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## Programme update no. 2

### Nepal

 International Federation  
of Red Cross and Red Crescent Societies

**MAANP001**

**17 January 2012**

**This report covers the  
period 1 July 2011 to  
31 December 2011**

*Community participating in health  
education class conducted by the  
community-based health and first  
aid (CBHFA) programme in  
Gulmi district, Nepal.  
Photo: IFRC*



### In brief

#### Programme purpose

The International Federation of Red Cross and Red Crescent Societies (IFRC) offers support to the Nepal Red Cross Society (NRCS) in achieving the four strategic aims defined under the NRCS Sixth Development Plan (2011-2015) through funding, technical support, advocacy, representation and coordination. The strategic aims under the sixth development plan are in line with Strategy 2020 to:

- Save lives, protect livelihoods and strengthen recovery from disaster and crisis.
- Promote safer, resilient and healthy communities.
- Promote social inclusion and a culture of non-violence and peace.
- Strengthen organizational governance and management capacity at all levels for better performance to reduce vulnerability.

#### Programme(s) summary

During the reporting period, NRCS responded to a number of disasters, ranging from flooding and landslides during the monsoon, to an earthquake in the north eastern part of the country, to increased health-related problems due to the onset of the cold winter months. An allocation from IFRC's Disaster Relief Emergency Fund (DREF) was made to support the earthquake response – a particularly challenging operation given the remote, mountainous terrain near the earthquake's epicentre in Taplejung district.

Nevertheless, significant progress was made in nearly all of the programme areas covered by the Country Support Plan, despite the limited and late funding received for implementation, which necessitated the revision of many work plans and budgets. Some highlights are as follows:

In disaster management, NRCS developed new materials to integrate climate change adaptation into its disaster risk reduction programming as well as on community risk transfer fund management and emergency shelter and implemented the final phase of the recovery programme in Banke district. Significant emphasis was placed on preparedness for a major disaster with Movement partners, including a Movement simulation exercise and updating the NRCS Earthquake Contingency Plan. For the first time, NRCS also held a joint

review of all projects currently being undertaken by the disaster management department to facilitate better cross-sharing of information, good practices and planning. IFRC continued its efforts with government and other partners to generate consensus on community-based disaster risk reduction (CBDRR) in accordance with its role as lead of Flagship 4 on CBDRR as part of the government-led Nepal risk reduction consortium.

In health and care, the community-based health and first aid (CBHFA) programme continued to make a significant impact on the lives of vulnerable people through first aid training, services and health promotion as well as the new integrated component of safer motherhood services. The HIV programme consolidated its dissemination and peer education activities with vulnerable groups such as female sex workers (FSWs) and seasonal migrants, as well the general public during various national day celebrations. NRCS also enhanced its capacities in emergency health, and water and sanitation through the development of a new public health in emergency training manual and guideline, the preparation of new hygiene promotion materials and a number of training activities.

In organizational development, NRCS continued the roll out of the volunteer database across the country and developing volunteer capacities through various training programmes, as well as motivational activities to strengthen the interest and engagement of junior/youth members in humanitarian programming, including in the remote districts of Manag and Taplejung. The gender and social inclusion project also supported and empowered a number of vulnerable and marginalized women and girls with livelihood activities and scholarships for secondary education. NRCS organizational capacities were further enhanced by the introduction and ongoing development of new software for finance and logistics management as well as intensive on-site training and mentoring in planning, monitoring, evaluation and reporting (PMER) and the development of a concept for an overarching PMER framework for NRCS.

### Financial situation

The total budget for 2011 is CHF 1,562,728. Appeal coverage is 75 per cent. Expenditure during the reporting period is 32 per cent of the 2011 budget.

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

### No. of people we have reached

During the reporting period, over 37,000 people (54 per cent were female) have been reached through the IFRC supported programmes and projects. The number of people reached is about 16 per cent more than what was planned for 2011.

Outcome	Estimated number of people reached according to plan 2011			Estimated number of people reached according to revised operational plan 2011			Number of people reached during the reporting period		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Global Agenda goal 1: Disaster management	57,725	60,450	118,175	399	339	738	399	339	738
Global Agenda goal 2: Health and care	38,082	43,055	81,137	6,980	6,148	13,128	11,143	15,237	26,380
Global Agenda goal 3: Organizational development/ capacity building	14,512	10,551	25,063	9,771	8,519	18,290	5,530	4,805	10,335
Global Agenda goal 4: Humanitarian values	25	27,015	27,040	-	-	-	-	-	-
<b>Total</b>	<b>110,344</b>	<b>141,071</b>	<b>251,415</b>	<b>17,150</b>	<b>15,006</b>	<b>32,156</b>	<b>17,072</b>	<b>20,381</b>	<b>37,453</b>

## Our partners

NRCS has partnerships with more than 25 different partners including government, national and international non-governmental organizations (N/INGO), Movement partners, civil society, private companies and the media. Partners supporting NRCS multilaterally through IFRC support plan 2011 include: Austrian Red Cross, Japanese Red Cross, Netherlands Red Cross, Norwegian Red Cross and Swedish Red Cross, British Department for International Development (DFID) and AusAID (through the Asia Pacific zone office).

Similarly, the Movement partners which supported NRCS on bilateral basis include the national societies of America, Austria, Belgium-Flanders, Britain, Denmark, Finland, Germany, Hong Kong branch of the Red Cross Society of China, Japan, Korea, Luxemburg, Netherlands, Norway and Switzerland as well as IFRC and International Committee of the Red Cross (ICRC).

Beyond the Movement, NRCS has partnerships with the Government of Nepal, the European Union, United Nations (UN) agencies and a number of national and international non-governmental organizations such as CARITAS, GIZ, Habitat for Humanity, Oxfam GB and community level organizations. Other bilateral national partners include Department of Urban Development and Building Construction (DUDBC), National Centre for Earthquake Technology (NSET), district health office, health post and sub-health post, district AIDS coordination committee, district reproductive health coordination committee, people living with HIV/AIDS (PLHA) network and other local stakeholders.

NRCS has also expanded its partnership with the private sector such as Radio Sagarmatha, newspapers and FM radio stations.

On behalf of Nepal Red Cross Society, the International Federation of Red Cross and Red Crescent Societies would like to thank all partners and contributors for their generous response to this appeal.

## Context

### **Socio political situation remains fragile**

The political situation of Nepal is still fragile. In August, the country witnessed change of government with the election of the new prime minister from Unified Communist Party of Nepal (UCPN-Maoist). This is the fourth time that Nepal has had a new prime minister in the last three years since the country was declared a republic in 2008.

Currently Nepal is governed under the Interim Constitution of Nepal, 2007, which provides that a new constitution should be promulgated by 28 May 2011. However, the Constituent Assembly could not complete the draft within the deadline, and has been further extended until May 2012.

Additionally, public security related issues, including instances of politically and criminally motivated abductions, violence and extortion have been continuing in some parts of the country especially in the Terai region (southern plain) and major cities of the country.

### **Economic downturn together with electricity shortage**

Economically, Nepal has been facing a down turn in industries coupled with food price hikes which have been severely affecting people across the country, especially the significant proportion of the population living below the poverty line of USD 1 per day. The situation has been compounded by an electricity crisis, resulting in up to 10 hours of load shedding per day which has a significant impact on daily life as well as on commercial industry and public services.

### **Disasters leave around 9,000 families displaced**

From the end of June to August, floods, landslides and thunder bolts killed 81 people leaving over 1,100 families (approximately 6,000 people) displaced in 37 districts throughout the country. In response, NRCS deployed volunteers and distributed a total of 2,225 non food item (NFI) sets from their central warehouse to district chapters for distribution to affected families.

Similarly, an earthquake measuring 6.9 on the Richter scale struck the eastern region of Nepal on 18 September. The earthquake took seven human lives, injured 64 people and left over 7,800 families (approximately 43,000 people) displaced across 18 districts, mainly in the eastern part of the country.

In response to the earthquake, NRCS activated its emergency operations centre to receive information from its district chapters, which had immediately mobilized district disaster response teams and other trained volunteers from sub-chapters to undertake rapid assessments and light search and rescue across the country. Following the release of funds from the Disaster Relief Emergency Fund, NRCS also deployed two national disaster response teams to support assessments in the two districts closest to the epicentre (Taplejung and Sankhuwasabha) and distributed NFIs to more than 2,000 displaced families plus an additional over 3,000 tarpaulins and 700 blankets in the affected districts. A further 1,269 NFI sets, 855 tarpaulins and 249 blankets are in the pipeline.

In addition, unusually cold and windy weather has continued to affect the daily life of many people in different parts of the Terai region since the end of November. Thick blankets of fog have been blocking sunlight and warmth, lasting for many hours and sometimes the entire day, increasing the number of cases of cold-related diseases such as pneumonia and other respiratory problems, particularly among children, elderly people and daily wage workers. This situation has drawn the attention of NRCS and other partners who are discussing possible interventions. NRCS has provided blankets in some of the districts affected most by the cold weather/wave as a small humanitarian support.

Despite the extensive engagement of NRCS in responding to these disasters as well as limited funding of the IFRC support plan 2011, most activities from the revised plan have made significant progress, the details of which are outlined in this report.

## Progress towards outcomes

### Disaster management

Programme component	Component outcome
<b>1. Disaster risk reduction</b>	<ol style="list-style-type: none"> <li>1. Leading the Nepal risk reduction consortium flagship 4 on integrated community-based disaster risk reduction</li> <li>2. Climate change adaptation and institutional preparedness for risk reduction (Revised outcome from 'Integrating climate change adaptation into community-based disaster risk reduction initiatives')</li> </ol>
<b>2. Disaster preparedness, response and recovery</b>	<ol style="list-style-type: none"> <li>1. Preparedness for response</li> <li>2. Recovery</li> <li>3. Emergency shelter</li> </ol>

### Achievement

#### Programme component 1: Disaster Risk Reduction

##### Outcome 1: Leading the Nepal risk reduction consortium flagship 4 on integrated community-based disaster risk reduction

IFRC, together with the Ministry of Local Development, have established a Flagship 4 Advisory Committee comprising representatives from government, Red Cross, UN, NGO and the donor community. The Advisory Committee meets on a monthly basis and acts as the decision-making body for Flagship 4 and oversees the development, implementation, monitoring and reporting of the Flagship 4 Joint Programme Results. The Advisory Committee also provides technical guidance on specific aspects of community-based disaster risk reduction based on feedback from the wider stakeholder group of Flagship 4. Additionally, a Flagship 4 coordinator has been seconded to IFRC on a part time basis from the Nepal Ministry of Home Affairs through the Australian Government volunteer programme.

The country-wide mapping of CBDRR activities has continued with over 270 projects tracked across 32 districts. This information, as well as news, tools, guidelines and other materials is included on the newly launched Flagship 4 website at [www.nrrc.org.np](http://www.nrrc.org.np). The development of the website was sponsored by UNDP and includes a number of interactive components where partners can enter their organisation and project information, join the mailing list and upload photos, documents and event information.

On 25 November, the Disaster Preparedness Network of Nepal (DP-Net) hosted a half day workshop on Flagship 4 for DP-Net members and other stakeholders with the purpose of collecting experiences and good

practices in key areas of CBDRR such as mainstreaming into local government, early warning and preparedness. Over 70 participants joined the workshop, which took a 'market place' format enabling participants to showcase their activities in different areas and rotate between several small group discussions.

Work is also underway to finalise the Flagship 4 tracking tool to enable information on CBDRR to be captured systematically across the country to give a fuller picture of CBDRR progress and further reinforce the value of investing in DRR efforts in Nepal. A series of district and regional level consultations are also in preparation to ensure that local authorities and organisations outside of Kathmandu are actively engaged in the work of Flagship 4.

### **Outcome 2: Climate change adaption and institutional preparedness for risk reduction**

A training curriculum on climate change adaptation has been designed in consultation with NRCS programme departments, in line with the community based disaster risk reduction course. The course has been designed for a six-day residential training package and includes CBDRR.

During August, a climate change vulnerability capacity assessment (VCA) guideline and VCA tools were drafted and discussed during a three-day workshop involving NRCS key staff and volunteers in Kailali district. The IFRC climate guidelines, Care climate VCA and NRCS CBDRR programme implementation guidelines were taken as reference documents to facilitate the workshop. The newly developed climate change VCA tool was tested by Dadwa community of Lamjung district in November, involving a comprehensive, participatory assessment of the community in the context of climate change. The climate change VCA guideline will then be finalized based on the VCA report.

Additionally various publications related to climate change were collected by the NRCS disaster management department. To date, publications from organizations like the International Centre for Integrated Mountain Development, Practical Action, and Care Nepal have been collected. Resources from the internet are also being collected and documented.

### **Plan adjustment**

Since the framework for climate change had already been designed and there was need of budget to test the climate change inclusive VCA tool, the activity 'action planning and formulation of guideline to integrate adaptation activities in community based projects' was removed from plan and replaced with the climate change inclusive VCA tool test activity.

### **Remaining activities planned for early 2012**

- A formal training on climate change.
- A workshop to formulate a framework on the climate change information sharing mechanism. The workshop will focus on the developing a sharing mechanism in support with the Department of Hydrology and Meteorology of the Government of Nepal.

## **Programme component 2: Disaster Preparedness, Response and Recovery**

### **Outcome 1: Preparedness for response**

The NRCS disaster management department has been carrying out a brief needs survey of NRCS warehouses in different parts of the country. When the assessment is completed, the warehouses will be supported as per their need, to be completed by early 2012.

As described further below in the section on Finance Development, NRCS has received support for the installation of Microsoft Dynamics Navision software from IFRC, World Food Programme and others to better integrate finance, procurement and inventory management and is being customized as per NRCS requirements.

During the reporting period, the Red Cross Movement partners have been working towards greater preparedness for large scale disasters in Nepal, in particular for the possibility of a major earthquake affecting Kathmandu valley. Several planning meetings were held to further define the role of different partners in supporting NRCS, as well as real-time testing of radio and satellite communications equipment from assembly points in the valley. The process culminated in a three-day Movement earthquake simulation exercise in September, designed and facilitated by a UK-based consulting firm HumEx with support from IFRC disaster

management staff, several PNS, the ICRC, IFRC and many NRCS headquarters and district level staff and volunteers joined the exercise. It was designed to test the NRCS contingency plan and Movement coordination mechanisms and was conducted in three time phases simulating the first hours after an earthquake, the first weeks prior to the entry of international assistance and the first month following the entry of international assistance. The simulation was interrupted after a real earthquake struck in Taplejung on 18 September requiring the teams to shift to an actual response situation. However, the lessons learned from the simulation were immediately captured and integrated into a revision of the NRCS contingency plan and a number of follow up actions have been highlighted as a priority for the coming year.

### Plan revision

Because of relatively low funding, the activity 'strengthening of emergency operation centre' has been removed from the 2011 plan. The NRCS is exploring funding for this activity as part of the 2012 plan.

### Outcome 2: Recovery

NRCS has been implementing the livelihood project in Holiya village development committee (VDC) of Banke district since 2009, which is planned to be phased out by December 2011. The project has been supporting 121 families to restart their livelihoods after they were displaced by flooding. The main focus of this final phase has been to ensure sustainability of the programme by the community itself as described in more detail below.

### Community trainings

During the reporting period, eight different trainings were conducted to empower the community of the Holiya VDC with knowledge and skills on different fields including health and hygiene promotion, disaster management, first aid and livelihood options in Banke district.

Name of training	Number of trainings	Date	Number of participants	Remarks (Output/outcome/importance of the training)
Health and hygiene promotion	3	September	105 people including 22 women	As a result of this training, as well as the intensive monitoring by the NRCS (sub-chapter and district chapter) governance volunteer and project staff, 25 households have constructed their own toilets and have started to use them. The remaining households have also committed to constructing and using toilets.
Disaster management refresher training	1	October	25 people including six women	The training was conducted in the local language and was important for refreshing community knowledge about disaster management including key processes, leadership and coordination, damage assessment and relief distribution.
First aid refresher training	1	November	15 people including four women	The training was successful in enhancing the first aid services of local volunteers.
Trainings on livelihood options including small scale business, animal husbandry and agriculture	3	Last week of November	89 people including 38 women	Two-day trainings were conducted in coordination with the Banke district agriculture office and veterinary office. The trainings were useful for refreshing the knowledge and skills of the community on livelihood options.
<b>Total number of trainings</b>	8			

### Community fund management guidelines

On 16 to 18 May, NRCS organized a workshop to develop fund management guidelines for community level revolving funds and risk transfer funds in Banke district. The meeting was joined by district chapter and sub-chapter volunteers, headquarters and district chapter staff, and community representatives from the project area. A final draft has been developed and is in the process of publication.

### **Coordination meetings and annual review meeting**

NRCS Banke district chapter conducted community and district level coordination meetings in November to share the progress and results of the livelihood project to concerned stakeholders. Participants included community members, representatives from government agencies, political leaders and other concerned agencies and were important for committing the stakeholders to possible future technical and other support related to community livelihood promotion.

NRCS disaster management department conducted a joint annual review meeting of all projects implemented through the department on 26 to 27 December. The meeting was held in Chitwan district and participants included NRCS senior management, executive director, disaster management director as well as programme/project coordinators, managers and officers from headquarters and districts.

The objectives of the joint review were to enable cross learning between different projects, review the entire disaster management programme and develop a common understanding of the disaster management programme implementation process. All projects shared their progress, lessons learnt and challenges in the meeting. The key lessons learnt from the livelihood project are as follows:

- Different families have different needs in community, so livelihood support needs to be tailored according to a family's needs rather than providing uniform support to the whole community.
- Livelihood projects need to be on a five year cycle to see the impact of project activities.

### **Remaining activities**

- A one-day orientation on community level fund management has been planned for the first week of January 2012 for the representatives of all 121 households in the project area. This orientation will be followed by a three-day training on community level fund management for 20 to 25 selected participants from the project area. The orientation is important for sensitizing the community about the fund management guidelines, terms and conditions, roles and responsibilities of different sectors (community unit, livelihood/DRR unit, Red Cross sub-chapter, district chapter and headquarters). The training will also equip the community with the skills to manage the community level funds after the project is handed over.
- In addition, the project is supporting NPR 50,000 for the construction of the office building of Betahani sub-chapter (the project area lies under this sub-chapter) in Banke district. The sub-chapter has already received the land from other donors.
- The project will be evaluated by hiring an external consultant and its process has already been initiated.

### **Outcome 3: Emergency shelter**

During this reporting period, two shelter cluster coordination meetings were conducted at different venues on a rotational basis among the shelter cluster members, which include NRCS, IFRC, DUDBC, NSET, LWF, UNHABITAT, Lumanti, Save the Children, Habitat for Humanity, OHCHR, IOM, ICRC and DP-Net. The meetings have finalized the shelter and non food items contingency plan.

In September, several shelter cluster members, including NRCS, conducted damage assessments following the earthquake in eastern region of Nepal in September. The shelter cluster discussed the various findings of these assessments as well as the ongoing needs of affected communities and appropriate shelter models in terms of local materials and technologies.

During the reporting period, the draft of the NRCS shelter guideline has been shared with IFRC shelter unit in the Asia Pacific zone office and different departments of NRCS. The guideline will be finalized through consultative meetings with shelter cluster members and published by the end of January 2012.

### **Plan adjustment**

Originally, there was a plan for conducting district level emergency shelter training. However, realizing the current need for additional trained human resources in emergency shelter at national level, the activity has been revised as a shelter national disaster response team (NDRT) training. NRCS has been working on the content and curriculum for the training to be finalized by December 2011. The training is scheduled for January 2012.

**Constraints or Challenges:**

- Unavailability of appropriate and relevant training in climate change in NRCS context has been a challenge for the capacity development of the national society in climate change; however, local and nationally available institutes are being explored for such trainings.
- Limited funds for piloting climate change adaptation prevented a full-fledged intervention hence the climate change VCA tool was tested in a community which already had ongoing CBDRR activities.

**Health and care**

Programme component	Component outcome
<b>1. Community-based health and first aid (CBHFA)</b>	<ol style="list-style-type: none"> <li>1. Establish / continue first aid services through community based volunteers in target districts</li> <li>2. Ensure target communities are capable of applying effective health promotion and disease prevention measures during normal times and disasters</li> <li>3. Increase the capacity of NRCS at various levels to support communities to implement CBHFA activities</li> <li>4. Increase access to safer motherhood services</li> </ol>
<b>2. Reducing the vulnerability to HIV and its impact on most at-risk populations.</b>	<ol style="list-style-type: none"> <li>1. Preventing further HIV infection among the key target groups of female sex workers, migrants and youth</li> <li>2. Reducing HIV stigma and discrimination</li> <li>3. Expanding HIV treatment, care and support needs of orphans and vulnerable children and people living with HIV/AIDS</li> <li>4. Develop the capacity of district / sub-chapters of NRCS in project districts to ensure ongoing sustainability of HIV activities</li> </ol>
<b>3. Public health in emergencies</b>	<ol style="list-style-type: none"> <li>1. Improve NRCS capacity at headquarters and in two pilot districts to deliver appropriate and timely health services during emergencies</li> <li>2. Strengthen emergency water and sanitation capacities of NRCS in line with the five year NRCS strategy for emergency water and sanitation</li> </ol>

**Achievements****Programme component 1: Community-based health and first aid**

During the reporting period, the activities under the CBHFA programme were efficiently carried out in the four ongoing districts of Baitadi, Pyuthan, Gulmi and Khotang and the two new districts of Siraha and Surkhet.

The translated versions of the CBHFA volunteer manual, facilitator guide and picture tools were tested in Siraha and Surkhet districts, where volunteers have been trained in Modules 1-4 of the CBHFA manual. This year, the programme will complete its three-year cycle in Baitadi and Pyuthan districts and focus was on ensuring that the units and trained human resources were functional at the local level and that coordination mechanisms were established with stakeholders for sustainability.

The maternal and child health (MCH) component, which was added to the programme this year, was implemented in Gulmi district to increase access to safer motherhood services. Uterine prolapse among women was one of the key issues identified during the assessment and the modalities of the component will be to establish links between the community and the government health unit to optimize the use of existing facilities and services. Training, awareness raising, counselling and coordination are the major activities under this component thus building on the existing resources.

**Outcome 1: Establish / continue first aid services through community-based volunteers in target districts**

In Surkhet district, 31 volunteers from the programme area were trained in module 4 of the CBHFA manual through which they gained knowledge and skill on first aid. Each trained volunteer is equipped with a first aid kit and one volunteer manual. CBHFA volunteers in the four ongoing programme districts of Gulmi, Khotang, Baitadi and Pyuthan provided first aid services to 585 people during normal and emergency situations such as road accidents, sport events and local festivals.

In Gulmi district, the CBHFA volunteers organized first aid sessions in their communities and 206 people gained information on first aid techniques for basic injuries by using the local resources. CBHFA volunteers were also mobilized in first aid campaigns on the occasion of World First Aid Day in the six programme districts. Major activities of the campaign included street dramas, rallies, video shows on sanitation and first aid skill competitions. More than 1,000 people gained information on first aid practices and its importance.

### **Plan revision**

CBHFA national facilitator lesson learnt workshop and basic first aid training for teacher sponsors were removed from the plan during first quarter due to the low funding situation. However, CBHFA refresher training was added for volunteers in Baitadi and Pyuthan districts and basic first aid training for district chapter governance volunteers in Gulmi and Khotang districts.

### **Outcome 2: Ensure target communities are capable of applying effective health promotion and disease prevention measures during normal times and disasters**

In Gulmi and Khotang districts, 350 people gained knowledge on sanitation, hygiene promotion and effective hand washing during monthly health sessions organized by CBHFA volunteers. Consequently, 46 households of ward number 5 in Gulmi district are striving towards making their community a plastic free zone and each of the 46 households have installed a container for dumping waste plastic.

The volunteers and communities participated in different activities such as sanitation rallies, hand washing demonstrations, hand washing competitions and sanitation campaigns organized on the occasion of World Hand Washing Day in the six programme districts. Likewise, activities such as rallies and condom distributions were organized on National Condom Day. The activities were observed by more than 2,000 people.

In August, 30 CBHFA volunteers were mobilized for a diarrhoea prevention campaign in coordination with the local health post in Baitadi district. The volunteers disseminated diarrhoea prevention and control messages along with demonstrations on oral rehydration solution preparation and hand washing.

During the reporting period, 16 students of Raja Rukha primary school participated in a quiz competition on health and sanitation with more than 500 students as observers in Gulmi district. The staff and students observing the competition were also sensitized on sanitation practices and its importance.

Similarly, 27 households participated in clean house competitions in Pyuthan district with the top three receiving prizes. The competition has contributed to increasing the knowledge of observers as well as changing their attitude towards good sanitation practices. Additionally, CBHFA volunteers carried out VCA and household surveys of the programme areas in Siraha and Surkhet districts in September. Based on the VCA and survey reports, the CBHFA programme plans were developed in the districts.

Overall, most of the activities under this outcome have been accomplished however some awareness sessions on health promotion and disease prevention are still to be conducted. The CBHFA volunteers in all the programme districts will be mobilized for the National HIV/AIDS Day campaign in close coordination with the local health post.

### **Outcome3: Increase the capacity of NRCS at various levels to support communities to implement CBHFA activities**

During the reporting period, a coordination meeting was conducted to explore partnerships on health and sanitation activities in Baitadi district. Altogether 15 people including NRCS staff and volunteers, and representatives from government (from the district administration committee and district development office) participated in the meeting. The government representatives committed to support and extend partnership towards achieving the objectives of the CBHFA programme. A programme review meeting was also organized in October to review the status of the activities, budget and plan for the remaining quarter, joined by 12 programme staff from headquarters and districts.

During the reporting period, 62 CBHFA volunteers received information on the Fundamental Principles of Red Cross and Red Crescent, community mobilization and VCA tools through the CBHFA volunteer training (Modules 1,2, and 3) in Siraha and Surkhet districts. Likewise, 25 members from the CBHFA ward level committees were trained in account keeping and management in Gulmi district. The training has equipped the CBHFA committee members with the basic skills and knowledge about account keeping and management..

The NRCS CBHFA programme coordinator participated in the CBHFA Asia Pacific lessons learnt, behaviour change communication and integration workshop with the support IFRC. The workshop was held in Bangkok from 27 August to 1 September 2011.

#### Programme monitoring

During the reporting period, the CBHFA programme coordinator visited Gulmi district and interacted with CBHFA staff, volunteers, CBHFA ward level committee and programme beneficiaries. The coordinator also participated in a coordination meeting with the local health post, and discussed on how to increase access to safer motherhood services and how the programme could contribute to the existing gaps of the government machinery at the local level.

### Red Cross has uplifted women and child health



My name is Shiva Kuwar. I have been working as an assistant nurse midwife in sub-health post of Gaudakot VDC in Gulmi district for almost 10 years.

During this period, I have seen a lot of changes in health and care in my village. The last two years, there has been significant positive changes in maternal and child health in the village. Women are aware on their reproductive health. Pregnant women visit health institutions regularly for their antenatal check up.

Similarly, the trend of home based delivery is gradually being replaced by the health institution based delivery and people are being attentive towards post natal care. The mothers are aware on the importance of breast feeding and immunization of their child. Mothers visit health posts regularly to get their child immunized and a check up. Furthermore, the mothers inquire with the health workers whether their child's height, weight are compatible to the normal growth chart, and on ways to make their child healthier.

The situation was totally different in the past. It was rare that pregnant women of the community visited the health institution for an antenatal check up. Likewise, the practice of institution-based baby delivery was rare. Many mothers used to suffer from pregnancy and delivery-related complications such as excessive bleeding. Furthermore, women with different reproductive health problems used to remain hidden as they were not aware on where to go for a check up, and whether the problems were treatable.

We used to provide mobile health services in the community as part of the Gaon Ghar (outreach) clinic initiatives of the Nepal government. But this activity alone was not sufficient to disseminate women reproductive health and safer motherhood messages effectively in the community, and change their long held practices.

However, the Red Cross has made it possible to bring such tremendous positive changes in the community. The Red Cross launched the CBHFA programme in our village two years ago. The programme provided counselling training, and reproductive health and safe motherhood training to the volunteers, and mobilized them for disseminating reproductive health and safer motherhood awareness in the community. Furthermore, the programme has initiated healthy baby competitions in the village. This activity has been very effective for sensitizing people to safe motherhood practices.

Recently, the Red Cross and Lumbini medical college jointly organized a uterine prolapse screening camp in the village. Out of 129 women screened for uterine prolapse, 15 women were identified with a uterus problem and were referred to hospital for advanced treatment. This activity has made women more aware of their reproductive health problems and treatment.

I am thankful to Red Cross for this. It has raised women's and children's health in my village. No longer will women in my village have to live with the stigma linked to reproductive health problem in the future.

**Remaining activities**

- Management information system workshop in Baitadi and Pyuthan districts.
- Management and record keeping training in Khotang district.
- Coordination meeting with stakeholders in Siraha district.

**Outcome 4: Increase access to safer motherhood services**

During the reporting period, a five-day counselling training for participatory learning group (PLG) leaders and health workers was organized in Gulmi district. Altogether, 22 people including 18 women participated in the training. The PLG leaders have already organized three group learning sessions in Gaudakot VDC which was joined by 105 people.

Similarly, training on reproductive health and safe motherhood was held in Gulmi district with 30 participants including female community health volunteers and CBHFA volunteers. They have shared the information with 63 mothers on post-natal care as well as on newborn care. Likewise, 38 infants were involved in a healthy child competition organized in coordination with the health post in Gulmi district. The top three winners received prizes. The observers of the competition also gained basic knowledge on indicators for a healthy child.

A number of basic tools and equipment were provided to the management committee of the government health post to support health services at outreach clinics and health posts such as an antenatal check-up (ANC) bed, stethoscope, sphygmomanometer (blood pressure measuring set), foetuscope (a device used for checking the heartbeat of foetus) and basic furniture. The health post has agreed to procure additional items such as an ENT set (ear, nose and throat observation set), electronic foetuscope, notice board, autoclave (clinical material sterilizing device/utensil) and an ANC check up bed.

In October, an MCH (mother child health) post/camp was organized in Gulmi district in coordination with the district health office and ADRA Nepal. Altogether, 477 women were examined for their reproductive health. The women with minor health problems were treated at the post, while seven women were identified having complicated reproductive health problems. They were referred to Nepalgunj and Dadeldhura district hospitals for advanced treatment. Similarly, a uterus screening camp was also organized. Altogether, 15 women were identified with uterus problems and over 100 women with other reproductive health problems. Coordination has been established with Lumbini Medical College for organizing a local camp in which women with reproductive health problems will be assessed and treated.

**Programme component 2: HIV programme**

The HIV programme has been phased out in the three districts of Surkhet (commence in 2005), Jhapa (commenced in 2007) and Achham (commenced in 2010) since the end of June. During the reporting period, NRCS continued as follow up activities in two districts of Dolakha and Kaski.

In Dolakha, the programme has been implemented adopting the CBHFA approach focusing on HIV, MCH and general health in last two years, targeting seasonal migrants and their spouses for HIV and other communities for MCH and general health. In Kaski district, the primary target groups are female sex workers and their clients. The programme has been emphasizing behaviour change communication (BCC) activities for the prevention of new HIV infections.

During this reporting period, the programme implemented outreach services, trainings and orientations, PLG sessions, information, education and distribution of communication (IEC) materials and condoms, advocacy, meetings, and monitoring of the programme activities.

**Outcome 1: Preventing further HIV infection among the key target groups of female sex workers, migrants and youth****Outreach activities**

Peer educators (HIV programme volunteers) have received training on life skill based peer education addressing basic knowledge on HIV/ AIDS and reproductive health. Peer educators have been sharing the health messages among their peers, conducting one-to-one visits and organizing peer learning sessions on a monthly basis in the programme districts.

During the reporting period, 236 new FSWs and 2,511 FSWs who had already been in contact with the programme, updated their knowledge and skill on HIV/AIDS and sexually transmitted infections (STIs) through the mobilization of FSWs themselves as peer educators. Moreover, 23 demonstration sessions were conducted on the proper use of condoms targeting FSWs and their clients in Kaski district. A total of 34,724 male and female condoms have been distributed in Kaski district during this period.

### **BCC programme**

In Kaski district, an HIV programme support centre was established with the objective of sharing information on HIV/AIDS and reproductive health by providing facilities such as video shows, condom distribution and IEC materials for the target group. The centre received 314 FSWs visitors during this reporting period and has been playing a vital role to disseminate knowledge and awareness on HIV/AIDS, and referring the target group to voluntary counselling and testing (VCT) centres.

### **Referral for VCT**

The main objective of this activity is to reduce the incidence of STIs/HIV infection through proper case management and timely diagnosis of HIV. Data showed that 152 people have been referred for VCT services and 146 cases were referred for STI treatment during the reporting period.

### **Special day celebrations**

During the reporting period, the programme districts organized the 17<sup>th</sup> Condom Day and 28<sup>th</sup> Candle Light Day with different activities such as mass rallies, talk programmes, IEC material displays and distribution, media campaigns, press conferences, condom distribution and street drama performances. These activities encouraged close coordination with government agencies and concerned stakeholders and enabled the wider community to learn about HIV/AIDS and the proper use of condoms.

## **Outcome 2: Reducing the vulnerability to HIV and its impact on most at-risk populations.**

### **HIV programme orientation**

During the reporting period, three orientation sessions were conducted on HIV/AIDS in Kaski district joined by a total of 309 participants including mother groups, hotel associations and local youth clubs. The main objective of this orientation was to provide basic knowledge on HIV/AIDS and other STIs, and reduce double stigma for female sex workers.

### **Peer educator mobilizations**

Peer educators were mobilized to disseminate information about HIV/AIDS, primary health care, first aid, and child and maternal health in Dolakha and Kaski districts. Altogether, 550 community people participated in the discussion, many of whom then started to visit the health centre for their health check up.

### **Participatory learning group session**

During the reporting period, six participatory learning group sessions were conducted with FSWs for discussions on HIV/AIDS and STIs, as well as negotiation skills for encouraging the correct use of condoms for safer sex practices. It was found that there was a gap in knowledge about the transmission and prevention method of HIV among participants.

Similarly, 116 FSWs benefited from seven BCC interactive sessions across different locations in Kaski district. Discussions focused on knowledge/attitudes about HIV/AIDS/STI and negotiation skills to further promote use of condom for safer sex practices and the sessions were found to be an effective way of reducing risk behavior among the target population.

## **Outcome 3: Expanding HIV treatment, care and support needs of orphans and vulnerable children and people living with HIV/AIDS**

During the reporting the period, no nutrition and livelihood support was provided to children and people living with HIV/AIDS.

## **Outcome 4: Develop the capacity of district / sub-chapters of NRCS in project districts to ensure ongoing sustainability of HIV activities.**

### **Collaboration and network with concerned organizations**

During the reporting period, Kaski district chapter conducted a coordination meeting with concerned stakeholders in the district. The meeting was mainly focused on creating an enabling environment to conduct outreach activities and reduce social stigma in the community. The meeting was also important for:

- Sharing the problems faced by FSWs
- Sharing HIV/AIDS knowledge and experience among the stakeholders.
- Sharing the HIV programme progress.
- Sharing the programme challenges and constraints, and exploring possible solutions.
- Strengthening the collaboration and partnership for sustainability of the HIV programme activities.

The participants of the meeting were included representatives from the district health office, district AIDS coordination committee and other line agencies, local community based organizations and Red Cross volunteers and staff.

### **First aid refresher training**

In Dolakha district, CBHFA volunteers were mobilized to disseminate messages on HIV prevention and control, women's reproductive health and safer motherhood in the project communities (Babare and Lapilang VDCs and also provided first aid for the minor injuries in the community. The volunteers meet on a quarterly basis and share their experiences, ideas, and plan for the next quarter on how to disseminate health messages more effectively in the community.

During the reporting period, 42 CBHFA volunteers refreshed their knowledge and skills through first aid refresher trainings in Babare and Lapilang VDCs of Dolakha district.

### **Quiz competition**

In September, a quiz competition was conducted in each of the project VDCs of Dolakha district with the objective of creating awareness among their target groups on health issues including HIV/AIDS, reproductive health and first aid. Altogether 20 participants, including peer educators and CBHFA volunteers, participated in the competition. All participants received certificates of appreciation and the first three winners of each competition also received prizes.

### **Monitoring and supervision**

District chapters made monthly monitoring visits to the project areas and during the reporting period, a monitoring visit was also made from national headquarters.

The visits have been important for assessing the progress and challenges of the project. Some strengths and challenges observed during the field visits were as follows:

- Mobilization of FSWs as peer educators has been an effective way to educate their peers on HIV/AIDS and promote their negotiation skills for proper use of condoms.
- The information centre has been the best meeting place for target groups such as FSWs for interacting and gaining knowledge on HIV/AIDS.
- Participatory learning sessions are an effective way to change behaviour of FSWs.
- Coordination among mother groups, youth clubs, other relevant organizations and hotel associations have been highly effective for the continuation of the programme.

## **Programme component 3: Public health in emergencies**

### **Outcome 1: Improve NRCS capacity at headquarters and in two pilot districts to deliver appropriate and timely health services during emergencies.**

NRCS has gradually and systematically been developing capacities in public health in emergencies response. During the reporting period, a five-member public health in emergency response team was established at national headquarters. The team is headed by health director and members comprise representatives from water and sanitation section, disaster management department and CBHFA section. The team has been meeting on a monthly basis to discuss various emergency issues.

NRCS hired an external consultant to draft a public health in emergency training manual and operational guideline. Four consultative meetings were held among response team members during the drafting process.

As there was a potential risk of a dengue outbreak in Nepal, NRCS conducted a dengue prevention and control training in coordination with Epidemiology and Disease Control Division of the Nepal government and IFRC in Chitawan district in September. A total of 31 participants from Chitawan, Nawalparasi and Rupandehi districts participated the training. The purpose of the training was to develop resource persons at district level so that they can be mobilized to train more people in the community and disseminate dengue prevention and control messages promptly if there is any outbreak.

Similarly, NRCS conducted public health in emergency training in the last week of December in Pyuthan district. A total of 25 Nepal Red Cross staff and volunteers working in disaster response and first aid participated the training, from five districts of Pyuthan, Bardiyaya, Jumla, Nawalparasi and Salyan. The objectives of the training were to:

- Develop district level human resource on emergency health response.
- Test the recently development public health in emergency training manual and guideline.

Public health in emergency is one of priority areas in the NRCS sixth development plan for the next five years. In 2012, there are plans to roll out the public health in emergency programme in an additional five districts, subject to the availability of resources..

### **Outcome 2: Strengthen emergency water and sanitation capacities of NRCS in line with the five year NRCS strategy for emergency water and sanitation.**

NRCS adapted its hygiene promotion material/box/kit to the Nepal context with technical support from the water and sanitation unit at the IFRC AP zone office. As a positive example of regional sharing of technical expertise, the NRCS water and sanitation programme coordinator was invited as a facilitator for the sanitation training in Afghanistan in the first week of December.

Several pledges for emergency water and sanitation were received late in the year, including for emergency water and sanitation, and participatory hygiene and sanitation transformation (PHAST) training at national and district levels (from DFID through IFRC) and the provision of a two water and sanitation kits Kit 5 (from Japanese Red Cross through IFRC). The activities for these pledges are being combined into an emergency water and sanitation operational plan for 2012, submitted to IFRC.

### **Constraints or Challenges**

- Retention of volunteers in the community has been major challenge for all community based programmes due to migration for job and education opportunities. Nevertheless, the CBHFA programme has adopted the strategy of providing refresher training or orientation to new volunteers to fill the gap.
- Ensuring programme sustainability and long-term resource mobilization has been a challenge for the HIV programme, which needs to be addressed in a multi-sectoral way. One effective strategy to sustain the programme could be through CBHFA approach which can integrate HIV as a cross cutting issue in other ongoing programmes. NRCS, together with IFRC, is putting great effort into strengthening existing partnerships and identify new partners within and outside the Movement to ensure continued funding.
- High expectations of the target groups including PLHIV and FSWs have been a challenge in the implementation of the HIV programme. As majority of the PLHIV and FSWs are from low economic backgrounds and expect support for basic needs including food, shelter and clothing from the project.

### **Organizational development**

<b>Programme component</b>	<b>Component outcome</b>
<b>1 Volunteer management</b>	1 Further strengthen the volunteer management system and leadership capacity of NRCS volunteers at different levels 2 Enhance the capacity of junior/youth members and volunteers to provide effective and qualitative services to vulnerable communities 3 Increase the participation and support of women from different castes, religions and ethnicities at all levels within NRCS
<b>2 Enhance the capacity of NRCS support services</b>	1 Support the development of NRCS financial management systems and domestic fundraising and income generation skills 2 Enhance the overall quality and capacity of NRCS planning, monitoring,

	<p>evaluation and reporting (PMER) functions</p> <p>3 Explore the feasibility of a Human Resource Development Institute within NRCS</p>
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## Achievements

### Programme component 1: Volunteer management

#### **Outcome 1: Further strengthen the volunteer management system and leadership capacity of NRCS volunteers at different levels.**

##### **Improving the volunteer database**

During the reporting period, NRCS updated its website ([www.rcvolunteer.org.np](http://www.rcvolunteer.org.np)) regularly with the volunteer data received from different districts. Similarly, the volunteer database was updated in 32 district chapters where the volunteer information system (VIS) was installed in 2010. NRCS has a plan to install VIS in additional 30 districts and orient the governance volunteers and staff from these districts on webpage updating and record keeping in December 2011.

##### **Strengthening capacity of volunteers/staff through training/orientation**

Volunteer management orientation sessions were conducted for NRCS governance volunteers during the five regional seminars held in Doti, Rolpa, Mustang, Sindhupalchowk, and Panchthar in 2011. Three of the five seminars (Doti, Rolpa and Mustang) were held during the reporting period.) The orientation reached a total of 124 participants from 69 districts and has been effective in empowering the governance of the district chapter with volunteer management skills.

In November, an orientation session was conducted on volunteer management and global volunteer accident insurance for 28 programme managers and officers at national headquarters. The orientation was important for the development of skills for mobilizing volunteers in normal and emergency situations and on the procedures to be followed, as well as the importance of global volunteer accident insurance. A major achievement of the orientation was the commitment of programme managers to contribute funding for global volunteer accident insurance for their programme volunteers in 2012.

##### **Producing and distributing note books and visibility material**

During the reporting period, NRCS produced 5,000 field notebooks (field work diaries) for volunteers and visibility materials (150 t-shirts). The field notebooks are important for record keeping and reporting on volunteer mobilization and volunteers are asked to prepare a daily report in the notebook and submit it to the concerned district chapter when they complete their designated mission/operation. The t-shirts will be distributed to the participants of the volunteer management and organizational development training to be held on 15 to 17 December and the leadership and management training to be held on and 21 to 23 December 2011.

##### **Celebrating International Volunteer Day**

During the reporting period, NRCS undertook a 25-day celebration programme for International Volunteer Day from 10 November to 5 December 2011, supported by the IFRC South Asian regional office. Activities took place at both national and district levels involving different activities such as inter-school competitions (wall magazines and art competitions), inter-college essay competitions, inter-Red Cross Action Team poem competitions, simulations, blood donations and recognition of the 30 best volunteers with certification. The activities were important to:

- Promote the volunteering spirit within NRCS activities
- Create opportunities for all people to volunteer
- Strengthen relationships with United Nations volunteers, Government of Nepal and other stakeholders to encourage working together in future

#### **Outcome 2: Enhance the capacity of junior/youth members and volunteers to provide effective and qualitative services to vulnerable communities.**

In 2011, NRCS continued the junior/youth programme in three districts of Sankhuwashabha, Okhaldhunga and Bajura targeting junior/youth volunteers and members. The programme has been supporting the development of junior/youth Red Cross at the grass roots level, enabling them to assist vulnerable people in their communities.

During the reporting period, each programme district provided orientations for their junior/youth volunteers and members about the focused on the formation of district junior/youth forums and sub-forums and their roles and responsibilities, as well as activities to be conducted during the year. Forums and sub-forums are the functional bodies formed by the programme for effective implementation of the project.

The key responsibilities of the junior/youth Red Cross volunteers include:

- Dissemination of the Fundamental Principles of the Red Cross and Red Crescent Movement.
- Monitoring of proper use of Red Cross emblem.
- Organization of and participation in different competitions such as Red Cross quiz contests
- Involvement in humanitarian activities such as assisting people affected by disaster.
- Supporting youth as an agent of behaviour change (encouraging socially responsible and humanitarian behaviour)

Similarly, each programme district chapter provided in-kind support to ten junior Red Cross circles in their district, totalling 30 junior Red Cross circles across three districts. The support included registers, circle letter pads, Red Cross flags and photos of Henry Dunant. The support has been useful for enabling the circles to maintain records, correspond with concerned Red Cross units using letter pads and promoting the identity of Red Cross circles. Similarly, 15 junior/youth sub-forums (five sub-forums in each district) have been established in each programme districts, which are responsible for coordinating all the junior/youth activities within the assigned areas.

During the reporting period, the programme supported six two-day junior/youth camps (two camps per district) involving 250 junior/youth volunteers. Such camps are important for motivating junior/youth volunteers/members to actively engage in humanitarian work.

In addition, a junior/youth Red Cross programme orientation/workshop was conducted in the remote district of Manang to disseminate Red Cross Movement knowledge and develop infrastructure for supporting the development of junior/youth Red Cross. In total, 35 participants including 15 young people actively participated. Another such programme has been scheduled in the remote district of Taplejung during the last week of December 2011.

### **Remaining activities**

With the purpose of introducing the practical importance of Fundamental Principles of the Red Cross and Red Crescent Movement, five quiz and speech competitions about Red Cross and Red Crescent Movement have been planned in each programme district during December. Each sub-forum in the district will organize the competition in coordination with all circles within the area, which are expected to benefit around 2,000 junior/youth Red Cross members/volunteers.

The leadership training for junior/youth Red Cross volunteers was removed from the plan because of insufficient funding.

### **Outcome 3: Increase the participation and support of women from different castes, religions and ethnicities at all levels within NRCS.**

During the reporting period, NRCS carried out some follow up activities of the gender and social inclusion project in Sangjya and Lamjung, which had been started in 2009. This included project orientations at the district and sub-chapter level, skill based trainings for the vulnerable women, scholarships for the girl students and the development of a scholarship policy.

The project district chapters and sub-chapters conducted project orientation programmes for their executive members and staff of the project, providing an overview of the project activities and the plan of operation to ensure transparency and understanding of the programmes objectives. The project also provided skill-based refresher training in goat keeping for 37 people from the communities to refresh and enhance their skills especially in providing appropriate food, shelter and care for to gain the maximum benefit.

In Syangja district, 12 economically vulnerable women received income generation support from the revolving fund established by the project in 2009, as did another ten economically vulnerable women in Lamjung using a similar fund established by the project in 2009. With these amounts, they started animal husbandry such as

goat keeping and small scale business such as tea shops and street stalls. Such support has been helpful to increase the income of people in the community.

Three girl students, one student in Lamjung district and two students in Syangja district have received scholarship support from the project during this reporting period, which was important for developing a sense of women's empowerment and motivating community people to provide higher education to their daughters.

Both project districts have developed or revised their scholarship policy, which includes criteria for selecting girl students from economically vulnerable families, the ceiling for financial support to each individual and the actions which would be taken to the students if they could not use the support properly.

## Programme component 2: Enhance the capacity of NRCS support services

### **Outcome 1: Support the development of NRCS financial management systems and domestic fundraising and income generation skills.**

NRCS is replacing the present accounting and warehouse management software with new software (Microsoft Dynamics Navision) with the support of IFRC South Asia regional office, WFP, NRCS disaster management programme and the NRCS finance development fund. The software was procured in July 2011 and a consultant was hired to customize it for the specific needs of NRCS.

In July, a workshop was conducted for 21 key finance, warehouse and procurement personnel of NRCS to develop a common understanding about the current needs and identify the major requirements for the software.

A second workshop was conducted at Budol Banepa in November to finalize the requirements, joined by over 30 people including NRCS chairperson, secretary general, treasurer, executive director, directors, deputy directors and finance managers/officers. The workshop provided the consultant with clear instructions on the requirements from which to prepare a functional requirement document to be submitted to NRCS management for approval. The whole process of customization is expected to be completed by April 2012.

### **Remaining activities**

- A one-day workshop is to be held on 23 December for discussing the audit issues and way forward for compliance at headquarters. The expected participants of the workshop are NRCS senior management, programme managers and finance managers.
- An account and store management training has been scheduled for 27 to 29 December for accountants and 24 newly elected district chapter treasurers.

### **Outcome 2: Enhance the overall quality and capacity of NRCS planning, monitoring, evaluation and reporting functions.**

Although the PMER component was not specifically funded in 2011, IFRC has been supporting NRCS PMER capacity building through technical input, coaching, training and onsite mentoring from the PMER unit in the IFRC Asia Pacific zone office in Kuala Lumpur, as well as from funding from the NRCS disaster management department through the DRR project supported by Danish Red Cross.

In September 2011, one PMER resource person from the IFRC Asia Pacific zone office supported NRCS with onsite mentoring for PMER capacity building including the following activities:

- Facilitated monitoring and evaluation training at the NRCS headquarters for 19 members of the project team and staff of other units from NRCS national headquarters.
- Reviewed the water and sanitation logical framework and developed a monitoring and evaluation plan with the project team.
- Carried out a field visit to the water and sanitation project in Nanglebhare VDC of Kathmandu district to mentor the PMER, and water and sanitation staff in onsite monitoring and evaluation.
- Prepared a report on the existing monitoring and evaluation system of the project and provided key recommendations for improvement.
- Discussed with NRCS secretary general, executive director, directors and other key managers on the NRCS's overarching PMER needs and challenges and prepared a concept paper for the development of a generic PMER framework for NRCS.

Two resource persons from the IFRC AP zone office visited NRCS in December to follow-up the mentoring exercise and supported the following activities conducted by NRCS:

- A one-day workshop to collect input for developing an NRCS generic PMER framework. The workshop was joined by NRCS senior management (including chairperson, secretary general, treasurer and executive director), directors, deputy directors and key programme managers, IFRC country representative, and representatives from Belgian Red Cross Flanders and Danish Red Cross. Based on their input, the resource persons will draft a PMER framework and share with NRCS management.
- A one-day evaluation training for key programme managers at national headquarters.
- A two-day reporting workshop for reporting focal persons at national headquarters.
- Finalization of the water and satiation logical framework and monitoring and evaluation plan.

From 8 to 9 December, the reporting officer from the PMER unit participated in the regional PMER network meeting in New Delhi with the support of IFRC South Asia regional office. The key agenda items of the meeting were:

- IFRC report writing
- Difference between reporting and communications
- Perspectives on reporting from host and partner national societies
- Challenges faced while working with national societies
- IFRC financial systems and how these relate to narrative reporting

The meeting was a useful platform to discuss the outstanding PMER issues and share best practices among the countries in South Asia.

### **Outcome 3: Explore the feasibility of a Human Resource Development Institute within NRCS**

Since this programme component has not been funded, none of the planned activities were implemented during the reporting period, however Belgian Red Cross (Flanders) has been exploring possibilities to support these activities bilaterally.

#### **Constraints or Challenges**

- Delay in funding has been a major challenge for implementation of most of the programmes/projects this year only enabling many activities to commence in the third quarter of the year.

### **Humanitarian values**

<b>Programme component</b>	<b>Component outcome</b>
<b>1 Internal advocacy on Humanitarian Values and monitoring</b>	Improved understanding, integration and monitoring of the Fundamental Principles and humanitarian values within NRCS programmes
<b>2 Emergency communication and media relation</b>	Improved emergency communication and media skills of NRCS headquarters and district level staff to support the promotion of humanitarian values

#### **Achievements**

As the humanitarian values programme has not been funded, none of the activities planned under this plan were carried out.

### **Working in partnership**

NRCS closely coordinates its activities with a wide range of agencies including IFRC, ICRC, partner national societies, government organizations, international NGO and UN agencies in both development and disaster setting, such as the recent earthquake operation. As a standing member of the Central Natural Disaster Relief Committee led by the Ministry of Home Affairs, NRCS attended meetings and shared earthquake response updates regularly with the wider humanitarian community. Likewise, NRCS district chapters actively participated in the District Disaster Relief Committee meetings and, with the support from national level and

international NGOs, have been distributing shelter kits, food items in districts affected by disaster.

NRCS has also been cooperating with other organizations and partner national societies in a range of other programme areas, as well as hosting international different trainings. In November, NRCS hosted international field school training in Chitwan district. The training was organized by Norwegian Red Cross in coordination with Canadian Red Cross and IFRC. A total of 37 delegates from Africa, America, Asia and Europe participated in the training, out of which five were from NRCS. NRCS also mobilised some 80 staff and volunteers to facilitate the engagement of the teams with the local community as part of the exercise. The field school was an important opportunity for NRCS staff and volunteers to experience a large scale emergency operation and learn more about disaster response and emergency health.

As a large proportion of NRCS programmes are funded bilaterally rather than multilaterally through IFRC coordination, IFRC's support for Nepal has shifted away from programme funding, focusing instead on technical support, advocacy, representation and coordination. In this capacity the IFRC country office has also been an active partner in many networks and forums, in particular:

- Permanent observer in the humanitarian country team (formerly Inter-Agency Standing Committee or IASC) at operations and principals level
- Participant in the UN contact group meeting (UN/donors)
- Convener of the emergency shelter and non food items cluster
- Partner in the Nepal Risk Reduction Consortium and lead of Flagship 4 on integrated CBDRR or management

The IFRC country office has been playing a strong role in-country to connect NRCS and Movement partners to these various networks and sharing information on key developments within the humanitarian and development sectors through the monthly information sharing meetings and regular communication through mailing lists. Similarly, ICRC, IFRC and NRCS continued to meet on monthly basis to discuss the security, political and disaster situation in the country, as well as sharing information and identifying preparedness activities.

## **Contributing to longer-term impact**

Most NRCS programmes are designed for long-term sustainability and, particularly at community level, adopt a participatory approach which increased programme ownership. The IFRC Country Plan is directly linked to the main priorities and areas of intervention as outlined in the NRCS Sixth Development Plan (2011-2015). Additionally, IFRC through its country, regional and zone offices, has been supporting the further improvement of programme integration, systemization and quality through technical support, mentoring and training opportunities for NRCS staff and volunteers.

## **Looking ahead**

NRCS Sixth Development Plan (2011-2015) identifies strategic aims and key action areas for fulfilling the vision and mission of the organization and is directly linked to the IFRC's Strategy 2020. IFRC is committed to help NRCS achieve these goals and the newly developed IFRC Long Term Strategic Framework for Nepal for 2012-2015 focuses on a number of key areas for the provision of strategic and technical support. IFRC will also continue to play a strong role in coordination, advocacy and international representation, in line with Strategy 2020 and IFRC business lines.

## How we work

All IFRC 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 the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to 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.

[www.ifrc.org](http://www.ifrc.org)

Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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 nonviolence and peace.

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Please send all funding pledges to [zonerm.asiapacific@ifrc.org](mailto:zonerm.asiapacific@ifrc.org).

[<financial report below; click to return to title page>](#)

# International Federation of Red Cross and Red Crescent Societies

MAANP001 - Nepal

Interim Report

Selected Parameters	
Reporting Timeframe	2011/1-2011/11
Budget Timeframe	2011/1-2011/12
Appeal	MAANP001
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
<b>A. Budget</b>	<b>438,321</b>	<b>573,217</b>	<b>349,793</b>	<b>20,397</b>	<b>181,000</b>	<b>1,562,728</b>
<b>B. Opening Balance</b>	<b>33,014</b>	<b>61,378</b>	<b>25,823</b>	<b>0</b>	<b>48,468</b>	<b>168,682</b>
<b>Income</b>						
<b>Cash contributions</b>						
<i>Australian Red Cross (from Australian Government)</i>	40,702					40,702
<i>Austrian Red Cross</i>					10,000	10,000
<i>DFID Partnership grant</i>	61,663	41,108			102,772	205,542
<i>Japanese Red Cross Society</i>	85,323	260,306	10,665		10,665	366,960
<i>Norwegian Red Cross</i>	1,404					1,404
<i>Norwegian Red Cross (from Norwegian Government)</i>	33,689					33,689
<i>Swedish Red Cross (from Swedish Government)</i>		195,612	91,285		0	286,897
<i>United States Government - USAID</i>	28,371					28,371
<b>C1. Cash contributions</b>	<b>251,151</b>	<b>497,025</b>	<b>101,951</b>		<b>123,437</b>	<b>973,565</b>
<b>Other Income</b>						
<i>Services Fees</i>					27,520	27,520
<b>C4. Other Income</b>					<b>27,520</b>	<b>27,520</b>
<b>C. Total Income = SUM(C1..C4)</b>	<b>251,151</b>	<b>497,025</b>	<b>101,951</b>		<b>150,957</b>	<b>1,001,085</b>
<b>D. Total Funding = B + C</b>	<b>284,165</b>	<b>558,403</b>	<b>127,774</b>	<b>0</b>	<b>199,425</b>	<b>1,169,767</b>
<b>Appeal Coverage</b>	<b>65%</b>	<b>97%</b>	<b>37%</b>	<b>0%</b>	<b>110%</b>	<b>75%</b>

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	33,014	61,378	25,823	0	48,468	<b>168,682</b>
<b>C. Income</b>	251,151	497,025	101,951		150,957	<b>1,001,085</b>
<b>E. Expenditure</b>	<b>-92,390</b>	<b>-217,086</b>	<b>-91,408</b>		<b>-102,273</b>	<b>-503,156</b>
<b>F. Closing Balance = (B + C + E)</b>	<b>191,775</b>	<b>341,317</b>	<b>36,366</b>	<b>0</b>	<b>97,152</b>	<b>666,610</b>

# International Federation of Red Cross and Red Crescent Societies

MAANP001 - Nepal

Interim Report

Selected Parameters	
Reporting Timeframe	2011/1-2011/11
Budget Timeframe	2011/1-2011/12
Appeal	MAANP001
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	
<b>BUDGET (C)</b>		<b>438,321</b>	<b>573,217</b>	<b>349,793</b>	<b>20,397</b>	<b>181,000</b>	<b>1,562,728</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	769	24,973					24,973	-24,204
Construction Materials	36,220							36,220
Clothing & Textiles	300							300
Water, Sanitation & Hygiene	10,431							10,431
Medical & First Aid	984							984
Teaching Materials	9,074							9,074
Other Supplies & Services	27,684							27,684
<b>Total Relief items, Construction, Supplies</b>	<b>85,463</b>	<b>24,973</b>					<b>24,973</b>	<b>60,489</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	6,921							6,921
Computers & Telecom	30,822	1,528				2,340	3,868	26,954
Office & Household Equipment	33,885					1,567	1,567	32,318
Others Machinery & Equipment	1,969	263	891	272		-1,426	0	1,969
<b>Total Land, vehicles &amp; equipment</b>	<b>73,597</b>	<b>1,791</b>	<b>891</b>	<b>272</b>		<b>2,481</b>	<b>5,435</b>	<b>68,162</b>
<b>Logistics, Transport &amp; Storage</b>								
Distribution & Monitoring	1,440							1,440
Transport & Vehicles Costs	33,387	675	3,303	1,029		6,099	11,106	22,281
Logistics Services		1,418					1,418	-1,418
<b>Total Logistics, Transport &amp; Storage</b>	<b>34,826</b>	<b>2,093</b>	<b>3,303</b>	<b>1,029</b>		<b>6,099</b>	<b>12,524</b>	<b>22,302</b>
<b>Personnel</b>								
International Staff	198,650	3,850				43,471	47,321	151,329
National Staff	61,136	5,291	16,000	4,804		14,813	40,908	20,228
National Society Staff	182,849							182,849
<b>Total Personnel</b>	<b>442,636</b>	<b>9,141</b>	<b>16,000</b>	<b>4,804</b>		<b>58,284</b>	<b>88,229</b>	<b>354,407</b>
<b>Consultants &amp; Professional Fees</b>								
Consultants	6,152	280				260	540	5,612
Professional Fees	8,764					7,000	7,000	1,764
<b>Total Consultants &amp; Professional Fees</b>	<b>14,916</b>	<b>280</b>				<b>7,260</b>	<b>7,540</b>	<b>7,376</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	657,972	1,341				4,530	5,871	652,101
<b>Total Workshops &amp; Training</b>	<b>657,972</b>	<b>1,341</b>				<b>4,530</b>	<b>5,871</b>	<b>652,101</b>
<b>General Expenditure</b>								
Travel	43,741	254	1,842	599		10,816	13,511	30,230
Information & Public Relations	7,499	1,136				27	1,163	6,336
Office Costs	22,438					4,801	4,801	17,637
Communications	14,309					8,619	8,619	5,690
Financial Charges	2,817					-176	-176	2,993
Other General Expenses	67,136		5,126	1,667		-7,205	-412	67,548
<b>Total General Expenditure</b>	<b>157,941</b>	<b>1,390</b>	<b>6,968</b>	<b>2,266</b>		<b>16,882</b>	<b>27,506</b>	<b>130,434</b>
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies		44,640	176,111	76,658			297,409	-297,409
<b>Total Contributions &amp; Transfers</b>		<b>44,640</b>	<b>176,111</b>	<b>76,658</b>			<b>297,409</b>	<b>-297,409</b>
<b>Indirect Costs</b>								
Programme & Services Support Recov	95,378	5,567	13,213	5,527		6,210	30,517	64,861
<b>Total Indirect Costs</b>	<b>95,378</b>	<b>5,567</b>	<b>13,213</b>	<b>5,527</b>		<b>6,210</b>	<b>30,517</b>	<b>64,861</b>
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee		749	195	93		511	1,548	-1,548
Pledge Reporting Fees		424	405	758		17	1,604	-1,604
<b>Total Pledge Specific Costs</b>		<b>1,173</b>	<b>600</b>	<b>852</b>		<b>527</b>	<b>3,152</b>	<b>-3,152</b>

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MAANP001 - Nepal

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**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
A		B						A - B
BUDGET (C)		438,321	573,217	349,793	20,397	181,000	1,562,728	
TOTAL EXPENDITURE (D)	1,562,728	92,390	217,086	91,408		102,273	503,156	1,059,572
VARIANCE (C - D)		345,931	356,131	258,386	20,397	78,727	1,059,572	