

Programme Update



International Federation
of Red Cross and Red Crescent Societies

INDIA

Appeal No. MAAIN001

This report covers the period 1 July to
31 December 2010.

21 December 2010



Beneficiaries of the Leh flash flood operation smiling thanks to the various services provided by the Indian Red Cross Society. Photo: Indian Red Cross Society.

In brief

Programme purpose: The 2010 disaster management programme is designed around the four disaster management strategic objectives of Indian Red Cross Society (IRCS) viz disaster risk reduction – “Building safer communities”, national disaster preparedness and response mechanism, disaster preparedness and response capacity building of branches and inter- agency coordination.

The overall purpose of the health and care programme aligns with the Global Agenda goal 2, which is to improve IRCS’s capacity in planning, to raise awareness on the preventive health needs and by responding to public health emergencies, including HIV/AIDS, through prevention, care and support by strengthening the Red Cross Volunteer (RCV) network.

The purpose of the organisation development programme is to improve capacity of IRCS to provide effective services to reduce suffering of the vulnerable by integrating it with disaster management, health and other programmes of the national society and working with ICRC and partner national societies to achieve global agenda goal 3.

Programme summary: Significant work has been done and progress has been made to achieve the four objectives of the disaster management strategy of IRCS.

During the reporting period, disaster risk reduction (DRR) interventions in the communities and schools have been intensified which has shown a good impact. These interventions have linked communities with local authorities and Red Cross branches. The networking has enabled the successful implementation of mitigation measures in six communities in Maharashtra.

IRCS capacity in disaster response has been further built through the national disaster water and sanitation

response team refresher training, logistics and warehouse management training, and district disaster response trainings (DDRT). IRCS has undertaken the DREF Leh flash floods and North India floods relief operations. Strengths of the national disaster preparedness and response mechanism have been demonstrated in these two relief operations. In a difficult terrain such as Leh, with the adverse weather conditions, the national disaster water and sanitation response team (NDWRT) members delivered safe drinking water to the hospital and Choglamsar relief camp using the NOMAD water purification units.

Various volunteer training programmes have been conducted to build volunteers' capacities to deliver at community level. Each of the state branches identified the areas where the capacities need to be enhanced.

The seed money provided for the interagency coordination has started showing results. State branches have become part of the inter-agency groups at the state level and have been sharing knowledge and information, contributing to greater impact on interventions in the communities while minimizing duplication of work.

The health and care programmes gained considerable pace and adapted to the emerging needs of the country. Significant coverage of scheduled activities and target beneficiaries were seen. The human pandemic programme (H2P) came to a successful completion. The India tuberculosis programme will continue its successful implementation with a one-year extension, maintaining its focus on quality oriented activities. The Hong Kong branch of the Red Cross Society of China-funded HIV and public health in emergencies (PhiE) programme is ongoing as planned with a good implementation rate. A malaria prevention project in two states has been initiated.

Branch development through the integrated programme approach (IPA) in the Andaman and Nicobar islands has successfully achieved the establishment of a branch office, recruitment of new staff with induction into the Red Cross Movement. It has also initiated the effective functioning of the branch by conducting programme related trainings and the setting up of the junior Red Cross and Red Cross youth units in the branch. Further, the Navision implementation for financial development at the national headquarters has progressed and is moving forward at a steady speed now towards full implementation. Youth and volunteer development has received a major impetus from the national headquarters and has led to increased participation from the branches in the youth exchange programmes both at the national as well as the international level.

The humanitarian values training and awareness on the Red Cross Movement is an important component of all programme related capacity building trainings.

Financial situation: The total of the revised 2010 budget is CHF 2,020,738 (USD 2,104,162 or EUR 1,599,472), of which 139 per cent is covered. Expenditure from January to November 2010 was 63 per cent of the overall 2010 budget (see [attached financial report](#)). The financial report from January to December 2010 will be issued with the 2010 annual report by April 2011.

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

No. of people we help: The 2010 disaster management programme reached 2,000,000 people through various training programme and emergency response operations.

The health and care programme reached 2,21,600 people in 2010.

The number of people assisted under the organisational development activities during the reporting period is approximately 5,000.

Our partners: Contributors to this appeal include British Red Cross, Danish Red Cross, Hong Kong branch of the Red Cross Society of China, Italian Red Cross, Japanese Red Cross, Netherlands Red Cross, Singapore Red Cross, IFRC New York Office, OPEC funds, and Money Gram.

Ministry of Health and Family Welfare, National AIDS Control Organization of India, UN agencies (World Health Organization) and USAID are the main partners of IRCS outside the Red Cross Red Crescent Movement.

Also contributing to the work of the national society on a bilateral basis are American Red Cross, Canadian Red Cross, German Red Cross, Italian Red Cross, Spanish Red Cross, and the International Committee of the Red Cross (ICRC).

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

Context

India is the world's largest democracy, and the second most populous country. India accounts for a mere 2.4 per cent of the world's surface, yet it supports and sustains almost 17 per cent of the world's population. India has 28 states, six union territories and one national capital territory region. Within India's borders, there is a staggering diversity between – and even within – the different states. The natural environments range from high mountains to arid deserts, from tropical islands to fertile valleys.

Although India is a major economic and industrial country, it is still facing humanitarian challenges. Poverty remains a serious problem, although it has declined significantly since independence. India is ranked 134 in the UN human development Index. The unmet need for contraception and high levels of unwanted fertility are other areas of major concern. The sex ratio in the country had always remained unfavourable to females. Anaemia, tuberculosis (TB), and vector-borne diseases, burden of non-communicable diseases as well as road accidents continues to increase. According to various sources, some 42 million Indians are considered internally displaced and some 30 per cent of the population are migratory.

The cloudburst in Leh in August and severe flooding in northern India in September all underscore the need to adopt a multi-disciplinary perspective involving diverse scientific, engineering, financial and social processes and a cross-sectoral approach to incorporate disaster risk reduction (DRR) in developmental plans and strategies. The increase in the number of natural disasters and social conflict in recent years has prompted the Indian Red Cross Society (IRCS) to devote even more attention to disaster preparedness activities. These initiatives aim to make communities aware of the risks they face, to increase capacity to reduce their vulnerability and to enhance their ability to cope when disaster strikes. In India, more than 50 million people are annually affected to varying degrees by disasters. In addition, approximately 40 per cent of the one billion population of the country live on less than a dollar a day, surviving in deplorable conditions. According to CRED^[1], 75,731 people were reported killed and 535,205,013 people were affected by various disasters, e.g. droughts, floods, epidemics and earthquakes from 1998 to 2008.

There is increasing civilian casualties, victimization, and community inequalities in basic needs and services that require immediate relief and longer-term support and services. The most affected areas are Jammu and Kashmir, the north eastern states, Chhattisgarh and Naxalite-affected areas in some states, as well as major cities and communities that suffer from bomb blasts and communal violence. A conservative estimate of the total number of people displaced by conflict and violence would be at least 650,000 as of August 2010 according to the Internally Displaced Monitoring Centre (IDMC). Although human rights problems do exist in India, the country is generally not regarded as among the world's serious human rights violators. Human rights problems appear to be acute in periods of communal violence, where security forces, insurgents, and various ethnically based groups have all been accused in Jammu and Kashmir, Gujarat, Maharashtra, Uttar Pradesh, and some north eastern states. The Indian media routinely address controversial issues, such as discrimination and violence against women, tribal and hilly populations and other vulnerable people.

The programmes carried out during the reporting period focussed on disaster management/DRR activities, public health in emergencies (PhiE), human pandemic preparedness, HIV, malaria, and capacity building for the national society.

^[1] Source: [EM-DAT, Centre for Research on the Epidemiology of Disasters \(CRED\)](#)

Progress towards outcomes

Disaster management

Programme component	Component outcome
1. Community preparedness.	The resilience and capacities of people at risk of disasters are increased and their vulnerability is reduced in the target geographic areas.
2. Organizational preparedness.	People affected by disasters receive a needs-based and timely emergency response and recovery support from IRCS.

Component 1: Community preparedness

Expected result 1: Increased community awareness on DRR as per the local hazard context in target communities.

At the beginning of the year, IRCS conducted DRR awareness campaigns in schools in nine disaster management programme states. As part of the regional DRR 'building safer communities' programme, a drawing competition was organised and the winning entries from participating states were forwarded to the South Asia regional drawing competition on DRR. One of the entries from India successfully won first prize.

In order to link DRR and climate change adaptation (CCA), a pilot project has been launched by the IRCS in Gujarat. The vulnerability and capacity assessment (VCA) has been conducted in the Machhiwad village to identify the vulnerabilities of the community in relation to the effects of climate change. Mitigation measures are being discussed with the community in order to reduce their risks.

Expected result 2: Reduced impact of local hazards and risk factors in the target communities.

VCA has been conducted in Bharatnagar, Mumbai which has enabled the community to identify and prioritize the mitigation measures required to be carried out in order to reduce risk. The identified mitigation measures will soon be implemented with the active partnership of Municipal Corporation and the community.

The following mitigation measures have been implemented in partnership with the local government and five communities in Maharashtra:

- Construction of inner drainage system.
- Construction of community toilet block.
- Installation of community bore well.
- Construction of dustbins and promotion of use of trolley for collection of garbage.
- Raised platform for well to avoid contamination.



Villagers laying the pipeline to build up drainage system in the village. Photo: Indian Red Cross Society.

These mitigation measures were identified through VCA exercises which were conducted last year. Five communities have actively participated in the implementation of the mitigation measures. The community disaster management committees (CDMC) have played a key role to ensure the participation of the community and local government.

Expected result 3: Preparedness and response capacity of local communities and community disaster management centres are strengthened in target communities.

In order to build preparedness and response capacity of the communities, the five training modules have been developed. These modules are listed below:

- Assessment and relief.
- Community based health and first aid.
- Community management and resource mobilization.

- Information, communication and reporting.
- Search and rescue.

These trainings have been conducted in five communities in Maharashtra to form task forces. The five best members of these task forces are selected to form the community disaster response teams.

CDMC have been formed in communities for the overall coordination and sustainability of the DRR programme. IRCS continues to advocate to identify these CDMCs as the social wing of the *Panchayat* to support sustainability of the initiatives taken at the community level towards DRR.

Expected result 4: Knowledge and experience on DRR issues are effectively shared and replicated.

The CDMC members of the five CDMC committees formed in Maharashtra are in touch with each other and have been sharing their learning and experiences. These members and the representatives of the *Panchayat* and Municipal Corporation were present for the stakeholders meeting held in Mumbai at the beginning of the year. This meeting provided a platform to strengthen links between CDMCs and *Panchayat*/Municipal Corporation.

Component 2: Organizational Preparedness

Expected result 1: IRCS national disaster preparedness and response mechanism are strengthened at various levels.

Training on logistics and warehouse management was conducted from 26- 29 August 2010 at Arakonam, Tamil Nadu. Participants from Maharashtra, Tamil Nadu, Gujarat, Andaman and Nicobar Islands, and Karnataka state branches, along with the regional warehouses and national headquarters staff participated in the training. This training has added 19 logisticians to the pool.

A refresher training of national disaster water and sanitation response teams (NDWRT) was conducted from 16-19 November 2010 at the Bahadurgarh warehouse. The Asia Pacific Zone office provided a facilitator to oversee the training programme. This was the first time where the NDWRT members themselves trained their colleagues. This initiative has given the NDWRT members opportunity to build their capacities as trainers. IRCS now has 20 NDWRT members trained on NOMAD, Berk field, LMS and SETA water purification units. The NDWRT members are also trained in water quality testing and hygiene promotion.



National disaster water and sanitation response team members in action during refresher training. Photo: Indian Red Cross Society.

A national disaster response team (NDRT) refresher training has been planned for the second week of December 2010.

Expected result 2: Capacity building in the areas of trained human resources, infrastructures, institutional strategy and programme implementation guidelines at various levels.

The emergency operations centre being constructed at the Bihar state branch is nearing completion and was inaugurated by the Governor of Bihar in the first week of December 2010. Bihar state branch has also conducted a contingency planning exercise with its district branches where all the district branch secretaries participated. State disaster response team training has been planned for the first two weeks of December 2010 in Bihar.

State branches like Tripura, Tamil Nadu and Andaman and Nicobar have formed their own district disaster response teams in various districts. This has further strengthened their capacity in disaster response.

Similarly mock drills, search and rescue, first aid, and VCA training of trainers (ToT) trainings have been conducted by the ten disaster management programme state branches to build capacity of the branches and communities in disaster response.

Expected result 3: Inter Agency coordination mechanism strengthened at various levels.

Seed money has been provided to the disaster management programme state branches to initiate new inter-agency group or strengthen the existing coordination mechanisms. All the state branches are now coordinating with the different government and non-government organisations through the inter-agency group method. In the case of Gujarat, the state branch has pulled in corporate donors to participate, enabling them to build their profile, maintain transparency and improve communication with the corporate donors.

Some of the inter-agency groups have evolved as very strong coordination mechanism while some require further reinforcement and harmonization. In next year's plan, these issues will be addressed.

Achievements

- The first of its kind DRR community based project has been successful in sensitizing and mobilising communities for sustainable disaster risk reduction interventions. (This is one of the findings of the DRR programme review conducted.)
- At least 80 per cent of the target population is participating in the implementation of the DRR activities.
- During the rainy season, the communities trained in search and rescue activities have demonstrated their preparedness level by setting up improvised floats. The sub-divisional officer of Barshi has appreciated the commendable job done by IRCS volunteers.
- The capacity of the national disaster response mechanism has been demonstrated in the Leh flash flood relief operation where in adverse weather and geographical conditions NDWRT and family news service (FNS) staff provided quality services to the affected population.
- Programme monitoring, evaluation and reporting training conducted in Mumbai has contributed to improving the monitoring and reporting standards.

Constraints or Challenges

- The national society has been training its volunteers as part of its national disaster response mechanism. However, the retention of these trained volunteers is a challenge due to migration for better employment opportunities. There is need to have a strategy to link these volunteers to the IRCS national network so that wherever the volunteer goes, he/she can work with the local branch.
- Increasing frequency of disaster needs more resources. The limited resources available with the branches are always stretched to its maximum while delivering services post emergencies. It is required to find some effective solutions in order to scale up and access more resources through cooperation agreements and contracts with other agencies/organisation.
- The logistics system needs complete revamping. The delays in despatching and transportation of the relief supplies are of great concern. Automation of the warehouses can solve most of these problems minimising the response time.
- The pool of DRR practitioners is very small and needs to be increased looking at the needs of the communities, the growing interest of the branches and the donors. A series of CBDRR ToT and VCA ToT trainings can bridge this gap between available trained human resource and the need.

Health and care

Programme component	Component outcome
1. Public health in emergencies	Strengthen institutional capacity for preparedness and response capacity of staff and volunteers in public health in emergencies (PHiE).
2. HIV/AIDS	Improve awareness on basic knowledge of HIV and AIDS and quality of life of people living with HIV (PLHIV).
3. Humanitarian Preparedness Project (H2P)	To create an adequate humanitarian response capacity to address community needs in a pandemic influenza, particularly in areas of public health, food security and livelihoods.
4. Tuberculosis Project	Improved adherence to TB treatment regimens by vulnerable, retreatment tuberculosis patients.
5. Malaria	Prevent malaria by supporting long-lasting insecticide net (LLIN) distribution in the selected malaria-prone areas and supplement government efforts through the dissemination of information and the raising of awareness amongst the population.

Achievements:

Expected result 1: Strengthen institutional capacity for preparedness and response capacity of staff and volunteers in public health in emergencies (PHiE).

Apart from the 2,732 volunteers trained earlier, an additional 120 volunteers will be trained in public health in emergencies (PHiE) at state and district levels. A refresher workshop for staff and other long-term volunteers is also planned. These workshops led to an overall improvement in understanding of the PHiE concept and its application. Major components of this training are incorporated in volunteer training for all health programmes. These trained volunteers have been used by the state branches for damage assessment and have also acted as facilitators for the district level workshops.

The village outreach programmes were planned and meetings with stakeholders and opinion leaders in the community have been held in order to identify the topics and discussions to be conducted. Peer educators and staff participated in the outreach activities. Apart from the topics of HIV and AIDS, discussions were held on awareness raising of health issues like sanitation, diarrhoeal diseases, malaria, dengue, chikungunya, flu, and other pressing health concerns in the community. Local doctors were present in the discussions, which also included topics on diabetes, hypertension and stress-related issues. In total, around 87 outreach programmes were conducted in 42 villages, reaching out to 3,672 community members.

Around 200 PHiE volunteers participated in the four programme districts to sensitize and distribute leaflets on H1N1 influenza. In total, 12,000 leaflets were distributed to the community members during this sensitization sessions.

Expected result 2: Improve awareness on basic knowledge of HIV and AIDS and quality of life of people living with HIV (PLHIV).

The youth peer education component of the Hong Kong Red Cross-funded HIV programme targets the youth in schools and colleges. This strategy aims to enhance positive peer support in discussing HIV and related health issues. The programme is presently being implemented in 160 institutions in four districts across the state of Andhra Pradesh. To date, approximately 1,800 peer educators have been trained in these institutions, along with school teachers and peer members. The project is getting support from the heads of the institutions, teachers and parents. The programme also implements community outreach programmes through which communities of 60 villages are benefitted by HIV and other health related interventions and awareness raising.

IRCS is a part of the HIV Global Alliance for South Asia. In line with the Global Alliance, the HIV programme provides support to government efforts in the area of HIV/AIDS in targeted districts. Furthermore, IRCS is working in close collaboration with the government, National AIDS Control Organization (NACO) and the Red Cross Movement.

The Red Cross HIV/AIDS consortium in India met two times in 2010 at the national headquarters to review the achievements and discuss the expansion plans. Two components of the HIV programme – the Service, Support and Stigma (3S), the care and support initiative in Tambaram hospital in Chennai and the Community care centre – crèche for HIV orphans and vulnerable children completed its successful implementation in 2010.

Promotion of voluntary non-remunerated blood donation remains an important activity of IRCS. In order to increase the promotion of voluntary non-remunerated blood donation, various activities are continually organised including seminars and IEC materials distributed during the World Health and Blood Donor's Days.

Expected result 3: To create an adequate humanitarian response capacity to address community needs in a pandemic influenza, particularly in areas of public health, food security and livelihoods.

Implementation of the human pandemic preparedness programme in three states (Maharashtra, Andhra Pradesh and Punjab) began in October 2009. This programme aimed to increase awareness and develop adequate preparedness plans to counter pandemics at the community level. Activities included formation of the steering committee to guide the project. The group members included officers from the Ministry of Health and Family Welfare, Government of India, National Centre for Disease Control, UNICEF, World Health Organisation (WHO), Academy for Educational Development (AED) and IFRC..

Training and IEC materials were developed and made available in six regional languages and were disseminated to the states. Programme orientation, mapping at state and district levels and national level training was done. A total of 900 volunteers have been trained (100 volunteers in each district).

The IEC material on H1N1 Influenza was developed to raise community awareness on the issue. IRCS is prepared to respond to H1N1 Influenza by focusing on raising awareness through sharing information in the community with the help of its network of branches and volunteers. Additionally, the H2P project also worked on developing community preparedness plans to counter sudden outbreaks to minimise the catastrophic effects even beyond the cessation of the actual project period in 2010.

Expected result 4: Improved adherence to TB treatment regimens by vulnerable, retreatment tuberculosis patients.

IRCS is implementing the tuberculosis programme in three states (Uttar Pradesh, Karnataka and Punjab) since October 2009. The activities of this programme include identification, care and follow up of the retreatment of tuberculosis cases in the target districts. The project is working with 200 vulnerable category-2 tuberculosis patients. A total of 60 volunteers have been trained in aspects of tuberculosis and MDR-TB. Care and support package for the patients was revised and made operational. The project activities also include identifying and orienting opinion leaders, which facilitates organising discussion sessions for patients and their family members.

Coordination mechanism between the National Society and Central Tuberculosis Division of the Government of India developed and strengthened at the district, state and national levels. Appropriate IEC materials have been identified and disseminated to the districts.

The India tuberculosis project gathered accolades from the Government of India's health department. The first phase of the implementation of this programme was completed in October 2010 achieving efficient results through good adherence rates and objectives fulfilled. In the extension period of this programme, IRCS seeks to achieve higher performance goals with trained staff, rigorous monitoring and reporting and seeks to be a model programme both inside the country and abroad. Working closely with the Revised National Tuberculosis Control Programme (RNTCP), this programme is providing assistance to increase the efficiency of the reach of the infrastructure and services of the Government of India's health programmes.

Expected result 5: Prevent malaria by supporting LLIN distribution in the selected malaria-prone areas and supplement government efforts through the dissemination of information and the raising of awareness amongst the population.

The malaria prevention and control programme started in July 2010 in select districts in two states, Andhra Pradesh and Orissa. The programme implementation has been at a slower rate due to major personnel changes at state level, especially in Orissa. However, at national and state level orientation, planning and coordination meetings have been conducted. Project staff have been hired. The identification of communities and families has been done in Andhra Pradesh. The second phase activities, including long-lasting insecticide net (LLIN) distribution, will be taken up from December 2010 onwards in targeted communities in Andhra Pradesh, followed by Orissa. IEC material dissemination and follow-up activities will be taken up post-LLIN distribution.

IRCS is also coordinating with National Centre for Disease Control to gather the information for baseline in the intervention districts. The state and district malaria officials of the Government of India are working in close contact with the IRCS programme personnel.

Constraints or Challenges:

There is a requirement of regular monitoring, in order to maximise the impact of the project. Regular monitoring is pivotal for ensuring timeliness of project activities, activity reporting and financial reporting.

IFRC is facilitating the national society in addressing some of the challenges by providing feedback for the queries raised by branches, preparing simple formats for reporting and timely releasing of required funds when the working advance request is received.

Organizational development

Programme Component	Component Outcome
1. Supporting national society organizational	Improving the national society's capacities to

Development process.	develop and implement strategies, to ensure good performance and accountability.
2. Volunteer Development.	IRCS has a well managed volunteer system.

Achievements:

Expected result 1 : Improving national society capacities to develop and implement strategies, to ensure good performance and accountability.

The project on branch development through the integrated programme approach for the IRCS's Andamans UT branch has been initiated with the recruitment of staff at the state level and by the release of a working advance towards the project. Technical guidance has been provided to the state for preparation of the work plan for the implementation of the project. Due to the delay of six months in the initiation of the project, a meeting was held with the Danish Red Cross to update them with the challenges in its implementation within the stipulated time. The work plan for the implementation of the project branch development through the integrated programme approach has been received by the IRCS national headquarters and the training workshops needed for steering the project forward need to be initiated.

IRCS had taken a decision in supporting the branch (Andamans UT) capacity building through video conferencing. While the work for enabling video conferencing is in progress, the branch was assisted by online initiatives. These online initiatives are through documents, guidelines, presentations on junior red Cross/red Cross youth, self assessment, the branch development framework, characteristics of a well developed branch and IRCS state rules for branches. The provided online assistance has achieved the following:

- Setting up of office and purchase of equipment with proper procurement process.
- Recruitment of staff.
- Induction of staff into the Red Cross Movement.
- Self assessment of the branch done in co-ordination with branch staff, members and volunteers.
- Initial administrative action for initiating the junior Red Cross and red Cross youth at the branch.
- Membership drives which brought in two patrons and 25 members.
- Prepared and updated the volunteer details in the branch (in total 135 volunteers).
- Updating of the job responsibilities of the staff is being done.
- Rules for finance management and human resource management have been framed but are being refined further.

IRCS initiatives in strengthening the family news service network initiated a capacity building workshop for the IRCS branch at Andaman and Nicobar Islands in collaboration with ICRC. About 25 participants from non-governmental organisations, Red Cross volunteers, school teachers, and police officials attended this workshop. The training was an extensive, covering topics such as re-establishing family links, communicating with the families and how to treat this issue with concern and sensitivity. This training will widen the state branch's capacity in family tracing.

Other initiatives in branch development

IRCS initiatives in branch development led to an extensive three-day workshop at Guwahati in Assam state branch together with the efforts of ICRC and technically supported by the IFRC's organisational development unit. The branch secretaries from 18 districts in Assam and ten members of the state Red Cross branch attended this workshop. The outcomes of this workshop were a mapping of strengths and weakness by each of the district branches and a tentative draft action plan for their districts. Eventually, each of the district secretaries would later consolidate and finalise this draft branch development plan with their team at the district level. These districts were mostly flood prone and conflict affected. The methodology used for the workshop was group discussions, practical exercises, screening of the two DVDs on community and branch development and volunteer and youth development were also utilised as an effective audio-visual tool to give the state branch leaders a walk through initiative in other countries and their experiences.

On 2 and 3 November, a branch development workshop was held by the IRCS state branch of Nagaland in collaboration with ICRC. Technical support was provided by the IFRC's India office in terms of planning the contents of the workshop. A total of 26 participants from 13 branches participated, including the branch secretaries and the managing body members. The main discussion points of this conference revolved around development of action plan by the respective district branches, junior red Cross/red Cross youth initiatives in the branches and how to strengthen resource mobilisation in each of the branches.

Communication

The IRCS report entitled "Empowering Communities through Red Cross Activities" was shared with the other national societies, international organisations and embassies in order to enhance the visibility of IRCS and also to make them aware of the achievements and progress of IRCS. Keeping in mind the development, progress and new initiatives of IRCS, this report briefly communicates the activities from 2004-2009 that empowers vulnerable communities and demonstrates the National Society's commitment in carrying forward the Red Cross spirit since its inception in 1920.



The IRCS Youth Coordinator at the Jordan Youth Conference, Jordan. Photo: Indian Red Cross Society.

Financial Development

The IRCS Navision project is ready with the database along with configuration, chart of accounts, configured dimensions and some of the reports. It is now to be taken to the next level by putting in place the infrastructure hardware and software for NAV implementation. The procurement of the software and hardware has been under discussion once again with the sole purpose of making best utilisation of the resources available for this IRCS project. The conference room pilot testing was successfully completed this month and now the user acceptance training and testing will be planned shortly. The go-live has been delayed and postponed to December.

Leadership Development and HR Development

Initiatives have been taken to develop leadership skills of Red Cross Red Crescent staff and volunteers. The participation of the joint secretary of the IRCS in Asia Pacific Conference (17 - 20 October 2010) in Jordan and of the youth coordinator of IRCS for the youth summit (Jordan) was facilitated by the IFRC India office in co-ordination with German Red Cross.

In addition, the director for dissemination actively participated in the Asia Pacific Communications forum held from 16-18 November in Kathmandu, Nepal. The forum was a lively platform for sharing experiences and new learning in the facilitating the best way forward.

Opportunities for 'exposure' trips and participation in youth camps organised by sister national societies are promoted. The first group of two volunteers have already participated in the International youth exchange camp organised by Japan Red Cross Society from 12 to 24 November 2010. The second group is being finalised for the Asia Pacific Youth Leaders Forum organised by the Hong Kong branch of the Red Cross Society of China.

Constant efforts are made and support is provided as a capacity building initiative for the new entrants in IRCS. A small briefing-cum-induction programme for the new entrants was done by the IRCS national headquarters for the new staff in each department of IRCS. This was clubbed with the nursing training held by the national headquarters in their premises.

Financial sustainability

Establishment of local fundraising mechanisms is being encouraged from the beginning of the year to ensure that the local branches work towards financial self-sustainability. Capacity building workshops are being promoted at the state branch level so that they can tap into funding opportunities available locally.

The book on first aid for commercial fund raising has been finalised and printed. This tool will now be utilised in collaboration with British Red Cross for equipping the branches to generate funds.

In an effort to facilitate further action towards resource mobilisation by IRCS, a half day workshop on “New Initiatives in Fund Raising” was organised by The Resource Alliance (UK) and was attended by the IRCS organisational development programme manager and IRCS director for dissemination. This participation was initiated and facilitated by the IFRC office as a capacity building effort for senior management team in resource mobilisation.

Expected result 2: IRCS has well managed volunteer system.

The youth development programme of the German Red Cross in technical collaboration with IFRC is being implemented in Uttar Pradesh and Orissa. The IFRC organisational development team is assisting in updating the youth guidelines for junior Red Cross and red Cross youth of IRCS and also to develop a standard training handbook for the different IRCS branches.

The state level Red Cross youth training-cum-study camp was organised by the IRCS Punjab state branch as well as the Haryana state branch. The objective of the camps was youth exchange and personality development. Apart from the study sessions, yoga sessions and social issue based group exercises formed the course curriculum of the camp.

The inter state Red Cross youth training-cum-study camp was organised by the IRCS Punjab state branch in which the school and college youth of nine states participated. These states were Orissa, Madhya Pradesh, Jammu and Kashmir, Himachal Pradesh, Uttarakhand, Assam, Andhra Pradesh, Karnataka, Haryana and Tamil Nadu. The objective of the camp was youth exchange and personality development. Apart from the study sessions the yoga sessions, community service in the village and social issue based group exercises formed the course curriculum of the camp. Apart from developing the capacity of the students this camp has provided an impetus to the IRCS Punjab state branch to plan for an international youth camp in the next year.

In the event of the forthcoming International Year of Youth, IRCS is keen in consolidating further the volunteering in the national society. Hence talks are going on to develop a technical working group or a consortium or board for volunteers with the participation and support of various stakeholders.

Constraints or Challenges:

The need for more technical support in organizational development with the guidance of other Red Cross Red Crescent specialists is evident. The relationship of the national headquarters with its branches needs to be strengthened in providing continuous technical support to their branches.

Last but not the least, the new branches and new initiatives need a lot of handholding and on field guidance to establish and have a smooth way forward. To provide the much needed long-term and continuous support from the national headquarters to the branches is a challenge due to lack of trained human resource at the national headquarters for organisational development activities.

Principles and Values

Programme component	Component outcome
1. Promotion of principles and humanitarian values.	Enhanced knowledge, understanding and application of principles and values in IRCS.
2. Anti-discrimination and violence prevention/reduction programmes.	Reduce gender-based violence in the community by enhancing knowledge and understanding on gender based discrimination.

Achievements:

Expected result 1: Enhanced knowledge, understanding and application of principles and values in IRCS.

Training in humanitarian values is integrated into all youth trainings/ camps organised by various state branches of IRCS. In order to empower the youth in their concern for the emerging social issues in their state, group exercises are done. Reinforcing the Fundamental Principles and humanitarian values and

aligning them to the social issues in the state is the motive of these youth exercises organised by the IRCS state branches. The students' awareness and concern is ignited on issues of corruption, female foeticide, drug addiction and domestic violence. Apart from the youth camps the humanitarian values were a part of all programme trainings, namely NDWRT, VCA, PMER and health trainings.

Expected result 2 : Reduce gender-based violence in the community by enhancing knowledge and understanding on gender based discrimination.

Apart from imparting knowledge on gender non-discrimination during various programme related capacity building trainings, it is monitored during disaster response and other emergency responses that there is no gender discrimination. It is also adhered that there is effective participation by both genders in events and trainings organised by IRCS.

Constraints or Challenges:

Following the principles of humanitarian values within the implementation of the programmes is a great challenge due to the scale and diversity of the country.

Working in partnership

The working relationship of IFRC with IRCS, the ICRC and the partner national societies and also with external key stakeholder in the disaster management programme has been very effective over the last two years and has been further strengthened during this reporting period.

The IFRC's India disaster management programme has developed many strategic partners and good working relationships within and outside the Red Cross Red Crescent Movement, particularly with UNFPA, National Disaster Management Authority (NDMA), National Institute of Disaster Management (NIDM), and Sphere India.

During disasters, IFRC supports IRCS through its coordination role within and outside the Movement. IRCS will continue to take part in the South Asia regional disaster management working group (DMWG) that meets every six months to exchange knowledge and experience.

In addition, IFRC continues to provide technical and financial support to the IRCS post-graduate diploma course towards strengthening its coordination with internal and external stakeholders and to increase the in-country strength of the disaster management expertise with enhanced skills and knowledge.

In order to promote and protect the health of the population by encouraging healthy behaviour, IRCS is supplementing the efforts of the government, National AIDS Control Organization (NACO) and the Federation's HIV Global Alliance initiative. The IRCS has strengthened its network with the various organizations, like National Centre for Disease Control, New Delhi and Central Tuberculosis Division, Govt. Of India and other non-governmental agencies, especially in the light of projects like Human Pandemic Preparedness programme, India TB programme and the Malaria programme. To improve coverage and knowledge sharing, the exchange of resources was encouraged for better cooperation. This leads to further supporting and extending cooperation with bilateral partners as well as with the local community-based organizations.

Effective co-ordination and co-operation is being received from the partners but still more can be done. Pro-active steps to develop the technical expertise at the national headquarters on organisational development issues need to be co-ordinated better with the partners in the country.

Contributing to longer-term impact

Aligning to the global agendas and as per the IRCS Strategic Development Plan 2009–2012 (SDP) and the developed Disaster Management Strategy, the International Federation disaster management support will focus on the two core areas: disaster preparedness and response and disaster risk reduction "Building Safer Communities" in 2009-2010. The humanitarian value and integrated programming approach model will be considered and applied at various levels in effective programme delivery to provide dignified, appropriate and timely assistance to the people reached.

IRCS is a part of HIV Global Alliance for South Asia. The IRCS HIV and AIDS Strategic Plan 2009-12 is in place. The availability of trained volunteers has gone a long way in proving the same as they are very useful for immediate deployment during emergencies. The health and care programmes integrate

activities to promote of humanitarian values and gender diversity. Training in community based health and first aid, is being planned by the IRCS in select states. This will contribute to overall health indicator development through community VCA, volunteer development, community preparedness etc.

Organisational development in integration with programmes will lead to strengthened branches as well as effective delivery of programmes. These strengthened branches will slowly lead to a change process creating a technical resource pool for the national headquarters at the branches.

Looking ahead

Most of the activities under the disaster management 2010 programme have been implemented successfully by the national headquarters and the state branches well within the allocated timeframe. However, it has been noticed that the stress needs to be given on the enhancement of the quality of the implementation and the reporting of the branches.

The integrated programming approach has been promoted through DRR initiatives. All the disaster management, organisation development and health teams of IRCS at the state and district level have been working together on the DRR programme implementation. However there is a need to promote this spirit of integrated programming approach at national level.

Progress on integrating humanitarian values has become visible in the policies and strategies of the operational plan on HIV/AIDS. Issues related to non-discrimination have also been included in the training contents of CBHFA, HIV/AIDS, H2P and TB programmes.

The IFRC's country office in India plays a key role in assisting IRCS with the coordination of international development support and the facilitation of all ongoing and future partner national society supported programmes/projects. This is done in order to prevent duplication of services and to ensure certain conditions and procedures are, as far as possible, standardised within IRCS.

Capacity building of the state branches in organising themselves better to face the challenging times and also to be self sufficient can lead to more sustainable IRCS branches.

Steps are being taken to lead a joint approach in branch development in collaboration with ICRC, a joint approach in youth and volunteer development with German Red Cross and a joint approach in IRCS resource mobilisation with the Canadian Red Cross and IFRC's South Asia regional office.

How we work

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.

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 non-violence and peace.

Contact information

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

International Federation of Red Cross and Red Crescent Societies

MAAIN001 - India

Interim Report

Selected Parameters	
Reporting Timeframe	2010/1-2010/11
Budget Timeframe	2010/1-2010/12
Appeal	MAAIN001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	866,134	997,643	95,161		61,800	2,020,738
B. Opening Balance	973,968	797,298	126,310		0	1,897,577
Income						
<u>Cash contributions</u>						
<i>British Red Cross</i>	19,219					19,219
<i>China Red Cross, Hong Kong branch</i>		202,590				202,590
<i>Danish Red Cross</i>	0		43,693			43,693
<i>Danish Red Cross (from Danish Government)</i>	0					0
<i>Italian Red Cross</i>	68,092					68,092
<i>Japanese Red Cross</i>	49,356					49,356
<i>Netherlands Red Cross (from Netherlands Government)</i>	5,214	215,000				220,214
<i>New York Office (from First American Assistance Fund)</i>	31,103					31,103
<i>New York Office (from MoneyGram Global Giving)</i>	41,793					41,793
<i>New York Office (from Schering Plough)</i>	8,452					8,452
<i>OPEC Fund For International Development</i>	0					0
<i>Swedish Red Cross (from Swedish Government)</i>		-29,762				-29,762
<i>United States Government - USAID</i>		111,314				111,314
C1. Cash contributions	223,229	499,143	43,693			766,064
<u>Outstanding pledges (Revalued)</u>						
<i>China Red Cross, Hong Kong branch</i>		-202,590				-202,590
<i>Danish Red Cross</i>			-44,895			-44,895
<i>Netherlands Red Cross (from Netherlands Government)</i>	-5,580					-5,580
<i>New York Office (from Schering Plough)</i>	-8,628					-8,628
<i>United States Government - USAID</i>		195,314				195,314
C2. Outstanding pledges (Revalued)	-14,208	-7,276	-44,895			-66,379
<u>Income reserved for future periods</u>						
<i>Danish Red Cross</i>			44,217			44,217
<i>United States Government - USAID</i>		105,980				105,980
C3. Income reserved for future periods		105,980	44,217			150,197
<u>Inkind Personnel</u>						
<i>Irish Red Cross</i>					51,500	51,500
C5. Inkind Personnel					51,500	51,500
C. Total Income = SUM(C1..C6)	209,021	597,847	43,015		51,500	901,383
D. Total Funding = B + C	1,182,989	1,395,145	169,325		51,500	2,798,959
Appeal Coverage	137%	140%	178%		83%	139%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	973,968	797,298	126,310		0	1,897,577
C. Income	209,021	597,847	43,015		51,500	901,383
E. Expenditure	-431,038	-796,693	-1,004		-51,494	-1,280,229
F. Closing Balance = (B + C + E)	751,951	598,452	168,321		7	1,518,730

International Federation of Red Cross and Red Crescent Societies

MAAIN001 - India

Interim Report

Selected Parameters	
Reporting Timeframe	2010/1-2010/12
Budget Timeframe	2010/1-2010/12
Appeal	MAAIN001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		866,134	997,643	95,161		61,800	2,020,738	
Supplies								
Construction - Facilities/Infrastruc	-14,231	23,819					23,819	-38,051
Construction Materials	135,004	79					79	134,925
Food	27,165		18,665				18,665	8,501
Teaching Materials	4,000							4,000
Utensils & Tools		8,985					8,985	-8,985
Other Supplies & Services	98,691	34,201	5,755				39,956	58,735
Total Supplies	250,629	67,084	24,420				91,504	159,125
Land, vehicles & equipment								
Computers & Telecom	115,778		26,537	19,728		3,090	49,355	66,423
Office/Household Furniture & Equipm.	7,050		5,408			193	5,602	1,448
Others Machinery & Equipment	316	887	985	99		-3,284	-1,313	1,629
Total Land, vehicles & equipment	123,144	887	32,930	19,827		0	53,643	69,501
Transport & Storage								
Storage	3	686	2				688	-685
Distribution & Monitoring	26,260	79					79	26,181
Transport & Vehicle Costs	23,300	8,497	10,972				19,469	3,831
Total Transport & Storage	49,563	9,263	10,974				20,237	29,326
Personnel								
International Staff	179,111	51,827	57,585	5,759		51,500	166,670	12,441
National Staff	220,373	71,227	79,332	24,812			175,371	45,003
National Society Staff	409,480	38,929	215,128	6,128			260,185	149,295
Consultants	59,432	15,176	36,158	809			52,142	7,290
Total Personnel	868,397	177,158	388,203	37,507		51,500	654,368	214,029
Workshops & Training								
Workshops & Training	425,841	69,303	164,496	3,519			237,317	188,524
Total Workshops & Training	425,841	69,303	164,496	3,519			237,317	188,524
General Expenditure								
Travel	51,915	20,458	16,052	692		4	37,205	14,709
Information & Public Relation	81,331	16,906	34,880	4,216			56,002	25,328
Office Costs	11,759	1,171	11,057	21		22,548	34,797	-23,038
Communications	12,288	2,055	8,149	640		6,633	17,478	-5,189
Professional Fees	0					20,651	20,651	-20,651
Financial Charges	-122,119	6,058	16,613	-79,513		-62,550	-119,391	-2,728
Other General Expenses	148,431	-8,379	20,042	-933		12,713	23,444	124,987
Total General Expenditure	183,605	38,269	106,793	-74,877		0	70,186	113,419
Programme & Service Support								
Programme & Service Support	119,560	24,528	47,236	11		-6	71,769	47,791
Total Programme & Service Support	119,560	24,528	47,236	11		-6	71,769	47,791
Services								
Services & Recoveries		407					407	-407
Services & Recoveries		2,578	3,693	113			6,383	-6,383
Total Services		2,985	3,693	113			6,790	-6,790
Operational Provisions								
Operational Provisions		41,563	17,949	14,904			74,416	-74,416
Total Operational Provisions		41,563	17,949	14,904			74,416	-74,416
TOTAL EXPENDITURE (D)	2,020,738	431,038	796,693	1,004		51,494	1,280,229	740,509
VARIANCE (C - D)		435,095	200,950	94,157		10,306	740,509	