

Appeal 2004



International Federation
of Red Cross and Red Crescent Societies

INDIA

Appeal no. 01.57/2004

The International Federation's mission is to improve the lives of vulnerable people by mobilising the power of humanity. The Federation is the world's largest humanitarian organisation, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

Programme title	2004 in CHF
Strengthening the National Society	
Health and Care	3,121,309
Disaster Management	1,414,520
Organisational Development.	1,244,025
Total	5,779,854¹

¹ USD 4,334,890 or EUR 3,699,107

Introduction

This appeal seeks support for the Federation's 2004 programmes in India. The programmes encompassed in the document have been developed to address emerging strategic priorities identified by the Indian Red Cross Society (IRCS). The overall goal of the Federation's 2004 appeal is to support the IRCS to build capacity in assisting the country's most vulnerable through better service delivery, organisational development and advocacy in three main core areas - health and care in the community, disaster management and humanitarian values - and the three strategic directions of the Federation's *Strategy 2010* (well-functioning national societies, responsive and focused programming, and working together effectively).

INDIA AT A GLANCE
Population: 1.03 billion
- 461 million living below poverty line
- around 4 million people have been infected by HIV
Literacy rate: 58%
GDP: US\$2,840
Life expectancy at birth: 63.3 years
Infant mortality rate: 67 per 1,000 live births
Maternal mortality rate: 440 : 100,000 live births (25% of the world's child birth-related deaths)
22 out of 35 states/union territories are highly disaster-prone
8 million hectares of land affected by floods every year
16% of land is drought-prone, regularly affecting 50 million people
5-6 tropical cyclones formed every year
50-60% of land liable to seismic activity
Annual floods
(source: <i>UNDP Human Development Report 2003</i>)

National Context

With over one billion people, India is the second most populous country in the world after China. In recent years the country has made tremendous economic progress with a growth rate averaging around six per cent, much of this attributed to increased foreign investment. International corporations are using India's large information and technology human resources, with call centres and joint-venture manufacturing experiencing booms. India has a burgeoning middle class, helping boost consumer spending and further fuelling the economy. The Indian corporate sector is branching out with offshore investment in Africa and South America in particular. The brain-drain that started in the early 1990's, particularly in the IT sector, is on the reverse, due in part to a recession in the North American IT sector. The tourism and export industry has regained momentum with the easing of regional tensions during 2003.

However, World Bank figures reveal approximately 40 per cent of the population live on less than US\$1 a day, making India a country with one of the highest concentrations of poverty in the world. Rising instances of infant malnutrition, infant mortality, lack of access to safe drinking water and basic healthcare are indicators portraying a grim picture of India. According to the latest UNAIDS report released in July 2002, India has nearly four million people infected with HIV and an estimated 99 per cent of them are unaware of it. The epidemic is spreading beyond groups with high risk behaviours into the general population.

With its large and diverse landmass, India is one of the most disaster-prone countries in the world. The location and geographical features render it vulnerable to a number of natural hazards such as cyclones, drought, floods, earthquakes, landslides and avalanches. Of its 35 states and union territories, 22 are regarded as particularly disaster-prone. Of the annual rainfall, 75 per cent is concentrated over a span of just four months (June-September) and with inadequate catchment areas and drainage, this often results in severe flooding. Drought is a perennial feature as well, with approximately 16 per cent of the country's total area drought-prone, affecting some 50 million people. Communities living along the eastern coastline are particularly vulnerable to the severe cyclone formations which occur five to six times annually.

Red Cross Red Crescent Priorities

The Federation's presence in India is focused on supporting IRCS in its developmental activities, which are in line with the society's priorities, though without participating directly at the operational level. The Federation has started discussions with the national society, ICRC and partner societies on the development of a cooperation

agreement strategy (CAS), intended to define the framework of cooperation with IRCS and the roles of its partners, tentatively outlined as follows:

Federation: Support to the society's strategic priorities (focus on disaster-prone states, core programmes and branch development) through consultations, advice and financial support to its programme activities, and assisting IRCS in its cooperation with other partners through consultations, advice and practical assistance. The Federation has been an active participant in the national society development plan (NSDP) process. The draft NSDP was formally adopted in October 2003.

ICRC: Consolidate the functional relationship with the IRCS through active support to its capacity building programmes in dissemination, re-establishment of family links, as well as conflict preparedness and response operations. These are all aimed at contributing to the development process initiated by the society in its strategic plan. The ICRC also supports branch development activities.

Partner National Societies: Bilateral support from Red Cross Red Crescent (RCRC) societies to IRCS for a range of programmes and activities. As agreed at the partnership meeting held in January 2003, the regional planning and consultative meetings in March and April 2003, and in accordance with regional priorities, the RCRC partners in support of the IRCS will focus on some key areas. Below is a table outlining the relevant interests of various donors:

Partner Societies	Programme	Location	Funding (CHF)	Duration
American	Global AIDS programme (GAP)	Tamil Nadu: 2 districts IRCS blood banks nationwide	657,510	Until 30 September 2004
	Disaster Mental Health	IRCS headquarters: Orissa and Gujarat	759,071	Until 31 December 2004
	Gujarat Community Health	Patan and Banaskantha districts, Gujarat	704,172	Until 31 December 2004
	Gujarat Water Sanitation	Patan and Banaskantha districts, Gujarat	1,300,880	Until 31 December 2003
Spanish	Disaster Response	Delhi	123,000	2004
	Disaster Preparedness	Orissa	184,500	2004-05
	Health	Orissa	9225	2004
Canadian	Uttranchal Maternal and Child welfare	Uttranchal	1,313,650	2002-2006
	Health department in national headquarters	IRCS national headquarters	232,415	2002-2006
	Branch Development	Uttranchal	21,220	2002-2006
	Junior Red Cross/ Youth Red Cross	Uttranchal	131,365	2002-2006
	Nutrition project	Tamil Nadu	35,367	2002-2006
German	Orissa Disaster Management project II	Orissa	148,180	2004
	Andhra Pradesh Disaster Management	Andhra Pradesh	765,000	2004

The Gujarat earthquake operation demonstrated the importance of an integrated approach in achieving successful implementation of any programme. Branch development support, for example, is needed to ensure the sustainability of health and disaster management initiatives and there are close and necessary linkages between health and disaster management components in disaster preparedness and response. The Gujarat 'nursery' will continue to be transplanted to key state branches within an integrated framework and gradually extended, with reduced international support, throughout the structure of the society.

Movement context

The mission of the Federation delegation is to support the IRCS to provide effective and efficient service delivery to the most vulnerable through relevant and sustainable programmes within the core areas of *Strategy 2010* - promotion of humanitarian values, health and care, disaster preparedness and disaster response.

Along with the above core areas, organisational development (OD), capacity building and coordination with the partners of the Movement (including partner national societies in-country, as well as others that are stakeholders, the ICRC, and external agencies) are also mentioned in the strategy.

Programmes in the appeal are based on emerging strategic priorities identified during the IRCS development planning process, which took place in 2003. The final four-year draft NSDP received IRCS governance board endorsement in October 2003 and includes a mission, vision, set of strategic directions and objectives, and 20 action points. The strategic directions address the key issues of vulnerability and core areas, developing well-functioning branches through capacity building efforts. The action points describe some of the necessary activities to be implemented by branches and the national headquarters to help fulfil the vision of the national society.

The development of the NSDP has been highly participatory, involving representatives from over 350 IRCS state and district branches, partner national society representatives based in India and the ICRC - through a series of regional consultative meetings held in Amritsar, Kolkata and Chennai with a small task force comprised of members of the IRCS governing board. The resulting NSDP will have IRCS management and governance ownership and would be expected to be fed into the CAS.

The programme objectives listed below are based on NSDP findings and have been the basis of this appeal:

Health and Care

To improve the health of vulnerable populations in selected states by responding effectively in emergencies, and through health prevention and promotion in communities with a particular focus on HIV/AIDS.

Disaster Management

The IRCS has become the leading disaster management (DM) agency in India through improved disaster preparedness (DP) and disaster response (DR) capacity, leading to reduced vulnerability of communities to disasters.

Humanitarian Values

To enhance the capacity of the IRCS to deliver its humanitarian message, both within and outside the society, and to advocate tolerance and coexistence in communities.

Organisational Development

To raise the capacity of the national headquarters and branches in mobilising, organising and managing local resources, in order to improve the situation of vulnerable people.

Representation, Management and Implementation

To achieve a wide understanding of the role of the Federation at global, regional and country levels and for it to be seen as a valued addition to the IRCS, key stakeholders (including partner national societies, the international community and vulnerable communities served).

National society strategy and programme priorities

With over 650 branches and 12 million members and volunteers, the IRCS is the largest indigenous humanitarian organisation in the country. The society is well known for its role in the country's blood services but also increasingly known for its role in major disaster response (earthquakes, cyclones, drought, floods and internal conflicts).

The last three years have seen major changes within the national society. In June 2000, it launched its first national level participatory strategic planning meeting to streamline its diverse activities and be more in line with *Strategy 2010*. It is also one of the first national societies to have participated in a self-assessment exercise, the first step on the road towards a longer-term development plan and CAS.

On 26 January 2001, an earthquake measuring 7.9 on the Richter scale struck the western Indian state of Gujarat, leaving 20,000 people dead and 1.6 million affected. The quake caused an estimated US\$5 billion in damage, particularly to housing and infrastructure. The Federation along with 50 partner national societies from around the world responded rapidly to the needs of the affected population with personnel, goods, services and funds. This major disaster response operation lasted three months and was highly commendable in its service to affected

vulnerable communities in terms of quality, appropriateness, timeliness and also created solidarity among all RCRC partners.

Following the disaster response operation, the Gujarat rehabilitation appeal was launched, seeking CHF 60.6 million for a period of three years to enable affected communities to rebuild their lives and to strengthen the capacity of the IRCS. Response to the appeal came in the form of direct contributions through the Federation and by means of bilateral partnerships with national societies. Activities included a detailed community-based health and care programme, disaster management activities and branch development activities under an organisational development initiative.

Subsequently, the 2003 India appeal sought to combine the remaining elements of the original Gujarat appeal with emerging strategic priorities identified during partnership meetings in 2001 and 2003 together with the IRCS branch mapping survey and planning exercises conducted during 2002.

The 2004 appeal is based on the priorities identified in the IRCS four-year NSDP, which is within the capacity of the IRCS. It is also viewed as the first of a potential four years of partnership with the IRCS in coordinating external assistance. Certain remaining commitments in the original Gujarat appeal are also included until the scheduled completion of rehabilitation activities in July 2004. The strategic objectives of the NSDP, which are also key priorities for the national society, are as outlined in the previous section. These are expected to be fed into the CAS.

The Federation will lead a process for drafting the CAS, based also on the 2000/1 country assistance strategy, in which the Movement partners will clearly articulate their support towards the development of the national society.

The senior management of the IRCS, represented by the secretary general, has also been active in participation in regional fora and conferences. These have included South Asia regional meetings in Pakistan and Afghanistan, and an Asia and Pacific meeting in the Philippines, with commitments made to the Kabul Pledge and Manila Action Plan respectively

Strengthening the National Society

The India delegation is committed to supporting the IRCS on the implementation of its four-year development plan with achievement of the second generation CAS expected by the first quarter of 2004.

Some of the key priority areas that IRCS needs to proactively address include streamlining and strengthening human resources, spearheading central and state-wide resource generation, enhancing the communication and reporting levels between districts, state branches with national headquarters, and promoting active volunteering in the different states. The overall strengthening of the IRCS is a long-term process.

1. Health and Care

Background

The impacts of socio-economic conditions are directly linked to the health of the underprivileged communities in India. While over the past two decades the country has made tremendous progress in reducing poverty, this is yet to be uniform across states and rural and urban population. States such as Orissa and Bihar continue to be the poorest in India with almost half of the population living below the poverty line. Access to basic health care and use of services by vulnerable communities in many states is of concern. Preventable common illnesses such as diarrhoea, respiratory infection and malnutrition continue to pose a threat to the young, while a routine immunisation programme uniformly across the country is yet to be established. India remains a target country to eradicate polio with extensive immunisation programmes in polio-prone states. Due to lack of proper services available for pregnant women and lack of awareness among women of reproductive age, maternal mortality is very high (440 per 100,000 live births). As per the latest statistics India represents one quarter of childbirth-related deaths in the world.

The incidence of HIV infection is on the rise and now encompasses a wide range of the population including some low-risk groups, in addition to the known high-risk groups (commercial sex workers, injectable drug users or migrant workers.) Over four million people in India are infected with HIV/AIDS today although that is considered

to be a conservative figure as a result of under-reporting due to inadequate surveillance and stigma associated with the disease. Apart from the emerging epidemic of HIV/AIDS, tuberculosis incidence is of major concern. Communicable diseases pose a major threat to health of the population.

The IRCS has a huge network of branches in all the states and union territories. Traditionally the national society has been engaged in voluntary blood donation and emergency services in various state and district branches and has responded with medical relief during natural and/or man-made disasters.

The society, in partnership with the Federation and various partner national societies, has been engaged in addressing health issues in communities using Red Cross volunteers and youth. At present focal programme areas are HIV/AIDS and other communicable disease prevention, health promotion in communities, safe blood and preparation for public health intervention in emergencies. Activities include:

HIV/AIDS: Several branches are engaged in HIV/AIDS prevention activities mainly using Red Cross youth. The IRCS, with the support of the Federation, has begun activities within the planned HIV/AIDS programme as a part of its national health programme. The HIV/AIDS prevention programme will predominantly focus on youth (and child) peer education, and volunteers promoting awareness in communities. In addition, pilot projects are planned to support people living with HIV/AIDS (PLWHA) and their families in two to three selected high-prevalence states. Complementary to the current implementation, American Red Cross with its global AIDS programme is involved in HIV/AIDS prevention in schools and colleges.

Communicable disease prevention/polio, malaria: The IRCS state branches have been participating in the national polio eradication campaign mobilising Red Cross volunteers. Currently the polio immunisation campaign is being planned in targeted states in coordination with the WHO and other partners. The IRCS branches in Gujarat have joined the malaria prevention campaign in collaboration with the Ministry of Health.

Health promotion: The IRCS has volunteers trained in community based first aid in Gujarat, Bihar and West Bengal. Volunteers render first aid in their communities, are engaged in health awareness campaigns and are an integral part of the disaster preparedness programme. The society's Gujarat state branch has initiated training of traditional birth attendants (TBA) and *anganwadi* (pre-school programme initiated by the government/Integrated Childhood Development Scheme) workers in order to expand community outreach activities. At present the network of Red Cross volunteers is being strengthened through a 'cascading' training programme through training of trainers to volunteers. The Canadian Red Cross is supporting the mother and child welfare project in one state.

Health in emergencies: Indian Red Cross branches in disaster-prone states are equipped to conduct public health activities in emergencies and have responded to various disasters through trained volunteers. Currently the society is strengthening its capacity for public health response through trainings in health in emergencies (including psycho-social support) and integrating with disaster management and with partner national societies (the American Red Cross on disaster mental health and the Spanish Red Cross on disaster response health unit.)

Safe blood: Historically, the IRCS has been a leading organisation in the field of blood services and has been operating one of the largest voluntary blood banks in India since 1962. The blood bank in Delhi collects 35,000 to 40,000 units of blood annually, though this activity is not included in the appeal. The IRCS is committed to the promotion of safe blood through community-based volunteers. Several state branches conduct regular campaigns to recruit non-remunerated voluntary blood donors. The American Red Cross is supporting the society to promote safe blood nationwide.

Health reconstruction: The IRCS and Federation, with financial assistance from eight partner societies and IRCS, are reconstructing 155 health facilities in the state of Gujarat. The reconstruction programme started in mid-2002, and a total of 29 *anganwadis* were completed and handed over to the government of Gujarat in 2002. The reconstruction of the remaining 93 *anganwadis*, 14 sub-health centres, six dispensaries and 13 primary health centres (PHCs), in three districts of Gujarat started in January 2003. Reconstruction work was planned to be completed by end of 2003. However due to difficulties in procuring good quality steel reinforcement, a truckers strike, delays in obtaining tax exemptions from the government of Gujarat, as well as heavy monsoon rains with floods during the summer months, there were delays. All 122 *anganwadis* and 14 sub-health centres representing the bulk of reconstruction will be completed by the end of 2003. The remaining six dispensaries and 13 PHCs will be finalised in first quarter of 2004. Parallel to these activities, the Federation delegation team, in consultation with

the IRCS, will also need to finalise latent defects checks that can only be carried out six months post-completion as a part of contractual stipulations between the IRCS and the various contractors and consultant.

Monitoring the progress of the health programme will primarily be done by IRCS branches field workers, with additional input from national headquarters. In addition, the Federation delegation will undertake regular monitoring visits. Appropriate reporting tools on programme implementation are under development. The Federation delegation will maintain regular contact with the South Asia regional delegation health delegate in terms of information sharing and technical support. An interim review is planned by the end of 2004 to learn the lessons from the HIV/AIDS youth peer education programme. Further, evaluation of the community-based first aid (CBFA) programme initiated in Gujarat is planned by the end of 2004.

The current health and care programme is born out of the earthquake rehabilitation programme in Gujarat and focused towards strengthening the IRCS capacity in a nationwide community-based health programme. It targets prevention of communicable diseases including HIV/AIDS and other preventable illnesses, and strengthening the capacity of IRCS branches to respond during public health crises. Several partner national societies are engaged in supporting the IRCS in its health programme; the Federation is committed to incorporating these efforts in a coordinated manner and to integrate its assistance with the programmes initiated by various partners.

Focus is on strengthening the capacity of the IRCS and its branches in order to be effective in community health. Activities are predominantly prevention focused and target specific health issues both in normal and emergency situations. While the lessons learned from the community-based integrated health programme in Gujarat during the rehabilitation phase is the backbone of the current programme, the programme objectives and associated activities are designed on the present capacity of the IRCS, specific needs of other disaster-prone states, and on an expansion strategy to be implemented in stages. Strategic planning of the IRCS health programme is therefore the key to success to future development. This is built into the current programme in the form of strategy, policy and a longer-term plan.

The health programme is currently 100 per cent funded for 2003. For 2004 the HIV/AIDS programme is already 76 per cent covered and the community-based health programme 69 per cent covered.

Overall Goal

To improve the health of vulnerable populations in targeted states of India through health prevention and promotion in communities, with particular focus on HIV/AIDS and also through effective response in emergencies.

1. HIV/AIDS

The capacity of the Indian Red Cross to raise awareness of HIV/AIDS prevention and advocate for the dignity of the people living with HIV/AIDS is increased in targeted states and at the national level.

2. Community-Based Health

To enhance preventive health in communities, focusing on communicable diseases, common health problems, reproductive and child health, and response in emergencies, through Red Cross volunteers, TBA, in coordination with the community outreach workers.

3. Health Reconstruction in Gujarat

Reconstruction of health facilities under the Gujarat earthquake rehabilitation appeal completed.

Expected results	Indicators	Risks/Assumptions	Activities
Project One: HIV/AIDS prevention in communities			
IRCS capacity to address HIV/AIDS prevention nationwide is strengthened through developing policy, confidentiality guidelines for volunteers and 5-year strategic plan.	National headquarters HIV/AIDS cell established. HIV/AIDS policy and strategic plan developed. Volunteer guidelines on confidentiality developed.	Effective coordination with all stakeholders maintained.	National headquarters HIV/AIDS coordinator in place for IRCS. External consultation with other agencies to develop policy, guidelines and strategic plan. Working group meetings - 4

Expected results	Indicators	Risks/Assumptions	Activities
			<p>regional meetings.</p> <p>Workshop for state branch secretaries; 1 meeting of the ICRC managing board on health and HIV/AIDS policy.</p> <p>Dissemination of ICRC policy and strategic plan on HIV/AIDS among all partners through seminar.</p> <p>ICRC HIV/AIDS cell members/coordinator take part in at least 1 international conference.</p>
<p>Peer education among youth and children through youth/junior Red Cross (JRC) implemented in 5 selected states.</p>	<p>Number of active peer educators.</p> <p>Number of children and youth who have received HIV/AIDS information from peer educators.</p> <p>Number of students participating in counselling.</p> <p>Number of staff supporting programme in selected schools and colleges.</p> <p>Number of students observed taking part in related events such as World AIDS Day.</p> <p>Interim assessment of HIV/AIDS programme completed</p>	<p>Coordination between national headquarters and branches maintained.</p> <p>Cooperation with education authority maintained.</p> <p>Stigma and sensitivity relating to HIV/AIDS in India will not adversely affect project progress.</p>	<p>Recruit coordinators at state level (5 states) with clear job description.</p> <p>Training of youth peer educators.</p> <p>Production of information education/communication (IEC) materials.</p> <p>Red Cross youth (RCY) centre in college premises.</p> <p>RCY/JRC participation in national / international events related to HIV/AIDS.</p> <p>Interim assessment of current programme.</p>
<p>HIV/AIDS prevention programme in communities through RCV is implemented in 2 selected states.</p>	<p>Refresher trainings completed according to plan.</p> <p>Increased number of promotional activities undertaken by the RCV.</p> <p>Number of IEC materials distributed.</p> <p>Increased number of condoms sought.</p>	<p>Coordination between national headquarters and branches maintained.</p> <p>Federation support maintained.</p> <p>Cooperation with local authorities maintained.</p> <p>Stigma and sensitivity relating to HIV/AIDS will not adversely affect project.</p>	<p>Refresher trainings for Red Cross volunteers (RCV) on HIV/AIDS.</p> <p>IEC materials developed, field tested and produced.</p> <p>Group sessions in communities on HIV/AIDS.</p> <p>Distribution of condoms.</p>
<p>Impact of HIV/AIDS amongst PLWHA, particularly children and their HIV infected mothers, reduced in 3 selected states through 6 care/counselling and social support centres, community awareness raising and advocating for their dignity.</p>	<p>Number of HIV positive people attending counselling sessions.</p> <p>Number of mothers attending counselling sessions.</p> <p>Number of children</p>	<p>Coordination between national headquarters and branches maintained.</p> <p>Cooperation with the local authorities maintained.</p> <p>Stigma and sensitivity relating to HIV/AIDS will</p>	<p>Care/counselling/ social support centre and child play group centre established.</p> <p>Recruitment of support centre/play group staff.</p> <p>Development of appropriate promotional materials.</p>

Expected results	Indicators	Risks/Assumptions	Activities
	<p>attending child care day centre/play groups.</p> <p>Number of self-help groups established.</p> <p>Number HIV positive people taking part in the activities of the centre.</p> <p>Number of promotional activities in communities.</p> <p>Support/voluntary participation from administration and people of prominent social standing running centres.</p>	not adversely affect project progress.	HIV/AIDS promotion in communities (by mothers).
Project Two: Community-Based Health			
RCV network capacity is strengthened to provide CBFA services and outreach preventive health activities in selected 5 states.	<p>Number of state branches with volunteers trained in CBFA.</p> <p>Number of active volunteers in each branch.</p>	<p>Coordination between national headquarters and branches maintained.</p> <p>Federation support maintained.</p> <p>Cooperation with local authorities maintained.</p>	<p>RCV training coordinator at headquarters level.</p> <p>Placement of health coordinators at state level.</p> <p>Training workshops.</p> <p>Support to district level branches.</p>
Awareness of common health problems in communities increased along with reproductive health issues among women of reproductive age promoted in selected 3 states.	<p>Number of people in communities knowledgeable about common diseases and their prevention/control.</p> <p>Number of women of reproductive age in each community having received educational messages and material.</p> <p>Number of RCVs having received refresher training.</p> <p>Number of TBA (in Gujarat) practicing safe delivery.</p> <p>Number of school children participating in school health activities (child-to-child in Gujarat).</p> <p>Attendance of children in Anganwadis (in Gujarat).</p>	<p>Effective coordination with relevant authorities maintained.</p> <p>Coordination between national headquarters and branches maintained.</p>	<p>IEC materials developed, field tested and distributed.</p> <p>Group sessions with women of reproductive age.</p> <p>Transitional support to Gujarat integrated health programme: management, monitoring, refresher training of RCVs, training of TBA, procurement of safe delivery kits, training of trainers (ToT) in school health, school health education materials.</p> <p>Review of the impact of the programme in terms of knowledge, attitude and practice in the communities.</p>
Health of women and their children improved through community-based reproductive and child health programme, by equipping 15 'Red Cross centres' to provide antenatal and post-natal care and immunization activities in collaboration with local PHC.	<p>Number of well functioning 'Red Cross centres' with community activities.</p> <p>Number of women attending ante-natal/post-natal services.</p> <p>Number of women of</p>	<p>Effective coordination with relevant authorities maintained.</p> <p>Coordination between national headquarters and branches maintained.</p>	<p>Training of Red Cross centre staff.</p> <p>Refurbishment of Red Cross centres.</p> <p>Outreach activities to followup women with children < 1 year old.</p>

Expected results	Indicators	Risks/Assumptions	Activities
	<p>reproductive age in each community demonstrating knowledge on basic reproductive health issues.</p> <p>Number of women participating in or seeking reproductive health services.</p>		Community awareness activities.
Polio immunization campaign is effectively conducted in targeted 6 states in coordination with the MoH, WHO, UNICEF and other partners.	<p>Number of children immunized.</p> <p>Number of volunteers taking part in community mobilization.</p>	<p>Coordination between national headquarters and branches maintained.</p> <p>Cooperation with relevant authorities and partner organizations maintained.</p>	<p>Training RCV.</p> <p>Support target branches to carry out campaign.</p> <p>Procurement of IEC materials.</p> <p>Review of social mobilization and immunization campaign.</p>
The impact of TB reduced through raising awareness, reducing stigma and discrimination in communities and through increasing patient compliance to treatment in 1 district each of 3 states.	<p>Number of people who have received IEC on TB.</p> <p>Number of patients completing treatment.</p>	<p>Cooperation with relevant authorities and partner organisations maintained.</p> <p>Stigma related to TB will not affect community-level activities.</p>	<p>Training RCV.</p> <p>Develop/procure IEC materials.</p> <p>Health promotion in communities.</p> <p>Survey and follow-up of likely TB treatment defaulters.</p> <p>Provision of hygiene kits for TB patients.</p>
IRCS capacity enhanced through training of branch staff and RCVs in emergency health, CBFA, DR, disaster mental health and psychological care in coordination with DM and disaster mental health and disaster health response unit (DHRU).	<p>IRCS emergency assessment/response plan in coordination with DM and disaster mental health in place.</p> <p>Increase in skills and capacities of emergency assessment/response team.</p> <p>Number of teams trained in medical emergency health and logistics (DHRU) available for deployment.</p>	<p>Coordination between national headquarters and branches maintained.</p> <p>Federation support maintained.</p>	<p>Identify resource persons.</p> <p>Preparation of training material.</p> <p>Conduct training workshops.</p> <p>Training of teams at headquarters and branch levels in DHRU.</p> <p>Training of teams at headquarters and branch levels in water sanitation.</p> <p>Replenishment of medical supplies and equipment for DHRU.</p> <p>Regular refresher trainings of DHRU teams.</p> <p>Coordination meetings and workshops with public health emergency teams.</p>
Emergency stock procurement agreement established and IEC tools developed.	<p>New emergency health kit (NEHK) framework agreement finalised.</p> <p>IEC tools in various emergencies are in place.</p>	<p>Suitable suppliers available.</p> <p>Cooperation between IRCS and Federation maintained.</p>	<p>Finalise NEHK framework agreement.</p> <p>Develop appropriate IEC tools</p>

Coordination with other sectors (OD, DM), partner societies and relevant partners (MoH, WHO, UNICEF and NGOs) enhanced.	PHC collaboration with Red Cross programme to conduct outreach activities increased. Technical support from the partner organisations increased. Joint training workshop (minimum of one) OD and DM Joint assessment (in case of emergency) with DM, DMH and other relevant partners.	Coordination between national headquarters and branches maintained. Cooperation with relevant authorities and partner organisations (WHO, UNICEF) maintained. Coordination between health, DM, OD, DMH, logistics and maintained.	Joint planning meeting. Joint review/assessment with relevant partners. Joint production of IEC materials. Formulate integration details with DM, OD, DMH, DHRU. Develop operational details for joint assessment. Conduct joint (DM, DMH) training workshop. Identify joint assessment team in case of emergency.
Project Three: Health reconstruction in Gujarat			
113 permanent health care facilities are rehabilitated in Kutch, Banaskantha, Surendranagar and Rajkot.	Number of health facilities constructed.	Collaboration from the state authorities.	Completion of 6 dispensaries and 13 PHC in first quarter of 2004.

2. Disaster Management

Background

Disaster management is one of the key priorities in the strategy for the RCRC Movement, Federation's *Strategy 2010*, the South Asia regional cooperation agreement strategy (RCAS) 2003/5, and Indian Red Cross NSDP. The *Manila Action Plan 2002* signed by all South Asia national societies also calls for strengthening of disaster management capacities.

The IRCS has adopted a strategy of integrating disaster preparedness/disaster response (DP/DR), health, organisational development, information/dissemination and population movement in an ongoing campaign to reduce the vulnerability of communities. The vision of the 'Gujarat nursery', a fully integrated approach within the health, disaster preparedness and organisational development components is developing in the state of Gujarat. Trained health field staff have been cross-trained in disaster preparedness and disaster mental health reinforcing the disaster first responder concept.

The government of India over the last three years has realised the need for strengthening disaster preparedness and disaster response at national and local level. The IRCS programmes are designed and implemented in line with the government policies and activities.

Through participation in interagency forums such as the SPHERE India initiative, the national society's profile in disaster management has increased. The IRCS reputation as a good operator in disaster management was aided by quick and effective responses to floods during 2002/03 which struck the states of Bihar, Orissa, and Assam. The IRCS also played a vital role in coordinating and hosting several meetings of SPHERE India at its Disaster Management Centre in Delhi.

In conjunction with the strategic changes adopted by the IRCS, there have been regional initiatives, such as the Kabul Pledge where secretaries general of all South Asia national societies pledged to break down barriers separating communities through their commitment to Better Programming Initiative (BPI) and promotion of humanitarian values and support to displaced populations. The number of refugees in India towards the end of 2002 was approximately 332,000 while there are an estimated 600,000 internally displaced people in the country. Initiatives in the field of population movement will become an integral part of the disaster management (DM) programme.

The DM programme will be implemented in full integration with other national society programmes such as health, organisational development, information, population movement issues as well as in coordination with ICRC regarding conflict preparedness.

Widespread consultations with IRCS state and district branches have been conducted during three nationwide regional workshops in 2003 carried out jointly with organisational development and health programme support. The following areas were defined as of the highest priority:

- Better planning based on identification of disaster-prone areas, demographic profile and resource mapping;
- Resource generation (human and material) including creation of corpus funds and funds for temporary shelter;
- Volunteer's training (context specific) and management aspects along with periodic drills;
- Communication and information systems;
- Identification and recruitment of volunteers and formation of task-specific brigades;
- Establishment and maintenance of disaster preparedness stocks.

Out of India's 35 states, 22 are particularly vulnerable to natural disasters. Of these vulnerable states, eight have been selected for programme input based on a scientific selection process using criteria and data such as the occurrence of natural disasters in the past 11 years, vulnerability to disasters, poverty, density of population, findings of branch mapping exercises, UNDP multi-hazard analysis reports and so on. The selected states are Andhra Pradesh, Assam, Bihar, Gujarat, Orissa, Tamil Nadu, Uttaranchal and West Bengal. The organisational development programme will follow the same prioritisation of the aforementioned states, since the regional consultation was done jointly. The health programme prioritisation of states will be based on identified needs but will be informed by a common understanding among the three programmes to coordinate and integrate the relevant activities together.

As a component of ongoing branch assessment, the well-prepared national society questionnaire was adapted for assessing all state branches followed by capacity assessment of the eight target state branches. A comprehensive review of the DP/DR programme was conducted during May 2003 with full participation of IRCS headquarters and branches. The outcome of the review and the recommendations will form the basis for the IRCS future DM strategy and planning. In order to ensure greater financial sustainability of the programme, the review report has recommended extension of the programme till 2006, considering external funding which will be supported by different stakeholders. Furthermore, IRCS will explore the possibilities and opportunities from its own sources to implement the DM activities in the future by focusing on the community-based activities and well prepared branches. The IRCS has accepted the review report as a strategic guidance tool for its future DM programme development.

Emergency preparedness is given high priority by the IRCS. Substantial progress has been made including writing layout plans, equipment manuals, standard operating procedures, a maintenance plan for camp management, water and sanitation, electronic functions of mobile disaster units (MDUs), finalising procurement for three MDUs and field training for MDUs and operation of emergency warehouse equipment. The MDUs are emergency response tools for supporting IRCS assessment and response teams during disasters and emergency situations without replenishment for ten days. One MDU set consist of camping equipment, foodstuffs, personal survival kit, assessment kit, office and IT equipment.

The IRCS is also implementing a variety of other DM activities in bilateral partnership with national societies including:

- American Red Cross in disaster mental health with an integrated approach to first aid and community volunteers training.
- German Red Cross in Orissa is supporting the DM programme within a timeframe of 2003-2007 and similar support will be provided to Andhra Pradesh state.
- Spanish Red Cross in supporting IRCS capacity development by providing training in health and water sanitation and making available a disaster health response unit (DHRU) and a disaster water sanitation response unit (DWSRU). It also provides support for the Orissa state branch community-based disaster preparedness programme.

The IRCS has demonstrated a high level of commitment to building capacities in disaster preparedness and mitigation. There was the successful implementation of mitigation activities under the 2002 floods operation and pilot disaster response programme in two flood-affected states in 2002. In 2003 IRCS responded to the flood emergencies in Orissa, Bihar and West Bengal. A draft disaster preparedness plan was also developed, and a review of the DP/DR programme was carried out in addition to the training activities in Gujarat at the national and regional levels. Learning reviews now form a part of the organisational culture, demonstrated through the running of two such reviews in Bihar and Assam after the 2002 flood operation.

Funding for the DP/DR programme was 135 per cent covered for 2003. By way of long-term funding commitments, and carryover funds from 2003 from various donors, the programme will be fully covered for 2004. There is an assumption however that the carry-over funds are unearmarked and there are no conditions preventing carry over to 2004. The programme currently has good support from various donors and long term commitments are now required building on the strategic direction of the IRCS disaster management programme, in consideration of the recent DP/DR review recommendations. Since the carry-over funds of 2003 were part of Gujarat rehabilitation appeal, donors are requested to be flexible in the use of these funds for 2004 for the DM programme activities. The IRCS will look into all possibilities of maintaining the DM programme in the longer term through mobilisation of local resources.

The IRCS DM department will monitor projects and produce progress reports. Review and monitoring will be incorporated into activity-based visits. State-level reviews and planning meetings will be held and tools developed for state and district-level functionaries to undertake monitoring.

The India delegation DM team will monitor the programme on a regular basis and at agreed intervals in order to provide guidance, technical support and advice as and where necessary. Regular reports and field visits by the IRCS and Federation staff will provide close monitoring and evaluation of DM.

A programme review is planned for late 2004 with support from the Federation regional delegation and an external evaluation will be carried out during 2005.

Overall Goal

Indian Red Cross has become the leading disaster management agency in India through improved disaster preparedness and disaster response capacity, leading to reduced vulnerability of communities to disasters.

Programme Objective

To improve and strengthen the capacity of the Indian Red Cross in disaster preparedness and disaster response to enable efficient response to disasters and to empower communities to reduce their vulnerability in 8 targeted states by the end of 2004.

Expected Results	Indicators	Risks/Assumptions	Activities
Project: Disaster Management			
Clearly laid out DM policies and plans. Continued participation in inter-agency initiatives, linkages with key DM agencies strengthened.	Action plans are identified in line with DM policy and plan. Roles and responsibilities at headquarters defined. Training and dissemination for policy and DP plan organised at different levels. Active promotion of SPHERE within IRCS policy and practice. IRCS DP plan compatible with government DP plan.	Inter-agency coordination is sustained. IRCS commitment to the process is maintained. Stable political leadership within the country. Government at all levels accepts /supports IRCS role and mandate in national DM plan. Continued resource availability.	Set up inter-sectoral taskforce for integrated coordination. Develop DP policy and institutionalise. Form IRCS DM committee., Promotion and institutionalisation of SPHERE with IRCS planning and practice. Conduct lessons learned exercises and produce case studies.

<p>IRCS national disaster response system is improved.</p>	<p>Timely reporting to national headquarters from 8 selected DP states.</p> <p>Improved information and reporting skills among IRCS staff.</p> <p>Timely response to disasters.</p> <p>Effective coordination mechanisms in place.</p>	<p>Stable political leadership within the country.</p> <p>No major disasters.</p>	<p>Conduct one national vulnerability and capacity assessment (VCA).</p> <p>Formulate standard operating procedures (SoPs) for DRTs and MDUs.</p> <p>Conduct state-wide VCA.</p> <p>Conduct one disaster assessment and response training along with MDU training.</p> <p>Create emergency relief fund.</p> <p>Internal review of the DP/DR programme with regional delegation support.</p> <p>Institutionalise DHRU within the IRCS DR strategy including one refresher training course.</p>
<p>Strategic logistics system, policies and procedures planned and maintained; and standardised relief items specifications to complete existing DP stock for 20,000 families.</p>	<p>Logistics policies and procedures in place.</p> <p>Relief materials catalogue printed and used by IRCS.</p> <p>Networking of regional warehouses with disaster management and coordination (DMC) control room carried out.</p> <p>DP stock covering 20,000 families pre-positioned.</p> <p>Two warehouses renovated.</p>	<p>Standardised logistics material available.</p> <p>Desired funding available for warehouse renovations.</p>	<p>Institutionalise stock procurement and storage procedures in IRCS.</p> <p>Logistics refresher ToT.</p> <p>Renovation of two warehouses and development of protocols and procedures for warehouse management.</p> <p>Pre-position DP stocks for 20,000 families, produce DP stocks for 5,000 families.</p> <p>Initiate nationwide logistics mapping.</p> <p>Build database of suppliers, registration procedures and agreements.</p>
<p>DP capacity of Gujarat branch plus seven other selected states strengthened, disaster and hazard awareness increased at the community level and national headquarters state branch co-ordination strengthened.</p>	<p>Greater coordination with key players.</p> <p>Documentation within state branch, interaction with national headquarters, and improved linkages with external institutions.</p> <p>Formation of state-level disaster response teams.</p> <p>Effective, well-connected response network.</p>	<p>Full support from national headquarters is maintained.</p> <p>Continuing stable institutional leadership</p> <p>Successful integration of plans and programmes.</p>	<p>Conduct follow-up of branch DP capacity assessment of six states.</p> <p>Recruit DP coordinators in six states.</p> <p>Conduct DP capacity building workshops in seven states integrated with OD component.</p> <p>Set up control rooms in seven state branches.</p> <p>Conduct disaster preparedness capacity building ToT.</p> <p>Form four state disaster response teams.</p> <p>Initiate state emergency fund in</p>

			eight states. Review roles of committees and volunteers management with support from OD.
Disaster and conflict preparedness and response capabilities of communities in multi-hazard-prone districts are strengthened using a cross-sectoral approach.	Improved DM awareness among communities. Effective well connected response network. Community based DM plans are formulated, committees and task forces formed. Community awareness material developed. Decreased number of people affected by disasters.	Community receptive to change. Continued commitment to cross-sectoral integration. State branch support for DP/DR programme initiatives sustained. Timely availability of adequate resources. Commitment and support from stakeholders.	CBDP experience sharing conference. Two mitigation activities on the basis of VCA. Initiate early warning system in two state branches. Development and dissemination of RCV training materials with components of humanitarian values integrated with DMH programme. Quarterly state-level trainings. Replicate pilot CBDP model through pilot projects in two states with integrated components of conflict preparedness and BPI. Conduct community-based DR exercises.

3. Humanitarian Values (HV)

Background

The IRCS seeks to champion individual and community values which encourage respect for other human beings and a willingness to work together to find solutions to community problems. The purpose of the programme is not simply to ensure that people inside and outside the society know of these principles and values, but to influence their behaviour. To meet these challenges a multi-faceted long-term coordinated approach is needed at the grassroots and community level where it can make a lasting difference. The IRCS will work with communities and the government in this regard. All activities highlighted under the following objectives have been integrated into the three core programmes: health, organisational development and DM, and the humanitarian values programme operational expenses have been appropriately divided across these core programmes.

Dissemination of humanitarian values incorporates spreading information on international humanitarian law (IHL), and the Fundamental Principles and ideals of the Movement. Dissemination is necessary to ensure that these concepts are understood, accepted and respected, and to promote and facilitate the humanitarian work based on them. The IRCS is in a unique position to help bring this about through its mandate, its Fundamental Principles and the esteem in which it is held.

Dissemination is most relevant and productive when related to and integrated into other community-oriented activities carried out by IRCS. Action in this area will be closely coordinated with the ICRC.

The emblems used by the components of the RCRC Movement are among the best known in the world. Nevertheless, lack of understanding and respect for the emblems reduce their effectiveness. A continuous effort is needed to promote knowledge and respect for the emblems as well as preventing their abuse for indicative purposes.

The values that the Movement believe are important to be promoted externally are:

- The protection of life, health and human dignity;
- Respect for the human being;

- Non-discrimination on the basis of nationality, race, gender, religious beliefs, class or political opinions;
- Mutual understanding, friendship, cooperation and lasting peace among all people;
- Service by volunteers.

The IRCS aims to achieve humanitarian values objectives through integrated dissemination workshops and orientation of volunteers. The society will also continue to promote the Fundamental Principles and IHL.

The society's periodic and annual reports will serve as monitoring tools to quantify the progress achieved against work plans, and the six-monthly programme update produced by the Federation will report on dissemination activities and so on. In addition, surveys will be conducted following trainings on whether participants feel behaviour and attitudinal changes have been achieved.

Overall Goal

Enhance the capacity of the Indian Red Cross to deliver its humanitarian message both within and outside the national society, and to advocate tolerance and co-existence in communities.

Programme Objective

To increase the capacity of the Indian Red Cross to deliver its humanitarian message both within and outside the society, leading to tolerance and co-existence in the communities.

Expected results	Indicators	Risks/Assumptions	Activities
Project: Humanitarian Values			
Awareness of the Movement's principles and IHL will have increased within and outside the IRCS through training and knowledge-sharing.	Members, volunteers, governance and management more familiarized with the Movement. Improved training pattern.	Timely availability of adequate resources (human material and financial).	Training modules developed by national headquarters. Develop HV leadership programme for IRCS. 10 integrated training workshops in 8 disaster-prone states.
Raise awareness and strengthen the knowledge, understanding and respect of the RCRC Movement among public authorities.	Increased recognition by public authorities.	Timely availability of adequate resources.	Profile development activities to enhance public authorities' recognition of IRCS efforts. Develop Red Cross publicity materials. Celebrate key events in Red Cross calendar at a national level.
Red Cross principles will have been disseminated through health, DM and OD programmes.	Volunteers proactively take up dissemination of RCRC principles.	Security situation remains stable.	Identify and link HV into other programme areas. Formulate HV curriculum for incorporation into workshops for other programmes.
IRCS leadership promotes Red Cross principles among counterpart agencies.	Increased understanding in counterpart agencies about the RCRC Movement.	Timely availability of resources.	Develop and produce promotional material for counterpart agencies. Promotion Red Cross values through high profile interaction of the IRCS with counterpart agencies.

4. Organisational Development

Background

The Indian Red Cross has embarked on a long-term change process that was initiated at the first national level strategic planning meeting held in June 2000. The NSDP under development during 2003 clearly reflects and reaffirms priorities set in 2000, which also serve as a base for the Federation's organisational development (OD) programme. The programme focuses on strengthening the skills and capabilities of the national headquarters team and supporting the development of selected branches in disaster-prone states.

The national society is committed to building a well-functioning national society in India. This has been clearly articulated by leadership during development of the NSDP. The IRCS identifies the importance of building organisational capacity to deliver appropriate services in core programme areas throughout the country. The first year of implementation of the NSDP in 2004 will be regarded as a 'benchmark' year against which future progress will be measured.

The NSDP's three cross-cutting strategic directions have direct implications for OD activities vis a vis capacity building during 2004-2007 with the focus on disaster-prone states, developing core programmes and branch development.

In 2004 and beyond, the approach of OD is to continue to work closely in an integrated way with DM, health and other partners focusing on selected states that are the most disaster and emergency prone. For 2004, the OD programme will initially focus on Orissa and Gujarat and two more states that will be decided by end 2003. Particular focus will be on promoting and supporting the building of local Red Cross capacities for delivery of effective services. This will be done through direct support to national headquarters targeted at coaching governance, volunteers, and employed staff in the branches. In addition, complementary work will be carried out to capture and disseminate relevant practices and knowledge.

In the past, the IRCS operated as a collection of related, but semi-autonomous branches, rather than a unified and centrally led society. The IRCS would be better prepared to respond to needs if it had a countrywide, well functioning network of strong branches. The purpose of well functioning branches is to enable local volunteer-based groups to successfully and effectively carry out programmes, delivering quality health, and disaster response and preparedness programmes in the community. An encouraging development during 2003 has been a significant commitment from the branch level to support long-term development in order to streamline and coordinate the branch network.

Currently branch development is 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 plans to support branch development in the newly-formed state of Uttaranchal.

One of the most difficult aspects of revitalising the IRCS is the issue of 'independence versus being auxiliary to the government'. At the national level there is a need to devolve more authority to the senior management levels in order to create a more flexible and responsive organisation. A reviewed and established constitution will support this. The IRCS has initiated this work during 2002/3 with joint support from ICRC and the Federation.

Since a finance director was recruited for IRCS in 2000 there has been an increasing focus on strengthening transparency and accountability. Accounts and reporting are improving and better internal control is in place. New finance software was established during 2002/3 and the capacity of the risk management will be further increased when the financial management system and procedures at national headquarters are further strengthened. The next step during 2004-2007 is to reach out and strengthen the branches in their financial management capacity.

The IRCS aims at generating necessary resources for its services from a diversified base safeguarding the independence, ensuring successful and timely implementation of programmes through increased resource mobilisation (RM) and management. RM initiatives during the last few years include planning of a domestic fundraising campaign for the drought in Rajasthan as well as local fundraising in Bihar and good experience has been recorded. In Orissa during 2003, annual membership increased by 100 per cent.

Numerous non-governmental organisations (NGOs) are in the same field with the IRCS. Many of them are small, focused, and community-based that successfully involve volunteers. The IRCS has volunteer structures that have not developed for many years. Meanwhile, in Gujarat more than 3,500 volunteers have been recruited and organised in villages. Currently, the Gujarat model of the volunteer management system is being developed and will be introduced in other priority states and branches during 2004/5.

Building on this and other experiences, in close coordination with DM and health, developing a strategy and a youth policy for how to involve and organise young people in Red Cross and mobilising youth in the delivery of programmes is a key activity during 2004.

It is crucial to maintain the positive image of IRCS in a competitive and professional atmosphere. The key advantage is its image and this will be used and extended to the public at large as well as to specifically targeted groups. In pursuit of this objective the communication capacity of the IRCS at national level has increased during 2002 and 2003, and activities will escalate through extension into the branches during the coming years.

It is envisioned that IRCS will become fully engaged in sharing experience and skills with neighbouring societies and this will support strengthening the networks in the region.

Due to a variety of reasons, the OD programme has been under-spent in 2003 and funds from previous years will be carried over to 2004. One reason for this is that the society's national headquarters has had difficulty in making dedicated counterparts available, hence, the absorption capacity has been slow to improve. The only activity not funded for 2004 therefore is the second phase of the rehabilitation and re-establishment of the Central Training Institute. Otherwise, the programme is fully funded by long-term committed funding from donors, and carry over funds. However, the assumption is that the carry over funds are unearmarked and there are no conditions for allowing this carryover.

The programme will be monitored through the study of reports from the field, especially from branches, as well as through regular reporting by the IRCS headquarters. Case studies will be carried out in a more systematic way. The programme will be subject to a review in 2004 to ensure that targets are being met and to reaffirm the priorities for the next two years.

Overall Goal

To raise the capacity of the national headquarters and the branches in mobilising, organising and managing local resources in order to improve the situation of the vulnerable.

Programme Objective

The Indian Red Cross structure, systems, resources, and image are enhanced in order to increase the capacity of the national headquarters and branches to deliver effective volunteer-based programs in the community.

Expected results	Indicators	Risks/Assumptions	Activities
Project: Organisational Development			
A national branch development policy and strategy developed and capacity of the national headquarters and state branches to provide development support to the branches increased.	<p>Capable and strong branches better addressing the needs of the vulnerable.</p> <p>Locally generated resources increased.</p> <p>Sharing and using experience on branch development at regional/ international levels.</p> <p>Increased coordination between national headquarters and branches.</p> <p>Quality of activity and</p>	<p>Timely availability of resources (human, material and financial).</p> <p>NSDP is taken into consideration while developing annual plans.</p>	<p>Develop, implement and establish branch development policies and strategy.</p> <p>Branch development ToT workshops and regional follow-up workshops.</p> <p>Assist selected states in capacity building activities and drafting of branch development plans.</p> <p>Branch development workshop at national level.</p> <p>Assist Gujarat state with capacity building activities and branch</p>

Expected results	Indicators	Risks/Assumptions	Activities
	financial reporting is considerably improved.		development.
Integrity of IRCS promoted, ensuring respect and compliance with the Fundamental Principles by reviewing amending and establishing the constitution, organisational structure, rules, policies, and procedures in accordance with the needs of the organisation and in coherence with the policies of the Movement.	<p>Uniform branch rules, procedures and constitution reviewed.</p> <p>Sharing and using experience on organisational development at regional/international levels.</p> <p>Headquarters organogram developed and established.</p> <p>Strategic planning and budgeting guideline tools provided to branches and training organised and participatory planning process encouraged.</p> <p>Fundamental Principles followed by branches.</p>	<p>Timely availability of adequate resources.</p> <p>NSDP taken into consideration while developing annual plans.</p>	<p>Establish branch rules and continue implementing the initiated constitution review.</p> <p>Organise two constitution /branch rules review meetings at national level for state branches.</p> <p>Organise one state branch secretary's conference to review programme implementation.</p> <p>Develop planning and budgeting guidelines and organize ToT workshop on planning.</p> <p>Organise leadership training for management and governance at national level.</p>
A national resource development strategy and policy integrating financial, material as well as member development, mobilisation and maintenance is developed and established.	<p>A community-level self-sustaining national RM and development policy.</p> <p>Membership programme developed with goal of 1% of population.</p> <p>Corporate partnerships established and fundraising campaigns cover 20% of programme costs.</p> <p>Sharing experience on RM at regional/ international levels.</p> <p>Innovative leadership integrates RM in all programmes and better use of resources.</p>	<p>Timely availability of adequate resources.</p> <p>NSDP taken into consideration while developing annual plans</p>	<p>Establish policies, rules and procedures for RM and management.</p> <p>Conduct national RM ToT workshops and facilitate regional follow up sessions.</p> <p>Develop existing membership system and initiate membership campaign.</p> <p>Identify and network with strategic corporate partners.</p> <p>Develop a fundraising system and initiate at least one fundraising campaign per year for funding of IRCS core area activities.</p>
Capacity for information and communication at the branch level and at national headquarters improved and upgraded.	<p>Establish national communication policy and strategy.</p> <p>Sharing and using experience on RM at regional/ international levels.</p> <p>Information system developed at headquarters and selected branches.</p> <p>Strengthened media relations.</p> <p>Improved IRCS image</p>	<p>Timely availability of adequate resources.</p> <p>NSDP taken into consideration while developing annual plans.</p>	<p>Develop policies, strategy, rules and procedures for communication and information.</p> <p>Develop IRCS corporate identity programme.</p> <p>Organise national communication ToT workshop and facilitate regional follow up workshops.</p> <p>Make information available to branches, partners, stakeholders etc about IRCS organisation and programmes.</p>

<p>Capacity for financial planning, management and reporting at headquarters improved and upgraded and a finance development project for the branches designed and established.</p>	<p>IRCS finance handbook completed.</p> <p>Branches have annually approved programmes, budgets and audit.</p> <p>Finance software operational at national headquarters and selected branches.</p> <p>Sharing/using experience on finance and finance development at regional/international levels.</p> <p>Project cell to handle financial relations with donors and partners established.</p> <p>Improved pace of cash flow between branches, clients, service providers and national headquarters.</p>	<p>Timely availability of adequate resources.</p> <p>NSDP taken into consideration while developing annual plans.</p>	<p>Develop rules and procedures for finance management and make available in finance handbook.</p> <p>Finance development and management training for managers and officers at national headquarters.</p> <p>ToT for state branches on accounting, procedures, budgeting techniques and reporting.</p> <p>Design and initiate branch finance development project.</p>
<p>A community-based volunteer management system including relief and emergency volunteers developed and established and youth/junior Red Cross developed.</p>	<p>Increased number of organised, trained and motivated volunteers.</p> <p>Relief and rescue squads formed.</p> <p>National youth policy developed, junior and youth activities coordinated with branch activities.</p> <p>Increased number of young people interested in associating with IRCS.</p> <p>Sharing/using experience on volunteer and youth development at regional/international levels.</p> <p>Code of conduct is established.</p>	<p>Timely availability of adequate resources.</p> <p>NSDP taken into consideration while developing annual plans.</p>	<p>Develop policies, strategy, rules and procedures for volunteering and volunteer management using regional HR development manual.</p> <p>National volunteer management ToT workshop and regional follow up workshops.</p> <p>Develop relief and emergency volunteer management system.</p> <p>Develop and establish youth policy, conduct 2 national youth workshops and support state level workshops in selected states.</p> <p>Develop training materials for volunteers, junior/youth Red Cross.</p>
<p>HR development system and training programme for governance, volunteers, and staff developed and established.</p>	<p>Performance of governance and management of IRCS improved at all levels.</p> <p>A national gender policy developed.</p> <p>Navision used for HR management.</p> <p>Sharing/using experience on HR development and management at regional/</p>	<p>Timely availability of adequate resources.</p> <p>NSDP taken into consideration while developing annual plans.</p>	<p>Review, develop and establish policies, strategy, rules, procedures and tools for staff management and HR development using HR development manual.</p> <p>Develop training curriculum and programme for volunteers, governance and staff.</p> <p>Management and development ToT workshop and regional</p>

	international levels. <i>Code of Conduct</i> is used.		follow-up workshops. Develop voluntary retirement scheme for IRCS. Rehabilitate the hostel of the Central Training Institute.
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5. Representation, Management and Implementation

The India Operation Centre was established in April 2001 to facilitate the development of a strong and effective working relationship with the IRCS and partner national societies to ensure the successful realisation of the Gujarat earthquake recovery programmes. The role of the India delegation also incorporates the cross-cutting initiatives of OD and capacity building. The latter part of 2002 and 2003 saw the implementation of major activities in the Gujarat rehabilitation operations as well as country-wide relief operational achievements (floods in Orissa, Bihar and Assam and drought in Rajasthan) with active cooperation and collaboration with partner national societies and other external stakeholders.

In 2003, substantial progress based on the earlier Gujarat appeal commitments, was achieved in terms of further strengthening the ‘Gujarat nursery’ approach of integrating branch development with health and DM, resulting in a strong branch to sustain the other programme initiatives. Partnership relationships have been strengthened and the national society’s four-year development plan has been drafted and was to have been endorsed in October 2003.

In July 2003, the centre changed its name to the India delegation to reflect emerging developmental and capacity building priorities, nationwide activities and alignment with other national Federation country delegations in the South Asia region.

Coordination, Cooperation and Strategic Partnerships

The rehabilitative consultative committee was established from the partnership meeting held in December 2001. Its meetings, hosted by the IRCS were held quarterly until the latter part of 2002. In 2003, with the agreement of partner national societies and the IRCS based on emerging priorities, sectoral meetings were held for health, DM, OD and senior management. These meetings were first convened on an informal basis and later formalised on a monthly basis subject to needs and consent amongst partners. Some of the key areas that these meetings address include:

- Sectoral and partner coordination in the rapidly concluding Gujarat operation programmes.
- Emerging nationwide initiatives and partners’ perspectives.
- Increasing level of OD needs and capacity building
- The need to reshape and refocus existing cooperation agreements to give increased emphasis on areas that are of greater added value from the perspective of Federation partners.
- Build and foster better partnerships between the Federation, partner societies and IRCS.

Overall Goal

The role of the Federation at global, regional and country levels is widely seen to be adding value to the IRCS, partner national societies, both globally and currently operating in India, the IRCS and the international community.

Objective

Strong, well coordinated, diversified and long-term partnerships that lead to efficient, effective and sustainable IRCS action in support of vulnerable people.

Expected Results

- IRCS becomes the lead humanitarian organisation in India.
- Strong partnerships within the RCRC Movement.
- Further alignment in areas of security coordination, information and knowledge sharing, relationship management and planning, and management coordination.
- Concluding the second generation CAS process.
- Secure multi-year funding for the IRCS on the basis of the NSDP and subsequent CAS.

- Increased, effective participation of IRCS governance in workshops and meetings.
- Regular coordination and meetings with the IRCS senior managers, sectoral managers, partner societies and other key stakeholders.
- Periodic sectoral review exercises using expertise external to the Federation delegation.
- Close coordination with NGOs and UN agencies.
- In close coordination with the IRCS, partner societies and South Asia regional delegation (SARD), target diplomatic missions to market annual appeals, emergency appeals and provide operational and policy updates.
- Key stakeholders such as partner national societies, ICRC and so on receive regular and appropriate Federation information/publicity materials.

Delegation Management

The Federation's India delegation comprises eight delegates in health, DM, OD, finance, relief, construction, and the head of delegation together with the support of national staff. The expatriate staff level has been considerably reduced as more delegates are replaced by national staff.

The Federation's exit strategy has been developed in a phased manner, beginning with Gujarat operations being totally handed over to the IRCS Gujarat state branch. The second step is to uniformly spread activities nationwide as per the national society development plan, strengthening the society's national headquarters and branches, and finally to exit.

Overall Goal

Support the IRCS to ensure quality, effective and efficient service delivery to vulnerable communities; build capacity of the IRCS in coordination and cooperation with key stakeholders.

Objective

To manage Federation financial, human and programme resources in a highly effective and efficient manner.

Expected Results

- Further streamline the expatriate delegation team to a total of six to cover the core areas with support and leadership functions in 2004.
- With Federation HR support, ensure full transfer of Gujarat operational responsibilities within the IRCS employment contracts, by early 2004.
- Efficient and effective programme monitoring and implementation with quality reporting to partners.
- Continue to support SARD on regional deployment of HR.
- Sound programme leadership and management, counterpart facilitation and support and financial management to ensure expenditure with minimal variance on budgets.
- Training and development based on performance development reviews and staff evaluations as well as sectoral priorities.
- Teamwork and integrated working within the delegation and the Movement.

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BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.57/2004

Name: India

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	64,025	512,634	0	190,000	0	0	766,659
Clothing & textiles	0	0	0	0	0	0	0
Food	54,000	0	0	0	0	0	54,000
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	136,400	0	0	0	0	0	136,400
Teaching materials	441,200	15,000	0	0	0	0	456,200
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	99,140	36,500	0	0	0	0	135,640
SUPPLIES	794,765	564,134	0	190,000	0	0	1,548,899
Land & Buildings	616,102	0	0	0	0	0	616,102
Vehicles	0	0	0	0	0	0	0
Computers & telecom	7,988	1,200	0	3,000	0	0	12,188
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	624,090	1,200	0	3,000	0	0	628,290
Warehouse & Distribution	0	7,500	0	0	0	0	7,500
Transport & Vehicules	33,189	20,500	0	6,700	0	0	60,389
TRANSPORT & STORAGE	33,189	28,000	0	6,700	0	0	67,889
Programme Support	202,885	91,944	0	80,862	0	0	375,690
PROGRAMME SUPPORT	202,885	91,944	0	80,862	0	0	375,690
Personnel-delegates	274,500	208,500	0	165,000	0	0	648,000
Personnel-national staff	331,237	185,461	0	60,164	0	0	576,862
Consultants	78,492	17,500	0	136,088	0	0	232,080
PERSONNEL	684,229	411,461	0	361,252	0	0	1,456,942
W/shops & Training	275,453	172,466	0	293,439	0	0	741,358
WORKSHOPS & TRAINING	275,453	172,466	0	293,439	0	0	741,358
Travel & related expenses	85,856	36,614	0	76,453	0	0	198,923
Information	183,450	52,200	0	104,675	0	0	340,325
Other General costs	237,393	56,501	0	127,644	0	0	421,538
GENERAL EXPENSES	506,699	145,315	0	308,772	0	0	960,786
TOTAL BUDGET:	3,121,310	1,414,520	0	1,244,025	0	0	5,779,854