

Report 2006-2007



South Asia

Appeal No. MAA52001

6 April 2008

This report covers the period 01/01/06 to 31/12/07 of a two-year planning and appeal process.



A community discussion being held as part of SARD's monitoring visit to Nepal, with the regional advocacy delegate and a member of Nepal Red Cross disaster management department.

In brief

Programme summary:

Good progress was made over the two years in the areas of increased networking, partnership and integrated programming. Initiatives to improve cooperation between national societies such as the secretaries general forum, the disaster management working group, regular regional health forums and integrated OD/health/DM forum were all strengthened and formalized. A key emphasis was on integrated programming, with a number of initiatives to collaborate on joint planning, training and capacity building initiatives throughout the region. In addition, progress was made in capacity building and skills and knowledge development in all areas, with a number of formal in informal trainings and workshops, resource packs and curriculum being developed across the sectors.

In 2006, the financial situation was positive for health and disaster management, but humanitarian values and organizational development programmes were less well covered. Funding was therefore a major problem throughout the regional office in 2007, as reflected in the final funding coverage figures below. A key factor was the gradual withdrawal of tsunami funding in 2007.

There were ongoing constraints and delays in programme implementation due to security situations in Afghanistan, Bangladesh, Pakistan, Nepal and Sri Lanka.

	Health	DM	HV	OD	C & I	Total
Revised 06 / 07 budget	2,395,613	1,442,162	177,187	1,012,689	500,675	5,528,325
Total 06 07 funding	1,873,459	801,618	83,465	603,542	408,019	3,770,104
Expenditure 06 07	1,433,006	751,248	83,276	584,103	404,974	3,256,606
Funding coverage	78%	56%	47%	60%	81%	68%
Expenditure as % of funding	76%	94%	100%	97%	99%	86%
Expenditure as % budget	60%	52%	47%	58%	81%	59%

The total 2006-2007 budget was CHF 5,528,325 (USD 4.94 million or EUR 3.35 million), of which 68 per cent was covered. Overall expenditure against funding for the period was 86 per cent. The slightly low expenditure (76 per cent) for the health programme is mainly due to activities which could not be carried out under the HIV/AIDS project as a result of the lack of project staff for much of 2007, as explained in the relevant programme section below.

[Click on the links to go directly to the attached financial reports:](#)
[2006](#) [2007](#) [2006-2007](#)

No. of people we help: The regional delegation assisted directly six national societies, one in formation (in the Maldives), and seven Federation country delegations.

Our partners: External partners include the Humanitarian Aid Department of the European Commission (ECHO), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Fund for Population Activities (UNFPA), the Health Institute for Mother and Child (Mamta), Naz Foundation and the Asia Pacific Network of People Living with HIV/AIDS (APN+), Geohazards International, the United Nations Development Programme (UNDP), the British Council, Reuters and the British Broadcasting Corporation (BBC). There is also collaboration with a number of international news agencies.

Key Movement partners are the International Committee of the Red Cross and the national societies of Canada, Finland, Germany, Great Britain, Japan, Korea, New Zealand, Spain and Sweden.

Context

Throughout the two years, the region experienced internal conflict, terrorist attacks and many challenges. Overall stability and significant improvements in the economy continued in India but there was constantly fluctuating political unrest in all other countries. Security problems were especially prevalent in Afghanistan, Bangladesh, Sri Lanka and Nepal, making it often difficult to schedule visits and activities to provide an optimum level of support.

In 2006, Bangladesh, India, Nepal and Afghanistan all experienced flooding or landslides following the monsoon but the effects were relatively minor, and were managed largely using existing resources in the region. In 2007, however as was well documented, the flooding was some of the worst experienced in living memory, in addition to which the cyclones in Pakistan and Bangladesh placed considerable strain on resources at all levels. However, the operations all went smoothly.

One of the most significant ongoing health threats in the region remains the relentless spread of HIV/AIDS. The rate of people recorded as living with HIV/AIDS has increased alarmingly. Supporting the scaling up of the HIV/AIDS programme across the region, and more recently to the Global Alliance on HIV are key efforts made by the regional office.

Achievement of objectives

Disaster management (DM)

Programme objective: To strengthen operational capacity of national societies in South Asia to implement mitigation, preparedness, response and recovery programmes in line with global frameworks and regional priorities.

The regional DM programme evolved over the past two years to successfully address the emerging disaster risks in the region, in line with the priority areas of the Hyogo Framework for Action (HFA)¹ and the Federation's Global Agenda. The recently started Well-Prepared National Society (WPNS)² survey indicates that the DM programme in the region progressed significantly during last two years. The outcomes of this survey will also be instrumental in setting up future DM directions and disaster risk reduction framework in the region.

¹ The World Conference on Disaster Reduction (WCDR) Convened in Kobe, Japan in 2005 identified five priorities in its action plan- the Hyogo Framework for Action (HFA) 2005- 2015. The International Federation of Red Cross and Red Crescent Societies fully supports the HFA.

² Well-prepared National Society (WPNS) is a self-assessment tool which helps National Societies recognize, understand, prioritize and plan activities to enhance their disaster management capacities. SARD has commenced WPNS survey together with DP/DR department Geneva in November 2007.

Project 1: Disaster risk reduction

Project objective: Communities are more resilient and better prepared through the national society community based programmes.

One of the most significant contributions to building safer communities came in the form of a regional multi-year disaster risk reduction (DRR) programme in partnership with the United Kingdom's Department for International Development (DFID) covering 2005 to 2008, estimated to have benefited more than 260,000 community people in 35 communities in Bangladesh, India and Nepal. The three national societies implemented more than 25 small scale-mitigation projects, livelihood promotion schemes and community awareness and training programmes. Previous programme updates³, an external mid-term review⁴ a number of monitoring reports⁵ and case studies⁶ have clearly demonstrated the good impacts of the programme in Bangladesh and Nepal, despite some difficulties in India mentioned under "constraints" below.

A wide range of efforts were made to improve the overall quality and impact of national society community-based DM programmes. The South Asia regional office facilitated the development of community based DRR programme operational guidelines for Bangladesh, Nepal and India national societies, developed disaster risk reduction impact indicators, and conducted four major vulnerability and capacity assessment (VCA) training programmes in Bangladesh, Nepal and Maldives.

More than 125 DRR practitioners across the region were trained and engaged in community based programmes. The South Asia regional office also supported the Bangladesh Red Crescent Society (BDRCS) to start VCA in ten communities and develop advocacy skills to ensure effective implementation of VCA findings, working with different governmental and non-governmental organizations.

The regional DM programmes addressed the impact of climate change in South Asia by raising awareness through orientation meetings for national society leadership and technical staff, and by incorporating climate change adaptation activities in the regular DM/DRR programme⁷. In October 2007, building on the strength of the achievement in DRR in 2006 and early 2007, the South Asia regional office initiated a regional DRR programme called **Building Safer communities in South Asia** in partnership with ECHO and Swedish Red Cross. This initiative is focused on making national societies and communities in South Asia better prepared, safer and more resilient. This initiative is an important milestone in raising the profile of DRR in the South Asia region.

During 2006, over 90 per cent of the output indicators were accomplished (see previous programme updates). The only shortfall was collecting and analyzing well preparedness national society (WPNS) information, which is still in progress. In 2007 the WPNS survey was completed which will enable better tracking and support to the national societies in their preparedness work, by comparing with data collected between 2002 and 2003.

Project 2: Disaster response and preparedness for response

Project objective: Regional capacity and systems are improved to respond effectively and efficiently in times of disasters, and to ensure seamless transitions to recovery.

The promotion and development of the regional disaster response team (RDRT) concept was key feature of this project over the two years, building on the experience of large deployments of RDRT trained persons in operations such as the tsunami in 2004, the Pakistan earthquake in 2005, the Philippines typhoons in 2006 and the Bangladesh SIDR Cyclone in 2007.

A lessons learned workshop in April 2006 clarified the approach of RDRT in the region, and was disseminated through a widely shared brochure. Two further RDRT trainings in 2007 (in Sri Lanka and Bangladesh) reinforced the importance of this DM tool in the region.

Basic logistics and warehousing workshops were carried out in Nepal and Afghanistan, and trainings for national disaster response teams (NDRT) were held in India, Pakistan and Afghanistan. Those staff who were trained were deployed for the floods operations in Nepal and winter distribution in Pakistan.

In the area of response and contingency planning (related to global ECHO thematic funding), The South Asia regional office's participation in a global consultation led to the establishment of significant activities in the region

3 See http://www.ifrc.org/where/reg_sprep.asp?txtRegion=9 for previous programme updates

4 Mid Term review of DFID funded DRR Phase-II was commenced in May 07. The report is available on request.

5 Following the monsoon flood-2007, the South Asia regional office DM team did monitoring visits in Bangladesh and Nepal. The monitoring report clearly reflected the DRR programme contributed to reduce the impact of floods and the efficiency of disaster response done by the community was far better than where programme was not implemented

6 Recently the South Asia regional office and ADPC have commenced case studies in Bangladesh. These studies have clearly reflected the impact of the programme in Bangladesh. Similarly a number of web-stories have been published highlighting the success and impact of the programme

7 For detailed information on climate change adaptation, the Bangladesh Case Study on climate change adaptation and minutes of DMWG meetings are available on request

including capacity building in both response and contingency planning and in building national-level capacity in response and preparedness for response. Regional efforts started with a regional workshop in June 2007 which led to the development of draft response and contingency plans for earthquakes in Nepal and Pakistan, and for floods in India and Bangladesh.

To build national level capacity in response and preparedness for response a workshop on national disaster preparedness response mechanism (NDPRM) was held in October 2007. Following this workshop, standard modules and curriculum for NDRT training in South Asia were developed.

The combined recommendations from both the workshops, was for each of these selected countries to carry out NDRT/NDPRM trainings at the national level. However due to the floods operations in Nepal, India and Bangladesh in 2007, the national trainings had to be postponed and are now being planned with the revised dates.

Project 3: Coordination and Cross Cutting Issues

Project objective: South Asia disaster management programme is streamlined through coordination, collaboration, and innovative cross-cutting initiatives.

In 2006, area of coordination and cross cutting issues was included in different aspects of the two projects described above. The increased emphasis on these issues resulted in the establishment of a separate project for 2007 (see [programme update 2](#)). This was partly to support the incorporation of the Hyogo Framework for Action and the Federation's Global Agenda.

The regional DM working group (DMWG) was established during the period as a key mechanism for increased regional cooperation and knowledge sharing. Created in 2005 as a technical forum for disaster managers in South Asia, the DMWG was finally officially endorsed by the Secretary General's forum in November 2007. In the fifth DMWG meeting held in Oct 07, Sri Lanka external agencies like ProVention Consortium, DFID, International Strategy for Disaster Reduction (ISDR) and the Asia Disaster Preparedness Centre (ADPC) had actively participated focused especially on reinforce a common understanding on DRR issues.

In relation to cross-cutting initiatives, three months of community-based research in the Maldives contributed towards developing a beneficiary communication/participation project, with a strong and growing volunteer base. A related case study was published on 'Beneficiary Communication' in the Maldives'. Through these activities, some national societies now have a clearer understanding of the important of beneficiary communication. As mentioned briefly under project 1, a community based advocacy training for DRR practitioners was developed and shared and refined in the region during the last quarter of 2007 and the WPNS survey was started, as a collaborative effort by both projects 1 and 2.

Knowledge sharing to increase the profile of the Federation through good DM practices in the region was another main focus area for this project. The main methods were participating in regional inter-agency and inter-governmental conferences, and secondly increasing the publication of case studies, web stories and other communication material. The details of the case studies, web stories and meetings attended were outlined in previous programme updates. These activities raised the profile of the South Asia regional office DM programme, facilitating dialogue with key partners including ECHO and the World Bank.

Some key activities since the last programme update include a case study to capture the impact, lessons learned and way forward for DRR programming in Bangladesh in December 2007. Two related web stories were also published highlighting the impact of the DRR programme on the flood response operations 2007, as was a success story of the income generation intervention in Nepal. The region DM department participated in an ISDR regional meeting in September 2007 and the "Second Ministerial Conference" on DRR hosted by the Indian government on 7-8 November 2007.

Best practices and lessons learned

The general theme of the past two years has been the benefits of moving towards a more integrated, holistic and "developmental" approach to disaster management. Concretely this has meant:

- Networking is vital to increase knowledge and information sharing to understand the regional context, based on the national realities. By collaborating and interacting more closely with external partners and organisations, the Red Cross Red Crescent Movement can increase its understanding of global trends such as DRR. The related good practices were the DMWG and participation in regional and international forums and meetings. Case studies and other communication material are useful and powerful tool that allow us to share our experience with others and to learn from others.
- It is crucial to emphasize all aspects of project cycle management for all disaster management programmes. The related good practice was development of DRR indicators and monitoring of country-level implementation.
- Reviews of all projects concluded that beneficiary participation is key to ensuring community ownership, which in turn ensures sustainability, cost effectiveness, and facilitates more effective programming. The related good practice were beneficiary communication in the Maldives and scaling up of VCA training and use in the region.

- A thorough review of tools (such as the RDRT lessons learned meeting) is crucial to understand which areas need to be improved.

Contributing to longer-term impact

The key function and added values of the DM programme at the region level was to be the bridge connecting the local, national thinking and challenge with the regional DM framework and the global trends. Overall regional operational capacity has increased through increased networking through the DMWG and RDRT, optimizing resources and connecting national societies to each other.

The profile of disaster risk reduction approach has been raised, with the 2007 WPNS survey indicating that more than 60 per cent of South Asian national societies are proactive in DRR, linking response and recovery with long-term DRR programmes. Recent response operations (e.g. Nepal floods and SIDR in Bangladesh) have also addressed long-term DRR issues and monitoring in Bangladesh⁸ and Nepal demonstrated that DRR programme areas were significantly less affected than the other communities.

In relation to national level disaster response, the national disaster response team (NDRT) programme and NDRPM guidelines have been adopted by the national societies. By end of 2007, all South Asian national societies have disaster response teams not only at the national level but increasingly at the state, branch and community level. Contingency planning process has been successfully promoted as a key goal for national and regional level programmes

Finally, all these practical examples of impact of the DM programme at the regional level are linked with the global context and trends. Networking has been successful at the regional level and beyond, as cross-regional cooperation has also been enhanced.

Constraints and challenges

The time, staff and resources devoted to “mega-disaster” response operations (tsunami recovery, Pakistan earthquake as well as the combined South Asia floods in 2007) made it difficult to carry out some of activities related to DRR and cross-cutting issues. However the programme implementation strategy was adjusted in accordance with the needs and evolving situation.

The “developmental” approach to disaster management inherent in DRR and in cross-cutting issues, such as beneficiary participation and gender mainstreaming was relatively new to many Federation and national society staff. Generally it was possible to address this within the programme, but in some cases caused delays, for example was one factor contributing to the DFID DRR programme being discontinued in India in November 2007 and the funding being re-allocated to the other two countries.

Conflict and political instability across the region at times caused great delay to both regional and national programmes, where possible the regional programme re-adjusted accordingly.

High turnover of staff across the region led to lack of knowledge of procedures and standards, which meant that regional DM staff frequently had to “fill the gaps” in technical areas. A more sustainable human resources mechanism is therefore a priority for 2008-09.

Working in partnership

The networking and partnership initiatives within the Federation have been described in some detail above. Regarding partnership external to the Movement, a working partnership with the UN/ISDR regional office in Bangkok was improved, particularly through the Asia Pacific global platform on disaster risk reduction (GP/DRR) reference group meetings and the regional conference organized by National Institute of Disaster Management (NIDM). The relationship with the UNDP, Geo Hazard International and the South Asia Association for Regional Cooperation (SAARC) was also further enhanced, and in the most recent DMWG, there was active participation from external partners (ProVention/World Bank, UNISDR, Asian Disaster Preparedness Centre).

Key external funding partners were ECHO and DFID as described above, in relation to the two projects promoting disaster risk reduction. The ECHO-funded project “**Building Safer communities in South Asia**” is also collaboration with additional funding from Swedish Red Cross, who also funded significant proportions of other parts of the DM programme.

Health and care

Programme objective: National societies have enhanced capacities to reduce communities’ vulnerability to diseases and the effects of disasters and public health crises.

Guided by its 2006-2009 strategic plan, the regional health unit made significant progress in its key strategic focus areas, delivering more meaningful, consistent and coordinated support to health programming needs of national

⁸ See <http://www.ifrc.org/docs/news/08/08022201/>

societies in the region. Most prominent progress areas included scaling up HIV and AIDS programming in the region (especially youth peer education and anti-stigma activities) and increasing the knowledge, understanding and practice of public health in emergencies and response to avian and human influenza. In addition, meetings and workshops developed regional skills and capacities in these issues, along with improving the level of integrated disaster response preparedness capacity, access to resources and engagement with external partners.

Project 1: Regional health capacity support

Project objective: National societies provide better HIV/AIDS and public health programming through programme support, knowledge management and resource management.

Over the past two years, the regional health unit (RHU) has focused on consolidating its approach, and providing direction to the HIV/AIDS programme in the region. Technical support to national societies over the two years included assistance with operational plans, inputs for baseline surveys, planning on blood safety, in-country support and facilitation of training of trainers for youth peer education.

The regional programme focused on hiring, and providing support and guidance to national societies' HIV coordinators. Coordinators were supported to participate in International AIDS Conferences, both promoting the Red Cross Red Crescent work on HIV and AIDS and gained new perspectives on the local and global response to the pandemic at the same time.

Programme support tools were developed such as the operational guidelines 'HIV/AIDS project management manual' and the 'Youth Peer Education resource pack' which guided national societies on how to implement youth peer education activities, an area which progressed a lot in 2006-07. All national societies in the region are now undertaking activities related to peer education, in schools and colleges, tea estates, factories and other youth communities.

In mid-2007, the national societies of Bangladesh, India, Nepal and Sri Lanka committed to scale-up their HIV and AIDS programming under the Federation's HIV Global Alliance. The strategies, targets and activities of these programmes were detailed and peer reviewed in September 2007 to ensure quality control and peer learning.

The concept of public health in emergencies (PHIE) programming is now better understood by national society leaders and managers. This was achieved through a PHIE workshop held in May 2006, sharing of tools and guidelines and extensive sensitization activities and continuous dialogue. All national societies and country delegations have staff have committed to playing an active role in emergency preparedness and response programming and coordination.

Avian and human influenza (AHI) focal persons have been identified throughout the region and recommended actions for preparedness and response were disseminated. The RHU worked with focal points in Afghanistan, India and Pakistan on the development of community prevention and preparedness plans and project proposals. Preparedness planning guidelines, communication and reference materials were developed by the Federation, WHO, the United Nations Food and Agriculture Organization (FAO) and other organizations.

In collaboration with Federation country delegations, the RHU supported national societies' own priorities including strategic planning and evaluation of emergency mobile units in Afghanistan, development of health policy, strategies and coordination mechanisms in Nepal and ensuring health components in earthquake recovery programming in Pakistan.

In the Maldives extensive support was given to integrate community-based first aid (CBFA) in the tsunami recovery programme, developing national campaign for dengue/*chikungunya* prevention and control and the upgrading of the first aid training of staff of the Faculty of Health Sciences.

Many resource persons from the region were supported to engage in the development, practice and implementation of the revitalized CBFA framework 'CBFA in Action', through active participation in the Asia Pacific consultation workshop in September 2006 and in master facilitators' training workshop in June 2007. Many national societies are now applying this approach to their health programmes.

Project 2: Regional partnership development

Project objective: National societies have better health programming through improved coordination, partnership and advocacy

The twice-yearly regional health meetings and skills-based workshops created a growing platform for knowledge sharing and networking where priority issues could be addressed, as well as translating global policy decisions and strategic directions to the region.

Good progress was made on integrating regional health support with other sectors of the Federation. In disaster management especially, increased joint participation in workshops and meetings was the foundation for an

integrated disaster response preparedness capacity in South Asia. Health and DM focal points in the region worked together to define joint priorities and plans to develop regional disaster response teams (RDRT) and response and contingency plans which have strong health components.

The regional health programme has been working on the formation of a task force to serve as a forum for information and knowledge sharing on PHIE issues. The terms of reference for the task force are in the process of being drafted.

Initiatives against HIV and AIDS-related stigma and discrimination were boosted through the observance of World AIDS Day by national societies carrying out a wide range of activities, unified under the common theme of the Federation's anti-stigma campaign. Activities included poster competitions rallies, plays and other public events in collaboration with partners.

The regional approach to tackling stigma and discrimination issues continued to further develop with a joint health/humanitarian values initiative on reduction of HIV-related stigma and discrimination planned during 2007 and now being implemented. Activities in this joint initiative include a baseline survey to assess knowledge, attitude and practice, sensitization sessions at national society, country office and the South Asia regional office levels, and development of partnerships with PLHIV networks. The survey has been carried out in Afghanistan, Nepal and Sri Lanka, India office and the regional office. A variety of IEC resources and tools have been compiled on the issue and disseminated for feedback. It is envisaged that this process will dovetail into a HIV workplace plan for the national societies.

The regional health programme has compiled all health resources and catalogued them in an excel database with the purpose of creating a resource centre to facilitate national societies and country offices with better access to updated information. In an effort to improve information sharing and coordination across the region, a newsletter was developed by the regional health team and three issues have been disseminated in the last one year.

Working in partnership

The regional health programme has actively worked with relevant external partners to draw more technical and resource support in areas of common interest. The relationship with the regional office for the World Health Organisation further developed, helping to strengthen national societies' health programmes, such as the first aid/basic emergency response capacity of Nepal Red Cross Society. The RHU also worked through WHO on developing strategic plans to strengthen the capacity of the management of the dead and missing in disasters in the Asia Pacific region.

Existing country-level partnerships were mapped out, and national societies were supported to develop partnerships, further. One particularly visible development was the Afghanistan Red Crescent signing MoUs with the ministry of public health and the ministry of education.

The RHU has improved links up with key regional organizations such as UNAIDS, UNICEF, APN+ and Oxfam. Discussions were held with the APN+ regional coordinator about joint activities on HIV related stigma and discrimination, and they were actively involved in the HIV stigma and discrimination component of the HIV programme and in World AIDS Day activities at the South Asia regional office. The RHU has also been working with the non-governmental organization MAMTA⁹ on technical support for youth peer education, advocacy and sexual and reproductive health activities at both regional and county levels.

Constraints and lessons learned

During part of 2007, the RHU was short staffed due to staff having completed their mission, delayed recruitment of key positions and the development of the zonal structure. The staff shortage is the main reason why some funds allocated remained under-spent. Planned activities were also hampered due other priorities for national societies such as floods operations and the positions of some national society HIV coordinators remaining vacant.

Lack of funding was a problem in early 2007, especially for the regional PHIE programme. Funding improved after June 2007; however, staffing problems (due to end of missions) then led to delays in the implementation of activities. Efforts are on-going to urgently secure additional programme funds while a good ground for programming has been put in place.

The HIV/AIDS programme also suffered from lack of staff in 2007, but overall encountered fewer challenges. Progress in different countries has varied mainly due to the current capacity of national societies' health departments, the priority on disaster response and recovery programming, and other contextual factors.

Contributing to longer-term impact

The RHU has addressed common and specific needs of national societies, ensuring that these are in line with evidence-based practices, contribute to national health policies and guidelines, and adhere to broader Federation

⁹ Health Institute for Mother and Child

global health policy and strategy, the outcomes of the Federation of the Future processes as well as global frameworks (i.e. Millennium Development Goals or the Hyogo Framework for Action) which the Red Cross and Red Crescent committed to contribute.

Continued sensitization, training and support to national societies has enhanced their skills and capacities and increased their ability to contribute to national health policies and guidelines, as shown by increased active involvement in governmental and inter-agency meetings.

National societies have internalized and prioritized HIV/AIDS with a need for significant scaling up, within the context of the global alliance which is strongly supported in the region. There is a good foundation for increased implementation through putting in place the necessary human resources, systems and practices for the regional HIV/AIDS programme, including working more closely with PLHIV networks. The RHU has been able to assist national societies in setting-up a good platform for PHIE preparedness and programming, based on the clear understanding mentioned above. The technical support and coordination of informal networks for national societies' preparedness for avian and human influenza helped national societies and the regional office to monitor the developments and risk levels in the region.

Internal and external networking and partnership have also increased significantly as described above through the regular regional meetings and workshops, participation in international meetings and a number of informal means of interaction between country delegations and national society health staff.

Organizational development

Programme objective: National societies have programmes that measurably increase assistance to vulnerable communities

Project 1: Strategic Planning and management development

Project objective: Capacity of national societies to deliver effective programmes and services to the most vulnerable is strengthened.

Over the two years the importance of an integrated approach to programming gained substantial ground. This culminated in the joint regional DM/health/OD forum mentioned elsewhere in the health and DM sections of this report, where national society and country office participants developed integrated programming approach models. Increased focus on integrated planning and programming is facilitating funding OD activities through contributions from other programmes, sorely needed given poor direct funding.

The revised South Asia regional strategy was developed, primarily to explain the Federation of the Future outcomes in the regional context. This document was shared at the regional partnership meeting in March 2007, and was used as an underlying guide for the 2008-2009 planning process.

Other achievements during the two years include support to the national societies in the region to implement resource mobilization (RM) policies and plans, and the development of the RM policy in Afghanistan and a professional approach to RM in Nepal, supported by the Federation's capacity building fund. The South Asia regional office support focussed on knowledge sharing through developing a handbook on best practice to be published.

Support to volunteering in the region included publishing a study of the Volunteer Investment and Value Audit in Nepal, along with a fact sheet and recommendations for use. A study on women volunteers and recommendations on women friendly volunteer programme design was published. Improving the involvement of volunteers in emergency through setting up systems for effective inclusion of volunteers was promoted in several forums.

In Nepal, the NRCS was supported in carrying out a human resource management review comprehensive HR development plan and implementation strategy.

Constraints and challenges

The project has been strongly influenced by the regional OD delegate position being vacant for 12 months and by very low funding. This has led to a reduced set of activities and a gap in follow up on previous initiatives.

The other constraints have been that the lack of several OD focal points in country delegations and national societies, and changes in senior management. OD still struggles to be high priority issue in national societies. This was addressed focussing on "tailor made" support for OD and capacity building.

Best practices and lessons learned

The joint DM, health and OD forum in November 2007 was a major breakthrough where programme managers had the opportunity to develop practical models of working better together. One key point in common to all models was developing and evolving programmes around the expressed needs of vulnerable people.

The Bangladesh Cyclone SIDR emergency appeal plan of action was developed based on the integrated planning approach in order to achieve better programme impact.

Working in partnership

A joint visit by the South Asia regional office and partner national society delegations to the Afghan Red Crescent to assess the need for OD support and plan future interventions created very good opportunity to align OD programmes to increase impact. The work in the Maldives on the formation of the national society and development of new statutes is being carried out in close cooperation with ICRC, through two joint Federation/ICRC assessment missions as described in programme updates 3 & 4.

Contributing to longer-term impact

The ongoing technical OD support is part of continuous organizational change processes, which often address complex contexts, and therefore measuring direct impact is only rarely possible, as initiatives at the planning and policy level take some time to mature into implementation.

Project 2: Communications development

Project objective: Effective communications, advocacy and networking at national society and regional level is promoted to deliver enhanced services to the most vulnerable.

Achievements

Networking was improved through meetings and training programmes at national, regional and zonal level, including an information workshop (November 2006), training for communicators (by the BBC in July 2007), and communications training for India Red Cross and was further consolidated during the three-day zonal communications meeting in November 2007.

Networking, mutual support and knowledge sharing between countries was supported through the regional communications strategy and plan of action endorsed at the November 06 meeting, consisting primarily of mechanisms to increase information flow between countries and to the region (see previous programme updates for more detail). This was matched by the development of national plans for communication in emergencies, which has begun in Nepal, Bangladesh and India and is already in place in the Maldives.

Integration and support to regional technical departments improved, leading to the production of case studies, brochures, posters and other communication material for regional activities in DM, health and OD.

The profile of regional programmes was raised by supporting the promotion of news stories, photos and case studies on the Federation website. One prominent recent example was cyclone SIDR in Bangladesh, for which the South Asia regional office facilitated 300 media interviews across TV, radio, internet and print from virtually every corner of the world. Pre-established close links with CNN, Reuters and the BBC all ensured a high level of coverage of the early stages of the relief operation. The media coverage facilitated for the South Asia floods was similarly widespread.

Constraints and challenges

The major constraint was the irregular and low funding making it difficult to do longer term planning.

The momentum built by the media bridge slowed somewhat due to the very local focus of many national society stories, but this can be addressed by further evolving of regional networking mechanisms.

Best practices and lessons learned

The reach of the network was used to great advantage in regional disasters where the Red Cross Red Crescent could be represented in all countries.

Key lessons for the future include the need to provide further training and tools for our communicators especially in improving use of technology, photographs and videos. Internal communication can also be improved to avoid duplication and make best use of funds and resources.

Contributing to longer-term impact

The heightened communication response through this period enabled wide media coverage highlighting the work of our staff and volunteers to a wide audience. The excellent media coverage of our emergency operations had a

direct and immediate bearing on donations both public and private and also helped generate other resources for the relief and recovery efforts.

Working in partnership

The ICRC sponsored the production of visibility tools for the Maldives and it helped to take on half of our costs for the regional communication training (conducted through BBC World trust).

The strategic agreement with Reuters for sharing content was put to good use during the South Asia floods, Cyclone SIDR and for coverage of local events.

Project 3: Financial development project

Project objective: National societies have strengthened capacity in financial accountability, reporting and management, leading to improvement in quality and timeliness of reports.

Achievements

In Afghanistan, a needs assessment in March 2007 led to the development of a new finance management system to be developed, supported by a new finance manual, computer training and English language training necessary for basic finance management. In December 2007 the South Asia regional office visited Afghanistan to provide technical to develop and finalize the new finance management system which is being run according to international standards. The new system is running under trial until March, after which a review will be carried out and the system fully implemented.

The national societies of Nepal and Bangladesh were supported in the installation and use of international standard financial software with the necessary training and support. In Nepal, follow up training in November in the three regional offices increased the knowledge of national society staff.

Five national society finance staff from Afghanistan and from two Bangladesh visited Nepal to learn about their good practices in financial management and reporting systems, as Nepal has had a computerized accounting system for 12 years now. Both visits helped build the confidence to work in finance software.

In India Red Cross, a review identified the need to customize the Navision software to the IRCS's needs. The detailed requirements for this customization were developed with the support of the South Asia regional office, and have now been submitted for tender.

Financial training for Federation programme managers was an additional support to the region's overall financial management development.

Best practices and lessons learned

Peer visits to high performing national societies was greatly appreciated by the visiting national society, and served as a real life example of what is possible in financial management. The installation of international standard software has been very helpful in speeding up financial processes, and will be extended to Pakistan in 2008.

Contributing to longer-term impact

In Nepal, follow up training in November in the three regional offices increased the knowledge of national society staff, and the efficiency, quality and timeliness of their work showed a marked improvement.

Finance directors in the Nepal and Sri Lanka were increasingly able to manage without extensive external support from the South Asia regional office, and in addition, carried out further training at the branch level.

Project 4: Planning, monitoring, evaluation and reporting (PMER) development

Project objective: National societies and country delegations have increased capacity to effectively plan and report on their work

The project greatly increased its focus on PMER capacity building compared with previous years, especially in Afghanistan, Bangladesh, Nepal and India. By doing so, it achieved a significant shift from "reporting" to a more complete planning, monitoring, evaluation and reporting approach in the region, as demonstrated by example through specific plans in Nepal, Bangladesh and Afghanistan to establish or increase PMER units in 2008-09.

During 2006, substantial progress was made in capacity building services provided, made possible by the recruitment of one additional staff in the regional office. The capacity building had three main elements: designing and running standard and ad-hoc training carried out at national level, coaching, mentoring and extensive guidance during country visits and by distance, and the use of external training resources. The standard training package

was well received and used in all four countries. In addition, focal points from all seven South Asian countries attended a thorough training of trainers on how to use the materials.

In 2007, a certain level of momentum was continued, with some countries following up the training of trainers with their own national-level coaching and training (especially in India), and external training in Nepal and Bangladesh. A key focus was providing planning and monitoring and evaluation skills training in preparation for the 2008-2009 planning process.

Constraints and challenges

The demands of implementing a revised Global planning and appeal system, combined with all countries support the reporting requirements for the very severe flooding and cyclones in the region, was a significant constraint on close follow up and scaling up of the groundwork laid in 2006.

Best practices and lessons learned

The combination of trainings, workshops, coaching and mentoring and use of external training was found to be a more comprehensive approach to capacity building. However, each element could be better planned out and linked to the other elements for greater impact.

Contributing to longer-term impact

Reviews of the plans and reports from the region over the two year period overall demonstrate an increase in the understanding and quality of planning documentation, and a varying level of quality in reports. Improvements have been made in reporting, but are difficult to sustain, especially when other priorities are heavy. However, a firm basis of improved understanding and quality of plans and reports can be observed, which needs to be built on further during 2008-09.

Humanitarian values

Programme objective: The Red Cross Red Crescent Movement in South Asia is a strong advocate for promoting respect for diversity and fighting discrimination and intolerance

The major overall achievement of the programme over the two years has been to increase the acceptance, understanding and practice of an model where humanitarian values activities are integrated into national societies more prominent programmes, especially health and disaster management.

In Nepal Red Cross, following their strategic direction, integration of HV with the other programmes was greatly increased, especially with the community development programme. In Bangladesh, a four-day facilitator training in September 2006 on HV related issues such as dignity, rights, discrimination, diversity and violence in the Bangladesh community context increased the management's understanding and capacity to integrate these issues with other programmes.

This in turn led to regular meetings throughout the year at the BDRCS, exploring the translation of principles into actions in the community. As a result, BDRCS has a group of committed people who can provide advice and input on thematic issues related to the principles and values. This training also enables people in the national headquarters to carry on the process of workshops within their own departments with the focal person in the national society in the lead.

Advocacy and guidance by the regional office to country delegations and national societies was an ongoing activity through the two years, especially on increasing understanding of gender issues and gender balance. Some indications of progress coming from this gradual process include the Indian Red Cross holding its first ever youth camp in December 2007 (in Pune, Maharashtra) where a gender-balanced participation was ensured. The situation however is still the same in Pakistan where a youth camp in 2008 was solely meant for women – this despite advocacy for a gender-balanced approach.

The youth camp in India was organized by two India Red Cross staff who attended one of the two youth camps held by the Nepal Red Cross in August 2006, followed by a second camp in November 2006.

As in the previous youth camps on discrimination, the Nepal Red Cross sent strong messages on advocacy for the most vulnerable and a new dimension to the understanding of vulnerability. The main topic discussed at both camps was how discrimination of the most vulnerable communities exaggerates their vulnerabilities.

One memorable moment was a young man living with HIV/AIDS admitting that for the first time he realized that stigma and discrimination was not the bane of people living with HIV/AIDS alone, but that other sections in the communities who had to live through worse forms of discrimination (including untouchability) since their birth. That

these people were voiceless, meant that they were even less empowered. This has been followed up with a series of low-budget activities to reduce untouchability – street plays, holding talks and discussions in public places, drawing up posters etc.

The impacts the regional programme have made is visible in the form of follow-up action on the part of participants of workshops organized as part of the regional programme. For example, the participants at a workshop in August 2006 on the Humanitarian Charter and Code of Conduct for the Movement and international non-governmental organizations in disaster relief conducted similar sessions in the Assam branch.

At the regional level, a joint initiative has been undertaken in 2007 with the HIV/AIDS team in the regional office to address the issue of stigma and discrimination. An immediate output of this initiative is to have a workplace plan in place in the regional delegation before the new contract is in place for the staff. This workplace plan is to deal with the stigma attached to HIV and the discriminatory behaviour that such stigma gets reflected as.

As a first step in this direction, a regional questionnaire to gauge the knowledge, attitudes and practices associated with HIV has been launched. This process has been completed in two delegations of the region – the India office and the regional office. The process is underway in other delegations.

This questionnaire has been prepared with inputs from the International Labour Organization (ILO) and APN+, a network of HIV positive people in the Asia Pacific region. The regional office is actively partnering with the APN+' associated country-level networks for this assessment. The information from this will be used across South Asia to reduce stigma and discrimination associated with HIV in the community through a joint project between the regional humanitarian values and health teams.

Constraints and challenges

The main constraints were posed by the challenge of getting resources for the programme. This led to many activities not being carried out, slowing progress, making partnerships difficult and causing a loss of interest for some national societies.

The wide range of approaches and level of understanding within the region also makes it difficult to establish a unified regional approach. This is especially true as some aspects of humanitarian values at times clash with some people's understanding of their traditional culture, such as gender equity and the integration of young men and women at events.

Best practices and lessons learned

The key best practice and lesson learned, as described above, is the success of moving HIV more and more into an integrated component of other programmes, and less as a stand-alone programme

A good specific example of this was the acceptance of an application of the Code of Conduct as a tool for evaluating relief operations following floods and landslides in Nepal to be used at the end of the operation in 2008. The issue of diversity of beneficiaries in the flood and landslides relief was also raised

Peer support has yielded good results in for example the counterparts from Indian Red Cross Society learning from the youth camp in Nepal about ensuring an inclusive youth camp which demonstrates that the Movement is open to all, which led to a youth camp in India with a good gender balance.

Working in partnership

Our work in the area of HIV/AIDS with APN+ was a good beginning. The initiative covers the coming two years and will be formalized in the beginning of 2008. For this initiative to address the issues of stigma and discrimination attached to HIV, the ICRC mission in New Delhi was also involved for the first time, especially gave a good instance discussing about HIV within a Movement workplace. The questionnaire was also tested with ICRC colleagues.

Implementation and coordination

Coordination, cooperation and strategic partnerships

The regional office took an active lead in explaining and promoting the outcomes of the Federation of the Future process, the staff Code of Conduct and the Millennium Development Goals (MDGs). In late 2006, following endorsement by the secretaries general forum, a revised regional strategy was developed, essentially to translate the Federation of the Future outcomes into a regional context. This strategy was launched at the regional partnership meeting in March 2007.

The secretary general of Nepal Red Cross spent a few months as staff on loan to the South Asia regional office, to help national society management and governance understand the Federation of the Future, and playing a key role

in the development of the South Asian secretaries general forum. This forum was developed during the two years into a key cooperation mechanism for the region.

The regional office continued its function as a broker of relationships and provided contextual technical and other support as required to the ongoing large tsunami and Pakistan earthquake operations. Regional support was also provided for partnership meetings held in Sri Lanka, Bangladesh and Pakistan and in preparation for the Asia Pacific regional conference in Singapore in November 2006.

The key milestone in the history of the regional delegation during the period was the granting of a "legal status agreement" by the government of India on 5 April 2006, providing the Federation with legal and fiscal advantages similar to the status of a diplomatic mission.

In 2007, an integration agreement with Danish Red Cross was finalized, and the regional head of the Danish Red Cross joined the South Asia regional office. This significant agreement may be replicated in the future, a possible key role for SARD in support of the new Federation-wide operating model.

The regional office also supported the organization and implementation of the meetings on the India HIV consortium and the Global Alliance on HIV (see health section for more details) and was closely involved in the development of the operational alliance in Nepal.

Management of the delegation

One key overall emphasis over the two years has been increasing integration among programmes, to ensure coherence and efficiency. Initiatives have included joint planning sessions, joint workshops, and joint projects. The culmination of these efforts was the joint OD/Health/DM forum in Sri Lanka in November 2007, as described in some detail in the sectoral sections above.

There were significant changes in the staffing of the regional office, including two changes of head of office over the two years, and gaps in between appointments were often unavoidable. The continuity of leadership in the office was however maintained as much as possible. In parallel, human resource systems have been formalized for the South Asia regional office and for the region.

An ongoing constraint was the frequent need for regional delegates having to spend sometimes extended periods in country offices in the region, damaging for the continuity of the regional office itself.

Another key constraint starting in mid-2006 and continuing until present has been lack of funding or difficulties in securing funds, especially in the OD and humanitarian values programmes, and the disaster response project and the coordination functions of the regional office. As the regional tsunami and Pakistan earthquake programmes wound down, the regional office continued to provide support to these operations, however replacing this source of funding support proved difficult. Despite major challenges, the delegation managed to maintain no deficit in any programme, and overall expenditure against funding at 86 per cent, with three of the four programmes achieving over 90 per cent (see table on page one).

Initial discussions have been held to look at how best to consolidate some of the functions of the South Asia regional office and India office.

Looking ahead

The advances made in integrated programming and in established regional networking and coordination mechanism will be consolidated and built on during 2008-2009. The South Asia experience in integrated programming is being shared through the Asia Pacific Zone and the other zonal offices. The regional office will also continue to provide strong support to the region's implementation of the new operating model.

The priority areas where progress has been made will also be further developed, such as risk reduction and response capacity building in DM, scaling up HIV/AIDS prevention and anti-decimation work in health and humanitarian values, and support to integrated and efficient, well functioning programming in OD.

The role of the regional office is likely to undergo some changes during 2008-09 as the precise and most appropriate roles and responsibilities of the regional offices vis-à-vis the Geneva, zonal and country offices of the Secretariat are further clarified as the Federation's new operating model unfolds.

More detailed outlines of future plans can be found in the [Appeal 2008-09](#).

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable. See www.ifrc.org for more details

The Federation's Global Agenda

The International Federation undertakes activities that 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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