

Annual report



International Federation
of Red Cross and Red Crescent Societies

South Asia

Appeal No. MAA52001

This report covers the period 1 January to
31 December 2010

27 April 2011



A Pakistan regional disaster response team member conducting an assessment during the monsoon floods operation in Sindh in 2010. Photo: IFRC.

In brief

Programme outcome: As outlined in the 2010-2011 plan the aim of the International Federation of Red Cross and Red Crescent Societies (IFRC) is to coordinate and support efforts at country and regional level to assist South Asian national societies to scale up their work to improve the lives of vulnerable people.

Programme(s) summary: The South Asia regional programmes have continued to focus on the work towards an integrated programming approach and tackling cross-cutting issues. In disaster management, the programme continued to scale up disaster management/disaster risk reduction (DM/DRR) approaches to improve the quality of national societies' community-based preparedness and mitigation programming methodologies, materials and tools including addressing issues on recovery, emergency health and climate change – all under the “building safer communities” umbrella. The capacities of disaster response teams at the regional, national and branch levels were improved to respond effectively and function as response networks during emergencies. Through the Disaster Management Working Group (DMWG) of national societies, the eighth meeting of which was held in November 2010, a regional DM/DRR framework was advocated for guiding effective DRR programming in South Asia.

The regional health and care programme focused 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. Furthermore, the focus was on the scaling up of community-based health and first aid (CBHFA) activities and rolling out the global CBHFA in action across the region.

Country specific tailor-made organizational development assistance was provided to national societies in the region, mainly for strategic planning processes, strengthening branch capacity for resource mobilization, income generation potentials and an Operational Alliance on organizational development to Nepal Red Cross Society (NRCS). Looking at Strategy 2020 – to do more, do better and reach further – in South Asia, a regional organizational development forum was held in Kathmandu in August 2010 during which discussions were focused on continuation and innovations of organizational development interventions. Two planning, monitoring, evaluation, reporting (PMER) workshops were

organized for the national societies of India and the Maldives. To strengthen the cross cutting organizational development/capacity building of national societies of South Asia, a project proposal was developed on organizational development in emergencies. The organizational development team, together with the regional disaster management team, attempted to analyse a case on the reality of the regional disaster response team (RDRT) activation in the region in order to strengthen its significance and its well functioning in South Asia region.

The regional communications team aims to position the regional office, its country offices and national societies, as the primary, credible sources of information on humanitarian issues and disasters in the countries in which they operate. It also works on enhancing the overall content quality of all communications products, and ensures there is clarity and coherence among all messages.

The communications regional office promotes the capacity building in the region through knowledge sharing, collaborative working and outreach among national societies. It also supports IFRC's global campaigns.

The principles and values programme has been integrated with other programmes and formed a part of most of the trainings conducted by the disaster management and health programmes in the region. A youth as agents of behavioural change (YABC) peer education training was conducted to support the internally displaced people (IDP) project of Sri Lanka Red Cross Society (SLRCS) in December 2010. The aim of this training was for SLRCS to develop a proposal under the IDP project on promoting peace in the community by using these trained youth volunteers.

Financial situation: The total 2010 budget was CHF 2,012,490 based on the programmes' work-plan and funding situation. Coverage is 110 per cent while expenditure from January to December 2010 is 71.8 per cent of the total 2010 budget.

[Click here to go directly to the financial report.](#)

No. of people we have reached: The South Asia regional office supports the seven national societies and seven IFRC country offices in South Asia. The region includes Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka, out of which national societies exist in all except Bhutan. The direct beneficiaries of the disaster management programme are principally disaster management staff members and volunteers in the national societies and country offices in the region. An estimated 4,500 staff and volunteers from six national societies, partner national societies, DIPECHO partner agencies and IFRC staff in South Asia were reached to improve their operational and implementation capacity. The disaster management programme is also working with the authorities in Bhutan in providing disaster risk reduction (DRR) and community-based health and first aid (CBHFA) interventions, along with assistance during emergency operations.

A total of 110 people have directly benefited and an estimated 1,400 people indirectly benefited from the Secretariat-supported organizational development/capacity building programme interventions during 2010.

Some 240 people have benefited directly and an estimated 1,500 people indirectly benefited from the Secretariat-supported principles and values programme (including health and disaster management programmes) interventions during the reporting period.

Our partners: The key partners of the South Asia regional office programmes are: British Red Cross, Canadian Red Cross, Finnish Red Cross, Japanese Red Cross, Swedish Red Cross, Red Cross Red Crescent Climate Centre, the UK's Department for International Development (DFID), AUSAID, and the European Commission's Humanitarian Aid Department (ECHO/DIPECHO). In addition, working relationships have been initiated or further strengthened with the South Asia Association of Regional Cooperation (SAARC) disaster management centre, Bhutan Government, United Nations International Strategy for Disaster Response (UNISDR), World Health Organization (WHO), United Nations Development Programme (UNDP), United Nations International Children's Emergency Fund (UNICEF) and non-governmental organizations in the region.

Health and care: Canadian Red Cross, Finnish Red Cross, Japanese Red Cross, Swedish Red Cross, Red Cross Red Crescent Climate Centre, Eli Lilly, World Health Organization (WHO), region networks of people living with HIV, government ministries and civil society organizations under the regional health and care programmes.

Organizational development and principles and values: The key partners for the year 2010 were

Japanese Red Cross and Swedish Red Cross.

The International Federation of Red Cross and Red Crescent Societies, on behalf of the national societies in the South Asia region, would like to thank the above mentioned partners for their generous and continuous support.

Context

During this reporting period, South Asia witnessed an unstable security situation and other challenges, such as a number of natural disasters, which hampered the smooth implementation of activities by the Red Cross Red Crescent Societies in the region. The overall security situation remained volatile and tense in Afghanistan and Pakistan, witnessing a steady increase in criminally-oriented incidents. Nepal too continued to witness violence by criminal, armed and ethnic groups in certain regions. The region also saw heavy monsoon rains that caused floods and landslides in large parts of Bangladesh, Nepal and India (including unprecedented flooding in Leh district in the state of Jammu and Kashmir). Furthermore, South Asia is faced with inter and intra-state socio-political tension, internal conflicts and insurgencies that cause widespread violence and peoples movements across the region. There are perpetually large numbers of internally displaced people as well as a considerable amount of refugees, many of whom are hosted by other countries with ethnic affiliations within the region. There were a number of natural disasters such as the devastating landslide in the Hunza valley, the mega floods which hit Pakistan in July, affecting more than 20 million people, and leading to the launch of an emergency appeal for CHF 130 million, targeting to assist 130,000 flood affected families for 24 months. During the reporting period there has also been an outbreak of acute diarrhoea in Nepal. The region also saw heavy monsoon rains that caused floods and landslides in large parts of Bangladesh, Nepal and India (including unprecedented flooding in Leh district in the state of Jammu and Kashmir, India). Under such circumstances, the national societies in the region continue to provide substantial humanitarian assistance to vulnerable populations through their headquarters and extensive networks of branches and volunteers and in the context of their auxiliary role to the government.

These called for a strong Red Cross Red Crescent response across the region, along with a number of ongoing emergency operations that were already being implemented. In this context, the International Federation of Red Cross and Red Crescent Societies' (IFRC) South Asia regional office continued promoting a shift from a response-centric disaster management approach towards a risk reduction-centric inclusive approach under its 'building safer communities' initiative in South Asia. Despite some constraints and delays due to the security situation and a series of natural disasters in the region, along with limited funding coverage of some regional programmes, the South Asia regional office works to build the capacity of national societies and support the IFRC country offices who continued to make progress during this period, the details of which are outlined in this report.

Progress towards outcomes

Disaster management

Purpose: National societies have strengthened capacity to implement disaster mitigation, preparedness, response and recovery programme

Outcome(s)

| Programme component | Outcome |
|--|---|
| Building safer communities. | National society capacity to support community preparedness and mitigation is strengthened. |
| Disaster response and preparedness for response. | Regional capacity and systems are improved to respond effectively and efficiently in times of disasters. |
| Coordination and cross cutting issues. | South Asia disaster management programme is made more effective through co-ordinations, collaborations, and innovative cross cutting initiatives. |
| Recovery. | 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. |

Achievements

Outcome 1

Contextualisation of community-based disaster risk reduction (CBDRR) training material

As part of the contextualisation of community-based disaster risk reduction (CBDRR) material, a number of consultations and discussions were done in six countries of South Asia. A matrix for disaster risk reduction (DRR) mapping of all national societies was developed and this exercise was taken up by the national societies through consultative meetings. A regional technical working group comprising of DRR focal persons from the national societies in the region was also formed to review and provide technical guidance on the CBDRR curriculum and manuals for country-level contextualisation.

The progress made by each country is as follows:

Afghanistan: Translation of all the training material into the local language has been done and proof reading of the translated documents is in progress. Getting translators with a background in DRR and also a command of both English and local language has been a big challenge, significantly delaying the whole process. In addition, the cost involved in the process is higher than other countries due to scarce technical resources.

India: A DRR consortium was formed by Indian Red Cross Society (IRCS) involving IFRC and partner national societies in India. During the first meeting of the consortium, it was discussed that the regional training material should be reviewed to make it more applicable to the country context. Following the meeting, a module-wise contextualization process commenced. Quotations for translation have also been received and the first draft of the translated document is being reviewed by IRCS.

In January 2010, the regional DRR manager (DIPECHO) facilitated a country-level consultation process to orient the DRR focal persons on the DIPECHO project. The consultation meeting was held at Delhi in June with DRR focal persons from Afghanistan, Bangladesh and Sri Lanka to review the progress of CBDRR contextualization and identify the ways to speed up the process and progress of other initiatives. A regional DRR technical working group has been formed to review the present CBDRR training material and provide technical inputs to make the material more relevant to country specific community-based DP/DRR programmes and to provide technical support in developing a training of trainers (ToT) kit for CBDRR training programmes for South Asia. A regular consultation with country DRR focal persons is one of the areas of intervention of the technical working group.

As a part of DRR capacity building, the regional DRR project manager (DIPECHO) facilitated a four-day stakeholder's orientation workshop in Maharashtra, India. The DRR project manager (DIPECHO) also facilitated an urban vulnerability capacity assessment (VCA) in Mumbai, India during December 2009. In February 2010, regional DRR officer co-facilitated the regional VCA workshop held at Barshi, Maharashtra, India.

The translation of the training material into local languages has helped in percolating the knowledge to the grass roots level. The contextualization has not only helped the countries in having their own training material but also in bringing together various actors in DRR to develop a common understanding and approach towards DRR.

Nepal: A committee was formed by Nepal Red Cross Society (NRCS) along with partner national societies to review the existing training materials on DRR along with the regional CBDRR training material. After a series of consultations and circulation to the South Asia regional technical working group on CBDRR, the training material has been finalized. The training material has been developed in the English language and will now be translated into the local language. The regional training material is also being translated into local language to be used as reference material by local branches.

Pakistan: The translation of training material into local language was done. However, due to the mega floods in the country, further consultations have not taken place. A mapping exercise of the country DRR programmes has been taken up to understand the training needs at country level and contextualize the material accordingly. The country DRR focal person is participating actively in the regional technical working group meetings.

Sri Lanka: Contextualization process is complete in Sri Lanka. The CBDRR documents were translated into Sinhala and Tamil languages. Consultations with DRR stakeholders have been done, suggestions were incorporated and the documents were finalized.

Development of ToT kit on CBDRR

A training kit for CBDRR trainers has been developed during 2010. The document was finalized after two field testing training programmes were held in Bangladesh and India. This kit focuses on enhancing

facilitation skills and will supplement and complement the CBDRR training curriculum. The kit aims at developing the skills of master trainers of CBDRR curriculum who will in turn develop trainers at national and below national levels. This kit has tools and methods which are user friendly and is linked with the CBDRR training kit. The two regional training programmes have resulted in a pool of trainers in the region with training skills and a refreshed knowledge of CBDRR.

Five-day training on CBHFA in Bhutan

A workshop for master trainers on CBHFA was organized in Bhutan during April 2010. Government officials and school teachers were trained on various aspects of CBHFA. The Government of Bhutan has used the knowledge and skills from this training programme to train their staffs at district and below district level. They have a plan to further scale up these initiatives in all the districts to enhance knowledge and skills on CBHFA.

Regional basic search and rescue training programme

Two training programmes facilitated by the Bangladesh Red Crescent Society (BDRCS) staff on basic search and rescue was held in Bhutan in coordination with the Government of Bhutan. Fire personnel, police, military and other government staffs were trained in these two training programmes. These training programmes have enhanced the search and rescue skills among police and army personnel who have in turn used these skills to train their fellow police and army personnel. Training on search and rescue skills have become part of their training curriculum.

Development of guidelines for the usage of first aid kit

A ready reference booklet for first aid guidelines has been developed in coordination with the regional health and care team for the usage of first aid kit. As a rejoinder to the standard first aid kit, this booklet will benefit the user as a ready reference for various injuries and illnesses.

Advocacy training Kit

In order to move forward with advocacy efforts for DRR, an advocacy training kit, which includes a facilitator's guide, a participant's journal, and power point presentations for each session was developed and field tested. The training kit is printed and copies of the same were shared with national societies, country delegations and DIPECHO partners.

The advocacy training kit aims at developing understanding on advocacy for disaster risk reduction, and will also help the country delegations and national societies to identify and plan advocacy issues. The kit will help the user to take up training programmes on advocacy at different levels.

Regional advocacy training programmes- field testing (Sri Lanka and Nepal)

The first regional advocacy training programme for DRR was held from 8-11 June 2010 at Colombo in Sri Lanka. The four-day training was attended by 20 participants from Red Cross Red Crescent national societies' of Afghanistan, India, Maldives and Sri Lanka. The participants from Handicap International (India), United Nations Development Programme (UNDP) --Sri Lanka and from Disaster Management Centre (Government of Sri Lanka) also attended the training.

The second advocacy training programme was held in Nepal from 19-22 August 2010. Participants included representatives from DIPECHO partner agencies in Nepal, South Asia Association of Regional Cooperation (SAARC) disaster management Centre, Red Cross Red Crescent national societies from Bangladesh, Pakistan and Nepal, and participants from Ministry of Home and Cultural affairs and the Royal Government of Bhutan. An interactive DVD of the advocacy training kit has been developed which includes the soft copies of practical guide to advocacy for DRR, facilitator's guide, and participant's journal with linkages between the documents. The DVD also has power point presentations and other reference and reading material for facilitating training programmes on advocacy.

Regional drawing and project design competition on DRR

In order to spread and enhance awareness on DRR, IFRC engaged children and youth to act as advocates of change and contribute towards minimizing or reducing disaster effects. A drawing and project design competition on DRR was organized in several schools and communities located in six South Asian countries, including Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka. More than 5,000 children had participated in this competition. The competition 'Change Agents for Disaster Risk Reduction' received



Children displaying their drawing at the regional drawing competition held at Rathnapura, Sri Lanka. Photo: IFRC

tremendous positive response from the children and youth. Girls aged eight to 12 and youth (aged 13-16) participation was emphasized since the beginning. A regional jury was organized to announce the regional winners. The regional jury comprised 'Kala Vibhushan and Kala Shree award winner' with accolades from UNESCO; IFRC disaster management coordinator; director of SAARC disaster management centre; and an emergency specialist from UNICEF. The awards for the regional winners were presented during the DRR festival held at Dhaka, Bangladesh.

The regional competition has helped in enhancing awareness on DRR and has also helped to motivate the national societies and country offices to take up similar initiatives in future. This initiative also helped to enhance the reach of Red Cross in Pakistan. In Afghanistan this competition was followed by a television show on disaster preparedness. Afghanistan Red Crescent Society (ARCS) have received requests from many schools to conduct more of such events to involve children in disaster preparedness.

Regional DRR framework

A one-day think tank exercise on regional DRR framework was held during February 2010. The draft framework was shared with country disaster management focal persons for repeated modifications and inputs. It was then discussed during DMWG meeting held in Sri Lanka, inputs were collected from the disaster management leadership in country offices, national societies and partner national societies and framework finalised.

The regional DRR framework will give an opportunity for all the countries in the region to move in a strategic direction to reduce disaster risks. The process of developing the framework with consultations and discussions has led to a common understanding of the disaster risk reduction in South Asia and the strategic direction for moving ahead.

Outcome 2

In February 2010, the South Asia regional disaster management team supported BDRCS and the Bangladesh country office in facilitating the first national disaster response (NDRT) training course which was a step towards strengthening BDRCS's national disaster preparedness and response mechanism (NDPRM). The team also provided technical support to ARCS for conducting NDRT training in May 2010. Under the RDRT project "Strengthening Disaster Response Capacity in South Asia" the RDRT pre-deployment agreement was discussed during the 21st South Asian Secretary Generals forum in Nepal (February 2010) and a resolution has been endorsed by the Secretary Generals. Two surveys were carried out to identify trained RDRT members in the region. Following the survey as well as recommendation of the participants' performance from the trainings conducted, a RDRT deployment roster has been developed which would require the approval of the national societies and country office should they be selected to be deployed in the region. In addition, a RDRT/human resource database has been developed and has been rolled out to the seven South Asian country offices/national societies to update the data of the trained staff members and volunteers in the database. The final draft of the RDRT/field assessment and coordination team (FACT) handbook has been completed and shared with Asia Pacific disaster management unit and the Secretariat in Geneva in March 2010 for the finalization.

The terms of reference (ToR) for the NDRT/RDRT task force (consisting of four members from national societies/country offices and South Asia regional office) which was formed in November 2009, has been endorsed by the DMWG members during the eighth regional DMWG meeting in Colombo, Sri Lanka in November 2010. The NDRT/RDRT taskforce members have been involved in carrying out activities such as short-listing participants for RDRT trainings, supporting the facilitation of RDRT refresher courses, developing training curriculum for NDRT trainings linking with RDRT, as well as advocating for RDRT pre-deployment and deployment agreement with senior management.

During the period of October-December 2010, nine trained RDRT members from South Asia, including one female from Sri Lanka, Bangladesh and Nepal were deployed to Pakistan for the super floods operation in two rotations.

One RDRT refreshers course was conducted for RDRT members who had completed the RDRT induction course between 2002-2007. A total of 11 participants from six national societies and country offices attended this training. Five trained RDRT members from Bangladesh, India, Nepal and Pakistan participated in the FACT/RDRT team leaders training which took place in Kuala Lumpur in August 2010.

As part of the RDRT communication plan, a South Asia RDRT group has been formed on a web-based social network for all RDRT members. The final draft of the RDRT sustainability plan has been developed and the documents will be shared with all concerned for their final inputs/feedback.

A standard operating procedure for usage, storage and maintenance of RDRT IT/Telecom deployment kits stored in the South Asia regional office has been developed and approved by senior management.

Support was provided to the IFRC's India office in drafting a disaster relief emergency fund (DREF) operation for the floods that hit Leh district in the state of Jammu and Kashmir in August. In addition, the Government of Bhutan had requested assistance from IFRC in supporting the needs of approximately 335 people affected by a fire that broke out in Chamkhar town in Bumthang district in October, as there is no national society in the country. This request was built on the recent cooperation between the Bhutan Government and the South Asia regional office, which focused on developing capacity in implementing community-based disaster preparedness and reduction nationally. In response to the request, two team members from South Asia regional office and the disaster management unit from the Asia Pacific Zone office had visited the affected area from 13-20 December 2010 to review the operation and objectives based on the needs and gaps and considering the response of the Republic of the Government of Bhutan and UN country team. Based on the assessment it was recommended that IFRC would contribute to the rehabilitation plan of Chamkhar by providing the basic facilities to the reconstructed houses (water and sanitation facilities) and develop community-based disaster preparedness (CBDP) plan once the rehabilitation phase was over.

Outcome 3

The regional disaster management team meeting conducted in February 2010 was attended by the disaster management managers from South Asia, Asia Pacific disaster management unit's operations coordinator for South Asia, cooperation delegate of the International Committee of Red Cross (ICRC), DRR focal person-ECHO South Asia, representatives from British Red Cross, Danish Red Cross, German Red Cross, and key programme managers from the South Asia regional office (health, organizational development, disaster management), including the regional programme coordinator.

Development of a case study on DRR

The regional communications officer visited Mumbai to collect cases and speak to the stake holders of the DRR interventions in Maharashtra. A case study on urban risk reduction initiatives on IRCS in Mumbai was developed and printed. This is a documentation of a success story involving working with urban communities which are more complex in terms of working for DRR. The documentation and printing of this case study will help the visibility of Red Cross initiatives in the country. The reader will also learn about the process adopted for DRR in an urban community.

Cross regional workshop on indigenous knowledge on DRR

A four-day workshop on 'Cross-regional learning on indigenous knowledge on DRR' was held from 8-11 March 2010 in Cox's Bazar, Bangladesh to enhance the cross regional knowledge-sharing practices among community as well as other stakeholders working on DRR. Over 40 participants from 10 different countries including Bangladesh, Bhutan, India, Maldives, Mozambique, Myanmar, Nepal, Philippines, Switzerland and Vietnam actively participated in the workshop.

This workshop not only reinforced that indigenous knowledge is an important component of DRR but also pushed for more focused efforts towards this component in Red Cross Red Crescent work. Based on the feedback from a DRR specialist from Geneva, who was one of the facilitators, an intern was hired at Geneva to work on the use of indigenous knowledge while developing DRR plans in the Movement. More work in this area is being carried out globally.



The IFRC Bangladesh head of office addressing the audience at the regional DRR festival held in Dhaka, Bangladesh during October 2010. Photo: IFRC.

Regional DRR festival

The regional DRR festival was organized in Dhaka, Bangladesh on 25 October 2010. During this one-day event, the regional drawing and project design competition winners were presented awards. Around 27 organizations from across the region have participated in this event. Stalls were put up to showcase various resources developed by different organizations. This event gave an opportunity to various organizations in the region for sharing of knowledge and resources, networking opportunity and areas of coordination and exploration in DRR. There was also a discussion on the knowledge-sharing mechanisms which gave us an opportunity to document knowledge-sharing practices across the region. The whole event was organized by IFRC South Asia regional office with the support of the IFRC Bangladesh country office.

Visibility

As part of the visibility plan, some entertainment kits were procured for the distribution among children who had participated in the regional competition. The kits include some basic stationery and comic book on DRR. To promote DRR through children, IFRC, with support of ECHO along with Grandhi Mallikarjun Rao (GMR) and Varalakshmi Foundation, distributed educational kits on DRR to the children at the T-3 terminal of Delhi International Airport on 23 September 2010.

Exchange visits for enhanced learning on DRR:

- The regional disaster management coordinator participated in a regional consultation conference in Manila, Philippines in March 2010 with heads of national disaster management authorities for Asia Pacific and Asian Disaster Preparedness Centre (ADPC) where mainstreaming DRR activities into CBDRR was the main focus of discussions.
- The regional disaster management coordinator along with regional DRR project manager - DIPECHO participated in the disaster management practitioners workshop held at Phuket during September 2009.
- One staff from NRCS participated in the South Asia regional ToT on "School to Community Safety" held at Dehradun from 20-22 July 2010 for exchange of knowledge and sharing of experiences on school safety initiatives.
- One staff from the regional health and care team was supported for participation in the South Asia ToT course on 'Hospital to Community Safety' held in the month of August 2010.

The exchange visits helped in developing knowledge and skills on specific issues. They have also given an opportunity to interact with people from different countries and regions; an opportunity to get various view points and methods and tools used for DRR.

DMWG meetings

Technical support was provided to the Sri Lankan Red Cross Society (SLRCS) for organizing the eighth regional DMWG meeting from 9-11 November in Colombo, Sri Lanka. A total of 24 participants attended the meeting, including disaster management focal persons from each national society/IFRC country office in the region, along with representatives from the South Asia regional office and four partner national societies. The terms of reference for the DMWG was reviewed and updated at this meeting.

External coordination with DIPECHO partners:

The regional DRR team participated in all coordination meetings with DIPECHO partners and initiated E-newsletters in India. National disaster reduction day was observed in India on 29 October and the regional DRR team coordinated this event on behalf of DIPECHO partners. Also for the national consultative meeting for ECHO, the South Asia regional office was given the responsibility to document the proceedings. A representative from the IFRC India office also joined this meeting. Such coordination meetings have been a good source for sharing of knowledge and establishing partnerships.

Outcome 4

The primary operational role of disaster response and recovery remains with the respective national societies and the Asia Pacific disaster management unit. However, the regional disaster management team is also adding value to the national society's response and recovery efforts in integration with the ongoing disaster management/DRR activities. The following are some of the key examples:

- Regional disaster management programme supported IRCS in organizing a "Lessons learned workshop - India floods 2009" held on 3-4 March 2010 with representatives from the national headquarters, respective state branches, including partner national societies and ICRC who were involved in the response operation. A strength, weakness, opportunity, and constraints (SWOC) analysis of the entire operation was carried out during the workshop. It also analyzed the key sectors such as assessment and planning, relief distribution, logistics, and water and sanitation. This workshop highlighted some of the lessons learned, gaps and the actions required to strengthen the IRCS's NDRM.
- In addition, the regional disaster management coordinator also supported BDRCS in facilitating the lessons learned workshop on Cyclone Sidr operations held in February 2010 in Dhaka.

Constraints or Challenges

The regional disaster management team had been engaged in providing back up support to the national societies and country offices for disaster response operations in Afghanistan and Bangladesh. Current security constraints in Afghanistan and Nepal have resulted in delays in delivering some of the activities that have been planned. For example, the earthquake and floods contingency plan in Kabul that had been developed in 2007 could not be tested through a simulation exercise. However, there are plans of testing the contingency plans through a desktop simulation during this year. The absence of a disaster management

focal person for three months in the Pakistan country office was another key problem that caused delay in implementing some disaster management activities. Further, due to the lack of a regional disaster management coordinator during the reporting period, some activities requiring the involvement of a regional coordinator could not be implemented. For instance, advocating a RDRT pre-deployment agreement, as well as conducting a real-time review for RDRT deployment.

Health and care

Purpose: National societies have increased capacity to reduce death from disease and public health emergencies.

Outcome(s)

| Programme component | Outcome |
|--|---|
| Regional health capacity support | National societies have improved HIV and AIDS and other public health programming. |
| Regional health partnership and resource development project | National societies have improved organizational capacity in mobilizing resources, building partnerships and advocacy for health programmes. |

Achievements

Outcome 1

The Red Cross Red Crescent HIV/AIDS programme (2005-09) completed its first phase in December 2009. A regional HIV meeting was organized in Kathmandu, Nepal from 18-20 January 2010 with representatives from seven national societies, country offices and Swedish Red Cross to review this five-year programme cycle and the way forward. In this forum, national societies were able to share good practices, challenges, and experiences they faced in the regional Red Cross Red Crescent HIV programme and agreed on the fact that there is a need to respond to HIV and AIDS with different and country-appropriate long-term developmental approach and may need to intervene with higher risk groups. A small exhibition of all the marketing and promotional tools, including information, education and communication (IEC) materials, produced by national societies during the last five years was put on display.

An end-term evaluation was completed, (supported by Swedish Red Cross from mid-February 2010 onwards) to draw conclusions and identify best practices and lessons learnt. This evaluation was done by two external consultants through participatory and open consultations with the beneficiaries in the field, national societies, country offices, partners and regional health team. The field visits were conducted in each country to understand the impact and reach of the programme and beneficiaries. The final report of evaluation along with key findings was shared with national societies, country offices and the Swedish Red Cross.

The community-based health and first aid (CBHFA) in action gained momentum in the South Asia region. As a follow-up to the regional CBHFA in action, master facilitators workshop in Sri Lanka in October 2008, three key national-level workshops were organized in Afghanistan, Bangladesh, Bhutan and Nepal with support from the regional health team.

| Countries | Type of trainings | Participants |
|-------------|-------------------------|--------------|
| Afghanistan | CBHFA | 24 |
| Bhutan | CBHFA | 34 |
| Bangladesh | CBHFA | 25 |
| Nepal | VCA – learning by doing | 25 |
| | Total | 108 |

A CBHFA in action national masters facilitators' workshop was conducted in Afghanistan from 4-10 April 2010 by ARCS and was attended by 24 participants. This helped in multiplying the number of trainers and development of CBHFA approach in Afghanistan.

In Bangladesh, as a part of the malaria prevention project activities, a national level ToT on CBHFA was conducted from 19-25 December 2010 supported by Finnish Red Cross. A total of 25 participants attended from national headquarters and branches. This training has helped the participants in conceptualizing the approach of CBHFA. The translated version of CBHFA manual in Bangla was used in this training.

In Bhutan, as a follow-up to continue building relations and support, a CBHFA in action national master' facilitators workshop was conducted from 23-30 April 2010 with 34 participants. The Royal Government of

Bhutan organized this workshop in collaboration with the regional health and disaster management teams. The masters' facilitators' workshop conducted in Bhutan also provided an opportunity to utilize facilitation of one resource person from Nepal Red Cross Society (NRCS).

In Nepal, with the aim to develop the VCA for CBHFA programme intervention, a 'VCA – learning by doing' workshop was conducted from 21-26 January 2010. One of the unique features of this workshop was the involvement of participants from other national societies (Bangladesh, Pakistan India, Maldives and Sri Lanka) to share learnings and experiences with each other. A total of 25 participants were trained through this workshop, including the master facilitators, CBHFA programme officers, and NRCS volunteers and community representatives.

These workshops were illustrations of working together and integrated programming with health and disaster management teams in the region and also broadened the scope of assessment to utilize the same resources and to share the data generated with different teams for their future interventions. Observing the success of CBHFA workshops and its help in sensitization, other countries also requested that their national societies and country offices be assisted in developing a resource pool in countries so that CBHFA approach is rolled down.

The **South Asia regional health meeting** took place from 8-10 June 2010 in Manikganj, Bangladesh. BDRCS hosted this meeting with support from IFRC. This meeting served as a forum for national societies to participate in collective discussions of public health issues of regional concern, sharing of good practices and experiences in community-based health programmes, and learning of new and relevant information. The participants presented their experiences, examples, challenges and way forward for health programmes. As per the recommendations from the last meeting, the key focus areas were nutrition and food security, discussed and presented by each national society. Apart from health directors and managers, this meeting was also attended by the Zone health coordinator, representative from Canadian Red Cross and expert from World Food Programme. The report and key recommendations of the meetings were shared with participants. It has been decided that the theme for next year's meeting will be on maternal and child health.

First Aid Day observance: World First Aid Day (WFAD) was marked on Saturday 11 September 2010. The theme of the year was "First Aid for All". The three national societies (BDRCS, NRCS and Maldivian Red Crescent) prepared and submitted the concept note on WFAD. The regional health team provided the financial and technical support to these national societies to observe the event.

The regional master's level training on psychosocial support (PSP) took place from 22-29 November 2010 in Sri Lanka. The Sri Lanka Red Cross Society (SLRCS) hosted this training with support from IFRC. This training was intended to create a pool of regional level master trainers from national societies and country offices from South Asia who will further build capacities at various levels and to build up the capacity of national societies in South Asia to respond to psychosocial aspects of emergencies and conflict. As a cross regional learning exercise and experience, five participants (out of the 24 in total) were invited from East Asia to participate in the training. Participants were from Afghanistan (4), Bangladesh (3), Maldives (3), Nepal (3), Sri Lanka (6), Japan (2), Mongolia (1), Hong Kong (1) and Korea (1). A team of four facilitators from the IFRC's PSP reference centre in Copenhagen provided training to the participants. This training was a part of follow up to regional CBHFA in action and public health in emergencies (PhiE) trainings in 2008. It will be built upon the CBHFA and PhiE trainings and work experiences in the field. Overall the workshop was well received by everyone, and it is hoped that the participating national societies will soon start working on PSP as an integrated component of their respective core programmes. After the regional level PSP training, a field visit was also conducted by regional health team to Matale district branch of SLRCS. This visit was planned to utilize the opportunity to observe the HIV and CBHFA activities at the branch.



Two participants from Japanese Red Cross in the regional masters trainers PSP workshop, November 2010. At present, they are providing PSP to the earthquake affected families in New Zealand and assessment of PSP in Japan. Photo: IFRC.

Asia Pacific emergency health training: Three participants from South Asia region (Bangladesh, Pakistan and South Asia regional office) participated in the Asia Pacific emergency health training conducted jointly by IFRC and Singapore Red Cross in Singapore in November 2010. This has helped to build capacities of national societies and country offices of the region in the field of emergency health. The training is to develop a resource pool to be deployed in emergencies and also to train more people in emergency health.

Further, an **HIV workplace programme** was conducted in NRCS national headquarters in two stages, with technical support from the regional health team. A total of 125 staff members from NRCS's national headquarters participated in this programme, which was designed based on the findings of the knowledge, attitudes and practices (KAP) survey related to HIV conducted for the national society headquarters' staff. NRCS is the first national society in South Asia to initiate the HIV workplace programme, which was developed based on IFRC's HIV workplace directives and International Labour Organization standards. NRCS's senior management highlighted the strong commitment of the national society in fighting HIV related discrimination at the workplace.

Many **monitoring and field visits** to Afghanistan, Bangladesh, Pakistan, Nepal and Sri Lanka were conducted during the reporting period by regional health team to provide support and to ensure smooth implementation of health programmes.

| Missions | Numbers | Days | Remarks |
|----------------|-----------|------------|---|
| Bhutan | 1 | 12 | CBHFA training |
| Bangladesh | 12 | 65 | Voluntary investment and value audit (VIVA), Malaria plans, technical support visits, Measles technical support, Health meeting |
| Nepal | 8 | 58 | HIV meeting, VCA training, CBHFA baseline, planning, workplace HIV, HIV evaluation |
| Pakistan | 3 | 28 | Technical support visits, HIV evaluation |
| Afghanistan | 3 | 25 | CBHFA training, HIV evaluation |
| India | 2 | 14 | VIVA study, HIV evaluation |
| Sri Lanka | 5 | 50 | PSP training, HIV evaluation, field visit |
| outside Region | 6 | 35 | KL planning meeting, China TB working forum, AIDS conference, Emergency health training |
| | 40 | 287 | |

Outcome 2

Resource mobilization: In an effort to diversify funding sources, significant efforts were made to mobilize resources in the region through the submission of proposals to various donors. The national societies have been encouraged to access funds from global funds and in-country resources. As a result, SLRCS has applied for sub-recipient to global fund and NRCS has applied to European Union (EU) for sexual reproductive health. At the same time there was also a focus on diversifying the regional health programmes: for example a new epidemic control programme (over a two-year period) was developed and submitted to the Canadian Red Cross. The concept paper successfully passed initial review and a proposal has been submitted to the Canadian Red Cross.

The regional health team has submitted programme documents on various themes like promotion of sexual and reproductive health in region and child protection focused interventions epidemic control for volunteers utilizing CBHFA approach, etc.

Scholarship to national society staff: HIV and AIDS officer for NRCS national headquarters was supported by the South Asia regional office health team technically and financially to participate and present VIVA study report at the global health conference in Washington. This has helped in building the confidence of national society staff to participate and present the best practices to bigger platforms.

PhiE 2008 training follow up survey: An online questionnaire survey has been developed and launched to follow up on the regional PhiE training held in Pakistan in 2008. This was designed to update the database of the active professionals and identify programming and training needs of the trained professionals for further development. The data obtained has been analysed and report of this has been shared with all national societies during the regional health meeting.

Measles social mobilization campaign project: A regular technical support was provided by the regional health team in developing and implementing of measles campaign with BDRCS. The measles campaign was held from 14-28 February 2010. The regional health team has visited and participated at various levels of activities of BDRCS. Many extensive field trips have been conducted. The formats for financial and narrative reports have been developed and shared with BDRCS to facilitate the better monitoring process of the campaign. Street rallies, dramas, songs were organized by volunteers in different districts to mobilize community and motivate parents to bring children to vaccination centres. In another joint effort, the regional health team and organizational development team conducted a VIVA exercise for the measles programme in

Bangladesh. As a result the ratio taken was 1:5, which represents relationship of the investment and value output of volunteers.

CBHFA Malaria project: A malaria project proposal for BDRCS was developed with technical support from the regional health team. The project aimed at reducing mortality and morbidity due to malaria through supplementing government efforts by distributing long-lasting insecticide-treated mosquito nets (LLINs), disseminating information and raising awareness among targeted communities in urban slums for malaria prevention and control, using a CBHFA approach.

Volunteers trained at district level: 30
Number of nets procured/distributed: 2,000

The BDRCS and IFRC country offices' were provided with technical and management support to expedite the process of procuring the malaria LLIN bed nets, which were procured through the IFRC's Asia Pacific Zone office. In addition, a final report of the measles social mobilization campaign was prepared in consultation with BDRCS and shared with the IFRC office in Geneva. This report describes how BDRCS volunteers supported the social mobilization for measles vaccination of nearly 20 million children, carried out by the Bangladesh government with support from the World Health Organization, Rotary International, UNICEF and other organizations.

Tuberculosis: A concept paper for a regional tuberculosis (TB) control programme was also developed and shared with the Asia Pacific Zone and Geneva offices. The programme will focus on Afghanistan, Bangladesh and Nepal, with the CBHFA approach at the centre of it, and will be developed based upon lessons learnt from India's TB control programme. Besides this, technical support was provided to the India health team for the TB programme and the second phase of this programme was approved by its donor, USAID.

As per the contents of booklet – '**standard criteria for first aid kits**' for South Asia – the first aid kit procurement was done and disseminated in the South Asia region. Each national society gets two sets (one each for disaster management and health teams) of household, school and trained volunteer's kits. As a supplement to the booklet on standard criteria for first aid kits for South Asia, which has already been printed and disseminated in the region, the development of simple and short guidelines for the usage of first aid material mentioned in the standard kits for first aid is being carried out. The process is a part of the DIPECHO - DRR programme, under which the regional health team has been providing technical support to the DRR initiative.

The regional senior health manager, along with participants from two national societies in the region (Pakistan and Nepal) participated in the 18th International AIDS conference held in Vienna from 18-23 July 2010. Information materials like postcards, film, posters, pens and country fact sheets were disseminated at the conference.

The regular dissemination of consolidated monthly reports from regional health team and health programmes in all seven national societies help in sharing information about their programmes.

Constraints or Challenges

Changes in human resources have taken place in the region. The regional HIV delegate and health coordinator completed their mission in March and July 2010 respectively. The new regional health coordinator took up the position in November 2010.

Further, the occurrence of a mega disaster and unstable security situation in many countries in the region (related to political and social issues) frequently caused serious problems for national societies in the implementation and monitoring of programmes.



The senior regional health manager participating in the International AIDS conference held in Vienna, July 2010. Photo: IFRC.

Organizational development

Purpose: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability in south Asia.

Outcome(s)

| Programme component | Outcomes |
|--|--|
| Strategic organizational development and community based support | National societies have developed structures, policies and procedures that enable better programme implementation. |
| Communications development project | Communications and advocacy for the most vulnerable at national society and regional level are more effective. |
| Finance development | National society capacity in financial accountability, reporting, management is strengthened. |
| PMER development | The capacity of national societies in planning, monitoring, evaluation and reporting is strengthened further. |

Achievements

Outcome 1

As planned, all seven national societies of South Asia have started aligning their strategic plans with Strategy 2020. While three national societies (Nepal, Maldives and Pakistan) have completed theirs, the other four are still in the process. These strategic plans are used as basis for programming and implementation in all national societies of the South Asia region. BDRCS is in the process of developing their strategic plan after a gap of two years. The unit capacity assessment has been completed,

Regarding the progress towards the legal base updation, most of the state/union territory (UT) branches of IRCS have adopted the new uniform branch rules in this year. In 2010, BDRCS received many queries from the Bangladesh Health Ministry regarding the revision of the Constitution of the national society. To expedite the whole process and to come to an agreement with the Ministry to approve the revised constitution, the organizational development zonal coordinator is assisting BDRCS in redrafting the BDRCS's law, rules and procedures, aligning them to the Joint Statutes Committee's (JSC) approved Statutes of 2004 with the final two additional elements added as requested by JSC.

After the annual general meeting, MRC has been moving towards its recognition as a national society and has developed various policies, procedures and rules, such as financial and various administrative policies and procedures, PMER system and branch formation and programme development process which include IEC materials for membership.



Participants at the organizational development forum in Nepal, August 2010. Photo: IFRC

A two-day regional organizational development forum was organized with the support of NRCS in August, 2010. All national societies participated except for Pakistan Red Crescent Society (PRCS) due to the emergency flood operation in Pakistan. A consultant engaged by the IFRC office in Geneva, to conduct a global organizational development review, was also present. The logistics delegate from Norwegian Red Cross based in Afghanistan also participated in the forum as an observer. The forum focused on "continuation" and "innovations" of organizational development interventions in the region. The forum was followed by a one-day meeting on 28 August in Nepal, to discuss various organizational development issues and the way forward.

Due to the lack of required funds, a follow-up to strengthen resource mobilization capacities agreed in 2009 could not be implemented. In mid-2010, some funding was received from Swedish Red Cross hence the planned resource mobilization training to build the capacity of national societies was reactivated but due to other priorities, the activities have been planned for the first quarter (May) of the year 2011.

Major support to national societies includes support to PRCS in their strategic planning process and various organizational development issues. An organizational development consultant was hired to conduct a feasibility study for the MRC for their proposed headquarters building including investigation of the income generating potential. Support was extended to NRCS to build up the operational alliance (light) on organizational development. This includes regional participation in operational alliance – organizational development meetings in Nepal and human resource development process, support IRCS and in-country partners in fundraising development process, facilitation to the IRCS, Punjab state branch in a capacity building workshop.

Practical examples related to integration of organizational development/capacity building seen in disaster management and health programme, were VIVA study in conjunction with the regional health team and a strengths, weaknesses, opportunities, threats (SWOT) on integrated programming approach (IPA) in the region with disaster management during their regional forum. Together with the health team in the region a mapping format on current integration has been developed and has been forwarded to the health colleagues in the country offices to promote the exercise. The regional organizational development forum was integrated with regional DRR project including the partial funding support. Reality of RDRT activation to strengthen RDRT's significance and function in South Asia was analysed together with the regional disaster management team. Learning from this exercise and looking at past emergency responses and the frequency of disasters in South Asia, a regional proposal on organizational development in emergencies was developed for 2011. The proposal seeks involvement of partner national societies and ICRC in South Asia in its implementation.

There were several discussions at various levels on how to provide suitable regional support to the volunteer database development effort of the national societies in the region. The SLRCS have completed their web-based volunteer database software.

Based on the reports from the MRC, the national society has demonstrated learning and new initiatives from other national societies by a number of thematic visits in different national societies of South Asia as well in Asia Pacific. Contributing to the Movement's effort of national society to national society learning, funding support was provided to two governance members from MRC for a ten-day exposure visit to NRCS.

A South Asia regional organizational development page created on the SharePoint, a Federation-wide collaborating web-based tool, which was promoted after the regional organizational development forum and all the relevant material were shared for global use.

Looking at the enabling action 1 "building strong National Red Cross and Red Crescent Societies" and enabling action 2 "function effectively as IFRC" of Strategy 2020, the regional focus is being initiated towards a more people-centric approach for better impact on the Red Cross Red Crescent interventions. In 2011, the region will strive for the examples related to this approach and will share widely with the support of its partners.

Based on the monthly reports, 110 people (gender balance of 40 per cent) benefited directly and an estimated of 1,400 people indirectly benefited from the Secretariat-supported organizational development/capacity building programme interventions by end of the year 2010.

Outcome 2

In 2010, the regional communications unit focused on a better alignment with programmes and resource mobilization, on building up the communications capacity at a regional and country level, on a leaning forward approach in emergency communications and much more proactive media relations strategy – focusing on a broader impact, working with the agenda setting and keeping in stride with global events, as well as encouraging all teams to focus on clear and well supported messages when communicating with their different target audiences through their various products.

Outcome 3

Achievements under finance developments are listed as follows:

SLRCS - The Navision finance software has been upgraded to a newer version. Other finance development activities e.g. finance management training and finance manual up-gradation has been completed. Project proposal for 2011 has been developed to share with partners for funding.

PRCS is in process to replace the existing finance software. Customization of the new finance software is in process.

IRCS' up-gradation of the Navision software from old version to new has been completed as per their requirement.

ARCS – the account audit report has been received. ARCS is now working in the new finance system from the new fiscal year in both manual and quick book software.

NRCS – refresher training for sense of ownership and risk management audit has been done. The training was on how to further improve the audit report and minimize the issue of day-to-day work of NRCS. Finance management workshop for districts' finance staff has also been done. A new server for finance department has been procured which will help the existing software (SCALA) to speed up the input and output of the data.

SARD – A finance development consultant has been recruited to study the finance development work for South Asia. The study report has been submitted to KL zone office.

Outcome 4

Much of the focus in 2010 continued in supporting planning, monitoring, evaluation and reporting (PMER) capacity for countries in South Asia.

The regional PMER officer facilitated a session during the budget holders' workshop in March and attended a two-day DG-ECHO training on the 'E-single form' field module held in New Delhi in April 2010 and also attended a training workshop bringing together participants from NRCS, IFRC and partner national societies working in Nepal, to acquaint them with the new IFRC programme/project planning approach, agree on common PMER approaches and tools between the NRCS and other Movement partners, discuss the new proposed longer term IFRC planning framework and how it fits in with NRCS's strategic planning cycle and develop a schedule for the remaining part of this year to revise the 2011 part of the 2010-11 Plan. The workshop was organised jointly by the NRCS, the IFRC country office in Nepal and the British Red Cross.

The regional PMER officer, along with the regional OD/humanitarian values (HV) manager, facilitated a three-day workshop for IRCS's state branches from 14-16 October in Mumbai, to acquaint participants with the new IFRC programme/project planning approach, agree on common PMER approaches and tools, as well as transfer these skills to IRCS volunteers and staff who will in turn work towards building the capacity of communities they work with. The workshop also aimed at ensuring that participants use and develop these PMER skills in designing logical frameworks, monitoring, evaluation and project reporting/proposal writing. Facilitation support was also given to MRC in conducting a similar PMER workshop for its programme officers and volunteers from 23-25 November.



Participants working on a problem tree during the workshop in Mumbai in October 2010. Photo: IFRC.

Effort has also gone into leading and supporting the 2011 planning process as well as the disaster management team in developing the DiPECHO proposal.

Constraints or Challenges

During the first quarter of 2010, some of the planned activities for the organizational development programme could not be implemented due to unavailability of funds as a result of which funding coverage remained at 20 per cent. However, in August 2010, the funding coverage escalated to 79 per cent with funding from Swedish Red Cross.

Most of the communications staff in the region need continued support and training to ensure development of personal skills and communication capacities are reached, provided they maintain a consistency of communications that is yet to be fully realized throughout the region. To adhere this, it may be necessary to consider a five-year timeframe of communication support from the South Asia regional office and to include promotion of standardized guidelines of all aspects of human resource for communication personnel. The recognition of competing country offices' communication needs has to be further disseminated to counterparts at the different levels of IFRC.

Principles and values

Purpose: National societies have increased capacity to promote dignity and respect for diversity and to fight discrimination and intolerance in communities.

Outcome(s)

| Programme component | Outcomes |
|---|---|
| Understanding Humanitarian Values | National societies and International Federation country offices show an increased understanding of humanitarian values. |
| Promoting diversity and increasing dignity | National societies demonstrate an increased capacity to incorporate their understanding of humanitarian values in their ongoing work. |

This programme was mainly incorporated with the regional disaster management, health and organizational development programmes. The Fundamental Principles were a part of most of the regional trainings. A HIV workplace programme was organized for NRCS and child protection was included in the regional health programme. Sphere and code of conduct were included as part of the disaster repose trainings in the region.

As planned in this year, a YABC training for youth peer educators was organized from 14-18 December in Vavunia, Sri Lanka with a total of 22 participants from different branches of SLRCS. A gender balance of 36 per cent with diverse group of local languages participated in this training. The facilitators were from IFRC principles and values - Geneva, Sierra Leone Red Cross and Macedonia Red Cross. This training was planned for longer-term impact of using the trained youth in SLRCS's IDP recovery programme, with special focus of promoting non-violence and non-discrimination.

An induction course for the newly recruited staff in the South Asia regional office and India office was conducted on 22 January 2010 with facilitation support from ICRC.

Funding support was provided for the participation of an NRCS representative in an Asia Pacific youth summit organized in Jordan in October, in which 73 youth participated from the Asia Pacific region.

Humanitarian values sessions were incorporated into the following activities within the region: in Afghanistan, several discussions were held on human dignity and culture in the youth clubs and several activities by the ARCS during the International Women's Day celebration. In India, principle and values was an integral part of the human pandemic preparedness trainings by the national society. In Maldives, a standard induction package for governance, staff, members and volunteers was developed.

NRCS has initiated gender and diversity in the national societies and various steps have been taken with the support of IFRC, Finnish Red Cross and ICRC.

Some 240 people (gender balance 50 per cent) benefited directly and an estimated 1,500 people indirectly benefited from the Secretariat-supported principles and values programme (including health and disaster management programmes) interventions during the reporting period.

Constraints or Challenges

There was only one direct intervention planned under this programme which was conducted at the end of the year in Sri Lanka. The finance expenditures were not booked in 2010; hence the provision was made in the beginning of 2011. The national societies have requested to develop and disseminate IEC materials, but due to lack of funds this could not be carried out. Challenges still abound on how to best capture or map all the activities promoting principles and values of Red Cross Red Crescent by the national societies in the South Asia region without the need for travelling extensively through the region and internally within each country.

Working in partnership

There will be improved coordination and knowledge sharing between various agencies following the initiative to assess, elaborate and document the existing knowledge sharing systems. Resources on DRR will be available for download by a large audience. With regard to national level disaster response, the NDRT initiative and NDPRM guidelines have been adopted by the national societies. All South Asian national societies will have disaster response teams not only at the national level but increasingly at the state, branch and community levels as well as the draft standard operating procedures for the response teams. The contingency planning process was successfully promoted as a key goal for national and regional level programmes. The recommendations from the lessons learned workshop – India floods operation – will further improve the response capacity as well as the system in the national society and will also make it more effective and efficient. In addition, the RDRT/human resource database will support the timely mobilization of trained RDRT and other human resources, as well as identify their specific skills and professional development areas and monitor the RDRT/human resource development system not only within the region but also in the Asia Pacific region. Moreover, trained RDRT and NDRT members within their own national

societies have also been contributing towards strengthening the national society's national disaster response system.

The efficiency and effectiveness of the regional health programme was enhanced by building collaboration and partnerships and avoiding resource overlaps. Partnerships formed at the global level with UN agencies, USAID, Eli Lilly and the Global Network of Positive People led to informal partnerships at the regional and country level, which will be further strengthened. In order to focus on strengthening existing partnerships, the renewal of Memorandum of Understanding between the International Federation and the regional offices of World Health Organisation (WHO) is under discussion.

Contributing to longer-term impact

The first phase and second phase of the RDRT project (May 2008-March 2010) has successfully been completed with few activities which would be completed by April 2011 after which the RDRT programme will conceptually and operationally be integrated with the regular disaster management programme.

In addition, a long-term strategy for promoting the RDRT system will be developed. Under the NDPRM, the contingency plans that have been developed by ARCS, BDRCS, IRCS and NRCS need to be regularly updated once finalized. Similarly, the NDRT activities (curriculum, training and standard operating procedures) will be further strengthened.

The recommendations from the eighth regional DMWG meeting will further improve the disaster response capacity and system of national societies, making these more effective and efficient. The NDRT/RDRT taskforce formed by the regional DMWG will continue to advocate RDRT pre-deployment in their respective national societies. In addition, the RDRT/human resource database will support the timely mobilization of trained RDRT and other human resources, as well as identify their specific skills and professional development areas and monitor the RDRT/human resource development system not only within the region but also in the Asia Pacific region. Trained RDRT members have already been contributing not only to the region but also within their own national societies towards strengthening the national disaster response systems. Further, the regional DRR framework will lead to the national societies having their DRR implementation strategy and guidelines, in line with the global and regional approach towards DRR with focus being on the community.

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 and aligned with IFRC's global health and care strategy. Furthermore, the focus will be on scaling up of CBHFA activities and rolling out the global CBHFA in action across the region. The health programme is also committed to the integrated programming.

During the regional organizational development forum, the focus was given to look for the innovation and improve the impact of what we do in this frequently changing environment. After discussion with the programmes a project proposal has been developed for one year on organizational development/capacity building cross cutting issues for effectiveness and efficiency of the emergency response under the umbrella of building safe community in South Asia and seeking the funding for it. The aim is to build national societies' capacity to address issues related to organizational development/ capacity building in their contingency plan.

Looking ahead

The regional disaster management's focus will be on supporting national societies and country offices with technical support in the key areas of organizational disaster preparedness and enhancing community resilience through community-based disaster risk reduction. Many of the positive steps made in recent years by the regional delegation will be further adapted at the local context to allow for successful utilization and implementation. Specific activities will include coordinating technical inputs to national societies' contingency plans; improving the longer-term sustainability and success of the RDRT concept; tailored support in disaster management capacity-building; integration of climate change adaptation to the community-based disaster risk reduction approaches in use; improving the capacity of national society to respond to disasters with an integrated DRR approach.

The regional health team is aiming at providing direction and guidance to national societies in order to scale up their programmes and fundraise. Emphasis will be on building national societies' capacities to manage community-based health activities effectively and efficiently to respond to public health emergencies (PHiE) through regional and national disaster response mechanisms. The programme will develop a pool of health and care resources in South Asia, including in the field of public health in emergencies (PHiE) and CBHFA that can be accessed by all national societies in the region.

In the coming years, strategy will be more focused towards contributing to strategy 2020, doing more, doing better and reaching further. The regional programme will focus on its action towards building strong national societies, pursue humanitarian diplomacy to prevent and reduce vulnerability in a globalized world and function effectively as the IFRC. Efforts will also go into the fundraising capacity of the national societies and provide support on developing policies and procedures, which was a request from the regional organizational development forum this year. The programme will also try to harmonize better with partner national societies as well as ICRC for preparedness and response mechanisms of the national societies.

| | |
|---|--|
| <p>All 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.</p> | |
| <p>The IFRC's vision is to:</p> <p>Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.</p> | <p>The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:</p> <ol style="list-style-type: none"> 1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises. 2. Enable healthy and safe living. 3. Promote social inclusion and a culture of non-violence and peace. |
| <p>Contact information</p> | |
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[<financial report below; click to return to title page>](#)

International Federation of Red Cross and Red Crescent Societies

MAA52001 - South Asia region

Annual Report 2010

| Selected Parameters | |
|---------------------|------------------|
| Reporting Timeframe | 2010/1-2010/9998 |
| Budget Timeframe | 2010/1-2010/12 |
| Appeal | MAA52001 |
| Budget | APPEAL |

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

| | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | TOTAL |
|--|---------------------|----------------------------|------------------------------|-----------------------|----------------|------------------|
| A. Budget | 932,776 | 392,373 | 457,025 | 53,942 | 176,375 | 2,012,490 |
| B. Opening Balance | 854,656 | 163,201 | 229,936 | 25,276 | 79,990 | 1,353,059 |
| Income | | | | | | |
| Cash contributions | | | | | | |
| <i>Australian Red Cross (from Australian Government)</i> | | | | | 47,241 | 47,241 |
| <i>British Red Cross</i> | 130,498 | | | | | 130,498 |
| <i>Danish Red Cross</i> | | | -4,709 | | | -4,709 |
| <i>Danish Red Cross (from Danish Government)</i> | | | -11,220 | | | -11,220 |
| <i>European Commission - DG ECHO</i> | -21,965 | | | | | -21,965 |
| <i>Finnish Red Cross</i> | 19,618 | 6,129 | | | | 25,747 |
| <i>Finnish Red Cross (from Finnish Government)</i> | | 34,732 | | | | 34,732 |
| <i>Italian Red Cross</i> | | 66,728 | | | | 66,728 |
| <i>Japanese Red Cross</i> | 12,047 | 42,164 | 36,140 | | 18,070 | 108,421 |
| <i>Netherlands Red Cross (from Netherlands Government)</i> | -1,340 | | | | | -1,340 |
| <i>Norwegian Red Cross</i> | 20,000 | | | | | 20,000 |
| <i>Swedish Red Cross</i> | | 0 | 1 | | | 1 |
| <i>Swedish Red Cross (from Swedish Government)</i> | | 61,063 | 176,407 | 29,401 | 36,752 | 303,624 |
| C1. Cash contributions | 158,858 | 210,816 | 196,620 | 29,401 | 102,062 | 697,757 |
| Inkind Personnel | | | | | | |
| <i>Irish Red Cross</i> | 52,507 | | | | | 52,507 |
| <i>Italian Red Cross</i> | | 13,493 | | | | 13,493 |
| <i>Swedish Red Cross</i> | | 22,500 | | | | 22,500 |
| C3. Inkind Personnel | 52,507 | 35,993 | | | | 88,500 |
| Other Income | | | | | | |
| <i>Services Fees</i> | | | | | 80,017 | 80,017 |
| C4. Other Income | | | | | 80,017 | 80,017 |
| C. Total Income = SUM(C1..C4) | 211,365 | 246,809 | 196,620 | 29,401 | 182,079 | 866,274 |
| D. Total Funding = B + C | 1,066,021 | 410,010 | 426,556 | 54,678 | 262,069 | 2,219,333 |
| Appeal Coverage | 114% | 104% | 93% | 101% | 149% | 110% |

II. Balance of Funds

| | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | TOTAL |
|---|---------------------|----------------------------|------------------------------|-----------------------|----------------|-------------------|
| B. Opening Balance | 854,656 | 163,201 | 229,936 | 25,276 | 79,990 | 1,353,059 |
| C. Income | 211,365 | 246,809 | 196,620 | 29,401 | 182,079 | 866,274 |
| E. Expenditure | -784,395 | -283,657 | -291,308 | -28,615 | -57,312 | -1,445,286 |
| F. Closing Balance = (B + C + E) | 281,626 | 126,353 | 135,248 | 26,063 | 204,758 | 774,047 |

International Federation of Red Cross and Red Crescent Societies

MAA52001 - South Asia region

Annual Report 2010

| Selected Parameters | |
|---------------------|------------------|
| Reporting Timeframe | 2010/1-2010/9998 |
| Budget Timeframe | 2010/1-2010/12 |
| Appeal | MAA52001 |
| Budget | APPEAL |

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

| Account Groups | Budget | Expenditure | | | | | | TOTAL | Variance |
|---|------------------|---------------------|----------------------------|------------------------------|-----------------------|----------------|------------------|----------------|----------|
| | | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | | | |
| A | | B | | | | | | A - B | |
| BUDGET (C) | | 932,776 | 392,373 | 457,025 | 53,942 | 176,375 | 2,012,490 | | |
| Relief items, Construction, Supplies | | | | | | | | | |
| Construction - Housing | | | 14,993 | | | | 14,993 | -14,993 | |
| Clothing & textiles | | 2 | 9,708 | | | | 9,710 | -9,710 | |
| Water, Sanitation & Hygiene | | 1,955 | | | | | 1,955 | -1,955 | |
| Other Supplies & Services | 20,150 | | 7,153 | | | | 7,153 | 12,997 | |
| Total Relief items, Construction, Supplies | 20,150 | 1,957 | 31,853 | | | | 33,811 | -13,661 | |
| Land, vehicles & equipment | | | | | | | | | |
| Computers & Telecom | 99,411 | | 945 | 95,513 | | | 96,458 | 2,953 | |
| Office & Household Equipment | | | | 372 | | | 372 | -372 | |
| Others Machinery & Equipment | | 1,292 | 618 | | | | 1,910 | -1,910 | |
| Total Land, vehicles & equipment | 99,411 | 1,292 | 1,563 | 95,885 | | | 98,740 | 672 | |
| Logistics, Transport & Storage | | | | | | | | | |
| Storage | 5,500 | | 425 | | | | 425 | 5,075 | |
| Distribution & Monitoring | 469 | 184 | 775 | | | | 959 | -490 | |
| Transport & Vehicle Costs | 34,253 | 7,784 | 12,244 | 1,114 | | 6,075 | 27,218 | 7,035 | |
| Logistics Services | | | 438 | | | | 438 | -438 | |
| Total Logistics, Transport & Storage | 40,222 | 7,968 | 13,882 | 1,114 | | 6,075 | 29,040 | 11,182 | |
| Personnel | | | | | | | | | |
| International Staff | 274,421 | 157,154 | 49,010 | 108,114 | | 5 | 314,283 | -39,862 | |
| National Staff | 327,201 | 109,205 | 53,542 | 13,167 | 20,292 | 14,157 | 210,363 | 116,838 | |
| National Society Staff | 15,931 | 4,811 | 23,761 | 4,431 | | | 33,003 | -17,072 | |
| Volunteers | | | 819 | | | | 819 | -819 | |
| Total Personnel | 617,553 | 271,169 | 127,132 | 125,712 | 20,292 | 14,162 | 558,468 | 59,085 | |
| Consultants & Professional Fees | | | | | | | | | |
| Consultants | 38,558 | 23,680 | 2,823 | 2,258 | | | 28,761 | 9,797 | |
| Professional Fees | 598 | | | | | | | 598 | |
| Total Consultants & Professional Fees | 39,156 | 23,680 | 2,823 | 2,258 | | | 28,761 | 10,395 | |
| Workshops & Training | | | | | | | | | |
| Workshops & Training | 682,051 | 315,144 | 82,159 | 32,849 | 805 | 11,915 | 442,871 | 239,180 | |
| Total Workshops & Training | 682,051 | 315,144 | 82,159 | 32,849 | 805 | 11,915 | 442,871 | 239,180 | |
| General Expenditure | | | | | | | | | |
| Travel | 101,694 | 18,354 | 22,314 | 8,714 | 5,819 | 6,056 | 61,257 | 40,437 | |
| Information & Public Relation | 136,627 | 76,902 | 50,747 | 1,288 | | | 128,937 | 7,690 | |
| Office Costs | 105,081 | 1,038 | 4,556 | 3,533 | | 6,966 | 16,093 | 88,988 | |
| Communications | 26,708 | 7,240 | 8,038 | 5,168 | | 2,627 | 23,073 | 3,635 | |
| Financial Charges | 18,609 | 1 | -9,722 | 256 | | 5,258 | -4,206 | 22,815 | |
| Other General Expenses | 2,400 | 8,451 | 2,313 | 70 | 12 | 579 | 11,425 | -9,025 | |
| Total General Expenditure | 391,119 | 111,986 | 78,247 | 19,029 | 5,831 | 21,486 | 236,578 | 154,540 | |
| Operational Provisions | | | | | | | | | |
| Operational Provisions | | 4,380 | -70,008 | -4,424 | | | -70,053 | 70,053 | |
| Total Operational Provisions | | 4,380 | -70,008 | -4,424 | | | -70,053 | 70,053 | |
| Indirect Costs | | | | | | | | | |
| Programme & Service Support | 122,828 | 44,297 | 14,096 | 17,279 | 1,687 | 3,426 | 80,784 | 42,044 | |
| Total Indirect Costs | 122,828 | 44,297 | 14,096 | 17,279 | 1,687 | 3,426 | 80,784 | 42,044 | |
| Pledge Specific Costs | | | | | | | | | |
| Earmarking Fee | | 1,821 | 1,510 | 1,607 | | 248 | 5,186 | -5,186 | |
| Reporting Fees | | 700 | 400 | | | | 1,100 | -1,100 | |
| Total Pledge Specific Costs | | 2,521 | 1,910 | 1,607 | | 248 | 6,286 | -6,286 | |
| TOTAL EXPENDITURE (D) | 2,012,490 | 784,395 | 283,657 | 291,308 | 28,615 | 57,312 | 1,445,286 | 567,204 | |
| VARIANCE (C - D) | | 148,381 | 108,716 | 165,716 | 25,327 | 119,063 | 567,204 | | |