

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

INDIA

6 June 2005

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries.

For more information: www.ifrc.org

In Brief

Appeal No. 05AA047; Program Update no. 1, Period covered: 1 January to 31 March, 2005; Appeal coverage: 121.6%; Outstanding needs: nil.

(click here to go directly to the attached Contributions List (also available on the website)).

Appeal target: CHF 5,843,372 (USD 4,926,957 or EUR 3,800,567)

Related Emergency or Annual Appeals: [Tsunami Emergency and Recovery Plan of Action 2005-2010 \(28/20004\)](#)

Program me summary:

The tsunami disaster has undoubtedly taken up most of the attention and resources of the Indian Red Cross Society (IRCS) and the Federation. Together with the change of the national society leadership, the tsunami has delayed the implementation of annual programmes. However, there has been a significant progress in a number of areas, including the formation of the HIV/AIDS consortium, drafting of the volunteer management policy, as well as a marked improvement in the branch development efforts. As the tsunami operation enters the recovery and rehabilitation phase, the next quarter is expected to see a more balanced support to IRCS's ongoing programmes and capacity building activities.



An Indian Red Cross cyclone shelter in Tamil Nadu, built as part of the disaster preparedness programme, is now used as a relief centre following the 26 December tsunami.

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This Program Update reflects activities to be implemented over a one-year period. This forms part of, and is based on, longer-term, multi-year planning (refer below to access the detailed logframe documents). All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programs or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

Operational developments

The first few months of the year were almost entirely dedicated to responding to the tsunami disaster that hit the region in late December 2004. IRCS national headquarters and the affected state branches of Andhra Pradesh, Tamil Nadu, Kerala and the Andaman islands were stretched to the limit in response operations. The branches provided relief to some 500,000 affected people by deploying approximately 3,000 volunteers. The assistance came from the existing IRCS resources at all levels, and from the International Federation.

In late January, together with the Federation Secretariat and key partner national societies, IRCS reviewed branch plans for the second phase of the operation concentrating on recovery, rehabilitation and reconstruction in the tsunami-affected areas. Priorities have been identified for short-term livelihood restoration (six to nine months), as well as mid- to long-term rehabilitation. For more details, refer to the operations updates tsunamiappeal [28/2004](#).

In this period, progress has been made in the response operation in Assam and Bihar, as part of the floods emergency appeal launched late 2004. The relief phase has ended and the rehabilitation initiated. For more details, refer to the operations updates on the appeal [16/2004](#).

Following the resignation of the IRCS secretary general in March 2005, the ministry of health appointed the director of national health services as the new IRCS secretary general.

The annual appeal programmes are fully funded, mainly with the resources carried over from 2004. In spite of the positive financial situation, there has been little progress in the implementation of most annual programmes. This was caused by the change of national society leadership, which has slowed down the approval process for project implementation at headquarters level. In addition, the tsunami response operation has taken up most of the national society's resources and time in the first quarter of the year. It is expected that a balance of activities will be re-established in the second quarter, and that a more significant progress will be reported in the second programme update.

In view of the initial delays, the implementation time-frame for the remainder of the year is currently under review, and all possible resulting revisions of programme activities and related budget revisions, will be announced in the next programme update.

Health and care

Background

The main focus of the IRCS health and care programme continues to be HIV/AIDS prevention at community level, through effective use of Red Cross volunteers and other capacity building measures.

In January 2005, IRCS, the Federation Secretariat and five partner national societies (British, Canadian, Danish, Spanish and Swedish Red Cross) signed an agreement to form the HIV/AIDS consortium. The consortium aims at developing and implementing a uniform HIV/AIDS programme, specifically focussing on youth, care and support for people living with HIV/AIDS, safe blood, anti-discrimination, and the Red Cross volunteer (RCV) network. The partners form a supervisory body responsible for supporting the programme, whereas the representatives of the IRCS headquarters and respective state branches make the Red Cross trust, responsible for programme management and implementation. The trust is currently in formation, and will be regulated by a separate agreement.

Developing capacity of state and district branches through an integrated programme approach has been another priority area in this quarter. The programme focused on building the RCV network in targeted states (Andhra Pradesh, Bihar, Rajasthan and West Bengal) and preparing personnel at the district and state level to respond in emergencies. After a series of discussions with IRCS, this project component has been reviewed and incorporated into the organizational development programme.

The health component of the tsunami response efforts in India is also largely based on volunteer networks, which are involved in health and hygiene promotion and psychosocial support in the three affected states (Andhra Pradesh, Tamil Nadu and Kerala).

In view of the planned transfer of most of HIV/AIDS project activities to the Red Cross trust, the health and care programme budget is currently under review, and possible revisions will be announced in the next programme update.

Overall goal: To improve the health of the vulnerable population through prevention and promotion in their communities with particular attention to HIV/AIDS and through effective responses in emergencies.

Programme objective: IRCS's capacity to address health issues in targeted states is enhanced, along with the capacity to raise awareness of HIV/AIDS and thus reduce the impact of the disease amongst the targeted communities.

Progress/Achievements

Expected result 1: IRCS's capacity to address health issues is strengthened through adequate and skilled personnel.

Recruitment of staff for the programme support unit under the Red Cross India Trust has been initiated. It is expected that the skilled personnel will be in place in the next reporting period.

In February, a HIV/AIDS programme review and planning workshop was held in Hyderabad, involving the IRCS state and district secretaries and programme personnel from the states of Tamil Nadu, Andhra Pradesh, Maharashtra, and Karnataka. The human resource structure has been reviewed and a revised organigram developed, streamlining roles and responsibilities of programme personnel. It has been decided to recruit one finance officer at each state branch headquarters to ensure smooth financial management of the programme. Training of staff on reporting, addressing stigma and health promotion, was also stressed as an important capacity building measure.

Expected result 2: Decrease in impact of HIV/AIDS among youth, through effective application of life skills, counselling, increased awareness and reduction in risk behaviour by implementing a youth peer education programme in six more districts.

In all four districts of Tamil Nadu, the Red Cross centres have been established in schools and colleges: 11 in Salem, nine in Erode, 23 in Namakkal and 25 in Dharmapuri. These centres will be used for counselling and for the junior and youth Red Cross activities. First aid training was conducted in Salem and Dharmapuri and will continue in the other two districts. Discussions are underway to establish similar centres in Andhra Pradesh as well. Some 60 peer educators in communities have already been identified. Their training and peer group formation will be done in the next quarter.

In Maharashtra, sensitization workshops were held for headmasters and principals in targeted institutions (15 schools and 15 colleges in Pune and Akola). The programme personnel discussed with school and college authorities to establish Red Cross centres on the premises. The centres are expected to be in place in the coming quarter, along with the activities related to youth in communities.

With support from the Canadian Red Cross Society, the establishment of junior Red Cross centres in schools and colleges is underway in the districts of Mangalore and Shimoga of the Karnataka state. Recruitment of the state and district level coordinators has been completed. The centres will focus on youth peer education activities.

Expected result 3: Impact of HIV/AIDS among women and children reduced through establishment of two more care and support centres in the targeted states through nutritional counselling support and addressing stigma and discrimination in communities.

Care and support for people living with AIDS and affected families has been implemented in Tamil Nadu, through community care centres in Namakkal and Dharmapuri, and at the Tambaram hospital centre in Chennai. The plan is to expand this hospital centre model to the states of Andhra Pradesh and Maharashtra in the next reporting period.

At present 15 children in Namakkal and 14 children in Dhramapuri are enrolled and attending the centre regularly. Counselling, health support and skill training has been provided for women visiting the centres. On an average, eight to ten women are coming daily to the Namakkal centre and 14 to the Dhramapuri centre.

The care and support project in Tambaram hospital provided regular nutritional, hygiene and counselling support to 967 patients during the reporting period. Some 95 per cent of AIDS patients attended the counselling sessions. There is a plan to build a waiting hall for the families of patients who accompany them and stay in the hospital premises. The waiting hall will also be used for counselling and health promotion activities. Patients who are from Erode, Salem, Namakkal and Dhramapuri are referred to community centres for nutritional and counselling support after being discharged from the hospital.

Expected result 4: To reduce the impact of HIV/AIDS in targeted communities through health promotion by Red Cross volunteers in eight new districts.

Health promotion to raise awareness and address stigma in communities has been conducted in all ten programme districts in three states where HIV/AIDS programme is implemented. The programme personnel have started preparation for promotional sessions in communities, by establishing contacts with community groups, such as self-help groups, youth clubs and other community organizations. In two districts in Andhra Pradesh, of the above ten districts, RCV trainings have been conducted and volunteers are actively engaged in health promotion.

At this stage, this programme component is under review in order to address the need for an integrated approach in prevention and promotional efforts in targeted districts. It has been decided that health promotion in communities with specific RCV training programmes will be implemented in two districts, whereas other districts will be a part of the extended community outreach programme.

Expected result 5: Promotion of safe blood amongst youth and social groups, targeting six Red Cross blood banks.

The original plan to promote voluntary blood donations for six IRCS blood banks through youth peer education programme has been revised, and the project will focus on two blood banks only. The blood bank will be identified and awareness campaigns conducted in the next reporting period.

Expected result 6: Reduction of stigmatization and discrimination against HIV-infected people in target communities and groups.

Addressing stigma has been included in the community outreach activities. It is now part of the youth peer education, as well as care and support programme components. In Namakkal and Dhramapuri, HIV-positive women have been involved in addressing the stigma through community outreach awareness activities. As reported under expected result 2, in Andhra Pradesh and Tamil Nadu youth groups and women groups in communities have not yet been identified for the purpose.

Expected result 7: Red Cross volunteer network capacity is strengthened to provide preventive and promotional outreach health services in four new states.

During the first quarter, series of discussions between the RCV and IRCS were held to review and streamline the RCV network capacity programme. This resulted in a detailed activity plan with an integrated approach for the year 2005. RCV training programme will continue in the planned states of Andhra Pradesh, Bihar, West Bengal and Rajasthan. Five-day training sessions will be held in order to train 15 RCV leaders in Bihar, West Bengal and Rajasthan; a similar training in Andhra Pradesh was completed in 2004.

In addition, two new states – most likely Orissa and Tamil Nadu – will be included in the programme this year, instead of four new states planned earlier. The programme is intended to build capacity of branches in close coordination with organizational development activities. It is also planned to conduct three day-long training courses to develop community level RCV in areas where district-level training has been carried out. Support to the districts will be extended by strengthening infrastructure and training district coordinators who will build and supervise community level volunteer base in a manageable manner. In 2005, such training is planned in Andhra Pradesh.

Expected result 8: Reproductive health of women and child health is improved through a community-based reproductive child health program in three Red Cross centres.

So far, two maternity clinics – in Bihar and Andhra Pradesh – have been identified for refurbishment, and the activities will start in the coming months. The third centre is still to be identified.

Expected result 9: Response to public health in emergencies is improved by enhancing IRCS capacity at state/district level in two targeted states.

Training of branch personnel in Bihar on public health in emergencies is to be conducted in May 2005. Curriculum and training material for the purpose have been prepared. The second state branch is yet to be identified for the same training.

Outputs

The establishment of the HIV/AIDS consortium is an important step in the efforts to streamline and coordinate activities and bring partner national societies on board. Once the trust is established, most HIV/AIDS activities will be coordinated through it.

The ongoing activities of care and support to people living with AIDS in Tamil Nadu, as well as youth peer education, are continuing and the planned expansion to new states is well underway.

Constraints

Most postponements in the implementation of activities at the branch level are caused by delayed approval procedures at the IRCS headquarters. With recent changes of the senior management, the approval process has been further slowed down. Similarly, a delay in setting up the IRCS HIV trust, as per the consortium agreement, meant that service delivery has been hindered.

Disaster management

Background

The IRCS and the Federation delegation disaster management programme teams have been heavily engaged in the tsunami response operation. Both material and human resources have been used for the operation, not only in India, but in the other affected countries as well. This naturally resulted in pushing back the annual programmes which were initially planned for this period.

The upcoming regional disaster management meeting, scheduled for May in Bangladesh, will focus on country and regional DM plans and programmes, as well as preparations for phase II of the disaster response project funded by the British Department For International Development (DFID).

The development of training and public awareness material, initiated last year, has been completed with material distributed to IRCS branches and external partners. The community-based disaster management training manual was shared with other national societies in the region, and IRCS received positive feedback on its usefulness. The document will be translated into local languages, according to priority areas.

Overall goal: IRCS has become the leading disaster management agency in India through improved disaster preparedness and disaster response capacity, leading to reduced vulnerability of communities to disasters.

Programme objective: Increased IRCS capacity in disaster management, particularly in the targeted eight states, to effectively help the most vulnerable communities in India by the end of 2005, targeting four million people.

Progress/Achievements

Expected result 1: IRCS disaster preparedness plan and policies are widely disseminated and institutionalized within IRCS in line with SPHERE; greater awareness created among the different stakeholders including government on the IRCS mandate in disaster management.

IRCS, along with the Federation delegation, continue to actively participate in inter agency forums, such as SPHERE, United Nations Development Project (UNDP) coordination meetings, the European Commission

Humanitarian Aid Office (ECHO) partners' meetings, etc. Different agencies have expressed a great deal of interest in response tools developed by IRCS. As a result, it has been suggested to create an IRCS disaster response mechanism brochure for distribution to external partners.

Early in the year, the community-based disaster management manual was produced. A total of 1,000 copies were printed and are currently widely shared. The manual covers topics on early warning systems, cyclone preparedness, search and rescue, information and reporting in disaster situations, vulnerability and capacity assessment in the communities, etc. The manual also incorporates technical sessions from other different sectors, such as health, branch development, mental health in disasters, etc. Additional 1,000 copies of the manual are being printed, based on the greater need felt at the state branches for such a training manual.

The first quarter of the year witnessed further consolidation of UNDP and Federation cooperation at country level. IRCS and the Federation efforts in the tsunami response have been well reflected in interagency updates coordinated and shared by UNDP.

Expected result 2: IRCS disaster response system is developed further, consolidated, and increasingly utilized in accordance with developed protocols and procedures to respond to national and local emergencies; and learning from these operations is widely shared.

The national society's material and human resources have been fully used in the tsunami disaster response operation. Rehabilitated last year, the IRCS mass water and sanitation units were successfully deployed during the tsunami disaster response, producing over 100,000 litres of treated water per day. Similarly, the national disaster response team (NDRT) was mobilized for the tsunami assessment, using the assessment kit maintained at the national society headquarters disaster management centre.

The concept of state-level disaster response teams (SDRT) is being developed to improve response capacity of IRCS state branches, through a pool of trained DM personnel in selected areas. At the moment there are two active SDRTs – a 12-member team in Gujarat and a 14-member team in Orissa. The Gujarat SDRT was successfully deployed in response to the train accident of 21 March. The team was on the site within hours following the accident, providing first aid and drinking water to the wounded, transfer to hospitals, and establishing contact with relatives.

Four more state branches are expected to conduct SDRT training this year, subject to IRCS senior management approval. Preparation for the training is underway in Maharashtra. Eighty-five applications have been received, and the selection process of suitable candidates is underway.

Expected result 3: Renovation of three strategically located regional warehouses is completed; standardized relief item specifications widely disseminated and utilized; warehouse management improved (including hardware and software components).

The project of renovation and retrofitting of two IRCS regional warehouses at Bahadurgarh, near New Delhi and Salt Lake, near Kolkata, is well underway, and will be completed shortly. The third warehouse, originally planned to be constructed in Gujarat, is now going to be erected in Chennai, due to legal issues related to transfer of land to the national society in the first location. A consultant has been identified to carry out the construction project, but the actual implementation on the ground has not yet taken place, due to delays in approval process at the national society headquarters.

Whereas the database of suppliers has been developed at the IRCS headquarters, the draft procurement procedures are awaiting IRCS endorsement. However, brief procurement guidelines were sent to IRCS tsunami-affected branches.

Expected result 4: Disaster preparedness capacity in eight disaster management targeted states is further strengthened; improved disaster related communication between national headquarters and branches, contributing to decreased vulnerability of communities in the eight targeted states.

The tsunami response operation has witnessed intensified and improved communication between the IRCS headquarters and state branches, which led to an increased branch-to-branch support. Branches mobilized teams of doctors and volunteers, medicines, food and other essential supplies, to help the tsunami-affected state branches in their efforts.

A disaster management preparedness planning exercise is proposed to be carried out in the eight targeted state branches. Two of the tsunami-affected states, namely Andhra Pradesh and Tamil Nadu, are part of the eight targeted state branches within the disaster management programme. Providing support in developing disaster management structure in the targeted eight state branches will continue.

Disaster preparedness capacity building workshops with state and district branch representatives have been conducted in Gujarat, Maharashtra and Orissa. West Bengal branch is planning to organize the same workshop in June, pending national headquarters' approval. These workshops include a strong organizational development component, as part of improved cross-sectoral programme integration.



Following the tsunami, the Indian Red Cross staff worked around the clock to assess beneficiaries' needs and provide them with the required relief items.

The procurement of information technological-communication equipment for state disaster emergency centres (control rooms) is now underway, although with a much delayed schedule. Procurement is being carried out for seven branches, including Gujarat state which had already received much of such support. Quotations had to be re-invited due to changes in applicable value added taxes in India. The procurement process is continuing and a comparative bids analysis has been carried out. The procurement is expected to be completed within 2005.

Expected result 5: Preparedness and response capacities of communities in four disaster-prone states have been improved.

The main activities carried out in the first quarter include:

- drought mitigation activities in one district of Maharashtra, with tube wells and water storage facilities being constructed for some 19,000 people;
- vulnerability and capacity assessment in the targeted communities of Orissa;
- follow-up on the community-based disaster preparedness activities in Gujarat; and
- selection of target states for the second phase of the DFID-funded programme.

Outputs of the disaster management programme

Effective disaster response by IRCS during the tsunami operation has brought much recognition for IRCS by other stakeholders, including UN agencies, non-government organizations and the government. Effectiveness of state level disaster response tools and mechanisms has been proven in the SDRT deployment in Gujarat, in response to the train accident.

Following positive feedback on the community-based disaster preparedness workshops held in 2004 in Maharashtra and Orissa, these activities will continue in all state branches during 2005, which will represent a step forward in the consolidation of the disaster management programme at the state level. Branch-to-branch support mechanisms need to be further encouraged.

Constraints

The change in IRCS leadership has caused delays in the lengthy endorsement process of activities at state level. Although much technical effort has been put into the drafting of the plan, protocols and procedures, the formal IRCS approval is yet to take place.

Humanitarian values

In spite of a positive funding situation for the programme, most humanitarian values activities in 2005 have not yet taken place, due to leadership changes at IRCS which caused further delays in the generally lengthy project approval process. Still, the state branches have continued implementing their ongoing activities and ad hoc initiatives, using local human and material resources. Some of them are:

- several junior and youth Red Cross camps in Orissa, Punjab and Madhya Pradesh. The Movement's Principles and values were promoted through poster competitions, literary and cultural events; and
- a training of trainers camp in Orissa, with 44 junior and 52 youth Red Cross counsellors.

As of the second quarter of the year, the humanitarian values component of the appeal will be managed by the delegation's organizational development department.

Overall goal: Bring about changes in people's behaviour, increasing mutual understanding and respect for human dignity through wider dissemination of humanitarian values and IRCS activities.

Programme objective: To train IRCS members, volunteers, and the community on Red Cross Principles and humanitarian values and to disseminate the Principles among them to help bring about positive behavioural changes in communities in targeted states.

Expected results:

1. Stigma and discrimination project: Dissemination and sharing of knowledge on stigma and discrimination faced by people living with HIV/AIDS through Red Cross Principles and values.
2. Advocating for beneficiaries project: Dissemination of information and sharing of material on the rights of beneficiaries by IRCS to beneficiaries of Red Cross programmes and to local authorities.
3. Change of behaviour within the Movement in India project: To share knowledge of the Fundamental Principles and values systematically among internal and external audience.

Organizational development

Background

The IRCS organizational development plan for 2005 is a continuation of the process implemented over the past four years, drawing from the recommendations of a comprehensive programme review that was carried out in May-June 2004.

Overall goal: To raise the capacity of the branches and of national headquarters in mobilizing, organizing and managing local resources in order to improve the situation of the vulnerable.

Programme objective: IRCS structure, systems, resources and image are established and enhanced in order to increase the capacity of the national headquarters and branches to deliver effective volunteer-based programmes in the community.

Progress/Achievements

Expected result 1: A national branch development policy and strategy developed and the capacity of national headquarters and state branches to provide development support to the branches increased.

The tsunami disaster once again highlighted the need for a plan to develop the IRCS branches. Several meetings were held with counterparts at Indian Red Cross headquarters and branches to consolidate both mid-term and long-term branch development plans as part of the tsunami recovery programme. Reference was made to the annual programme plans linking to the Indian Red Cross strategic development plan 2004-2007.

In Gujarat, the state branch has provided first aid training to a total of 115 employees of Bharat Petroleum and Frankfin Institute of Air Hostesses, Ahmedabad, along with other planned activities. The branch also provided technical support for CBFA training in partnership with UNDP.

The Orissa state branch has proposed to organize a branch development workshop with technical support from the Federation delegation. The state branch will bear all costs related to the workshop. The major focus of the workshop will be to address vulnerability of the ten administrative blocks that have been identified as multi-disaster-prone areas. The partner national societies present in Orissa – the German and Spanish Red Cross Societies – will help facilitate the workshop, which will allow all the stakeholders to share their experiences and develop a coordinated strategy.

Several discussions were held on the role of organizational development in the proposed HIV consortium of the Indian Red Cross. The discussions focused on reviewing the role of organizational development support to develop branches' capacities to implement HIV/AIDS prevention programmes.

Expected result 2: Integrity of IRCS promoted, ensuring respect and compliance with the Fundamental Principles by reviewing, amending and establishing the constitution, organisational structure, rules, policies, and procedures in accordance with the needs of the organization and consistent with the policies of the Movement.

A conference of IRCS state branch secretaries and a governing board meeting, planned before the departure of the former IRCS secretary general, have not been held due to the changes incurred. They are expected to take place later in the year, once the new IRCS leadership is confirmed.

In Gujarat, the IRCS state branch conducted dissemination workshops in six district branches covering 234 life members, volunteers and staff. The sessions covered Fundamental Principles, humanitarian values and an introduction to branch development.

Expected result 3: A national resource development strategy and policy, integrating financial, material as well as member development, mobilization and maintenance, developed and established.

The capacity of the Indian Red Cross to mobilize resources locally was demonstrated following the tsunami disaster. About 5,000 volunteers were mobilized and over INR 100 million (CHF 2.8 million) was raised by the national society, the major donors being Coca-Cola, Lieutenant Governor of Delhi and IBM. Material and financial resources were mobilized both by branches and headquarters. The long-term challenges for IRCS are to mobilize resources in a more organized way, to maintain a smooth flow of information within the organization and with partners (national and international), with particular emphasis on programme implementation.

The Gujarat state branch organized two fundraising events in Surat and Ahmedabad in January and March 2005. About INR 2.6 million (CHF 74,000) was raised, which represented 70 per cent of the target. The Gujarat experience will be used as a basis for developing a comprehensive fundraising strategy for the Indian Red Cross.

Expected result 4: Capacity for information and communication at the branch level and at national headquarters improved and upgraded.

IRCS recruited an external consultant to develop the national society's communications strategy and strengthen its corporate identity, and the draft plan has been discussed. Work is also progressing to coordinate and standardize the way the Red Cross and Red Crescent Movement is presented in public, and its Principles and values disseminated through programmes in different branches.

Expected result 5: Capacity for financial planning, management and reporting at national headquarters improved and upgraded and a finance development project for the branches designed and developed.

Several discussions were held within the delegation and with the national society on the need to streamline working advance reporting procedures. The delegation's finance department has since been working more closely with its IRCS counterparts to address outstanding issues related to working advances. A finance management, procurement and reporting training for branches is in the pipeline but the dates and venue for this workshop are yet to be specified.

The implementation of the *Navision* software is underway. In the first quarter, the consultants met with IRCS officials to clarify outstanding issues. However, the whole process has lost some momentum following the changes at the IRCS headquarters.

The IRCS Gujarat state branch submitted a proposal to develop a comprehensive accounting manual for the state and district branches, and is currently awaiting headquarters' approval. In addition, the work on developing a finance handbook at the headquarters' level is yet to commence, although the terms of reference were drafted in mid-2004.

Expected result 6: A community-based volunteer management system, including relief and emergency volunteers, developed and established and youth/junior Red Cross developed.

The delegation's health team and the IRCS headquarters held series of meetings to develop an integrated approach to strengthening the national society's volunteer management system. A plan of action has been developed, including a review of the ongoing RCV network project, currently part of the health and care programme of the 2005 appeal.

Consultations were held at the national level on the draft IRCS volunteer policy. A number of IRCS state branches have given positive feedback on the draft and have expressed commitment to this initiative.

The Gujarat state branch is planning to initiate an inter-state youth exchange programme this year. A national-level youth workshop is also being planned for July-August 2005.

Expected result 7: A human resource development system and phased training programme for governance, volunteers and staff developed and established.

The work on the Indian Red Cross staff service rules is nearing completion, as well as the process of mapping the IRCS employees (initially those based at the headquarters). The following step will be the design of a comprehensive staff development and training plan.

The national society is yet to take a decision on the recommendations of the feasibility study on the use of the central training institute complex. This is expected to take place during the governing board meeting later this year.

Outputs

In spite of delays at headquarters' level, the IRCS branch development is gaining momentum, as branches have begun to be proactive and identify their specific needs. The planned fundraising strategy will aim at increasing the national society's accountability to donors as well as to beneficiaries. This will be tested in Gujarat. Strengthening financial management systems at the branches will be emphasized during the planned branch development workshops.

A volunteer policy drafted by the headquarters, as well as the feedback received from branches, represent another step in recognizing the importance of Red Cross volunteers and youth. This also provides a platform for developing strategies and procedures for human resource development.

Constraints

The limited progress made during this period has mainly been at counterpart level and will still require the approval of the new leadership in order to ensure its continuity.

Implementation and management

Coordination, cooperation and strategic partnerships

The newly formed HIV/AIDS consortium, involving the national society and five key partner national societies, represents a major step in strengthening strategic partnerships within the Movement. The next step in this process is the formation of IRCS executive functions in line with the agreement, as reported under the health and care programme.

Most other coordination efforts in this period were related to the tsunami response operation. The tsunami recovery and rehabilitation plan for India was developed in close cooperation with key partner national societies, and on the basis of activities proposed by the affected state-branches of Andhra Pradesh, Kerala and Tamil Nadu. Upon completion of the recovery plan, the external coordination efforts continued, including contacts with external partners such as DFID and ECHO. In early March, the head of Federation delegation and IRCS secretary general participated in the Hong Kong forum on the tsunami response.

Effective representation and advocacy

Similar to the coordination efforts mentioned above, the main part of representation and advocacy activities was tsunami-related. In January and February, the Federation provided IRCS with necessary support in the information and dissemination efforts, as well as media and embassy contacts.

Delegation management

The Federation delegation provided technical support to IRCS in the relief phase of the tsunami response operation using its existing pool of expatriate delegates. Delegates and staff were requested to provide support in the region and beyond, both on short- and long-term basis.

In March, following the appointment of the new IRCS secretary general, discussions have been initiated to identify needs for support to the national society for the tsunami recovery operation and for annual programmes and capacity building. In the next quarter, the delegation will revise its structure to ensure effective support to IRCS, external coordination and accountability to stakeholders.

[Contributions list below; click here to return to the title page and contact information.](#)

APPEAL No. 05AA047

PLEDGES RECEIVED

14/06/2005

CASH

REQUESTED IN APPEAL CHF ----->						TOTAL COVERAGE	
						5,843,372	121.6%
OPENING BALANCE						6,862,663	
SWEDISH - GOVT	900,000	SEK	153,900	29.03.05	HIV/AIDS		
SUB/TOTAL RECEIVED IN CASH						7,016,563	120.1%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CANADA	DELEGATE(S)			9,800		
DENMARK	DELEGATE(S)			8,800		
GREAT BRITAIN	DELEGATE(S)			35,000		
SWEDEN	DELEGATE(S)			38,200		
SUB/TOTAL RECEIVED IN KIND/SERVICES				91,800	CHF	1.6%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	