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# Long Term Planning Framework 2012-2015

## India Country Office

 International Federation  
of Red Cross and Red Crescent Societies

### 1. Who are we?

The International Federation of Red Cross and Red Crescent Societies' (IFRC) India country office has existed since 2001 to support the work of the Indian Red Cross Society (IRCS) in improving the lives of vulnerable people in the country. The India office plays a key role in providing technical assistance to IRCS programming, capacity building for improved service delivery, as well as supporting the National Society with the coordination of international development support and the facilitation of all ongoing and future partner national society supported programmes/projects. This is in order to prevent duplication of services and to ensure certain conditions and procedures are, as far as possible, standardized within IRCS.



*Indian Red Cross Society emergency relief distribution in earthquake- affected communities in Sikkim, 2011.*

*Photo: Indian Red Cross Society.*

At present, the India office consists of 14 staff positions, including the head of office and senior health advisor, disaster management (DM) and health managers, financial manager and support staff. In line with the IFRC Secretary General's objectives<sup>1</sup>, the India office will restructure to compliment and integrate more service delivery and technical support (communications, PMER, resource mobilisation) in line with the IRCS needs; key business processes are being modernised to better serve the needs of the National Society and its target beneficiaries in a cost-effective, efficient and accountability manner.

The India office maintains close links with the IFRC's South Asia regional delegation in Delhi and Asia Pacific zone office in Kuala Lumpur.

<sup>1</sup>"Update and strengthen harmonious working by sharing capacities and resources".

## 2. What is our mission?

The mission of the IFRC's India office is "to promote and implement the spirit of the IFRC's Strategy 2020 and to support IRCS in its goal to realise its vision and mission" as stated below.

The IRCS's vision is "to become a leading humanitarian organisation serving vulnerable people".

The IRCS's mission is "to inspire, encourage and initiate at all times all forms of humanitarian activities so that human suffering is minimized, alleviated and even prevented, and thus contribute to creating a more congenial climate for peace".

This is in line with the three strategic aims and three enabling actions of Strategy 2020, the Amman Commitment, as well as the objectives of the Secretary General and the wider Asia Pacific zone strategy of IFRC.



*Indian Red Cross Society volunteers strive to reach remote and inaccessible areas to bring relief to the most vulnerable.  
Photo: Indian Red Cross Society.*

## 3. Where have we come from and what have we done so far?



*Tuberculosis awareness programme, Indian Red Cross Society state branch of Madhya Pradesh.  
Photo: Indian Red Cross Society.*

India has been one of the fastest growing economies in recent years. However, due to its large population of over 1 billion people and uneven distribution of its economic growth, the country is classified by the World Bank as a "lower middle-income" country. Poverty remains a major challenge; the UN's Human Development Index ranks India 119 out of 169 countries. Disparities in income and human development are on the rise.

India is also one of the most disaster-prone countries in the world with a complexity of recurring natural and human-created disasters such as floods, droughts, cyclones, earthquakes, landslides, endemic diseases, communal violence and civil unrest. The country has been traditionally vulnerable to natural disasters because of its

unique geo-climatic conditions. According to CRED<sup>2</sup>, approximately 75,000 people were reported killed and 500 million affected by various disasters from 1998 to 2008. More than 50 million people are annually affected to varying degrees by disasters and approximately 42 million people are considered internally displaced due to disasters and conflict in the country. The vulnerability to disasters is aggravated by social, cultural, economic, institutional and political factors.

<sup>2</sup>Centre for Research on the Epidemiology of Disasters

In this context, IRCS as an auxiliary to the Indian government has provided nine decades of service to vulnerable people in India and is a recognised force in the area of disaster management in South Asia. It is the largest humanitarian organisation in the country with over 12 million volunteers and a network of over 700 branches. It has strong, well-established national programming, a good partner network and a committed leadership.

For a decade, efforts have been made to strengthen IRCS's disaster response mechanism, the results of which have been seen in its quick and efficient delivery of services to people affected by disasters in the past few years. IRCS has built up its response capabilities significantly with disaster response teams, a well-equipped disaster management centre, refurbished warehouses across the country, emergency response units and national influence at the leadership level.

An increase in the number of natural disasters and social conflict in recent years has prompted the IRCS to devote more attention to disaster preparedness in an effort to make communities aware of the risks they face, increase capacity to reduce their vulnerability and enhance their ability to cope when disaster strikes. As part of the South Asia regional disaster risk reduction (DRR) initiative of 'building safer communities', the India office has been actively promoting a shift from a response-centric disaster management approach towards an inclusive risk reduction approach.

IRCS's health programmes have gained considerable pace and have adapted to the emerging needs of the National Society. The health and care programmes integrate activities to promote humanitarian values and gender diversity. Projects such as India tuberculosis (TB) have worked closely with the government's health programmes, highlighting IRCS's role as an auxiliary to the government. The IRCS has also been a part of a successful five-year regional HIV programme. Following this programme, it has been recommended that a sustainability planning programme should be integrated in all future HIV interventions to achieve better results.

Organisational development, in integration with IRCS's programmes, has been promoting strengthened branches as well as effective delivery of programmes. Experience has proven that local communities and volunteers are best placed to assist themselves, to respond to (and become better prepared for) natural disasters. To ensure commitment towards IRCS it is vital to involve volunteers at a young age and build their capacities and awareness towards Red Cross activities. Hence, strengthening the junior Red Cross and Red Cross youth units of IRCS in the various branches, has been of great importance. Steps are being taken to lead a joint approach (with Movement partners) in IRCS branch development, youth and volunteer development and resource mobilization. Though these are small steps, they will be big leaps if continuity is maintained in the formulation of a co-operation strategy for organizational development initiatives at a later stage.

Humanitarian values and awareness on the Red Cross Movement has been integrated in all IRCS's programmes and has become instrumental as an important component of all programme related capacity building trainings.

#### **4. Who are our stakeholders?**

Key stakeholders of the India office are:

- Beneficiaries from the most vulnerable communities (demographically, economically, geographically and socially) in disaster-prone and other vulnerable states of India;
- IRCS staff, members and volunteers at national headquarters, state and district levels;
- Movement partners - partner national societies (PNS) and International Committee of the Red Cross (ICRC);
- Non-Movement partners – including government bodies, UN agencies, bilateral donors, and international and national level non-governmental organisations (NGOs).

**3I Long Term Planning Framework 2012-2015**

Partners that have been supporting (from 2006 to 2011) the IRCS programming through the India office (multilateral funding) are:

Partners	Disaster Response	DRR	Health	WatSan	OD	Comms	HD	IDRL	RM/PMER
<b>Multilateral partner National Societies through IFRC:</b>									
American RC	✓								
Australian RC				✓					
British RC	✓								
Canadian RC	✓								
Spanish RC				✓					
Hong Kong RC		✓	✓			✓			
Danish RC					✓				
Japanese RC	✓		✓		✓				
Italian RC					✓				
Netherlands RC				✓					
Singapore RC	✓	✓							
Irish RC					✓		✓		✓
<b>Other multilateral partners through IFRC:</b>									
DFID			✓						
USAID			✓						
<b>Bilateral partner National Societies:</b>									
German RC			✓		✓				
Netherlands RC				✓					
Canadian RC	✓	✓	✓	✓	✓				✓
Spanish RC		✓	✓	✓					
Italian RC			✓		✓				
<b>Other bilateral partners:</b>									
ICRC			✓		✓	✓			
UN Diplomat Wives /IFRC New York Office			✓						

In addition, IRCS has bilateral partnerships with the British, Canadian, Danish German, Italian and Spanish Red Cross Societies, along with ICRC and Eli Lilly.

The IFRC India office has strategic alliances and good working relationships with many international partners, including the following:

- Government of India, in particular the Ministry of Health and Family Welfare, National AIDS Control Organization of India and National Disaster Management Authority (NDMA).
- UN agencies such as the UN Children's Fund (UNICEF), UN Disaster Management Team (UNDMT), UN Development Programme (UNDP), Joint UN Programme on HIV/AIDS (UNAIDS), World Food Programme (WFP), and World Health Organization (WHO), with which IFRC has a global MoU.
- Bilateral donors like the US Agency for International Development (USAID) and British Department for International Development (DfID).
- International and national level NGOs such as Plan International, Oxfam, Registered Engineers for Disaster Relief (Red-R), Geohazards India, and Sustainable Environment & Ecological Development Society (SEEDS) India.

- SPHERE India (national coalition of humanitarian organizations in India, focusing on disaster management).

Some of the potential partners of the IRCS through the India office (multilateral funding) are:

- Corporates (Coca-Cola, Tata and Mahindra).
- NDMA.
- Government of National Capital Territory of Delhi.
- Partner national societies.

## 5. Where are we going and how are we going to get there?

Over the next four years, the India office will provide tailor-made support to assist IRCS in realising its DM, health and care, organizational development (OD) and principles and values aims, in line with the National Society’s strategic development plan 2009-2012 (and the review of this plan, which will be carried out in 2012) as well as the IFRC’s Strategy 2020. It is intended to support around 2.5 million beneficiaries in 2012 through various programmes in disaster management, health and organisational development. Within the Secretariat’s business model to realise Strategy 2020 and the objectives of the Secretary General, the India office’s work will contribute to all business lines 1-5. In keeping with an “Integrated Programming Approach” (IPA) initiative implemented in South Asia, programme interventions will be integrated as far as possible to make them more comprehensive, realistic and sustainable, to meet the needs of the vulnerable in a more holistic way.

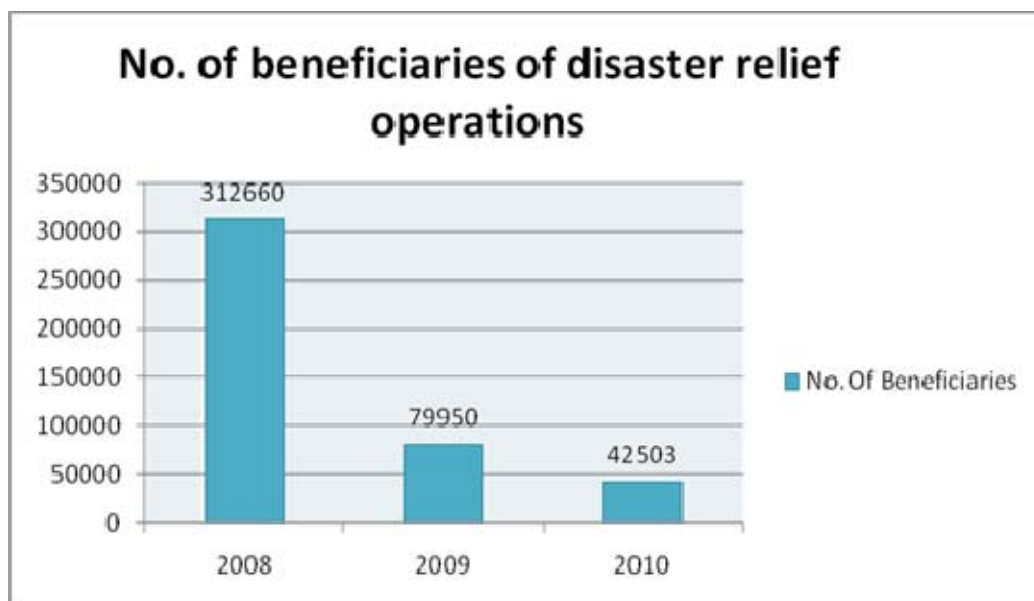
### **Business line 2:**

#### **To grow Red Cross Red Crescent services for vulnerable people**

<p><b>Outcome 1:</b> Indian Red Cross Society's capacity to deliver relevant, speedy and effective humanitarian assistance and help communities recover from disaster is strengthened (<i>Organizational preparedness – disaster preparedness/disaster response</i>).</p>
<p><b>Output 1.1:</b> IRCS national disaster preparedness and response mechanism is strengthened at various levels.</p> <p><i>Targets 2015:</i></p> <ul style="list-style-type: none"> <li>• IRCS has an updated contingency plan, standard operating procedures (SoPs), resource mapping, and online database system for staff and volunteers.</li> </ul>
<p><b>Output 1.2:</b> A functional training system for creating and improving disaster response skills in staff and volunteers at all level.</p> <p><i>Targets 2015:</i></p> <ul style="list-style-type: none"> <li>• 50% increase in number of IRCS staff and volunteers at the national level trained on disaster response.</li> <li>• Standardized training curriculum for national, state and district disaster response teams in place with IRCS.</li> <li>• At least 50% of the state and district level trainings have been facilitated by state/ district level resource persons.</li> </ul>
<p><b>Output 1.3:</b> Developed logistics capacity for effective disaster response operations.</p> <p><i>Targets 2015:</i></p> <ul style="list-style-type: none"> <li>• Warehousing procedures have been modernized in at least three regional warehouses.</li> <li>• Regular replenishment and rotation of stocks.</li> </ul>
<p><b>Output 1.4:</b> IRCS warehousing capacities have been enhanced.</p>

*Targets 2015:*

- *IRCS strategically located warehouses have been maintained through regular repairs and renovations to use it to its optimum.*
- *IRCS warehouses and allied facilities have been enhanced.*



N.B Decrease is due to less number of disasters during the years 2009/2010.

**Outcome 2:** Preparedness and response capacity of IRCS staff and volunteers in health emergencies / pandemics is strengthened and scaled-up in a sustainable manner.

**Output 2.1:** IRCS capacity to address public health emergencies/pandemics is strengthened.

*Targets 2015:*

- *28,000 IRCS staff members and volunteers (in 10 states) trained in preparedness and response aspect of public health in emergencies (cadre of first medical responders).*
- *More than 60% of emergencies involved support from IRCS trained people by the end of 2015.*

**Outcome 3:** IRCS has strengthened capacity in the area of water, sanitation and hygiene promotion.

**Output 3.1:** Increased number of staff and volunteers trained in water and sanitation and adequate water and sanitation kits pre-positioned.

*Targets 2015:*

- *By end of 2015, IRCS has a network and functioning roster countrywide with a pool of trained national disaster water and sanitation response team (NDWRT) members.*
- *IRCS has standardized and prepositioned water, sanitation and hygiene promotion kits to cater to large scale interventions for up to 50,000 persons.*

**Output 3.2:** Capacity to support communities to access improved water and sanitation facilities is strengthened and their knowledge of hygiene increased

*Targets 2015:*

- *Maintenance, warehousing and deployment procedures for water and sanitation equipment have been developed and implemented.*
- *Standard operating procedures for the deployment of NDWRT are in place and operational.*
- *Community based water, sanitation and hygiene promotion has become an integral part of IRCS programmes.*

**Business line 3:**

**To strengthen the specific Red Cross Red Crescent contribution to development.**

<p><b>Outcome 1:</b> The resilience and capacities of people at risk of disasters are increased and their vulnerability is reduced in target areas (<i>Community preparedness – DRR “building safer communities”</i>).</p>
<p><b>Output 1.1:</b> Increased community awareness on DRR as per the local hazard context in target communities.</p> <p><i>Targets 2015:</i></p> <ul style="list-style-type: none"> <li>• <i>At least 60% of target community members participated in DRR awareness raising activities.</i></li> </ul>
<p><b>Output 1.2:</b> Reduced impact of local hazards and risk factors in the target communities.</p> <p><i>Targets 2015:</i></p> <ul style="list-style-type: none"> <li>• <i>At least 50 small scale mitigation measures implemented.</i></li> </ul>
<p><b>Output 1.3:</b> Preparedness and response capacity is strengthened in target communities.</p> <p><i>Targets 2015:</i></p> <ul style="list-style-type: none"> <li>• <i>CDMCs are formed and functioning in all target communities.</i></li> <li>• <i>Specialized community task force teams formed and trained in all the target communities.</i></li> <li>• <i>All target communities have a community contingency plan.</i></li> <li>• <i>IRCS has a core group of CBDRR trainers.</i></li> <li>• <i>Hazard maps developed/updated in target communities.</i></li> <li>• <i>Basic response equipment pre- positioned in target communities.</i></li> <li>• <i>All target communities have community disaster response teams.</i></li> </ul>
<p><b>Output 1.4:</b> Knowledge and experience on DRR issues are effectively shared and replicated.</p> <p><i>Targets 2015:</i></p> <ul style="list-style-type: none"> <li>• <i>Community exchange visits/joint meetings held with the participation of key stakeholders.</i></li> <li>• <i>Good practices on DRR issues are documented and shared internally and externally.</i></li> </ul>
<p><b>Output 1.5:</b> Capacity and skills of volunteers and staff have been enhanced to deliver DRR programmes at community level.</p> <p><i>Targets 2015:</i></p> <ul style="list-style-type: none"> <li>• <i>At least 300 new volunteers and staff have been trained to implement community based DRR programmes.</i></li> </ul>
<p><b>Outcome 2:</b> Vulnerability to TB and HIV and AIDS is reduced by scaling-up support of national HIV control programmes and revised national TB control programme.</p>
<p><b>Output 2.1:</b> Further HIV and TB infections are prevented.</p> <p><i>Targets 2015:</i></p> <ul style="list-style-type: none"> <li>• <i>900 Category II most vulnerable TB/MDR TB patients and 10,000 community members receive IRCS service for care and support.</i></li> <li>• <i>98% of observed TB patients completed the treatment.</i></li> <li>• <i>About 10% of students/youth and most at risk population reached through HIV prevention messages.</i></li> <li>• <i>20% increase in voluntary blood donations.</i></li> </ul>

**Output 2.2:** HIV and TB stigma and discrimination is reduced.

*Targets 2015:*

- 10,000 community members are reached with TB related stigma and discrimination messages.
- At least 50% of volunteers and beneficiaries in the programme are women.
- Workplace programme for HIV/AIDS is completed in IRCS by end of 2012.

**Output 2.3:** IRCS capacity to deliver and sustain scaled-up HIV and TB interventions is strengthened.

*Targets 2015:*

- IRCS have 500 trained volunteers at targeted state/district branches.
- IRCS has a new strategic plan for HIV/AIDS (2013-2016).
- TB and HIV programme staff and volunteers trained in PMER and finance management.

**Outcome 3:** Increased capacity of communities and volunteers who are prepared and able to respond to health and injury priorities in target communities (*Community based health and First Aid in action – CBHFA*).

**Output 3.1:** IRCS capacity is strengthened to address community health risks (communicable and non-communicable) of vulnerable people through community based participatory approaches.

*Targets 2015:*

- 2,000 IRCS staff, volunteers and members trained on preventive health issues and first aid.
- At least 90% of trained volunteers involved in disseminating information on preventive health issues in target communities.

**Outcome 4:** IRCS has improved capacity to develop and implement strategies, structures, policies and procedures that enable better programme implementation.

**Output 4.1:** IRCS' four-year strategic development plan (2013-2016) is developed.

*Targets 2015:*

- IRCS identified strategic priorities for 2013-2016.

**Output 4.2:** IRCS structures, systems and procedures with regard to finance and human resources are strengthened.

*Targets 2015:*

- Finance and human resource plans are aligned with the IRCS strategic plan for 2013-2016.

**Output 4.3:** IRCS has a well-managed volunteer management system.

*Target 2015:*

- Focal person at IRCS national headquarters to support IRCS branches on volunteer management.
- IRCS has finalized volunteering policy.
- IRCS has volunteer management system guidelines in place.

**Business line 4:**

**To heighten Red Cross Red Crescent influence and support for our work**

**Outcome 1:** IRCS' recognition and influence with the wider humanitarian community and relevant actors is enhanced.

**Output 1.1:** The capacity of the IRCS to carry out advocacy in the humanitarian sphere is strengthened.

*Targets 2015:*

<ul style="list-style-type: none"> <li>• <i>Senior management is oriented towards effective advocacy.</i></li> <li>• <i>Partnerships and MoUs are established between IRCS and relevant organizations on key identified issues.</i></li> </ul>
<p><b>Output 1.2:</b> IRCS is supported in strengthening its image and visibility through the development of a comprehensive communications strategy and capacity.</p> <p><i>Targets 2015:</i></p> <ul style="list-style-type: none"> <li>• <i>A comprehensive communications strategy has been developed by the IRCS.</i></li> <li>• <i>IRCS national headquarters have developed resources to support and effectively implement the communication strategy.</i></li> </ul>
<p><b>Outcome 2:</b> Financial sustainability and a strengthened capacity for fundraising in the IRCS are ensured.</p>
<p><b>Output 2.1:</b> The fundraising unit at IRCS national headquarters is strengthened.</p> <p><i>Targets 2015:</i></p> <ul style="list-style-type: none"> <li>• <i>A fundraising department is established at the IRCS and income revenue increase by 100%.</i></li> </ul>
<p><b>Output 2.2:</b> A resource mobilization strategy for IRCS is developed and implemented.</p> <p><i>Targets 2015:</i></p> <ul style="list-style-type: none"> <li>• <i>Resource mobilization policy, guidelines and strategy are in place.</i></li> <li>• <i>70% Increase in contributions from public and corporate direct donations.</i></li> </ul>
<p><b>Outcome 3:</b> Promotion of Fundamental Principles and Humanitarian Values and their integration with IFRC programmes.</p>
<p><b>Output 3.1:</b> The application of Principles and Values in planning and implementing all programmes is increased.</p> <p><i>Targets 2015:</i></p> <ul style="list-style-type: none"> <li>• <i>Programme design, implementation and monitoring and evaluation conform to the Fundamental Principles and humanitarian values.</i></li> </ul>

**Business line 5:**

***To deepen our tradition of togetherness through joint working and accountability.***

<p><b>Outcome 1:</b> Coordination of IRCS programmes and support of Movement partners results in improved programme implementation.</p>
<p><b>Output 1.1:</b> Clearer collaboration and integration between IRCS programmes.</p> <p><i>Targets 2015:</i></p> <ul style="list-style-type: none"> <li>• <i>Increased number of inter- programme initiatives developed by IRCS national headquarters.</i></li> </ul>
<p><b>Output 1.2:</b> Strengthened partnerships with Movement partners.</p> <p><i>Targets 2015:</i></p> <ul style="list-style-type: none"> <li>• <i>Increased number of programmes delivered by IRCS with support of Movement partners.</i></li> </ul>
<p><b>Output 1.3:</b> IRCS has strengthened capacity to respond to the digital divide through the development of a minimum set of ICT solutions.</p> <p><i>Targets 2015:</i></p>

- IRCS utilizes digital video conferencing to build links and collaborate with state branches and external organization.
- Increased use of ICT by IRCS national headquarters in daily business.

**Outcome 2:** IRCS has improved capacity to ensure quality performance and accountability.

**Output 2.1:** IRCS supported with strategic and operational planning, management, monitoring, evaluation and reporting of programmes.

*Targets 2015:*

- PMER components are included in all programme/project proposals.
- All IRCS programme staff are trained in PMER.

## 6. What are some of the key risks/assumptions?

One potential risk likely to impact programme progress is the occurrence of disasters of an unprecedented nature, which may affect the entire disaster response mechanism in the country. Therefore, efforts have been made to increase the human resource capacity of the IRCS's DM department.

Uncertainty of funds and a high staff turnover are some other potential risks which may cause gaps in programme continuity. Further, the risk of social and political situations in certain parts of the country becoming unstable may cause activities to come to a standstill in those areas. These constraints may also affect timely monitoring, review, evaluation and reporting on programmes, which may in turn affect programme outcomes.

A possible challenge to effective organizational development and capacity building is balancing the growth in service delivery (programmes) with organizational and personnel capacity development to deliver these services (programmes). Continued rapid growth in programming is both anticipated and desirable in light of the need that exists in India. It is particularly vital to ensure that adequate resources are allocated to drive capacity development (e.g. including a capacity development support component with all programming support) and that realistic expectations are set for the possible rate of capacity development. Finding this balance is essential if IRCS is to be supported in achieving the best results for the most vulnerable communities.

Another challenge is to improve the understanding of the role of humanitarian values as a core component in other programmes and laying greater emphasis on principles and values to be translated into action among the targeted beneficiaries.

## 7. How much will it cost?

	2012	2013	2014	2015	Total
BL 1. Humanitarian Standards	0		0	0	0
BL 2. Disaster Management Services (total)	-	-	-	-	-
Response preparedness	1,415,146	852,000	1,278,000	1,278,000	4,823,146
Ongoing emergency operations	-	-	-	-	-
Projected emergency operations					
BL 3. Sustainable Development	999,999	985,125	1,357,875	1,357,875	4,700,874
BL 4. Humanitarian Diplomacy	206,823	772,125	599,062.50	599,062.50	2,177,073
BL 5. Effective working and accountability	133,338	692,250	585,750	585,750	1,997,088
<b>Total Budget</b>	<b>2,755,306</b>	<b>3,301,500</b>	<b>3,820,687.50</b>	<b>3,820,687.50</b>	<b>13,698,181</b>

## 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.

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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.

Find out more on [www.ifrc.org](http://www.ifrc.org)

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