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Annual report India

 International Federation
of Red Cross and Red Crescent Societies

MAAIN001

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**This report covers the
period 1 January 2011 to
31 December 2011.**

*Volunteers of Odisha state branch provide
medical checks following severe flooding
during September 2011.*

Photo: Indian Red Cross Society



In brief

Programme outcome

The 2011 **disaster management (DM) programme** focused on four strategic DM objectives of the Indian Red Cross Society (IRCS). These include disaster risk reduction (DRR) for “building safer communities”, national disaster preparedness and response mechanisms, disaster preparedness and response capacity building, and branches interagency coordination.

The International Federation of Red Cross and Red Crescent Societies (IFRC) Strategy 2020 aims to:

- (1) Save lives, protect livelihoods and strengthen recovery from disasters and crisis;
- (2) Align itself and provide momentum to these four DM strategic objectives of IRCS.

The expected impacts include effective preparedness and timely response to disasters and crisis, a reduction in number of deaths, losses, damages and other detrimental consequences, and improved restoration of community functioning. In 2011, a new result was added under the organizational preparedness component of the DM programme to support IRCS response to the monsoon disasters in the states of Sikkim and Odisha (formerly known as Orissa).

The overall objective of the **health and care programme** is aligned with Strategy 2020. It emphasizes enabling healthy and safe living, improving the capacity of IRCS in planning, raising awareness on preventive health as well as response to public health emergencies, including HIV and AIDS, through prevention, care and support by strengthening the National Society’s volunteer network. Trained staff at IRCS national headquarters, as well as state and district branches, significantly contributed to improved project planning, regular monitoring and timely submission of reports. In 2011, the tuberculosis (TB) control project and malaria

prevention and control programme have effectively enhanced IRCS's role as auxiliary to the government, through close collaboration of the society's health units with government health programmes.

The purpose of the **organizational development programme** is to improve capacity of IRCS in order to provide effective services to reduce suffering of the vulnerable by integrating it with DM, health and other programmes of the National Society in addition to working closely with the International Committee of Red Cross (ICRC) and partner national societies. This objective is in line with Strategic Aim 3 of Strategy 2020: promotion of social inclusion and a culture of non-violence and peace by enabling action for which emphasizes on pursuing humanitarian diplomacy to prevent and reduce vulnerability in a globalized world. IRCS is currently in the process of strengthening its organizational structure and systems, and has further increased efforts during 2011. Primary focus was given on strengthening IT infrastructure with emphasis on overcoming the **digital divide**. Finance system development and branch development at national and branch level respectively were integrated as a continuum of existing programmes. Youth development, capacity building in fundraising and branch development through the integrated programme approach were the new initiatives for 2011.

Programme(s) summary

The **DM programme** was implemented across ten states of India during 2011. Considerable progress has been made to achieve the IRCS's four strategic objectives on disaster management. Two DREF allocations for operations were undertaken by IRCS during 2011 (the Odisha floods and Sikkim earthquake relief operations). Members of both the national disaster response team (NDRT) and national disaster water and sanitation response team (NDWRT) were deployed to reinforce capacities of the state branches during the relief efforts. Through these teams, IRCS was able to reach people in need with shelter, safe drinking water and hygiene promotion, and non-food items.

The strengths of IRCS in disaster preparedness and response has been clearly demonstrated during these two relief operations. Despite the difficult terrains of Sikkim, coupled with adverse weather conditions, NDRT/NDWRT members were able to reach many of the most isolated communities with relief materials following the September earthquake, thanks to coordination with the Indian Army and local government authorities.

The second phase of the DRR building safer communities project, supported by the Hong Kong branch of the Red Cross Society of China, was rolled out during 2011. During this phase, strengthening of community livelihood activities, capacity building of self-help groups, sustainability of community disaster management committees (CDMCs) (by identifying it as a social wing of the *panchayat*/municipal corporation) and the establishment of early warning systems at community level are underway. Up to 90 self-help groups have been formed and their members trained in five targeted communities in the state of Maharashtra. Involvement of communities and their commitment to this project has been overwhelming and very successful.

IRCS has also constituted a DRR consortium to ensure necessary technical support for all their projects across India, in particular through promotion knowledge sharing and standardization of approaches. Red Cross Red Crescent partners of IRCS, including other National Societies, ICRC and IFRC, join IRCS on this consortium.

Furthermore, refresher training sessions for NDRT and NDWRT members as well as a training of trainers on community-based disaster risk reduction (CBDRR) were conducted in the month of March, June and October 2011 respectively.

IRCS's **health and care programme** continued to deliver its successful TB programme with the support of a USAID grant, as well as the malaria prevention and control programme. The Hong Kong branch of the Red Cross Society of China-funded HIV/AIDS and public health in emergencies (PHiE) programme reached completion by the end of July 2011. The evaluation exercise enabled the donor and IRCS to identify a set of

activities/measures which, when implemented, will ensure the sustainability of such initiatives into the future. Using the results of this evaluation, a plan for completion of donor support was shared with the donor Red Cross, resulting in extension of support for these initiatives through to June 2012.

Community awareness activities and voluntary blood donation activities are being carried out at the state of Andhra Pradesh. On 1 December, World AIDS Day was also observed in the three districts of Andhra Pradesh (Prakasam, Warangal and Karimnagar). Rallies, distribution of information, education, communication (IEC) materials on HIV/ AIDS, quizzes and essay writing were some of the activities organized for students, cadets and volunteers. Over 6,000 students actively participated in these events.

The extension of the TB project and increased coordination with the government's revised national TB control programme (RNTCP) is being demonstrated at all levels across the three states implementing this project during 2011. In addition, the programme expanded to one further state thanks to funding support from DFID, which will also support the continuation of activities in existing states for 2012. Partnership with the government has been strengthened and a request to expand the programme in 35 districts in 15 states is under review. An annual review meeting was conducted in the month of November in New Delhi. The IRCS Secretary General congratulated the TB programme team on its efforts to achieve significant patient adherence results. Over the course of the programme, a 91.78 per cent adherence and completion rate (two years consolidated figure) has been achieved in the beneficiaries supported, all of whom are category II TB patients.

The malaria prevention and control programme which is currently being implemented in two states of Andhra Pradesh and Odisha reached completion in December 2011. The malaria prevention and control programme annual review meeting was conducted in the month of October, during which officials of both IRCS national headquarters and ministry of health and family welfare national vector-borne disease control programme, WHO representatives and IFRC India office participated. As per programme achievements, 19,800 long lasting insecticidal nets (LLINs) were distributed in the target programme areas. Further support was requested from the government specifically regarding the provision of a further 10,000 LLINs for distribution in the project areas.

On the **organizational development** front, after a gap of seven years, IRCS and St John's Ambulance held their Annual General Meeting on 27 September 2011, attended by representatives of all state and union territory branches along with national board members. IFRC India office provided support to national headquarters to ensure a smoothly run and successful event. The health and family welfare minister, presiding on behalf of the President of India, addressed the delegates and guests in the inaugural session, stating that he was happy to note the increased role and recognition of IRCS throughout the country. He added that "equipped with latest communication tools, emergency response units, mobile disaster units and medical disaster units, IRCS is always ready to initiate assessment and relief work in times of natural calamity or any other disaster."

IFRC India office has continued rendering its assistance in bridging the **digital divide**. During the reporting period, the use of the recently installed video conferencing facilities at national headquarters has increased the connectivity with the state branches enabling quick decision making resulting in efficient service delivery to the most vulnerable, particularly following disasters. In addition, these video conferencing facilities enable senior management of the National Society to closely coordinate and collaborate with branches throughout India.

Humanitarian values and awareness on the International Red Cross and Red Crescent Movement was integrated and became instrumental as an important component of all programme related capacity building trainings.

Financial situation

The total 2011 budget was CHF 1,793,756. Coverage is 156 per cent while expenditure from January to December 2011 is 74 per cent of the total 2011 budget.

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

No. of people we have reached

It is estimated that 822,550 people were reached through the DM, health and care, and organization development programmes in 2011.

Programme	People reached
Disaster management	315,050
Health and care	500,000
Organizational development including principles and values	7,500

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, Taiwan Red Cross Organization, USAID, DFID and IFRC's New York office.

Also contributing to the work of IRCS on a bilateral basis are American Red Cross, Canadian Red Cross, German Red Cross, Italian Red Cross, Spanish Red Cross, and ICRC.

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

On behalf of IRCS, IFRC would like to thank all partners and contributors for their response to this appeal.

Context

India is the world's largest democracy and in recent years has been one of the world's fastest growing economies. However, due to its large population of over 1.15 billion people (Census of India, 2011) and an uneven distribution of its economic growth, the country is classified by the World Bank as a 'lower middle-income' country. Poverty remains a major challenge; the UN's Human Development Index ranks India at 119 of 169 countries listed. Disparities in income and human development are seen to be on the rise.

India is also one of the most disaster prone countries in the world, with a complexity of recurrent natural and human-created disasters including floods, droughts, cyclones, earthquakes, landslides, endemic diseases, communal violence and civil unrest. According to CRED, approximately 75,000 people were reported killed and 500 million affected by various disasters from 1998 to 2008. More than 50 million people are annually affected to varying degrees by disasters and approximately 42 million people are considered internally displaced due to disasters and conflict in the country. The vulnerability to disasters is aggravated by social, cultural, economic, institutional and political factors.

The programmes carried out during the reporting period focused on disaster management, public health in emergencies, HIV, malaria, and capacity building of IRCS.

Progress towards outcomes

Disaster management

Programme component	Component outcome
1. Community preparedness	The resilience and disaster risk reduction capacities of people at risk are increased and their vulnerability reduced in the targeted geographic areas.
2. Organizational preparedness	People affected by disasters receive a needs-based and timely emergency response and recovery support from IRCS.
3. Renovation and construction of allied facilities in four regional warehouses and IRCS national headquarters	Strengthened logistical and warehouse management capacity of IRCS.

Achievements

Component 1: Community preparedness

Expected result 1: Increased community awareness on disaster risk reduction as per the local hazard context in target communities

Community participation is an integral component of DRR programming. The trained pool of Red Cross volunteers with support from the community disaster management committees members continue to reach out to all sectors of the communities through awareness activities. The increased level of awareness on DRR issues has contributed to building the capacity of community members to develop their community's contingency plan which outlines current hazards and risks in their locality. The awareness activities provided scope to develop and prepare plans for response at the community level in an emergency situation.

Community awareness meetings, slogan competitions, rallies, street plays and wall mural painting on DRR and sanitation related topics, were conducted in Yavatmal, Solapur and Mumbai districts of Maharashtra, and have proved to be instrumental in ensuring community participation in DRR. The programme has also strengthened linkages between communities and local authorities, which has helped them to have greater access to services, such as fogging for the control of mosquitoes in urban slums.

Dates	District	No. of participants	Activities
10 July 2011	Mumbai	40 school children	Slogan competitions and rallies
10-16 November 2011	Dhanora	640 community members 40 school children	Awareness meetings, slogan competitions, rallies and street plays
10 November 2011	Kandalgaon	90 (70 male and 20 female) community members and self-help group (SHG) members	Community awareness meetings

The training modules have already enhanced the skills and knowledge of one urban and four rural communities of Maharashtra for search and rescue, communication, information and reporting, community management and resource mobilization, and assessment and relief task force groups. Additionally, standardized communication protocols displayed in communities detailing roles and responsibilities has further raised preparedness for emergency response.

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

Six communities participated in livelihood activities focusing on risk reduction and building community resilience within a DRR context. CDMC played a key role to ensure participation includes all sectors of the community as well as local government. They have been successfully mobilized and increasing participation in DRR activities. Also, with the support of the disaster preparedness supervisor, these committees have initiated the process for building linkages among all the existing self-help groups with local governance as well as local banks for accessing the subsidies and available schemes for their communities.

The formation of self-help groups has resulted in building awareness on DRR in the context of local hazard mapping, while at the same time exploring potential activities to increase the group's income generation. So far, 90 such groups have been formed across five targeted communities in Maharashtra. Given the Red Cross role as auxiliary to the government, linkages were established between these groups and the Municipal Corporation of Greater Mumbai for availing the facilities of training and loan subsidies. Similarly, coordination meetings were conducted in November 2011, whereby the community development officer gave a detailed presentation on the schemes available to the self-help groups in Kasarwadi and Kandalgaon. Following this, eight induction and strengthening training sessions were conducted in September 2011, in Wani district of Maharashtra. Approximately 400 group members participated in these training sessions and have gone on to initiate livelihood income generation activities.



Self help group livelihood initiative meeting at Mahatmafule Nagar.
Photo: Indian Red Cross Society

Additionally, preparatory meetings for formation of similar groups were conducted in October 2011 in Mahatmafule Nagar, Mumbai district. Twenty-five CDMC members and other community members participated in the discussions to explore livelihood options in urban areas. The target community people have listed options to carry out livelihood activities through the selfhelp groups.

As a result of this ongoing community level DRR livelihood initiative, 16 small-scale business proposals have been developed by the self-help/micro groups. Proposals are being developed for the remaining groups.

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

Community preparedness and response capacity of the target communities were scaled up during the reporting period. In effect to this, four early warning task force trainings were conducted in Wani and Barshi districts.

Date	District	No. of participants	Outcome
25–26 July 2011	Barshi (Kasarwadi & Kandalgaon)	40 (20 from each village)	<ul style="list-style-type: none"> • 22 participants ready for immediate deployment • 12 participants ready for knowledge dissemination on early warning in their communities.
18–19 July 2011	Wani (Aheri and Dhanora)	40 (20 from each village)	<ul style="list-style-type: none"> • 28 were ready for response. • 14 were ready for transferring knowledge and skills to other community members. • 8 members need further training.

During the training sessions, with support from IRCS staff, participants drafted the overall roles and responsibilities of the early warning task forces and the individual members of the task force. Additionally, emergency evacuation plans for all four communities were prepared. In July, CDMC members, task force members and the disaster preparedness supervisor were joined by IRCS staff to conduct mock drills in each of four rural communities of Wani and Barshi sub-districts. Twenty task force members from each of the communities were selected to lead the drill. Community members learned how to use rescue material and first aid kit to save lives, such as during a flood situation.

Community preparedness and response initiatives highlighting best practices showed increased capacity at the local level to engage with the municipal corporation, such as mobilizing local authorities to cover up the open community well, preventing contamination of the well water. In July, volunteers and CDMC members planted 1,000 tree saplings in Kasarwadi and Kandalgaon communities. Again, the CDMC members engaged with the local government authorities in Barshi sub-district and the committee was able to get permission for a water pipe connection from the government water supply tank to the community toilet block, directly leading to a decrease in open defecation.

A binder of monitoring and evaluation tools for DRR has been developed, resulting in stronger monitoring at each level, from community to national.

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

The sharing of experiences is now an integrated practice within the DRR programme. This has been demonstrated by different CDMC members who communicate and share their experiences in the field on a regular basis. Furthermore, during a stakeholder workshop conducted in May 2011, 75 per cent of the community representatives showed their interest to work as a Red Cross volunteer. As an outcome of the stakeholder workshop, a plan of action for the DRR second phase was developed through participatory methodology. In addition, a case study on DRR interventions in urban communities in Mumbai has been published for wider sharing of the experience of the working in urban communities.

A five-day national level training of trainers on CBDRR was conducted in October 2011 with the aim of creating a pool of trainers on CBDRR in an effort to improve the overall quality and impact of the DRR initiatives in India and build state branch capacity. Twenty-two participants from ten states participated, of whom 14 are now ready to facilitate training at the state and community level. Thanks to this training, there is an increased interest by state branches in furthering efforts on community resilience through CBDRR initiatives. A community level CBDRR training was conducted in Odisha state, facilitated by one of qualified CBDRR trainers.

On the global level, IRCS and IFRC India country office were represented at the global DRR forum held in Syria in March 2011. In order to showcase its work, IRCS displayed its tools and intensive work carried out with rural and urban communities at the forum's marketplace event. Regionally, a DRR officer participated in the South Asia RDRT induction training and Asia Pacific RDRT training of trainers. In addition, two IRCS staff participated in RDRT water and sanitation training in April 2011.



Mock drills conducted by task force members.

Photo: Indian Red Cross Society.



Participants discussing on DRR issue during CBDRR training of trainers. **Photo:** Indian Red Cross Society.

Community disaster management committees have shown eagerness to move forward the second phase of the DRR project with minimum technical support from their respective branches. This highlights the successful capacity building in CBDRR programme implementation by the National Society. As a result, two community learning exchange visits have been carried out in Wani district with lessons learnt incorporated into programme development.

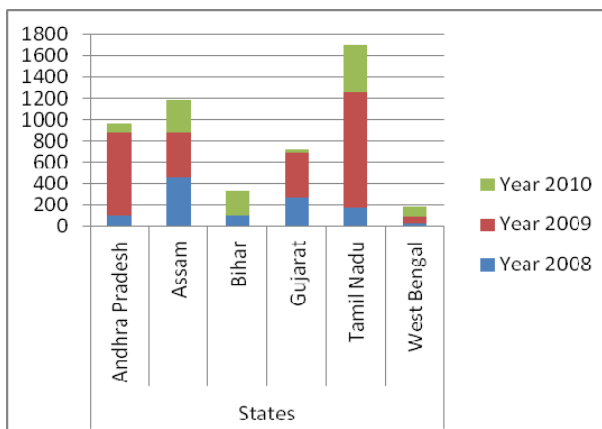
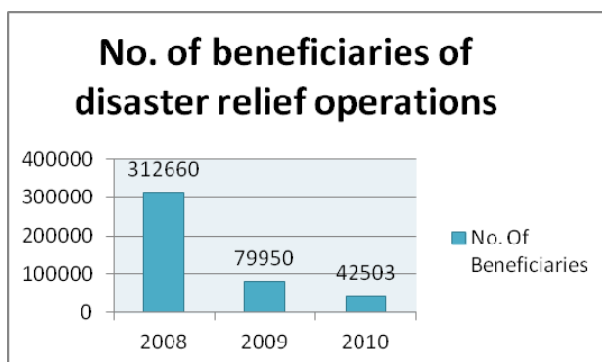
Component 2: Organizational preparedness

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

Since 2003, the disaster management programme which is being implemented in ten states has achieved more and more each year. In order to analyse the investments made over the past three years, review of the DM programme was carried out during 2011. Some of the key results:

- In last three years through the DM programme, more than 5,500 volunteers and staff have been trained. These volunteers were used for various relief operations and community preparedness and awareness programmes.
- Trained human resource enabled the disaster management programme of state branches to reach thousands of people in the last three years through disaster relief operations.

In March 2011, 20 team members participated in the NDRT refresher training. Experience sharing and lessons learnt during the 2009 Andhra Pradesh flood relief operation deployment were discussed. Also, IRCS has formed a team of NDRT/RDRT volunteers and staff which is working on standardization of the NDRT training curriculum.



During the reporting period, two Kit-5 units (emergency water, sanitation and hygiene promotion units) were acquired by IRCS, increasing its capacity to be able to serve a further 10,000 people with safe water, sanitation and hygiene promotion. The water and sanitation assessment has been completed. As a part of the assessment exercise, the warehouse layout marking has been carried out for the easier and systematic storage and retrieval of equipments. A dedicated warehouse for water and sanitation now houses the units and their accessories. Additionally, a NDWRT training took place in June 2011, focusing mainly on the water treatment, water quality testing, and sanitation and hygiene promotion.

National Society and IFRC representatives from the Asia Pacific zone office and Geneva office participated in the Global Forum on Sanitation and Hygiene in Mumbai in October 2011. The event was organized by the Water Supply and Sanitation Collaborative Council. The National Society maintained a stall during the water, sanitation and hygiene (WASH) fair at the forum. Rapid latrines, hygiene promotion boxes, household water treatment and storage in emergencies manuals and case study on WASH promotion capacities of the National Society were displayed. Following their participation in this event, IRCS has expressed interest in involvement in the IFRC Global Water and Sanitation Initiative, calling for a meeting between senior leadership of the National Society and key representatives in this area from both Geneva and the Asia Pacific zone offices.

On 18 September 2011, an earthquake with a 6.8 magnitude on the Richter scale severely damaged the infrastructure in Sikkim. IRCS deployed NDRT and NDWRT members along with one water purification unit and non-food items. In coordination with the Ministry of Health and Family Welfare, these non-food items and water purification unit were sent to Sikkim by air force aircraft on 21 September 2011 as part of the immediate response. Kitchen sets were also sent from Guwahati warehouse to Sikkim by road. IRCS provided 1,000 shelter toolkits those whose homes had been severely damaged. The IFRC's Disaster Emergency Relief Fund (DREF) allocated CHF 97,137 to support IRCS in delivering immediate assistance to some 5,000 beneficiaries.

- Coordination with the Indian Army and local government authorities allowed the Red Cross to reach some of the most remote communities with relief materials.
- Thanks to the support of FedEx, 1,000 shelter toolkits were transported free of cost from the Asia Pacific regional warehouse in Kuala Lumpur to Gangtok, Sikkim, an in-kind contribution of approximately CHF 30,000.

District	Houses damaged (Sikkim)			
	Fully damaged	Severe damage	Partial damage	Minor damage
North	6,000	-	-	-
South	820	-	446	1,582
East	6,000	-	9,000	-
West	1,679	5,327	8,342	-
Total	14,499	5,327	17,788	1,582

Following major flooding across five states in northern India as well as the Sikkim earthquake, IRCS immediately dispatched disaster preparedness stocks from its regional warehouses. To ensure preparedness for future emergencies, 10,000 family kits have been restocked during 2011.

Relief item	Stock replenished
Gents dhoti	10,000
Saree	10,000
Cotton blanket	15,000
Kitchen set	10,000
Plastic bucket	20,000
Tarpaulins	10,800
Towel	10,000
Bedsheet	10,000
Mosquito net	10,000
Woollen blanket	5,000

As part of the response to flooding in Odisha, 240,301 CHF was allocated from the IFRC DREF, which contributed toward stocks replenishment.

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

The video conferencing facility at IRCS national headquarters has been inaugurated by the chairman of the National Society. The facility is aimed to connect the national headquarters with its state branches and six regional warehouses through multipurpose video conferencing facility in order to minimize the cost of monitoring projects, as well as to improve general communication between the national headquarters, branches and warehouses. The facility is also expected to stimulate development throughout the National Society by fostering dialogue and timely decision making through regular virtual meetings. With this improved communication facility, it is also expected to enhance the efficiency of disaster relief operations and optimize the use of resources in future.



The boardroom and some parts of the main hall of the first floor of the IRCS main building have been used to create a bigger space for high tech video conferencing facilities where around 100 participants can interact with people

IRCS national headquarters linkages with its 732 branches across India is being enhanced through video conferencing facilities leading to better management, monitoring and implementation of programmes.
Photo: India Red Cross Society

from up 99 different locations at any one time. The multipurpose video conferencing is based on the Adobe Pro Connect software which is web-based and enables remote users to easily connect with the IRCS national headquarters from any location. The software also allows sharing of PowerPoint presentations, discussions and e-learning through virtual classrooms.

Below are some examples of the capacity building work carried out in priority DM programme states during 2011:

- Bihar

The emergency operation centre in Bihar state branch has been established. The centre will be used to maintain the information and communication systems with vulnerable districts, establish an electronic database of trained volunteers, staff and first aiders, organize and facilitate further trainings for state and district disaster response volunteers and staff, and to strengthen coordination with civil society organizations in Bihar for cooperation and collaboration in times of emergency.

- Andhra Pradesh

At state and district level, search and rescue, first aid, and vulnerability capacity assessment (VCA) training of trainers has been conducted by the ten states branches of the DM programme to build their capacity in disaster response. Twenty-six volunteers have been trained in VCA and are applying its tools in Andhra Pradesh.

- Gujarat

In Gujarat, 15 district disaster response team refresher trainings for 219 participants have been held as well as a similar training for 35 state disaster response teams members, as well as a refresher on water and sanitation. First aid trainings were conducted by the state branch between July and December. As an outcome of these trainings, all the DDRT teams have been equipped for better response in emergency through various life saving equipment and 18 volunteers have been trained in how to use and handle water sanitation units.

- Odisha

Odisha state branch has gained recognition from the state's disaster management authority thanks to its water, sanitation and hygiene promotion interventions in rural areas, particularly during disasters. In August, the state branch held a workshop on water quality testing and monitoring, bringing together 30 representatives from international and national NGOs. The workshop provided a platform for providing technical input on water and sanitation for the organizations present. Following this, a five-day orientation programme on water and sanitation for state disaster response teams was held in November. Twenty volunteers and staff participated in this programme, strengthening their capacity to plan and initiate awareness generation activities in their communities. Global Hand Washing Day on 15 October was also observed by the district branches.

Expected result 3: Inter-agency coordination mechanism strengthened at various levels

Inter-agency coordination is being promoted at national and state level. The collaboration between IFRC India office and FedEx enabled IRCS to have 1,000 shelter toolkits transported from the Asia Pacific regional warehouse in Malaysia to the earthquake-affected state of Sikkim in northern India free of cost. A joint press release was published. Similarly, IFRC facilitated tie-ups between Accenture and IRCS to raise funds for communities affected by this earthquake. Employees of Accenture contributed INR 536,000 (approximately CHF 9,800 CHF or USD 10,700) toward relief activities.

In another initiative, 23 memoranda of understanding between IFRC and corporate and international organizations have been identified. The opportunities they present for country focused activities is currently being explored, with the aim of strengthening linkages and developing collaboration opportunities.

IFRC further promotes and where possible, facilitates, linkages between branches and other disaster management stakeholders through the provision of seed funding for collaboration. One example of this

initiative is the IAG meeting organized by the Assam state branch in November whereby 16 organizations took part. Key decisions taken at this meeting include: the IRCS disaster management centre (DMC) will be the resource centre for the IAG allowing members of the public to access disaster related information, training modules, beneficiary lists and other details of the activities undertaken by the group. Group members also agreed to prepare an activity and needs assessment report, including immediate situation.

During 2011, IRCS presented its activities in the areas of disaster management and health to the members of National Disaster Management Authority (NDMA). Looking areas common to both NDMA and IRCS, a proposal for the training of first medical responders across seven states was submitted to NDMA. The goal of this project is to develop a cadre of first medical responders in all the districts of the seven selected states. In each district, at least 100 volunteers will be trained as first medical responders. In addition to the human resources, district branches will be supported to preposition community first aid kits (each kit can be used to treat 100 casualties.) So far, this project has been piloted in the state of Uttarakhand, with technical support provided by IFRC. The state government has been very supportive and invested INR 10 million (approximately CHF 184,000 or USD 200,000) in the programme.

A case study on Leh flash floods DREF operations was presented to the DREF donors meeting held in Geneva in October 2011. IRCS was also represented at the Asia Pacific disaster response (DR) capacities review meeting held at Asia Pacific zone office in August 2011.

Expected result 4: IRCS has responded to monsoon related disasters

During 2011, severe flooding affected approximately 10 million people in Assam, Bihar, Orissa, Uttar Pradesh and West Bengal. Hundreds of lives were lost, and over 122,000 homes destroyed. IRCS was swift to take action in response to these disasters. IRCS has provided tarpaulin sheets to families who have lost their homes due to erosion following flooding. Over 2,700 villages were swamped by flooding in Uttar Pradesh alone, and thousands forced from their homes, to live under plastic sheeting.

Non-food items including buckets, clothing, kitchen sets, long lasting insecticide nets (LLIN), and water purification tablets were provided to the affected families. For the Assam flood relief operation, the national headquarters released 500 family packs along with 6,000 sachets water purification agents. In northern and eastern India, IRCS provided 1,950 family packs and 400 dry food packets to the flood affected communities in Bihar, Odisha and Uttar Pradesh.

Through its state and district branches, the society launched a domestic appeal for INR 176 million (approximately CHF 3.3 million or USD 3.8 million) to assist people in the worst affected areas. A DREF allocation of CHF 240,301 supported the deployment of disaster response team members and replenishment of preparedness stocks used during this operation. Stock replenishment was also supported by the Hong Kong branch of the Red Cross Society of China.

Some of the highlights of the operation include:

- Community awareness on safe water, sanitation and good hygiene practices was ensured through training of 25 youth volunteers and staff members during the relief operation. These volunteers ensured that contaminated hand pumps were disinfected and communities in the affected districts had access to safe drinking water.
- In collaboration with the state's Rural Water Supply and Sanitation department (RWSS), NDWRT members purified water using SETA units, and established a system to distribute the water to far-flung villages via boat, rickshaws and tankers. Up to 20,000 litres of safe drinking water was produced and distributed each day.

	People			Homes		Places		
	Affected	Missing	Deaths	Damaged	Destroyed	Villages affected	Villages marooned	Districts affected
Odisha	3,443,989	12	41	118,429	No data	4,897	198	19
West Bengal	3,071,395	-	105	190,688	43,086		No data	15
Uttar Pradesh	2,303,000	-	356	4,656	17,698	3,563	810	30
Assam	911,080	-	11	No data	277	1,084	No data	12
Total	9,729,464	12	513	313,773	61,061	9,544	1,008	76

Component 3: Renovation and construction

Expected outcome 1: Strengthened IRCS logistical and warehouse management capacity

With the support of the Japanese Red Cross Society through IFRC, renovation of the basement of the main building at IRCS national headquarters for use in DM activities has been initiated. The project will help in optimizing use of the space available to the National Society. It is planned to complete this work during 2012.

Considering the further damage to the Vikhroli warehouse during the 2011 monsoon rains, the consultant for the project has recommended that the building be demolished and replaced by a newly constructed warehouse, rather than renovation of the existing structure, as was originally planned. The details of this revised approach are currently being worked out so approval can be sought from both the donor and local authorities.

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.
2. HIV/AIDS	Improve awareness on basic knowledge of HIV/AIDS and quality of life of people living with HIV.
3. Tuberculosis Project	Improved adherence to tuberculosis treatment regimens by vulnerable retreatment tuberculosis patients.
4. Malaria programme	Prevent malaria by supporting long-lasting insecticide net 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

The HIV and PHiE programme, supported by the Hong Kong branch of the Red Cross Society of China, targets young people in schools and colleges. The strategy applied youth peer education with its programme aims to enhance positive peer support in discussing HIV and other health-related issues.

The programme has an established structure at community level, particularly through schools. Through this programme, the capacity of volunteers involved to respond to PHiE has been greatly strengthened. Emphasis has now been placed on ensuring the sustainability of this programme. The evaluation exercise carried out during 2011 enabled the donor and National Society to identify a set of activities and measures which will ensure sustainability of the ongoing initiatives. A programme exit strategy has been drafted and sent to the Hong Kong branch of the Red Cross Society of China for approval.

In May, 120 volunteers attended a PHiE refresher training which contributed to improving their understanding

of both the concept and delivery of related interventions. Already, over 2,800 volunteers have been trained in public health in emergencies, 41.5 per cent of whom are women. During the reporting period, 229 interactive and group counselling sessions on were conducted in four programme districts

Expected result 2: Improve awareness on basic knowledge of HIV/AIDS and quality of life of people living with HIV

The HIV/AIDS consortium held in June was the first multi-purpose consortium with a focus on HIV/AIDS, first aid and DRR. IRCS is a part of the HIV Global Alliance for South Asia and in line with the objectives of the alliance, India’s HIV programme supplements government efforts in the area of HIV/AIDS. IRCS’s close collaboration with government and the National AIDS Control Organization (NACO), with the support of the Swedish Red Cross, has been applauded by its partners, who also recommended that sustainability be integrated in all HIV activities to achieve better results.



HIV/AIDS and PHiE sessions conducted by programme counselor for the community volunteers in Warangal district).

Photo: Indian Red Cross Society

Sixty communities also benefited from awareness raising on HIV and other health-related issues. Community awareness activities and voluntary blood donation activities are being carried out in the state of Andhra Pradesh. Staff members together with 762 local volunteers, conducted a total of 200 house-to-house and one-to-one meetings on HIV/AIDS, PHiE, first aid, reproductive health, and malaria prevention/treatment, including environmental and sanitation issues. Almost 36,000 leaflets were also distributed on these health issues. The total number of direct beneficiaries through these outreach sessions were 8,000 and indirect beneficiaries were 32,000.

Promotion of voluntary non-remunerated blood donation remains key activity of IRCS. In order to increase the promotion of voluntary blood donation, various activities such as seminars are regularly organized and IEC materials are distributed during World Health Day and World Blood Donor Day. During 2011, 5,305 units of blood were collected under the youth peer education programme in four districts of Andhra Pradesh.

	No. of awareness/ outreach sessions	Number of household covered	Number of beneficiaries (gender wise data)			No. of IEC materials distributed	Blood collection (in units)
			M	F	T		
PHiE/HIV programme	260	10,291	1,498	8,793	10,291	63,600	5,305
YPEP programme	229	17,598	10,284	7,314	17,598	-	-

Expected result 3: Improved adherence to tuberculosis treatment regimens by vulnerable, retreatment tuberculosis patients

IRCS has been implementing the TB 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 treatment of TB cases in the target districts. The project worked with 300 vulnerable category II (CAT II) TB patients. A total of 60 volunteers have been trained in the area of TB and multi-drug resistant (MDR) TB. Care and support package for the patients are operational and has been well-received by the community. The project activities also include identifying and orienting opinion leaders, which facilitates the organising of discussion sessions for patients and their family members.

IRCS has been praised by the government officials of India's revised national TB control programme (RNTCP), senior professors and the dean of the Institute of Tuberculosis and Respiratory Diseases and TB Association of India. Details beneficiaries reached through this programme between 1 October 2009 and 30 November 2011 are listed in the table below (two-year consolidated figures):

Activities	Number
TB patients Cat-II identified	511
Number of patients contacted	511
Number of volunteers involved in the project activities	60
Discussion session held for the patients & their family members	922
Meetings held with DTO	200
Meetings held other staff member RNTCP	363
Community meetings held	320
People in the community directly contacted	64,420
Patients given counselling at home	495
Patients given counselling at DOTS centres	465
Celebrations to mark World TB Day	12
Awareness meetings held in connection with World TB Day	36
Street/magic shows	25
Trainings held	17
TB control project annual review meetings	2
National level orientation meetings	2

Coordination meetings were utilized at both district level as well as TB unit level in the six targeted districts to advocate for a higher level of planning and organized care activities for TB patients. These meetings were conducted in the RNTCP offices and attended by district health officers, DOTS providers, WHO focal persons, project staff and some volunteers. Apart from the progress update, challenges and incidental support required for beneficiaries were also discussed and activities formalized accordingly.

Trained Red Cross volunteers continue to engage with their communities during the regular outreach sessions. Volunteers engaged for the project activities play an appreciable role and served the most vulnerable category II patients with dedication. The TB division, of India's Ministry of Health and Family Welfare extended all possible support to Red Cross volunteers in the delivery of these vital support services during 2011. The project has also led to capacity building of state and district branches in implementing public health programmes.

The most vulnerable Cat II TB patients were benefitted through this project as 91.78 per cent (two years consolidated figure) have been declared cured after completion of their treatment. The volunteers not only

provide support to the patients, but also delivering

messages on anti-discrimination, social stigma and other social and cultural myths attached to the disease. Emphasis was given to adopting a psychosocial approach to address the disease.



IRCS Punjab state branch TB project staff conducting awareness session for Coca Cola employees.

Photo: Indian Red Cross Society

Patient adherence report (1 October 2009–30 November 2011)

State	No. of patients	No. cured	Death/other outcome (Up to Nov. 11)	Defaulters restarted treatment	Patient adherence	% adherence
Punjab	171	158	8	Nil	158	92.39%
Uttar Pradesh	170	159	6	2	159	93.52%
Karnataka	170	152	5	10	152	89.41%
Total	511	469 (91.78%)	19 (3.71%)	12 (3.98%)	469 (91.78%)	91.78%

Funding during the pilot phases of the programme was provided by USAID. However in September 2011, thanks to the support of DFID, the programme was also expanded to two districts of Gujarat.

The Deputy Director General – TB of the Ministry of Health and Family Welfare has recommended that this project be scaled up throughout other key states in India. It is proposed to expand the programme in two districts each of Haryana, Bihar, Odisha and Maharashtra, in addition to Gujarat, Karnataka, Punjab and Uttar Pradesh.

Constraints/Challenges

- During the reporting period, several repeated requests were made at state branch level on few key issues such as the provision for an admin-cum-finance person at state/district level and capacity building programmes for staff and volunteers.
- Retainment of the trained project personnel is a challenge as their salaries are on a lower scale.
- Requirement of regular monitoring and follow-up.

Expected result 4: 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

IRCS's extensive network gives it several comparative advantages in the prevention and control of malaria, specifically at the community level. The objectives of the programme are to prevent malaria by supporting LLIN distribution in selected malaria-prone areas and to supplement government efforts through the dissemination of information and the raising of awareness amongst the population. The project, which was due to be completed in June 2011, received an extension until December 2011, and is currently being implemented in two districts of Andhra Pradesh and Odisha.

IEC material developed by the government for its national malaria prevention and control programme has been made available to IRCS to be used by its volunteers during the community awareness campaigns and outreach sessions. The ability of the Red Cross to reach communities that it is a part of, coupled with expertise in awareness programmes, has been well noted by the local government.

Visakhapatnam		East Godavari	
Munchingiputt	3000	Chavididibbalu	861
Chintapalli	1000	Kota	660
Hukumpeta	600	Peddavulempadu	740
Dumbriguda	600	Panasalapalem	578
Araku	600	Bandigedda	498
Anathagiri	600	Yarlagadda	545
G.Madugula	600	Y.Ramavaram	550
G.K.Veedhi	600	Buradha Kota	542
Koyyuru	600	Dharagedda	670
Pedabayalu	600	Chinthala Pudi	589
Paderu	600	Gurthedu	621
		Bodda Gandhi	905
		Mangampadu	598
		Donkarai	569

During the reporting period, 26 volunteers were trained under this programme for distribution of nets. Following this, the trained Red Cross volunteers with support from the village welfare committees and opinion leaders, conducted a baseline survey in order to identify the project districts and communities. Based on the

baseline survey findings, two districts in each state and 20,000 households were identified to be directly benefitted from this programme.

An annual review meeting was conducted in October 2011, where representatives from national headquarters were joined by officials from the Ministry of Health and Family Welfare's national vector-borne disease control programme, WHO representatives and IFRC.

Awareness/ outreach sessions	Number of households covered	Number of beneficiaries			No. of IEC materials distributed	No. of LLINs distributed
		M	F	T		
608	9,526	11,468	12,146	23,614	36,000	19,800

Constraints/Challenges

- Programme implementation was delayed due to floods during the monsoon in the eastern and north districts of Odisha state.
- Due to delay in the communication for the extension of the programme, there was a high staff turnover which further delayed the implementation of the programme activities.
- Requirement of regular monitoring and follow-up.

Organizational development

Programme component	Component outcome
1. Supporting National Society organizational development process	Improving the National Society's capacities to develop and implement strategies, to ensure good performance and accountability.
2. Volunteer development	Indian Red Cross Society has a well-managed volunteer system.

Achievements

Expected result 1: Improving the National Society's capacities to develop and implement strategies, to ensure good performance and accountability

The highlight of representation and advocacy during the reporting period was the launch of the IFRC's flagship publication, the World Disasters Report 2011 in September, which focused on hunger and malnutrition. The launch was hosted in coordination and support of IRCS and South Asia regional office. A press conference was carried out during the launch and attended by a large group of domestic and international media organizations. In addition, a high-level panel discussion between civil society leaders, government representatives and IFRC leadership was held to

highlight the work and research of the Red Cross Red Crescent in this area to international organizations. During this launch, India was placed centre-stage in IFRC's advocacy efforts, supported by other events in Geneva and New York.



The Indian Red Cross secretary general addressing the media at the global launch of the World Disasters Report 2011 in New Delhi.

Photo: IFRC

IFRC continued its close working relationship with other organizations including private sectors like Nestle and Coca-Cola. IFRC was represented at the India Economic Forum 2011 in Mumbai, a country event of the World Economic Forum, where discussions were held with leaders of private sectors as well as NGOs on how to work more effectively together in times of emergency, harnessing the shared strengths and values.

IRCS is improving the development of various branches in the country through extending its values and principles throughout the country. Capacity building programmes and activities include volunteer management, improvement of branch functioning and structures, fund raising and plan of action for 2012. IRCS actively creates opportunities for effective networking, looking within itself for opportunities to better develop the National Society. The project on branch development through the integrated programme approach for Andaman and Nicobar Islands branch has been initiated and technical guidance has been provided to the state for implementation of the project.

IRCS has always placed emphasis on the needs of people during emergencies. The Assam state branch, in collaboration with the national headquarters and ICRC, conducted a two-day capacity building workshop for district secretaries in June 2011. IFRC was represented by the head of its India office. Major outcomes include preparation of the 2012 plan of action, preparation of junior and youth Red Cross implementation plan, and the preparation of a fund raising policy and plans for its implementation.

The upgrade of the IT component of the filing records room and digitized document management pilot for storage is underway. The architect has finalized the plan and drawings, and defined work to be completed. Tendering process will be called after the approval from donors. Procurement of 40 desktop computers for the National Society has been completed in order to further build the National Society's capacity in technology, increase efficiency and to ensure good performance and accountability.

Communication development: During the reporting period, the IFRC India office increased its support to IRCS for communication development which includes capacity building through the regional office communication team. In October, a communication delegate was recruited at the IFRC India office to support the design and production of marketing materials for corporate organizations, and in line with resource mobilization planning for National Society and IFRC programmes in India as well as to directly support, advice and provide coaching to the National Society's communication team where appropriate.

This additional resource enabled the IFRC India office to provide relevant and timely information, including appropriate interviews and accurate information to media outlets during emergencies and disasters in India such as the Sikkim earthquake and flooding in a number of states across the country.

Planning, monitoring, evaluation and reporting: The four-year strategic long-term planning framework (LTPF) 2012–2015 for the IFRC Secretariat has been drafted with an added component to ensure the National Societies are assisted to build essential preparedness, response, and recovery capacities that integrate risk reduction measures and enable them to predictably and effectively deal with anticipated disasters and crises. Besides this, a one-year action plan and logical framework for IFRC India programmes has been developed based on the new LTPF.

Resource development and fundraising plan: A tri-party working group was established with IRCS, Canadian Red Cross and IFRC for resource mobilization and planning. This resource development plan has been prepared using the technical and funding support of the Canadian Red Cross as part of its mandate to support capacity building within IRCS.

A resource mobilization workshop was organized by Maharashtra state branch with the technical support by national headquarters and IFRC, held in the Maharashtra state branch headquarters in January 2011. Twenty-seven participants from different districts of Maharashtra attended. The aim of the workshop was to train participants on how to mobilize resources, how to write a proposal and how to make a good partnership outside the Movement. By the end of the training, majority of the participants were comfortable working on the

organizational strengths, weaknesses, opportunities and threats (SWOT) analysis which will be a way forward for resource mobilization.

Since the current capacity for fundraising within IRCS is limited, this resource mobilization plan will focus in many ways on establishing the fundamental requirements of any professional fundraising office and building up the required infrastructure to support fundraising. As building fundraising capacity is a key priority within the National Society's strategic plan 2009-2012, IRCS will set a realistic and achievable fundraising revenue goal for 2011-2012 that corresponds to its programmatic components.

IRCS will define the priority non-emergency projects that require new and/or additional funding in order to set guidelines for new fundraising staff.

Financial development: The IRCS financial Navision software project went live in February 2011, as the previous version (version 3.6) was upgraded (version 6.01). Using this upgraded software, configuration of chart of accounts, dimensions, customization of reports and migration of data has taken place. Moreover, the procurement of the software and hardware is completed with the sole purpose of making the best utilization of the resources available for the successful functioning of the project. Training has been provided to all relevant finance staff at the National Society to ensure understanding and practice of the new system. Once competency, accuracy and control have been achieved by these staff, advanced training will be provided. It is intended to further implement this software at state and district branch levels in order to have a consistent and uniform approach to financial management.

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 on fundraising are being promoted at the state branch level so that they can tap into funding opportunities available locally.

Expected result 2: Indian Red Cross Society has well managed volunteer system

IRCS is currently reviewing its youth and membership programmes. A meeting with the IFRC head of country office and German Red Cross representative, Odisha and Punjab state secretaries and senior National Society management took place to review and further youth programmes supported by the German Red Cross in the above mentioned states. Recruitment and retention of staff has been a stumbling block in these programmes. A new approach has been tested to involve teachers on a part-time basis.

The Odisha state branch has well established the junior and youth Red Cross systems. Schools covering class I to X are enrolled with Junior Red Cross, and class 11 to university as part of Red Cross Youth. In Odisha, under a sustainable plantation drive, 30 students have been taking care of one tree each for two over years. The project staff members of junior and youth Red Cross was inducted on 3-4 February 2011 on the International Red Cross and Red Crescent Movement, as well as our principles and humanitarian values.

A training manual is in the process to be developed for junior and youth Red Cross volunteers to conduct school-level trainings which will cover basic component of disaster management and risk reduction, climate change, WASH promotion, and volunteering in schools.

Constraints/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 further strengthened in providing continuous technical support to their branches.

Principles and values

Programme component	Component outcome
1. Promotion of principle and humanitarian values.	Enhanced knowledge, understanding and application of principles and values in the IRCS.

2. Anti-discrimination and violence prevention/reduction programme.	Reduced gender – based violence in the community by enhancing knowledge and understanding on gender based discrimination.
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Achievements

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

In order to empower young people and resolve concerns for the emerging social issues, training on humanitarian values and principles is integrated into all youth trainings/camps organized by state branches. Reinforcing the Movement's Fundamental Principles and supporting humanitarian values by aligning them to the social issues in the state is crucial in further developing such trainings. The issues of interest and/or concern to the students involved to date include corruption, female foeticide, drug addiction and domestic violence. Apart from the youth camps, the humanitarian values component were incorporated in other programme training, namely resource mobilization, task forces, CBDRR, NDWRT and health.

Four IRCS national headquarters representatives took part in a summit on the IFRC's youth as agents behavioural change (YABC) programme, which focuses on the promotion of a non-violence and peace through young people, hosted by the IFRC Bangladesh country office from 12 to 18 December 2011.

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

Knowledge on gender balance has been translated into action by ensuring an increased number of female participation in different capacity building trainings. A special session on gender in capacity building training is carried out to gather and share knowledge on gender non-discrimination and the importance of gender balance in each level.

Working in partnership

The working relationship of IFRC with IRCS and its Movement partners, including ICRC, as well as external key stakeholder in the DM programme has been very effective over the last two and half years and has been further strengthened during this reporting period.

The IFRC's India country office DM programme has developed many strategic partners and strong working relationships within and beyond the International Red Cross Red Crescent Movement, particularly with UNFPA, UNICEF, India's National Disaster Management Authority (NDMA), National Institute of Disaster Management (NIDM), Sphere India, and WHO, amongst others.

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 working in partnership to supplement the efforts of the Government of India, NACO and the IFRC's HIV Global Alliance initiative. IRCS has also strengthened its networking with the various organizations, including the National Centre for Disease Control, New Delhi and Central Tuberculosis Division, Government of India as well as NGOs.

Contributing to longer-term impact

Aligning to the global agenda and as per the IRCS Strategic Development Plan 2009–2012 and the developed Disaster Management Strategy, the IFRC DM support will focus on the two core areas: disaster preparedness and response, and DRR "building safer communities" in 2011-2012.

The humanitarian values and integrated programming approach model will be applied at various levels to effectively deliver and provide dignified, appropriate and timely assistance to the targeted people.

Integration of organizational development with programmes will strengthen branches and ensure more effective delivery of programmes. Branches will subsequently experience process change and create a technical resource pool for other branches as well as national headquarters.

IRCS has developed a standardized monitoring and evaluation toolkit on DRR and made it available to its state and district branch to facilitate the use of the monitoring tools in each level for better programming.

Looking ahead

In 2012, emphasis will be placed on enhancing the quality of the implementation and the reporting of the branches. The integrated programming approach has been promoted through DRR initiatives.

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 and TB programmes.

The IFRC India country office 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 and projects. This approach will reduce duplication of efforts and ensure certain conditions and procedures are, in as far as possible, standardized.

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 mobilization with the Canadian Red Cross and IFRC's South Asia regional office.

Over the past decade, efforts have been made towards developing several disaster response tools, and the capacity of IRCS has been strengthened to deliver efficient and effective response to disasters. Over the coming year, a scenario planning will be carried out to strengthen and streamline the links between the various levels of the National Society's response in times of emergency. Ongoing scenario planning will help the National Society to define their role at regional level, as well as define the systems that enable them to collaborate with external partners in the event of a large scale disaster within India.

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org
Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

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

Development Programme Financial Report

MAAIN001 - India

Annual Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/9998
Budget Timeframe	2011/1-2011/12
Programme	MAAIN001
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	1,037,460	561,741	87,763		106,791	1,793,756	
B. Opening Balance	688,521	521,670	117,483		7	1,327,680	
Income							
<u>Cash contributions</u>							
<i>China Red Cross, Hong Kong branch</i>	907,789					907,789	
<i>DFID Partnership grant</i>		7,680				7,680	199,209
<i>Indonesian Government</i>						0	1
<i>Norwegian Red Cross (from Norway - Private Donors)</i>	15,510					15,510	
<i>Taiwan Red Cross Organisation</i>	151,418	169,772				321,189	
<i>United States Government - USAID</i>	-4,259	97,686				93,427	11,271
C1. Cash contributions	1,070,457	275,137				1,345,594	210,482
<u>Inkind Personnel</u>							
<i>Irish Red Cross Society</i>					109,800	109,800	
C3. Inkind Personnel					109,800	109,800	
<u>Other Income</u>							
<i>IFRC at the UN Inc allocations</i>	17,236					17,236	
C4. Other Income	17,236					17,236	
C. Total Income = SUM(C1..C4)	1,087,693	275,137			109,800	1,472,630	210,482
D. Total Funding = B + C	1,776,214	796,807	117,483		109,807	2,800,310	210,482
Coverage = D / A	171%	142%	134%		103%	156%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	688,521	521,670	117,483		7	1,327,680	
C. Income	1,087,693	275,137			109,800	1,472,630	210,482
E. Expenditure	-807,247	-364,921	-47,592		-106,363	-1,326,123	
F. Closing Balance = (B + C + E)	968,967	431,886	69,890		3,444	1,474,187	210,482

Development Programme Financial Report

MAAIN001 - India

Annual Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/9998
Budget Timeframe	2011/1-2011/12
Programme	MAAIN001
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. 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)		1,037,460	561,741	87,763		106,791	1,793,756	
Relief items, Construction, Supplies								
Shelter - Relief		61,300					61,300	-61,300
Construction - Facilities	58,605	49,953					49,953	8,652
Construction Materials	1,000	264					264	736
Clothing & Textiles	14,063	97,253					97,253	-83,190
Food	5,635	495	5,635				6,130	-495
Seeds & Plants		8					8	-8
Water, Sanitation & Hygiene		4,718	1,765				6,482	-6,482
Medical & First Aid		162					162	-162
Utensils & Tools	9,000	156,557					156,557	-147,557
Other Supplies & Services	388,589	7,388					7,388	381,202
Total Relief items, Construction, Suj	476,893	378,098	7,400				385,497	91,395
Land, vehicles & equipment								
Computers & Telecom	29,906	3,900	-15,276	7,321		17,683	13,628	16,278
Office & Household Equipment		1,575					1,575	-1,575
Others Machinery & Equipment	4,598	14,467	8,842	884		-17,683	6,509	-1,912
Total Land, vehicles & equipment	34,504	19,942	-6,434	8,205		0	21,713	12,791
Logistics, Transport & Storage								
Storage	1,200	190	82				272	928
Distribution & Monitoring		3,630					3,630	-3,630
Transport & Vehicles Costs	19,085	8,511	8,699	684			17,895	1,190
Logistics Services		16,354					16,354	-16,354
Total Logistics, Transport & Storage	20,285	28,685	8,781	684			38,150	-17,865
Personnel								
International Staff	188,667	28,909	39,940	3,199		106,573	178,620	10,047
National Staff	145,788	74,650	48,264	10,532			133,446	12,342
National Society Staff	164,037	55,907	72,738	1,719			130,364	33,674
Volunteers		101					101	-101
Total Personnel	498,492	159,566	160,941	15,450		106,573	442,530	55,962
Consultants & Professional Fees								
Consultants	57,025	17,208	19,713	6,661			43,582	13,443
Professional Fees	19,076					21,451	21,451	-2,375
Total Consultants & Professional Fe	76,101	17,208	19,713	6,661		21,451	65,033	11,068
Workshops & Training								
Workshops & Training	198,938	52,647	19,028	12,675			84,351	114,587
Total Workshops & Training	198,938	52,647	19,028	12,675			84,351	114,587
General Expenditure								
Travel	91,215	25,410	25,945	3,702			55,058	36,157
Information & Public Relations	81,452	-2,151	35,219	2,401			35,469	45,984
Office Costs	134,531	4,692	3,022	918		68,247	76,879	57,652
Communications	17,273	4,069	3,411	315		7,190	14,985	2,287
Financial Charges	29,037	5,856	11,643	-438		23,657	40,719	-11,681
Other General Expenses	24,828	51,302	63,223	5,712		-120,545	-308	25,136
Total General Expenditure	378,336	89,178	142,463	12,611		-21,451	222,801	155,535
Operational Provisions								
Operational Provisions		6,336	-11,171	-11,667			-16,502	16,502
Total Operational Provisions		6,336	-11,171	-11,667			-16,502	16,502
Indirect Costs								
Programme & Services Support Recov	109,478	48,848	22,147	2,900		-210	73,685	35,793
Total Indirect Costs	109,478	48,848	22,147	2,900		-210	73,685	35,793

Development Programme Financial Report

MAAIN001 - India

Annual Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/9998
Budget Timeframe	2011/1-2011/12
Programme	MAAIN001
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. 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)		1,037,460	561,741	87,763		106,791	1,793,756	
Pledge Specific Costs								
Pledge Earmarking Fee		4,440	2,053	72			6,565	-6,565
Pledge Reporting Fees	729	2,300					2,300	-1,571
Total Pledge Specific Costs	729	6,740	2,053	72			8,865	-8,135
TOTAL EXPENDITURE (D)	1,793,756	807,247	364,921	47,592		106,363	1,326,123	467,633
VARIANCE (C - D)		230,213	196,820	40,171		428	467,633	