

ANNUAL REPORT



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

INDIA

14 May 2004

In Brief

Appeal No. 01.54/03; Appeal target: CHF 12,862,905 (USD 8,945,708 or EUR 8,868,215); Appeal coverage: 94.5%.

[\(click here to go directly to the Financial Report\).](#)

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Overall analysis of the programme

The Indian Red Cross Society (IRCS) largely implemented its plan of action, as outlined in the Appeal 2003. It commenced a number of important initiatives to streamline service delivery with improved quality, institutionalising strategic methodologies and processes as well as fostering better understanding with partner national societies (PNS) and the Federation. Partnerships with external agencies, including the WHO, UNDP, and SPHERE, were formed in the areas of health and disaster management, at headquarters and in some branches.

The national society carried out drought assistance in Rajasthan (see Appeal 16/03) and responded to monsoon flooding in the states of Orissa, West Bengal, Uttar Pradesh and Bihar. Despite it being one of the heavier monsoons in the past 25 years, no emergency appeals were required, with internal disaster preparedness and response stocks and resources proving sufficient.

There was substantial progress leading to the near completion of the massive reconstruction programme of health facilities in Gujarat together with major streamlining of health activities. The IRCS took significant ownership of the programme implementation, which included health and disaster management. There was also a strong move by the national society to expand service delivery on a more nationwide scale, concentrating on areas within other states with vulnerabilities.



The Indian Red Cross operated in 2003 with 650 branches and 12 million members/volunteers

Two major partnership meetings, led by the national society and facilitated by the Federation, were held in January and November respectively. The first meeting took stock of achievements in 2002, highlighted challenges and constraints, recognised emerging priorities on a more nationwide basis and provided a more coherent focus on developing better partnerships within the Movement. The November meeting focussed on the substantially completed reconstruction programme in Gujarat. It addressed the savings made after complying with commitments and sought partners' consent on reallocation of such funds based on the national society's priorities and strategic plan.

Partnership coordination improved with the commencement of monthly sectoral and senior management meetings in May with the IRCS, PNS based in India and the Federation.

The IRCS, recognising the need for a strategic framework, embarked upon the development of their national society plan in the first quarter, involving active participation of 355 state and district branch representatives from all over India. The fact that India has the highest reported HIV/AIDS pandemic in the Asia Pacific region, particularly within the south of the country, led to a pilot programme in the state of Tamil Nadu and the concept of an HIV/AIDS consortium was being developed towards the end of the year.

Overall, the national society has made significant progress in 2003. It has recognised some of its considerable challenges and constraints as the lead humanitarian agency within a vast, diverse and highly populated country, all of which have linkages to high vulnerability but also unprecedented opportunities in recent years. The priorities of 2004 will be built upon the progress achieved during 2003 within the core areas and the development of capacities that include human resources and volunteers at district branch levels.

On the political front, there were elections held in four states of India that will ultimately lead to national elections. The war in Iraq had no demonstrable effect on security in India but there were a number of sporadic and contained incidents, most notably the Mumbai blasts in August. The security situation was good in general with no hindrance to the work of the national society, the Federation and PNS in-country.

Objectives, Achievements and Constraints

Health and Care

Goal for HIV/AIDS project: The vulnerability to HIV/AIDS of approximately 800,000 Indians – mostly women, children and youth – is reduced.

Objective: The capacity of the Indian Red Cross Society to implement HIV/AIDS prevention and, related to the dignity of people living with HIV/AIDS, is increased through children, adolescents and the communities.

Expected results :

- a better understanding of IRCS HIV activities and capacities in implementing HIV/AIDS prevention, care and advocacy projects;
- an IRCS HIV/AIDS policy developed through one workshop of state branch secretaries and one managing board meeting, in coordination with the organisational development (OD) programme, and the policy disseminated to the branches;
- a five year strategic plan formulated for HIV/AIDS prevention, care and promotion of dignity for people living with HIV/AIDS and incorporated into IRCS sectoral components of OD;
- youth peer education to 25,200 adolescents (15-24 years), supported in Tamil Nadu, Rajasthan and Tripura, through 42 trained teachers, 8,400 Red Cross youth, an established counselling centre and HIV/AIDS awareness campaigns;
- child peer education to 135,000 school children (9-15 years,) supported in Uttar Pradesh, Chhattisgarh and Karnataka, through trained Red Cross staff, teachers and junior Red Cross volunteers, drawing on lessons learned in the Gujarat child-to-child initiative for health awareness;
- community-based HIV/AIDS prevention supported for 600,000 people in three selected states through 3,000 community-based first aid (CBFA) trained health volunteers; and

- a community-based HIV/AIDS home care pilot project proposal formulated for one or two high prevalence states in 2004.

Progress/Achievements

The HIV/AIDS programme is in its early stages and the basic infrastructure is still being developed. However the IRCS has given high priority to this programme and begun developing plans for a HIV/AIDS consortium, to be further developed in 2004. The national society is moving from a previously scattered and ad hoc approach to combating HIV/AIDS to a planned, long-term strategy.

A programme concept and activity plan has been developed following discussions among national society senior management. The IRCS has recruited a coordinator to oversee the HIV/AIDS programme at headquarters level and, together with the Federation delegation, has visited state and district branches to assess the capacity to implement the programme. These visits have helped the IRCS identify three states (Tamil Nadu, Maharashtra and Andhra Pradesh) for the HIV/AIDS programme. The plan is to expand the programme gradually in to other states.

There are areas of constraint and potential in implementing the HIV/AIDS prevention programme. The national society is considering working in partnership with other organisations, PNS in particular, and is developing the concept of a national society/Federation/PNS consortium for this purpose. It is also in the process of developing a four year strategy on HIV/AIDS.



Peer education amongst youth is a vital component of the programme to combat HIV/AIDS

The IRCS has given priority to awareness programmes through peer education among youth in schools and colleges. The society initiated a youth peer education programme in three states (Andhra Pradesh, Maharashtra and Tamil Nadu) with an initial five schools and five colleges in each of two districts in each state. The programme has been developed through stages which are as follows:

- development of the project concept with inputs from other similar programmes in the region, namely youth peer education in Cambodia and Nepal;
- establishing the infrastructure to implement the programme;
- identification of schools and colleges in the selected districts; recruitment of state and district coordinators;
- orientation of the coordinators through a workshop on HIV/AIDS and peer education;
- state level training of teachers in Andhra Pradesh and Maharashtra (with support from SARNHA¹ and Nepal Red Cross Society as resource persons);
- training of teachers in schools and colleges in the districts; and
- training of students (five in each school and ten in each college) as peer educators.

At present the training of peer educators in Andhra Pradesh and Maharashtra (in two districts each) has been completed. The programme in the selected district of Tamil Nadu is being conducted in coordination with the American Red Cross Society².

Red Cross volunteers have conducted HIV/AIDS prevention activities in communities in certain districts in Gujarat, namely Kutch, Rajkot and Surendernagar. Altogether 1,822 volunteers have been trained in CBFA and were involved in HIV/AIDS awareness activities in their communities through home visits and group meetings. However, the activities were rather sporadic and not consistent with a long-term plan. Nevertheless, the experience gained in training Red Cross volunteers and engaging in awareness programmes in communities will help to develop community level prevention programmes in future.

¹ South Asia Red Cross Red Crescent Network on HIV/AIDS

² The American Red Cross supports youth peer education programme in schools in two neighboring districts

To address HIV/AIDS with a comprehensive approach, a pilot project has been designed for the Nammakal district of Tamil Nadu. The district is one of the high HIV/AIDS prevalence districts in India. The truck body building industries and other industrial and commercial activities attracting migrant workers are the key factors for the high incidence of HIV infection in the district. Truck drivers and migrant casual workers who have already contracted HIV transmit to their women partners. As a result, HIV infection among children due to mother-to-child transmission is high as well.

Though in its initial phase, the project has been established. A community care centre used by pre-school children from families with HIV as a drop-in point and for counselling for HIV positive women is now in use. At present 17 children from six villages have been registered. In addition, 22 women who are HIV positive are attending income generation activities organised at the centre. The prevention programme in communities through self-help groups amongst the attending women is yet to commence in a planned manner.

Impact

With activities around the HIV/AIDS prevention programme in their early stages, the true impact is yet to become apparent. However, these activities have helped to shape the HIV/AIDS prevention programme through the Red Cross network with a long-term perspective. The concepts of youth peer education and a comprehensive care and support, prevention and anti-stigma programme have evolved as a result.

Constraints

To initiate an expanded programme requires solid infrastructure, resources, expertise and a long-term plan. At present, these elements are all still in the development phase. However, the IRCS has given high priority to achieve these and to initiate a long-term HIV/AIDS prevention programme involving the national society's network.

Funds for the programme were not made available until May 2003 leading to a time constraint insofar as achieving various expected results by the conclusion of the year.

Goal for integrated and community-based health project: The health vulnerability of the population, mostly women and children in rural communities in Gujarat and nationwide, is reduced.

Objective: The long-term health of some 1,500,000 people living in the 1,500 villages of Kutch, Surendranagar, Banaskantha, Rajkot and Jamnagar districts is safeguarded, and the capacity of the Indian Red Cross Society Gujarat state, district and local branches and the local health system is increased.

Expected results :

- health awareness enhanced in an increased number of communities in rural areas through 400 Red Cross volunteers trained in community-based health and continuously supported by 30 Red Cross field health workers in Kutch, Jamnagar, Surendranagar and Rajkot;
- reproductive and child health of the population at the grass roots level improved as a result of trained anganwadi (day care centre) workers and helpers and 750 trained traditional birth attendants in Kutch, Jamnagar, Surendranagar and Rajkot, in collaboration with and eventually sustained by the local health authorities;
- close coordination maintained and knowledge shared with the PNS community-based bilateral health projects in Gujarat; and
- 113 permanent health care facilities, including primary health care centres, sub-health centres, anganwadis and dispensaries, are rehabilitated in the talukas of Kutch, Banaskantha, Surendranagar and Rajkot.

Progress/Achievements

This section reports the progress made in the community-based health programme initiated in the aftermath of the earthquake in Gujarat in 2001. While sustenance of the activities, and thereby impact, depends on the integration of the programme with the primary health care system, considerable progress has been made during the year. The achievements can be explained in the context of the low capacity of the local Red Cross branch as well as the collapsed health care infrastructure due to the earthquake.

With reference to the expected results indicated in the first paragraph - i.e. health awareness in communities in Kutch, Jamnagar, Surendranagar and Rajkot districts of Gujarat through trained Red Cross volunteers - the training of volunteers in CBFA has been completed in the districts of Kutch, Jamnagar, Surendranagar and Rajkot. The volunteers are involved in health awareness programmes in their communities and their efforts are well recognised and appreciated both by the communities and the government health facilities. Red Cross volunteers have worked in close coordination with the primary health care staff and anganwadi staff.

Apart from regular community awareness activities which include health education, first aid, immunisation and referral of patients to health centres, the volunteers were engaged in the polio eradication campaign and malaria control campaign. For both these disease control programmes, the local Red Cross branch has worked closely with the Ministry of Health and the local administration.

The Red Cross volunteers have been trained by the primary health care staff and have been engaged in the malaria control programme (raising awareness, collecting blood slides and distributing anti-malarials whenever necessary).

The volunteers have been engaged in the polio eradication campaign and have worked as part of the Ministry of Health teams. The activity involved a campaign in communities before and during the immunisation day, social mobilisation, and follow-up of children through a door-to-door campaign and in administering polio drops when required. The involvement of Red Cross volunteers in polio immunisation campaigns has extended to other states namely West Bengal, Bihar and Andhra Pradesh.

A three week training course was held for traditional birth attendants (TBAs), designed to give a better understanding of reproductive health issues, improve practices during deliveries, and improve pre- and post-natal care for mothers and the care of newborn babies. Training of TBAs has been completed in the Kutch and Rajkot districts. There has been a distinct impact evident in the form of best practices being adopted by TBAs in pre- and post-natal care including care for the newborns. The state branch has extended the training to two more districts - Navsari and Jamnagar.

The Red Cross trainers, in collaboration with the primary health centres, have undertaken training of anganwadi workers focussing of common child health issues, immunisation and first aid. For a number of reasons, the child-to-child health programme in primary schools could not be implemented. A school health programme with some modifications is planned for 2004.

An internal assessment of the impact of both Red Cross volunteers and TBAs is underway in the Kutch district (one of the four selected districts). This will help to assess the impact of the programme in communities.

Table 1: Trained volunteers and TBAs engaged in community health awareness programmes

District	No. of volunteers trained	No. of TBAs trained
Kutch	841	444
Rajkot	566	246
Surendernagar	301	-
Jamnagar	114	-
Total	1,822	690

Close coordination has been maintained with the American Red Cross Society involved in similar training programmes in two districts (Pathan and Banaskantha) in Gujarat. The training of Red Cross volunteers in these districts has been conducted using the same CBFA curriculum and modules. Further, the American Red Cross Society has conducted psycho-social support training for the Red Cross CBFA volunteers in Kutch, Rajkot, Surendranagar and Jamnagar districts.

With reference to the rehabilitation of health facilities in Kutch, Banaskantha, Surendranagar and Rajkot districts, the Federation has carried out the rehabilitation programme in three districts while the American Red Cross

Society has been engaged in similar work in Banaskantha district. Rehabilitation work consisted of reconstruction of anganwadis, sub-health centres, dispensaries, primary health centres and providing initial necessary supplies and equipment. The work has been substantially completed by the Federation construction team and details were shared with PNS in the November partnership meeting.

Table 2: Summary of reconstruction progress to the end of December

District	Anganwadi	Sub-health centre	Dispensary	Primary health centre	Total handed over
Surendernagar	10	8	0	1	19
Rajkot	74	0	0	0	74
Kutch	19	3	0	0	22
Total	103	11	0	1	115

Based on full completion and handover, the reconstruction programme is 76 per cent complete. The remaining facilities are all under construction to different degrees. Full completion and handover is expected by April 2004.

Impact

The community health programme in Gujarat was envisaged at a time when the capacity of the IRCS at headquarters, state and district levels was far from adequate. Through implementing the training programmes and building up of the Red Cross volunteer network in the districts, the concept of a volunteer-based community health programme has become a reality. The national society has built capacity to be able to manage such programmes and implement them in other states. Lessons learned from these activities have helped to design a sustainable volunteer-based network programme to be undertaken in 2004.

As outlined above, an assessment exercise is being undertaken to assess the impact on beneficiaries because of the work of Red Cross volunteers and TBAs. This will be detailed in future reports.

Constraints

The low capacity of the branches limited their involvement in the implementation of the community-based health programme. This lack of capacity poses a threat to the sustainability of the programme. The IRCS is addressing this issue of branch capacity development in its health programme for 2004 (see Annual Appeal 01.58/2004)

Goal for national community-based health project: Support to the Indian Red Cross Society capacity building in health preparedness and health relief.

Objective: The capacity of the Indian Red Cross Society to plan, implement and manage quality health programmes and emergency health response, and to support the vulnerable communities in responding to various disasters, is strengthened.

Expected results :

- a national health review conducted to assess the society's countrywide capacity for health disaster response, health related disaster preparedness and current HIV awareness activities by the IRCS, the government and NGOs;
- a health database containing health related information such as health structures of the IRCS, government and NGOs, society's health programmes over the past ten years, disease and disaster patterns created, promoted and regularly maintained;
- IRCS core health policy developed and implemented;
- health coordination between the IRCS national headquarters and the state branches developed;
- national and international collaboration and coordination on public health in emergency situations developed;
- health training manuals of the IRCS developed and published;
- nationwide emergency health and disaster preparedness/health programmes of the IRCS developed, implemented and extended from Gujarat to other states;

- 4,500 community-based health volunteers of the Red Cross in six states using the CBFA training curriculum developed from the Gujarat community-based health project; and
- 300 TBAs trained in Uttar Pradesh.

Progress/Achievements

Little progress has been made in the above expected results. The RCS infrastructure, its complex and vast network and low capacity were constraints. Nevertheless, efforts have been made with some success to undertake the activities, such as database development and increased Red Cross volunteer capacity through training. Overall there has been considerable improvement in coordination within the national society and capacity in the field of public health.

Strategic planning of the IRCS health programme is crucial for its future development. This has been incorporated into the programme for 2004 in the form of strategy, policy and a longer-term planning.

Impact

See above for details.

Constraints

See above for details.

Disaster Management

Overall Goal: The Indian Red Cross Society has become the leading disaster management agency in India.

Objective: Strengthening the disaster management (DM) capacity of the Indian Red Cross Society and the communities in Gujarat, strengthening national disaster preparedness (DP) capacity and national disaster response mechanisms, and reducing vulnerability of communities to disasters with Indian Red Cross Society sectoral components of health and OD. *(This objective modified from the text in the annual appeal.)*

Expected result

The disaster management plan, warehouses and trained staff of the Gujarat state branch are put in place and the coping mechanisms of the communities in four disaster-prone districts in Gujarat are strengthened through 1,700 trained volunteers supported by the IRCS sectoral initiatives of health and OD components.

Progress/Achievements

The appointment of a DP coordinator for the Gujarat state branch had a significant impact on the DM capacity of the branch. The DP coordinator became the focal point for networking with government authorities and humanitarian players in Gujarat. The coordinator is in charge of supervising and supporting training and other DP activities at the district branch level. This work built upon information gathered from the joint assessment conducted by the IRCS/Federation DM teams in the four disaster-affected district branches in Gujarat, namely Rajkot, Kutch, Surendrangar and Jamnagar.

Renovation of the regional warehouse in Viramgam (Ahmedabad) was carried out during 2003 with British Red Cross Society support. Renovation of the state branch warehouse at Vassna (Ahmedabad) was carried out. The renovation progressed well during the course of the year with support from the Hong Kong Red Cross Society. The state branch showed good initiative in the renovation project.

The DM function within the Gujarat state branch has been developing well. It has participated in several DM events and is now being recognised as an active DM player in the state. An inter-agency coordination mechanism has been established with agencies such as UNDP and Help Age.

The Gujarat branch responded well to localised flooding during 2003 with the distribution of relief stocks from their own buffer stocks. DP capacity building workshops were held in three locations with participation from 23 district branches and included sessions on SPHERE.

Following the workshops, DP committees were formed in some districts. Technical support from the state branch is being sought for formation of committees in other districts.

Training-of-trainers (ToT) sessions, conducted with the assistance of the American Red Cross Society, included a disaster mental health component. The curriculum included the Movement's Code of Conduct, assessments including reporting formats, relief distribution and storage, humanitarian charter and SPHERE standards, and principles and values components. Inputs received from health, humanitarian values and OD incorporated into the DM training materials improved their relevance.

Training in DP was provided to 1,992 volunteers in the Kutch and Rajkot districts. The volunteers were responsible for formation of village/community level DP committees. The committees looked after the DP activities and mitigation measures under the supervision of field workers and developed membership databases. Volunteers prepared vulnerability capacity assessments of their communities and these were shared with local Red Cross branches and government authorities.

Impact

The appointment of the state branch DP coordinator has provided impetus to strengthening of DP capacity within the state branch. The Gujarat state branch is increasingly providing guidance for district branches. There is good coordination between the DP coordinator and capacity building officer, helping ensure harmony between the two programmes especially at district and sub-district level.

The state branch successfully led renovation of state branch warehouses with Federation technical support.

There was good coordination between the state branch, local government and other DM agencies in Gujarat. New relationships were initiated while existing ones were strengthened.

There is improved DM communication between the state branch and national headquarters. This has been achieved through a monthly reporting system.

Experience gained from the DP training of volunteers in Kutch and Rajkot has been used by the state branch to supervise similar training at a district branch level. This process has assisted the development of a district branch network.

The 1,992 DM trained volunteers in Gujarat, who were recruited through the Federation health programme earlier, are now under the full supervision of the state and district branches. A total of 1,385 DP committees have been developed at community/village level, which will greatly enhance the capacity of disaster response in Gujarat state. Volunteers covered almost 1,800 villages carrying out DP training in four districts in the state.

Local branch disaster response capacity has increased and this was borne out by their ability to respond to many localised disasters, using their own resources and pre-positioned DP stocks.

The Gujarat state DM model will be used by other branches in developing community-based activities.

Expected result

The DP policy and plan of the IRCS is developed in line with SPHERE and other accepted policies and standards and disseminated to the branches.

Progress/Achievements

As part of the national society development plan (NSDP) process, DP priorities were identified. These are volunteer mobilisation and training, risk assessment, resource generation and emergency management. The NSDP process also provided the opportunity to clarify the basis on which eight states will be targeted by the IRCS DM programme due to their particular vulnerability to natural disaster. An IRCS/Federation taskforce was formed and has produced a draft DP plan.

There is active participation by the IRCS/Federation in the SPHERE India pilot initiative. The national society coordinated and hosted several SPHERE meetings.

The DP review with its recommendations has been shared with IRCS partners, within and outside the country, as well as with the national society's state branches.

Impact

Greater strategic clarity on DM functions has been achieved at the national level, which will pave the way for involvement of the branches at the state and local level in DM activities.

There was an increase in interaction with other humanitarian organisations and relevant government departments, leading to stronger relationships and enhanced cooperation.

The national and state level recommendations of the DP review report provided the basis for future strategic direction of IRCS DM programme activities.

Coordination with and support from the ICRC and the Federation improved.

Expected result

A functional IRCS DM centre and DM department established at national headquarters with DM systems in place linking the national headquarters with the disaster coordinators of state branches and zonal warehouses. *(Note, this replaces the original text from the Annual Appeal which stated 'the functional and sustainable disaster management systems in place linking the NHQ disaster management centre with key governmental authorities, local and international NGOs, and with eight state branches and six zonal warehouses;')*

Progress/Achievements

A functional DM centre was established in 2003 and an administrator was appointed. Among its functions, the centre will be used as a meeting venue for conducting coordination meetings with other India-based DM organisations in the wake of a disaster. It was used for tracking cyclone build-ups twice in 2003. The centre was also used for DM training in addition to other programmes and South Asia regional delegation (SARD) training events. External organisations such as St Johns used the centre as a training venue for a fee.

Systems for establishing long-term financial sustainability for the DM centre have been put in place. A plan for achieving financial self-sufficiency for the centre by 2006-2007 has been drawn up.

A programme review was conducted mid-year with participation from the British Red Cross Society DP advisor, an external consultant and a former deputy secretary of the IRCS. The review team's report and recommendations formed the basis of planning for the 2004-06 DM programme. The IRCS/Federation DM team made technical comments on the report which was subsequently endorsed and posted on the Federation disaster management information system (DMIS) website.

The procurement of control room equipment at the state branch in Gujarat continues to contribute towards improved communication between the state branch and the national headquarters.

The IRCS deputy secretary continued as acting senior DM advisor following the previous advisor's departure in early 2003.

Impact

The DM centre is increasingly being used as a training venue for the IRCS, the Federation and SARD. The centre is developing as a coordination hub for SPHERE India DM agencies.

The role of the DM centre in monitoring disaster situations has been replicated in state branch control rooms, which has led to improved information exchange and timely response to disasters.

While the cyclones tracked by the DM centre did not manifest themselves into significant disasters, the exercise showed the value of such a facility and an example of its capacity. The centre is a major boost to the capacity of the IRCS DM programme. It is also a focal point for other DM agencies in India which will enhance the national society's cooperation and coordination with other organisations.

Expected results:

- the DP capacity of the IRCS at the national and state branch levels reviewed according to the well prepared national society questionnaire;
- the eight disaster-prone branches engaged on DP policy and best practices;
- DP capacity building of four branches engaged on DP policy and best practices; and
- DP capacity building of four state branches enhanced by joint DP/OD initiatives.

(NB. The expected result on the functional knowledge management unit as outlined in the Annual Appeal has been incorporated in the above expected result in Programme Updates 1 and 2)

Progress/Achievements

The well prepared national society questionnaire was completed and submitted by branches in the eight targeted disaster-prone states and analysed. This exercise provided valuable input to the review process carried out during May 2003. The review was conducted in a participatory manner and recommended future strategic directions for DP and disaster response for the IRCS for years to come. These recommendations were endorsed by the national society and were incorporated into the planning process for the 2004 Annual Appeal.

The questionnaire was developed further and tested in Gujarat for capacity assessment of the district branches. A one day DM conference was held in December with branch secretaries and representatives from seven of the eight targeted states. Presentations were made on: the selection criteria of the eight targeted states; the IRCS disaster response system including the national disaster response team and the mobile disaster units (MDUs); DM development in the national society; the DP review report recommendations; and the DM plan for 2004. Discussions covered the future directions and inputs from the state branches for the DM programme and plans for 2004.

Impact

A great deal of clarity emerged on strategic programme directions through the Annual Appeal planning process, and DM is well placed heading into the period 2004-2006.

Inputs provided for the recruitment of the DM coordinator in Orissa state and the subsequent support to the branch from national headquarters has led to further strengthening of DM at state level.

Positive and definitive direction in DM has been established for the eight targeted disaster-prone states.

For the first time there was discussion of plans and an agreement on a working methodology in DM between national headquarters and the eight targeted state branches. These branches are taking a proactive role in planning and implementation of DM activities. This discussion process also gave the state branches greater ownership of the programme process.

Expected result

The national disaster response capacity of the IRCS strengthened because of reinforced national society emergency funds and volunteer mobilisation, highly trained and easily mobilised disaster response team, and three pre-positioned MDUs.

Progress/Achievements

In 2003, procurement of MDUs and assessment kits, including the procurement of IT and communication equipment, was finalised. Logistics, MDUs, and field warehouse training and national disaster response team training further strengthened the response capacity of the IRCS. Team members were shortlisted and a database prepared.

The IRCS/Federation carried out assessments during floods in Assam, Orissa, West Bengal and Bihar. (*See Programme Update 2 for details*). Six states in total were supported through emergency DP stock from the national level. However, there was no emergency appeal launched since the branches mobilised their local resources at the state level with support provided by national headquarters. This exemplified the success of the prior procurement of DP stock. Further, DP stock from the Netherlands Red Cross Society was procured at the end of 2003 and has been earmarked for Gujarat state.

The IRCS completed the food ration distribution for the drought-affected people in Rajasthan with 8,300 families benefiting. (*See Rajasthan Drought Appeal 16/03*). The relief operation provided necessary food items and water for the most vulnerable women and children during a critical period after a five year drought in Rajasthan. The IRCS district branches led the distribution in coordination with local authorities and community leaders.

Impact

There is now a highly motivated nationwide pool of personnel trained with a view to establishing a sustainable in-country response structure during national disaster response team training.

The local resource mobilisation for the flood response in two of the affected states (Orissa and Bihar) was encouraging and was ably supported by national headquarters through mobilisation of additional relief stock. Many other state branches initiated responses locally to various disasters such as floods in the states of Chattisgarh, Assam, West Bengal and Uttar Pradesh.

For the first time, the IRCS developed a cross sectoral team of health, relief, logistics, finance, reporting, water and sanitation for disaster response, equipped with the essential items through MDUs. This was evidence of lessons learned from the Gujarat earthquake response experience. The development of MDUs and the national disaster response team, in addition to the health, water and sanitation units, was a first among national societies in South Asia. This has been a significant step forward towards a strong disaster response capacity for the IRCS. It also positions the national society to be a lead organisation in the field of DM, not only at national and local disaster response level, but also at a regional level. Many PNS, such as the British, German, Spanish, Hong Kong, Singapore, American and Finish Red Cross Societies, are working through the Federation or bilaterally with the IRCS to contribute and support the DM programme. This will assist the improvement of the IRCS disaster response capacity. The DM sectoral meeting remained a useful forum for IRCS DM partners to regularly exchange information.

A volunteer force is ready for deployment at different branches such as Gujarat and Orissa.

The drought relief operation in Rajasthan, in addition to assisting the targeted beneficiaries, enhanced the image of the IRCS which had a positive spin-off in recruiting volunteers for district branches in the state. The heightened profile and work with local authorities has also resulted in Rajasthan district branch secretaries participating in a range of forums for humanitarian assistance established by the local governments.

Expected result

A logistics management system is established in strategic sites and rehabilitated warehouses. (*NB the original expected result from the Annual Appeal which stated 'Delhi and other warehouses are renovated and further measures for warehouse sustainability achieved through replenished stock, catalogued relief items and highly trained Indian Red Cross regional and state warehouse staff.' was replaced by the above in Programme Updates 1 and 2*)

Progress/Achievements

Renovation of the Viramgam warehouse progressed during 2003 but will not be completed until 2004 because of delays in construction activity.

Progress has been made towards institutionalisation of the relief catalogue within the IRCS. Logistics standard procedures have been covered in DM training.

Impact

The renovation to date of the Viramgam warehouse has further strengthened the IRCS logistics management system.

Renovation of the warehouse in Delhi, originally planned for 2003, has been delayed due to the heavy workload of the Vassna and Viramgam warehouse renovation in Gujarat. The focus was on the provision of technical support to the national society through the Federation construction team. The renovation of the Delhi warehouse is now planned for 2004, along with three other regionally located, strategically sited warehouses, depending on funding. The renovation of these warehouses will provide formidable support to the IRCS logistics.

Expected result

Risk reduction projects and community-based DP activities in flood-affected states are implemented and reviewed for expansion to selected states. *(NB this is the amended expected result in Programme Updates 1 and 2 replacing the original expected result in the appeal which stated 'the impact of disasters in four flood affected districts of Assam and Bihar are reduced because of the three constructed flood platforms and raised tube wells, and community training.' This was due to the expansion of the project to Gujarat upon review of the Assam and Bihar experiences.)*

Progress/Achievements

The state branch in Gujarat has been actively engaged in training DP volunteers at a state level.

There has been good feedback received from host external agencies about the training facilitated by the IRCS which has been encouraging for the DM team within the Gujarat state branch. Requests continue to be received from other organisations for the DP trainers to conduct sessions for them.

DP trained volunteers were at the forefront of local level community action in relief distribution during flooding in Assam.

Community education materials were field tested in Gujarat and a ToT draft manual was finalised.

Impact

Development of state-based trained community-based DP volunteer strength increased within Assam and Gujarat states. Experience gained from previous disaster operations assisted volunteers and the community in coping with floods in 2003.

Good progress was made in developing standardised training curricula.

Constraints (relating to the overall disaster management programme)

There is room for improvement in linkages with relevant government authorities to impress the importance and value of the IRCS as a DM player.

Human resource issues were a constraint throughout 2003 with appointments still pending in several senior positions. The deputy secretary acted as the DM advisor, the senior counterpart for the Federation DM department, and the positions of disaster response coordinator and warehouse development coordinator remained vacant.

Limited in-state DP capacity means there is the need for greater engagement of the IRCS/Federation DM team.

Multi-stakeholder engagement imposed increased demands on the DM team.

There was a definite improvement in inter-sectoral integration throughout the year but with it came greater demands on time and resources as the DM team engaged with other departments. These increased demands have been borne in mind in planning for 2004 and beyond.

Organisational Development

Overall Goal: The Indian Red Cross Society has become a leading humanitarian agency in India when mobilising, organising and managing local resources in order to improve the situation of the vulnerable.

Programme Objective: The Indian Red Cross Society structure, systems and resources are established and enhanced in order to increase the capacity of the national headquarters and selected branches to deliver effective volunteer-based programmes in the community.

Expected result

A branch development plan for Gujarat state branch, integrating the overall need of the district branches, developed and implemented to increase the capacity of the branch.

Progress/Achievements

Eight staff members, including a finance manager, were recruited by the Gujarat state branch during the year to strengthen capacity and to provide for district branch development. Four of the new staff are based in four district branches as capacity building officers.

In 2003, one of the priorities for the state branch was to develop a volunteer development and management system in Gujarat. More than 100 volunteer managers were recruited in four districts to support and supervise existing volunteers. Capacity building officers based at the four district branches of Jamnagar, Surendranagar, Rajkot and Kutch have been assessing the existing capacities of the district branches and supporting these branches in planning and implementing branch activities through volunteers.

The finance manager appointed at the state branch has been reviewing the finance management and accounting procedures of the branch. As a first step, finance software was procured and installed at the state branch office and presently all accounts are being computerised.

A district branch development plan meeting was initiated by the state branch in October to identify the priorities of the branches. This meeting was attended by 33 district/sub-district branch secretaries.

Impact

There is increased interest among local district branches in the activities carried out by volunteers and a need for a well functioning volunteer management system.

The presence of capacity building officers at district branches has had a positive impact on the programme implementation of these branches. With the support of the state branch, an increasing number of activities such as junior Red Cross/youth Red Cross programmes, health, disaster relief programmes, etc. are now being implemented more efficiently by the local branches. The branches have recognised the value of having full-time staff in their offices.

With the recruitment of staff at the state branch, the quality and timeliness of both narrative and financial reports have improved. The state branch is able to provide better organised support to district branches. This was evident during emergencies (floods/cyclone, communal riots) in Gujarat in 2003. State branch coordination with national headquarters has also improved.

The state branch plans to hold its annual general meeting in early 2004 after a gap of about ten years. The capacity of the state branch to plan and implement branch development activities has considerably improved. The state branch has begun to develop project proposals requiring less support from the Federation and has also demonstrated increased transparency with regard to programme implementation.

Expected result

A national branch development policy and strategy developed and the capacity of the national headquarters to provide development support to the branches is strengthened.

Progress/Achievements

Uniform branch rules and procedures for state branches and union territories were developed in 2003. The rules are based on draft uniform branch rules circulated to state branches in the early 1990s. After a series of consultations, the final draft was presented and discussed at length at a well attended state branch secretaries meeting in late 2003. This meeting was co-facilitated by the Federation and the IRCS. Some PNS were also present as observers. The rules currently await the approval of the IRCS managing body.

Branch development has been supported directly and indirectly through various programmes. For example in Gujarat, the American, Spanish and British Red Cross Societies directly support the development of district branches. In Orissa, the Spanish and German Red Cross Societies work directly with the state branch in some selected district branches. The Canadian Red Cross Society plans to support branch development in the newly formed state of Uttaranchal.

Impact

The draft rules have provided branches with better guidelines and definitions on governance and management of branches.

The presence of PNS and ICRC in other parts of the country will support the branch development process in those states. It will now be easier for headquarters to initiate the process of developing a national branch development policy.

Expected result

A resource development policy and strategy established, increasing accountability, integrating financial, material as well as member and volunteer development, mobilisation and maintenance components, with a focus on the development and implementation of a community-based volunteer programme management system including a relief and emergency volunteer concept to meet the needs of disaster management, health and other programmes.

Progress/Achievements

The groundwork continued in 2003 in striving towards establishing a national resource development strategy and policy integrating financial, material as well as member development, mobilisation and maintenance.

Discussions were held by IRCS programme managers while the issue was also looked at by state and district branch representatives in three regional consultation meetings. Raising financial resources through increased annual membership was another area discussed.

This planning phase has paved the way for various activities for 2004, which will include :

- The establishment of policies, rules and procedures for resource mobilisation and management;
- Conducting national resource mobilisation ToT workshops and facilitating regional follow up sessions;
- Developing existing membership systems and initiating membership campaigns;
- Identifying and networking with strategic corporate partners; and
- Developing a fundraising system and initiating at least one fundraising campaign per year for funding of IRCS core area activities.

A domestic campaign (appeal), the first of its kind in India, to raise resources for disaster relief for about 5,000 families affected by the drought in Rajasthan was designed but was not able to be launched for a variety of reasons. However the planning process was a useful one and the experience can be applied in the future.

In the state of Orissa, more than 100,000 new annual members were recruited, which was an increase of 100 per cent.

Impact

Although the domestic campaign did not occur, it succeeded in raising support through partners and provided the IRCS with a better understanding of its market potential. In December, Canon India committed to support for the IRCS, funding the production of 5,000 desk calendars.

The huge increase in membership in Orissa has resulted in an increase of financial resources for the state branch and national headquarters.

Expected result

The constitution, organisational structure, rules, policies and procedures reviewed, amended and established in accordance with the needs of the organisation and in coherence with the policies of the Red Cross/Red Crescent Movement.

Progress/Achievements

Progress was made towards the review of the national society constitution with the drafting process underway. Rules, policies and procedures were also reviewed. This process will continue in 2004 with assistance from the ICRC and Federation. A proposal has been put to the managing body for the first ever "Uniform Rules for Branches" containing new provisions for elected roles and separation of governance and management functions.

The IRCS reviewed its organisational structure at national headquarters against its development plan which was based on the regional consultation meetings. Accordingly, a minor reorganisation exercise through job rotation was conducted.

Impact

The draft uniform rules are a significant step forward and will assist the constitution review process.

The review of the organisational structure of national headquarters highlighted the need for certain changes; for example, the necessity to fill several important staff positions at the director level and above. Presently, the DM and health departments have no directors.

Expected result

A human resource development system and phased training programme for governance, volunteers and staff developed and established, the IRCS central training facility in Delhi operational, and a plan for sustainability developed and implemented.

Progress/Achievements

New IRCS staff service rules and regulations for staff employed by national headquarters were drafted. These will replace a myriad of regulatory instruments, some dating back over 50 years.

In order to develop a comprehensive human resource database and initiate mapping of human resources, the human resources module of the software Navision Attain (mainly for finance) has been procured and installed. Customisation of this module is underway and is expected to be completed in early 2004.

Renovation work of the Central Training Institute phase I has nearly been completed and is expected to be concluded in early 2004. Planning for the second phase is expected to be initiated in early 2004. Both the Norwegian and American Red Cross Societies have shown interest in supporting the second phase.

Impact

Establishing staff service rules will pave the way for the development of a personnel handbook. This should ultimately have a positive impact on the IRCS image and programme implementation.

The Central Training Institute will provide the IRCS with a modern training facility for its staff and volunteers. The facility could also be a potential source of income generation.

Expected result

The capacity for financial planning, management and reporting upgraded at national headquarters and a financial development project for the state branches designed and initiated.

Progress/Achievements

The customisation of the Navision Attain software package is progressing well. It is expected that this will be completed by early 2004. It will enable the IRCS to implement and manage all finance and accounts through Navision from April 2004. The lack of modern technology has been a hindrance for the IRCS in producing timely and accurate reports.

National headquarters plans to implement the software in all state branches from 2004 onwards.

However the installation of the software exposed the lack of staff fully trained in computer use. Those who did have adequate expertise have been preoccupied with dealing with routine work.

Impact

Implementation of the new software means the national society will phase out the existing manual system (and current outdated software system), replacing it with a modern computerised management system that also links to human resources, asset management and a resource database. Procurement and installation of the software has had an impact at the South Asia regional level. The Sri Lankan Red Cross Society also procured and installed the same software and the IRCS finance director assisted with development and upgrading of financial procedures and systems.

Expected result

A communications policy and strategy developed, implementation initiated and the information capacity of selected state branches increased.

Progress/Achievements

Development of a communications strategy and policy is progressing. The policy will define how headquarters and branches communicate both internally and externally. The draft strategy is in line with the Asia-Pacific regional communications strategy and work plan 2001-2005. The document will be finalised in early 2004.

A national communications workshop was held in December with 17 states participating to further discuss and finalise the draft strategy. The inputs will be incorporated by the working committee.

Impact

The draft strategy provides guidelines to branches and headquarters on how to communicate both internally and externally. The strategy when implemented will enhance the image of the IRCS.

Expected result

A long-term national society strategic plan developed and the cooperation agreement strategy (CAS) established during 2000 updated.

Progress/Achievements

Drafting a national society development plan has been one of the biggest achievements of the IRCS during 2003. The process has been highly participatory, democratic and representative.

The *National Society Development Plan 2004-2007* gives the entire IRCS (branches and headquarters) guidelines for the decisions and actions that will determine the direction of the organisation. It provides a framework for strategic development within the IRCS based on how headquarters and branches face future challenges.

Impact

The IRCS branches and headquarters recognise the need to work as one organisation and to have developed recommendations that need to be implemented in the coming years in order to strengthen the organisation. The roles and responsibilities of the branches and headquarters have become clearer and better defined. Cooperation

between components of the Movement has been strengthened. Besides the Federation, the ICRC and several PNS have supported the IRCS in the process.

Branches and headquarters have reiterated their commitment to the implementation of the development plan. Priorities of the branches with respect to DM and health programmes are also indicated.

Constraints

A complicated and complex constitution, rules and procedures that require consent of government bodies for review has continued to slow the organisational change process.

The capacity of headquarters to support branches and branch development is weak, considering the diversity and number of existing state and local branches. Existing systems for programme and financial management, at both headquarters and branches, need to be reviewed, improved and efficient systems put in place.

Organisational issues such as lack of efficient financial and database management within the IRCS affected organised fundraising and resource mobilisation.

A lack of adequately trained human resources able to implement various plans and programmes has been a major obstacle to capacity building. Improved training is integral to the 2004 organisational development programme.

Difficulties faced by the national managing body in meeting regularly also have slowed down implementation of various plans.

Humanitarian Values

Overall Goal: Discrimination and violence in the community is reduced.

Objective: The capacity of the Indian Red Cross Society to deliver its humanitarian message, both within and outside the society, and to advocate tolerance and coexistence in the communities, is increased.

Expected Results :

- there is greater understanding of the humanitarian values and the Movement's Fundamental Principles within and outside the IRCS;
- the profile and image of the IRCS is increased as a countrywide humanitarian organisation.

Progress/Achievements

The IRCS advocated strongly for the drought-affected people of Rajasthan. This was a relatively low profile (in comparison to the likes of flooding which inevitably attracts higher media attention) and long-term humanitarian crisis. The issue had been in danger of losing support from various other humanitarian actors. The continued advocacy of the national society helped promote inter-agency coordination to better assist the most vulnerable.

The launch of the HIV/AIDS anti-stigma campaign throughout the country via state and district branches tackled the major issues of discrimination and misinformation about this issue. The IRCS with its wide reach through its branch network was able to reach significant numbers of people through dissemination of information and educational materials and its activities received good coverage in the media.



The Namakkal project caters for HIV positive women and their children

Integrated workshops with other sectors such as health, OD and DM were held during the year. Support was also given to other sectors while compiling sector specific training material for Red Cross volunteers; for example, the inclusion of a chapter on humanitarian values in the DM training booklet.

The community care project which was established to provide care and support to HIV infected women and their children at

Namakal in Tamil Nadu was a key humanitarian values activity. The goal is to improve the well-being, health and social status of the vulnerable population in the community infected with and affected by HIV. Apart from practical help in improving the daily lives of these people, the humanitarian values programme works assiduously to change attitudes.

The IRCS helped promote its image as a countrywide humanitarian organisation by participating in polio sub-immunisation days. This campaign showed good cooperation with agencies including WHO and state-level government health authorities.

Impact

On the whole, IRCS has strengthened its profile as an advocate of humanitarian values through various activities outlined above. The national society has further entrenched humanitarian values as integral to its core activities. The cross-cutting nature of humanitarian values is recognised within the national societies in that it is applicable across all core programmes and is not simply a project in itself.

Constraints

The IRCS has still to achieve a unified vision and definition among all district and state branches on humanitarian values. This is being addressed in 2004 by activities such as the development of humanitarian values training modules and continued integration of humanitarian values in various workshops and training.

Federation Coordination

Goal: Achieve collaborative and coordinated working relationships with the host national society, PNS, ICRC and external stakeholders to assure effective service delivery and capacity building.

Objective: Create forums in formal and informal meetings with all stakeholders, information sharing and proactive facilitation and directional planning.

Expected Results :

- duplication of activities and locations are minimised by supporting the IRCS with negotiations and coordination of Gujarat programme activities with all major parties;
- regular information and security support are provided to Red Cross/Red Crescent partners operating in India;
- donor confidence in the Federation's coordination role is reinforced by providing timely and informative reports on the Federation's activities and the use of donors' funds in India, as well as support to the IRCS in hosting reviews or consultative activities to channel communications with the PNS;
- an effective financial management service is provided in support of existing programmes, and the facilitation of additional programmes within India as the need arises; and
- a strong working relationship with the society's governance and management is maintained.

Progress/Achievements

Since the middle of the year, there were efforts to streamline core activities in health, DM and OD. This involved addressing integration strategies with the host national society, PNS and external partners through monthly sectoral meetings that were participatory in nature.

Two partnership meetings were held in 2003. The first, held in January, reviewed progress, achievements and constraints of the Gujarat rehabilitation programme together with emerging nationwide needs. There were also discussions on the need to transit from rehabilitation to development towards the latter part of the year with a focus on the core areas of health, DM and OD. Work groups on the need to enhance partnerships between the partners, the Federation and the host national society were formed during the meeting. The second partnership meeting in November reported on the status of the substantially completed massive reconstruction programme in Gujarat, discussions on reconstruction finance, and addressed savings (after fulfilling commitments) that amounted to approximately CHF 3 million. Tentative proposals in the areas of reconstruction preparedness, HIV/AIDS and DM were shared with partners to seek feedback and consent. In these two partnership meetings, the total representation from the Movement's partners included representatives from the American, Belgian,

British, Canadian, Finnish, German, Hong Kong, Netherlands and Spanish Red Cross Societies as well as the ICRC.

The national society took lead ownership of the Appeal 2004 through a task force established in June with active facilitation by the delegation. This appeal was within the strategic framework of the IRCS draft development plan.

Security information and advice throughout the year was shared with the Red Cross/Red Crescent partners operating in India and the Federation SARD.

Impact

Effective coordination has enabled the development of the national society's four year plan in final draft which, when endorsed by the governing board, will provide a foundation to guide its work strategically for the next four years. The process that led to this final draft was carried out in a highly participatory manner.

Transparent and accountable facilitation and coordination have generally enhanced the credibility of the host national society with the Red Cross/Red Crescent and external partners. This has had the effect of fostering better relationships with partners thereby providing higher assurance of serving vulnerable communities' needs and capacity building for the future.

Constraints

While improved in 2003, human resource capacity of the host national society will need to be further strengthened. Strategic development and capacity building of the national society, with branches spread over a large country, and full participatory processes, have proven to be very time consuming.

International Representation

Overall Goal: The Federation and its policies are well advocated in the international arena.

Programme Objective: The Federation's role in providing support in the areas of communication, advocacy and external representation, and donor support is maximised.

Expected Results :

- structured dialogue between the government and the IRCS established and government support explored to enable the society to play its role;
- IRCS coordination and links established with key national, regional and international organisations, funds and programmes;
- cooperation opportunities between the Red Cross/Red Crescent societies and regional delegation explored and facilitated; and
- effective partnerships and alliances formed between the Indian Red Cross Society and the Federation to respond to the needs of the most vulnerable, promote their interests at the national, regional and international levels, and mobilise support for the programme activities within the core areas of the Federation *Strategy 2010*.

Progress/Achievements

SPHERE has chosen India as one of the three countries from around the world for its pilot initiative. The IRCS and Federation proactively liaised with SPHERE and facilitated the election of the chairperson and vice-chairperson of the inter-agency SPHERE forum in India.

In September, a memorandum of understanding was signed between the Federation and WHO that established a framework for cooperation for 11 countries in the South and Southeast Asia region, including India.

Impact

The overall impact of the SPHERE initiative has been to bring all major humanitarian agencies in India into a single forum to debate, discuss, network and promote adherence to the humanitarian charter and minimum standards by the different agencies.

Coordination with WHO has enabled coordinated efforts between the government (through the Ministry of Health), a number of NGOs and the branches of the national society in West Bengal and Gujarat to conduct successful polio eradication campaigns. Such efforts required proactive coordination at central, state and district levels to create an impact with the communities served.

Constraints

The groundwork of bringing together partners with common interests and mandate has proven to be time consuming.