibility for blood services in Nepal and currently covers 85% of the nation's annual blood needs of 65,000 units. All blood is screened for HIV, hepatitis A and B, and in the capital is also screened for Hepatitis C. Most of the blood is donated voluntarily. The programme will continue the upgrading of existing district blood centres, to increase blood donation and collection, to expand mobile services, and gradually provide complete Hepatitis screening for all processed blood. NRCS produces a significant amount of its own test sera, and provides free blood for thalassaemia and cancer patients. A revised cost recovery system is being introduced.

Technical support will be provided through the South Asia Regional Delegation, the Secretariat's technical service units, short term consultants, and through expertise available within Nepal, the South Asia region, and the Federation's membership.

PAKISTAN

The National Society will be given support in enhancing its capacity, particularly in its health services, through the following programmes:

Population Welfare Programme

Pakistan's annual population growth rate is 2.77, and 3.69 in Punjab. In addition to a high mortality rate of 8.6 % and a maternal mortality rate of up to 2.1%, one quarter of all new-borns are of low birth weight and 62% of all children under five are malnourished. This, combined with inadequate nutrition, crowded and unsanitary living conditions, insufficient safe water, poor garbage removal systems and land degradation, results in physical and mental health problems, migration and social disruption.

The Pakistan Red Crescent Society provides over 200,000 women a year with services specifically focusing on mother and child health through a network of 61 MCH clinics. Family planning initiatives have been integrated into 17 of these clinics (since 1993) and plans are to expand these into 13 more during 1999. Training courses will be strengthened and expanded and a cost recovery scheme for sustainability will be developed.

Baluchistan Primary Health Care Infrastructure

In sparsely populated Baluchistan (16 people per square kilometre), government health care centres are difficult for many to reach and the needy population is largely under-served. Those that do exist lack adequate management and infrastructure. After assessing the need for expanding health services into Baluchistan, the PRCS developed a pilot project composed of one MCH clinic and one mobile clinic, and six first aid posts in each of the four districts of the province. The project will include medical staff, motivators, midwives and volunteers, extensive training, an integration with disaster preparedness wherever possible, and regular

outreach services. After two years, the PRCS will evaluate the pilot project's effectiveness and capacity with a view to future expansion. A cost recovery scheme is being developed.

Safe Blood Programme

The current storage capacity of the PRCS Blood Donor Centre in Islamabad is 500 units at any given time. It processes 1500-2000 units annually, although its capacity is four times as much. Apart from emergencies, the PRCS provides blood to over 500 registered thalassaemia and cancer patients. Voluntary and non-remunerated donation is emphasised. The PRCS is targeting 10,000 beneficiaries per year to receive blood related services through an expansion of its Safe Blood Programme. To do this, donors must be increased through community education and blood donor drives, while ensuring full screening takes place. A mid-term evaluation of this project will be carried out. With the costly inclusion of Hepatitis C screening, a more efficient cost recovery system is being developed.

Upgrade of Training Facility - Islamabad

The current training facility at PRCS NHQ consists of a number of rooms and a 220 seat auditorium. While the structural facilities are adequate, they are in need of renovation, and training equipment needs replacement. The upgrade will also incorporate networking with other training centres in the country. In addition to improvements in the facility, PRCS will improve training quality through better materials and content.

Finance Development

The PRCS has made considerable progress in institutional development in recent years, but its financial processing still remains manual and labour intensive. Over the year, the PRCS will improve its financial management system through the hiring of an internal auditor and through computerisation.

Technical support will be provided through a Federation Delegate based in Islamabad, and through the South Asia Regional Delegation, the Secretariat's technical service units, short term consultants, and through expertise available within the region and the Federation's membership.

SRI LANKA

Institutional Development and Capacity Building

The Sri Lanka Red Cross Society needs help in recovering from the serious integrity and governance concerns dating from 1994 and the damage done to its in-country and external image. The current managerial team was assisted from early 1997 onwards by the ICRC and the Federation's South Asia Regional Delegate. With the re-establishment of a Federation Representative in Colombo in early 1998 the Federation could strengthen its support to the rehabilitation process.

In 1998 the SLRCS re-established contacts with all Ministries, resumed media contacts, and began conversing again with the IO and NGO communities. The SLRCS has prioritised its development as its key priority for 1999 and beyond.

In the present context of Sri Lanka, and perhaps more so in the future, the need for community services will increase. It is of paramount importance that the SLRCS be perceived by the population as a genuinely multiethnic organisation and that this is reflected in the composition

of its Statutory bodies, staff, membership, and volunteers, as well as in its services and programmes.

It is anticipated that the negative impacts of the past will affect the SLRCS for some time to come – and can only be reversed by five to six years' active support by the Federation. An in-country presence will likely be needed for the next two to three years, followed by several years of targeted support by the South Asia Regional Delegation.

Specific support by the Federation to the Sri Lanka Red Cross Society covers financial management, strategic planning and the preparation of a three year development plan. It is helping define the legal status of the SLRCS, paving the way for a RC Law, and stabilising governance and management functions through a revision of the constitution. Fund-raising, income generation and image building activities are being introduced, SLRCS participation in international Red Cross meetings and regional events will be encouraged. The Society's efforts to improve its disaster preparedness and response system, and identify future roles in community health care are given support.

The SLRCS has dissolved a number of branches over the past 18 months because of low activity or managerial problems. As part of the Federation's development support role, an island-wide effort to strengthen the branches, their network for mutual support, and the Society's branch management is underway. To adequately manage this particularly complex task, the Federation will reinforce its delegation with a delegate specialised in branch developmental support.

Technical support will be provided through the Regional Delegation, the Secretariat's technical service units, short term consultants, and through expertise available within the Federation's membership.