

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

31 March 2005

In Brief

Appeal No. 01.57/04; Appeal target (revised in the first quarter of the year): CHF 7,040,353 (USD 6,097,128 or EUR 4,578,111); Appeal coverage: 130%.
(click here to go directly to the attached Financial Report).

This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning. This annual report also covers the operational period September to December 2004, not covered by the last programme update. All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation's website at <http://www.ifrc.org>

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Operational Context

Following the general elections in April 2004, India witnessed a consolidation of the new central government and a replacement of a number of state governments. Subsequently, the central health minister (India) was appointed the new chairperson of the Indian Red Cross Society (IRCS).

Two governing board meetings of IRCS were held in March and September respectively. The key outcomes of these meetings included the endorsement of the IRCS National Strategic Development Plan 2004-2007 and the adoption of uniform branch rules. At the second governing board meeting, the term of the current secretary general was extended for a period of two years.

The IRCS annual general meeting (general assembly) was held on 13 October 2004. It was presided by the national society president (also President of India) and the IRCS chairperson and attended by the International

Federation country and regional representatives, the ICRC and partner national societies present in the country. The principal activity of the meeting was the approval of the audit of the national society's accounts.

The governing board approved the innovative concept of a HIV/AIDS consortium, led by IRCS with partner national societies and the Federation as stakeholders, in March 2004. The first consortium meeting was held in Nepal later the same month, with active participation of nine partner national societies. Following a second round of discussions held in July, a draft concept paper on the working modalities of the consortium was shared with the five interested partner national societies: British, Canadian, Danish, Spanish and Swedish Red Cross societies. The final agreement on the functioning of the consortium is expected to be signed in early 2005.

A reconstruction programme in Gujarat was successfully completed in April 2004 and responsibilities handed over to the IRCS Gujarat branch. A total of 152 health facilities were constructed. Budgetary savings from the programme were used to strengthen the disaster management infrastructure and buffer stocks, with consent of the respective donors.

In June and July, IRCS responded to severe flooding which affected 33 million people in the Indian states of Assam and Bihar. A request for assistance was launched for CHF 2,982,000 to assist 250,000 beneficiaries (for details refer to operations updates on the [Emergency Appeal 16/2004](#)).

Health and care

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

HIV/AIDS project objective: The capacity of IRCS to raise awareness of HIV/AIDS prevention and advocate for the dignity of people living with HIV/AIDS is increased in targeted states and at the national level.

Operations from September to December 2004

Expected results:

- IRCS capacity to address HIV/AIDS prevention nationwide strengthened through developing policy, confidentiality guidelines for volunteers and a five-year strategic plan;
- Peer education among youth and children through youth/junior Red Cross implemented in five selected states;
- HIV/AIDS prevention programme in communities is implemented in two selected states through Red Cross volunteers; and
- Impact of HIV/AIDS amongst people living with HIV/AIDS (PLWHA), particularly children and their HIV positive mothers, reduced in three selected states through six care/counselling and social support centres, community awareness raising and advocating for their dignity.

A draft agreement was prepared between IRCS, the Federation and five national societies (British, Canadian, Danish, Spanish and Swedish Red Cross societies) on the HIV/AIDS consortium approach. The consortium aims at developing and implementing a uniform HIV/AIDS programme, specifically focusing on youth, care and support for people living with HIV/AIDS, safe blood, anti-discrimination, and the Red Cross volunteer network. The partners form a supervisory body responsible for supporting the programme, whereas the representatives of IRCS's headquarters and respective state branches make the Red Cross trust, responsible for the programme management and implementation.

In view of IRCS's limited capacity, target areas of the youth peer education programme have been revised from the original five states to 10 districts in three states – four districts in Andhra Pradesh and Tamil Nadu each, and two in Maharashtra. The programme targets 20 colleges and 20 schools through training of junior and volunteer Red Cross activists and further peer education of 10 educators in each institution. Trained counsellors provide counselling services to students.

During the last four months of the year, training of programme staff in all districts was completed. A total of 340 junior Red Cross counsellors in schools and youth Red Cross programme officers in colleges were provided with three-day intensive training courses covering life skills, HIV/AIDS and peer education. Two thousand peer educators have been trained – 1,600 in Tamil Nadu, 200 in Andhra Pradesh and 200 in Maharashtra. Counselling services to students cover a range of issues from personal hygiene to sexual behaviour. Manuals for trainers, as well as a variety of promotional material were developed. The programme expanded beyond schools and colleges, with HIV/AIDS awareness-raising activities in local communities during school holidays. In the coming year, youth peer education programme will be extended to the state of Karnataka.

IRCS volunteers were engaged in HIV/AIDS prevention programme through awareness raising activities on the World AIDS Day. Between 3,000 and 5,000 volunteers participated in rallies and public meetings in the states of Tamil Nadu, Andhra Pradesh, Maharashtra and Karnataka. Poster competitions were organized in schools and colleges on the topic of 'children and AIDS' and 'women and AIDS' respectively.

The care and support programme for people living with HIV/AIDS originally targeted three states. However, it was decided to focus the programme on one state only in the first year and expand it into two more states at a later stage. Community care and support centres in the districts of Namakkal and Dharmapuri of Tamil Nadu continued to provide day care for pre-school children and counselling for HIV-infected women. By the end of the year, 21 children and 13 women attended the centre in Namakkal, and 18 children and 23 women in Dharmapuri.

The third centre, located in the Tambaram hospital in Chennai, provided supplementary feeding, hygiene material and counselling to HIV-infected residential patients, as well as referral of patients to community care centres and their further follow up. The table below shows detailed statistics on services provided at Tambaram in the last four months of the year:

Type of support	September 04	October 04	November 04	December 04
Nutrition packs	7,968	7,433	6,990	8,980
Hygiene packs (only to new patients)	810	742	735	862
Patients referred to Dharampuri	14	6	5	6
Patients referred to Salem	34	8	15	9
Patients referred to Namakkal	9	2	16	2
Patients referred to Erode	16	2	8	5

Community-based health project objective: 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 and traditional birth attendants, in coordination with community outreach workers.

Operations from September to December 2004

Expected results:

- Red Cross volunteer network capacity is strengthened to provide community-based first aid (CBFA) services and outreach preventive health activities in five selected states;
- Awareness of common health problems in communities increased along with reproductive health issues among women of reproductive age promoted in three selected states;
- Health of women and their children improved through community-based reproductive and child health programme, by equipping two Red Cross centres to provide antenatal and post-natal care, and immunization activities in collaboration with local primary health centres;
- Polio immunization campaign is effectively conducted in six targeted states in coordination with the Ministry of Health, World Health Organisation (WHO), United Nations Children’s Fund (UNICEF) and other partners;
- IRCS capacity enhanced through training of branch staff and Red Cross volunteers in emergency health, CBFA, disaster response (DR), disaster mental health and psychological care in coordination with disaster management (DM) and the disaster health response unit;
- Emergency stock procurement agreement established and tools developed; and
- Coordination with other sectors.

Following the training of state- and district-level coordinators in Bihar, West Bengal, Andhra Pradesh and Rajasthan, which took place in the third quarter of the year, the IRCS carried out the training of volunteers in 10 districts of Andhra Pradesh and four districts of Bihar. By the end of the year, 144 Red Cross volunteers in those two states were trained on a number of topics related to Red Cross volunteer recruitment and management. Volunteer training in the remaining states did not take place due to delays in their organization. However, the process will continue in 2005 and will expand to other selected states.

IRCS identified two Red Cross women and children health centres in the states of Bihar and Andhra Pradesh. However, by the end of the year, there has been no progress on equipping the centres and conducting training for the staff and community outreach workers. The capacities and infrastructure of the branches are being reviewed and the process will be taken forward in the coming year.

Following the review of the capacity of selected IRCS branches, the pulse polio immunization campaign was carried out in two states, Gujarat and West Bengal, instead of the originally planned six states. In coordination with the Ministry of Health, WHO and UNICEF, IRCS’s volunteers in West Bengal and Gujarat were involved in the social mobilization and community awareness campaign prior to the immunization day, dispensing polio drops and following up on the children who missed the immunization campaign. In the last four months of the year, two immunization campaigns were organized in West Bengal and Gujarat in October and November respectively. That brings the total to six campaigns in 2004 as per the table below:

States	Jan 04	Feb 04	Apr 04	May 04	Oct 04	Nov 04
Gujarat						
No. of districts	7	6	3	3	1	1
No. of volunteers	2,499	1,413	618	469	80	45
No. of children immunized	368,703	223,137	111,141	136,090	10,000	7,000
West Bengal						
No. of districts	3	2	2	1	1	1
No. of volunteers	1,671	1,487	1,380	742	200	200
No. of children immunized	210,887	128,613	137,732	81,140	13,991	10,775

IRCS continued to strengthen its emergency health response capacity by conducting a workshop for 34 medical staff and paramedics in the state of Andhra Pradesh. The training covered a variety of public health issues in emergencies, including water and sanitation, reproductive health as well as mental health in

disasters. A number of staff trained in this workshop later participated in IRCS's tsunami relief operation. The training was organized in close cooperation with disaster management and psycho-social sectors as part of efforts to enhance coordination at programme level.

The agreement for emergency stock procurement of medical supplies and equipment has not been finalized due to difficulties in identifying a supplier who can provide the whole set of items.

Analysis of the Health and Care programme in 2004

The HIV/AIDS programme in 2004 resulted in the establishment of a clear strategic direction, with focus on prevention as well as support to people living with AIDS. The establishment of the HIV consortium represents a solid foundation for a long-term programme, which has incorporated two key components: the national society capacity building at local level as well as strengthening of cooperation with the Federation and partner national societies.

Promotion of HIV awareness and a resulting change in attitude and behaviour is a long-term process. By the end of 2004, the programme has developed a comprehensive approach with focus on youth in schools, colleges and in local communities. Activities in this area were implemented only in one state, Andhra Pradesh, instead of the originally planned four states due to inadequate network of Red Cross volunteers in targeted areas, but this is expected to improve in the coming year.

Similarly, one of the priorities of the community-based health programme component has been to develop Red Cross volunteer networks in targeted areas. It is a clear shift from the earlier concept initiated in the Gujarat earthquake CBFA programme. Instead of training a large number of volunteers at community level, the focus has been to train volunteer leaders at district headquarters level, who will in turn train and mobilize volunteers in communities. IRCS's headquarters and the target states where the programme has been implemented appreciate the concept as a way forward in building Red Cross volunteer networks. As mentioned above, the programme could not be completed in all four states (only in Andhra Pradesh), not only due to the lack of IRCS's capacity at various levels, but also due to priorities given to the HIV/AIDS programme. However, the Red Cross volunteer programme for 2005 will complete the network in the planned four states and will expand it to further two states.

IRCS involvement in the national polio immunization campaign was at the level originally planned. Again, the lack of appropriate infrastructure at state and district branches and proper volunteer network were seen to be major constraints to conduct the programme properly. Guidelines and training tools for the campaign were developed, but the programme lacked adequate supervision and follow up.

The emergency health preparedness programme component has evolved with a better overall direction and a shift of focus from the headquarters to the state and district level, particularly in terms of training. However, the expected results have not been achieved in full for similar reasons as mentioned above. The training was partly conducted in one state in addition to one national-level training session. Establishing a network of trained personnel in disaster-prone states, developing clear guidelines and tools for emergency response have yet to be achieved.

Conclusion

Although a number of expected results this year were not achieved, the 2004 health and care programme is to be valued in terms of its contribution to achieving long-term programme objectives.

IRCS's HIV/AIDS programme in India is now clearly defined with a distinct long-term goal, full ownership of the national society and support of the Federation and partner national societies.

The difficulties experienced in different programme components indicate the need to build a strong volunteer network, which will assume the bulk of the health activities at local level. That process has begun and will continue in the coming year.

Disaster Management

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

Objective: To improve and strengthen the capacity of IRCS in DP and DR to enable efficient response to disasters and to empower communities to reduce their vulnerability in eight targeted states by the end of 2004.

Operations from September to December 2004

Expected results:

- Clearly laid out DM policies and plans, procedures and protocols established in line with the Movement's strategy, Strategy 2010 and the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE) and based on the IRCS strategic development plan; participation in inter-agency initiatives is continued, linkages with key DM agencies strengthened and nationwide dissemination of policies and plans is done.
- IRCS national DR system is improved at all levels, and mechanisms for disaster coordination and information management further developed.
- Strategic logistics systems (including the renovation of the two warehouses at Bahadurgarh and Kolkata), policies and procedures planned and maintained; relief items specifications are standardised with respect to gender, environmental and cultural considerations to complete the existing DP stock for 20,000 families and to increase this stock to cover 50,000 families; one district level warehouse constructed (subject to availability of land in the name of IRCS).
- DP capacity for the Gujarat branch, along with seven targeted states, is strengthened; disaster and hazard awareness increased at the community level to improve DR mechanisms; national headquarters/state branch networking, and intra and interstate coordination is strengthened.
- Disaster and conflict preparedness, along with response capabilities of communities in multi-hazard-prone districts in two to four disaster-prone states is strengthened in cooperation with ICRC; community material is developed, supported by the cross-sectoral health, OD and disaster mental health components.

IRCS maintained an active role in interagency coordination efforts, which were intensified following the floods and tsunami disasters in the second half of the year.

Since the beginning of the year, IRCS and the Federation jointly drew up a number of documents: the DR strategy, the floods contingency plan, the disaster preparedness plan, standard operating procedures for national disaster response teams (NDRT), and mobile disaster unit (MDU) protocols. Draft standard operating procedures for NDRT were shared with participants of the NDRT team-building workshop and their inputs were incorporated. Also, the DR strategy was a result of close cooperation with a number of partner national societies.

To follow up on the concept of NDRT, it was originally planned to form disaster response teams at the state branch level in four states during 2004. However, due to delays in the recruitment of DM coordinators in the state branches, some of the activities could not take place as planned. The two branches that succeeded in conducting state disaster response team (SDRT) training – Gujarat and Orissa – had DM coordinators in place since 2003.

A set of brochures covering the topics of drought, floods, cyclones and earthquakes were developed and printed. They are being used by the national society for raising awareness at community level. In addition, the curriculum for training of trainers (TOT) on community-based disaster management was finalized, and 500 copies were printed and distributed to state branches.

The relevance of DP stock of essential non-food items towards mitigating the suffering of those affected has been yet again proven in the 2004 floods operation in Assam and Bihar, where 10,000 family packs were dispatched from the regional warehouse in Kolkata.

Given the scale of disaster vulnerability in India, IRCS and Federation have aimed at building a stock sufficient for 50,000 families. However, through the DM programme in 2004, only 10,000 family packs were procured.

The renovation of two warehouses at Bahadurgarh and Salt Lake has started and will be completed in 2005. In contrast, construction of a new warehouse was not materialised. A piece of land was decided upon by the Gujarat state branch together with the concerned district branch. However, due to legal issues related to transfer of land to the national society, it did not materialise in 2004. An alternative location was proposed, but has not been accepted, as the priorities of the state branch shifted towards floods response in certain parts of Gujarat.

The national society's procurement manual was completed. IRCS recruited one warehouse coordinator and a disaster response coordinator, which will improve the disaster response capacity and help in the management of DP stocks.

One of the most important events for the DM capacity building at state level was finalization of recruitment of DM coordinators at IRCS state branches. The DM induction and planning meeting was organised as part of their induction process, and to facilitate planning for 2005.

Due to a considerable delay in the recruitment of DM coordinators, the CBDP workshops could not be conducted in all the seven states, as originally planned. In 2004, two workshops were conducted: one in Orissa, with participation of the Andhra Pradesh DM coordinator, and one in Maharashtra. In Gujarat, the IRCS branch undertook a follow-up to their CBDP programme, and subsequently the programme was expanded beyond the four districts originally targeted.

By the end of the year, risk mapping at state level was initiated by the IRCS branches.

Joint IRCS/Federation DM teams carried out several monitoring and follow-up visits to the branches, to provide support and address challenges in the implementation of programme activities.

Analysis of the Disaster Management programme in 2004

In the early days of the programme, substantial efforts were made towards building IRCS DM capacities at the headquarters, along with implementation at the state branches. By the end of the year, the programme has expanded to eight targeted states and has the potential to benefit over five million people using hardware, software and dissemination of awareness material.

Considering its stretched capacity, IRCS responded well to the floods in the states of Assam and Bihar. The efficiency of the IRCS response to the first wave of floods proved the strength that exists within the Indian Red Cross structure. This was shown through mobilisation of local level resources, including trained volunteers, higher level of community awareness, etc. In order to build upon existing capacities, a national disaster response team (NDRT), formed at the end of 2003, was further consolidated through deployment

during floods, following an NDRT team building exercise. In addition, the formation of state level disaster response teams (SDRT) in two of the eight states is improving response prowess at the state branch level.

Increased amounts of procurement due to flood disaster as well as DP stock procurement have contributed to greater confidence within the Indian Red Cross towards procurement related issues. Further improvement of relief items specifications was carried out during the procurement process for the floods.

The year also saw greater participation from state branches in concept development for control rooms along with the finalisation of equipment lists.

Conclusion

In spite of the numerous challenges, substantial progress has been made in strengthening the DM capacity of IRCS. The main reason for that is improved integration of programmes, particularly health, organisation development and disaster management. In addition, it has been recognized that mobilization of professional staff at headquarters and state levels, as well as their empowerment in terms of decision-making, is a key element of a strong disaster management programme.

Late recruitment of state-level DM coordinators, as well as changes of the national society's leadership, caused a number of delays in the implementation of activities planned for this year. Most coordinators being in place, the initiated process is expected to continue in the coming year at a faster pace.

Humanitarian Values

Goal: Enhance the capacity of IRCS to deliver its humanitarian message both within and outside the National Society, and to advocate tolerance and coexistence in communities.

Programme objective: To increase the capacity of IRCS to deliver its humanitarian message both within and outside the society, leading to tolerance and coexistence in the communities.

Operations from September to December 2004

Expected results:

- Awareness of the Movement's principles and international humanitarian law will have increased within and outside the IRCS through training and knowledge sharing;
- Raise awareness and strengthen the knowledge, understanding and respect of the Red Cross/Red Crescent movement among public authorities;
- Red Cross principles will have been disseminated through health, DM and organisational development programmes;
- IRCS leadership promotes Red Cross principles among counterpart agencies.

In cooperation with ICRC, IRCS organized forums on the issues of international humanitarian law, fundamental principles and values of the Movement in Jammu and Kashmir and north-eastern states of Sikkim and Assam.

About 500 students and 30 counsellors participated in approximately 16 junior Red Cross camps held in the states of Andhra Pradesh, Gujarat, Punjab, Orissa and Maharashtra, as well as in Delhi. A training of trainers was also carried out in Punjab, where about 50 counsellors were exposed to capacity building concepts and development of life skills.

A total of 329 Red Cross volunteers, along with 64 youth RC (YRC) counsellors, took part in various YRC camps that were organized in Tamil Nadu, Madhya Pradesh and Punjab. The camps were designed to

familiarize the volunteers with RC/RC principles, the emblem, and to promote exchange programmes among state branches, as well as leadership development.

Volunteers were engaged to disseminate the RC/RC principles in various events, such as: the World AIDS Day, Human Rights Day, Red Cross flag week, International Volunteers Day, Geneva Convention day, World First Aid Day and Independence Day. Due to such active dissemination the state branches were able to register 1,031 new schools during the reporting period, under the concept of JRC/YRC membership.

During the reporting period, a number of cross-sectoral training workshops took place in India, including community-based disaster preparedness, capacity building and volunteer management. The RC/RC principles and values were incorporated in the training curriculum for all those workshops. In addition, the induction programme "Basics about Red Cross" has been printed and shared with state branches, to be used as a dissemination tool.

A documentary on the Gujarat reconstruction programme was developed, in order to share experiences and further promote IRCS rehabilitation programmes.

Analysis of the Humanitarian Values programme in 2004

During the year, a number of opportunities were utilised to disseminate RC/RC principles. Important Red Cross/Red Crescent events were celebrated throughout the country, aiming at fund-raising, as well as improving the volunteer network. IRCS junior and youth members were particularly active in those efforts. The national society was represented by its youth in several international forums including youth leadership and safety conference in Arizona (USA), international youth exchange programme hosted by the Japanese Red Cross, and the international poster competition, organized by the Korean Red Cross Society, in which IRCS entry was awarded.

Induction sessions were held all round the year for existing and new staff and volunteers. A conscious effort was made by all state branches to increase the IRCS membership base, but also to include institutions like schools and colleges in its dissemination activities.

Conclusion

Most objectives of the humanitarian values programme have been achieved this year. An effort was made by all programme managers to include the humanitarian values component in their activities. The coordination among programmes has been satisfactory and it is likely to improve in the coming year.

Organisational Development

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

Operations from September to December 2004

Expected results:

- 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;
- Integrity of IRCS promoted, ensuring respect and compliance with the Fundamental Principles by reviewing, amending and establishing the constitution, organisational structure, rules, policies and

procedures in accordance with the needs of the organization and in coherence with the policies of the Movement;

- A national resource development strategy and policy integrating financial, material as well as member development, mobilization and maintenance is developed and established;
- Capacity for information and communication at the branch level and at national headquarters improved and upgraded;
- Capacity for financial planning, management and reporting at headquarters improved and upgraded and a finance development project for the branches designed and established;
- A community-based volunteer management system, including relief and emergency volunteers, developed and established and youth/junior Red Cross developed; and
- Human resources development system and training programme for governance, volunteers and staff developed and established.

Two integrated disaster management capacity building workshops were held for the IRCS state branches of Maharashtra and Orissa, and an integrated workshop for DM coordinators at the national level at the IRCS Disaster Management Centre in New Delhi. These workshops aimed at assisting the branches in reviewing and strengthening their DM capacities. Several meetings and discussions were also held on the strengthening of the organisational development (OD) programme in the branches which are implementing the HIV/AIDS prevention programme, particularly in view of its expansion in the coming year.

In Gujarat, the state branch organized district level trainings on 'Fundamental Principles, Humanitarian Values and an introduction to branch development' covering 13 district branches. Over 300 Red Cross volunteers and members benefited from this training.

The uniform branch rules and procedures for state and union territories, as discussed in the branch secretaries' meeting in June 2004, have been sent to the governing board in September, for consideration after being vetted by the legal expert. The rules now await the President's approval before the state branches can fully implement them. The approval of the branch rules by the President leading to its implementation by the state and union territories is expected to pave way for the review of the Indian Red Cross Constitution.

A range of communication, information and dissemination tools have been developed by IRCS in the reporting period, as elaborated under the humanitarian values programme section.

As part of IRCS financial and resource development programme, the Navision project, although almost completed, is yet to be closed, due to disagreements over the project implementation and identified requirements for the national society. Negotiations have been on to break this deadlock and bring the project to its desired conclusion.

Finance development was slowed down also due to issues relating to financial reporting of working advances and the overall implementation capacity of the national society. A number of training sessions on reporting of working advances were conducted at branch level and this has improved the quality of financial reports from the branches. IRCS participated in the regional finance management workshop organized by the regional delegation and held in Kathmandu, Nepal, and 'Finance Management for NGOs' conducted by MANGO in New Delhi.

IRCS has been strengthening the Red Cross volunteer network in four states during 2004 – Andhra Pradesh, Rajasthan, Bihar and West Bengal. Training support was provided at the state level and approximately 10 district branches in each state. Youth peer education activities, which form part of the HIV/AIDS prevention programme, were also supported by the state branches in Andhra Pradesh, Tamil Nadu and Maharashtra states.

In Gujarat, volunteer development activities have been further strengthened and better organized, with active involvement of the district and taluka branches. The state branch was also instrumental in setting up 64 junior Red Cross (JRC) groups gathering some 5,000 school children, and 6 youth Red Cross groups with 217 active members, in the last quarter of the year.

As part of the human resources development, it was agreed that five positions at the coordinator level (in addition to the two senior positions supported since 2001) would be supported for a limited period at the headquarters to meet the specific objectives of the programme.

The IRCS staff handbook is currently with the legal officer after several rounds of discussion by an internal committee and is expected to be completed by early 2005.

A feasibility study on possibilities for income generation at the IRCS Central Training Institute (CTI) was initiated before the second phase of the CTI renovation, which was completed in 2004. This study was supported and guided by the Norwegian Red Cross. Based on a real-estate market study, five different options for income generation for the subject site were developed. The Indian Red Cross management will now present the findings to the governing board for appropriate action.

Analysis of the Organisational Development programme in 2004

There has been greater cooperation between DM and health programmes in 2004, and between the Federation and ICRC in the field of branch development. This has contributed to the overall capacity building of the national society. ICRC is now part of the regular sectoral meeting coordinated by the Federation delegation in India.

There is a marked progress in information sharing and communication with branches and among branches themselves. The financial reports from the national society (both headquarters and branches) have also improved considerably. However, finance development needs to be the long-term priority for IRCS, with primary focus on reviewing existing financial and reporting procedures.

The constitutional reform process is progressing well, with the uniform rules for branches forwarded for the President's approval. The review of Indian Red Cross capacity building programme reiterates the commitment of the national society to organisational reforms.

Emerging priorities of the national society in HIV/AIDS prevention has opened new opportunities for branch development at the state, district and taluka levels, as well as new challenges in terms of organizational development of IRCS.

Conclusion

Given the challenging and complex environment within which it functions, IRCS has made a significant progress in 2004, such as establishing the uniform rules for branches, branch development in Gujarat state, endorsement of the IRCS strategic development plan, the successful completion of the feasibility study on the resource generation potential of the Central Training Institute, and the successful review of the IRCS capacity building programme. There is a need for long-term commitment and continued support of the partners in order to take this process further.

Representation, management and implementation

Coordination, Cooperation and Strategic Partnerships

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

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

Operations from September to December 2004

Expected results:

- IRCS becomes the lead humanitarian organisation in India;
- Strong partnerships within the Red Cross/Red Crescent Movement;
- Further alignment in areas of security coordination, information and knowledge sharing, relationship management and planning and management coordination;
- Concluding the second generation cooperation agreement strategy (CAS) process;
- Secure multi-year funding for IRCS on the basis of the IRCS strategic development plan and subsequent CAS;
- Increased effective participation of IRCS governance in workshops and meetings;
- Regular coordination and meetings with the IRCS senior managers, sector managers, partner national societies and other key stakeholders;
- Periodic sector review exercises using expertise external to the Federation delegation;
- Close coordination with NGOs and UN agencies;
- In close coordination with IRCS, PNS and South Asia regional delegation (SARD), target diplomatic missions to market annual appeals, emergency appeals and provide operational and policy updates; and
- Key stakeholders such as PNS, ICRC etc. receive regular and appropriate Federation information/publicity materials.

On 15 September, IRCS held its governing board meeting, in which the term of the IRCS secretary general was extended for a period of two years, until March 2007. Furthermore, the position of joint secretary at the IRCS's headquarters was re-opened.

In late October-early November, the IRCS secretary general, accompanied by the head of Federation country delegation, visited the Finnish and Swedish Red Cross Societies. The main purpose of these visits was to promote partnerships and exchange experiences within the Movement.

The HIV/AIDS consortium, which has brought on board five partner national societies, represents a good example of improved cooperation and coordination with the aim of more effective programme delivery.

The second generation cooperation agreement strategy (CAS) has not been developed, as IRCS felt that its four-year strategic development plan (NSSDP) represented a sufficient tool for partners on which to base their support. The NSSDP was developed by IRCS in cooperation with the Federation, ICRC and partner-national societies.

Savings from the Gujarat reconstruction programme, which was completed in April 2004, have been relocated to support health, disaster management and organisational development programmes. With this relocation, and with anticipated donor commitment, it is expected that these programmes will be funded until mid 2006.

A number of sectoral reviews took place in the last quarter of the year. They included a 'real time learning' exercise for the floods response operation in Assam and Bihar, an external review of the viability of the

HIV/AIDS consortium approach, as well as a review of possible income generation of the IRCS central training institute.

The delegation has maintained close coordination with other agencies in the country, such as ECHO, UNDP, UNAIDS, UNICEF, the National Aids Control Organisation (NACO), and others. In November, the delegation participated in a RC/RC meeting on disaster risk reduction.

Analysis of the Representation, management and implementation programme in 2004

The delegation has made considerable effort in working with IRCS and other partners to strengthen support to vulnerable communities through interactive capacity building. In spite of limited capacity and a number of external challenges, IRCS has considerably expanded its programming activities in 2004, which currently includes eight states.

The need for strong and long-term partnerships is one of the key factors contributing to continuous development and good programme delivery. While there have been many opportunities for strengthening partnerships, IRCS has been keen to ensure that it was playing the lead role in the planning process. This approach represented a considerable policy change for certain partners, as IRCS felt that direct implementation of projects by partners at state branch level was not contributing to the overall capacity building of the national society.

Conclusion

Service delivery and capacity building programmes of the national society have had a positive impact on the targeted communities. IRCS has been able to respond well to the flood emergency in Assam and Bihar, which was a result of a certain degree of local fundraising, functional national disaster response teams and existing buffer stocks. In addition, the national society is highly regarded for its work on HIV/AIDS prevention throughout the country.

By the end of the year, most programme budgets have not been fully used. This was mainly due to the lack of appropriate systems for service delivery, the floods emergency operation, as well as the IRCS work with its many branches, of which not all are supported by the Federation and other partners.

Delegation management

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

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

Operations from September to December 2004

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 human resources 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 human resources;
- Sound programme leadership and management, counterpart facilitation and support and financial management to ensure expenditure with minimal variances on budgets;

- Training development based on performance development reviews and staff evaluations as well as sector priorities; and
- Teamwork and integrated working with the delegation and the Movement.

There was an average of six expatriate delegates throughout 2004, as planned: head of delegation, programme coordinator, health coordinator, disaster management delegate, finance delegate and a construction coordinator.

Full transfer of further operational responsibilities to IRCS in Gujarat has been completed in May 2004. The Federation still supports the salaries of nine staff from the OD and DP programme at the state branch office.

Analysis of Delegation Management programme in 2004

In view of the size of the country and priorities for IRCS assistance, the Federation delegation has been functioning with limited human resources. However, efforts were made to provide quality assistance to the national society, both in terms of expatriate and national staff.

Conclusion

The objectives of delegation management have generally been fulfilled and all the delegates and staff managed the emergency and annual programmes without requiring additional resources during 2004.

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Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA057
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Budget (A)	4,381,840	1,414,511		1,244,017	0	7,040,367
Opening Balance (B)	6,297,403	834,751		1,507,528	26,020	8,665,702
Income						
Cash contributions						
<i>American Red Cross</i>					59,326	59,326
<i>British Red Cross</i>	12,274	643,353		3,440	11,164	670,230
<i>China Red Cross Society</i>	3,809					3,809
<i>Danish Red Cross</i>					9,009	9,009
<i>Finnish Red Cross</i>	741	76,465				77,206
<i>German Red Cross</i>	213,912					213,912
<i>Hong Kong Red Cross</i>		24,070				24,070
<i>Netherlands Red Cross</i>	120,069	7,670				127,739
<i>Norwegian Red Cross</i>				18,000		18,000
<i>Swedish Red Cross</i>				4,745	2,378	7,123
Cash contributions (C1)	350,805	751,559		26,185	81,876	1,210,424
Reallocations (within appeal or from/to another appeal)						
<i>Australian Government</i>		80,457				80,457
<i>Canadian Red Cross Society</i>		45,611				45,611
<i>Hong Kong Red Cross</i>	-175,049	175,049				0
<i>Japanese Red Cross Society</i>	-2,450,026	2,560,725		-106,345		4,353
<i>Monaco Red Cross</i>		26,238				26,238
<i>Balance from Emergency Appeals</i>	733,105	161,226		373,708		1,268,039
<i>Singapore Red Cross Society</i>	-270,500	270,500				0
<i>Swedish Red Cross</i>		34,478				34,478
Reallocations (C2)	-2,162,470	3,354,283		267,363		1,459,176
Inkind Personnel						
<i>British Red Cross</i>	74,400				102,000	176,400
<i>Danish Red Cross</i>					74,400	74,400
<i>Swedish Red Cross</i>					36,373	36,373
Inkind Personnel (C4)	74,400				212,773	287,173
Total Income (C) = SUM(C1..C5)	-1,737,266	4,105,842		293,548	294,649	2,956,773
Total Funding (B + C)	4,560,137	4,940,593		1,801,076	320,669	11,622,475

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Opening Balance (B)	6,297,403	834,751		1,507,528	26,020	8,665,702
Income (C)	-1,737,266	4,105,842		293,548	294,649	2,956,773
Expenditure (D)	-2,933,281	-951,882		-377,902	-308,088	-4,571,153
Closing Balance (B + C + D)	1,626,856	3,988,711		1,423,173	12,581	7,051,323

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA057
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
BUDGET (C)		4,381,840	1,414,511		1,244,017	0	7,040,367	
Supplies								
Shelter	702,634	63	143,422				143,484	559,150
Construction		552	24,756		17,615		42,922	-42,922
Clothing & textiles		15	161,142				161,157	-161,157
Food	54,000	6,957					6,957	47,043
Seeds,Plants		42					42	-42
Water & Sanitation		104	4,601				4,704	-4,704
Medical & First Aid	136,400	1,935					1,935	134,465
Teaching Materials	456,200	636			21	932	1,589	454,611
Utensils & Tools		4,106	95,477				99,583	-99,583
Other Supplies & Services	135,640	10,362					10,362	125,278
Total Supplies	1,484,874	24,772	429,397		17,635	932	472,737	1,012,138
Capital Expenditure								
Land & Buildings	1,828,530	1,982,121	87,389			2,943	2,072,452	-243,921
Computers & Telecom	65,836	13,057	7,520		3,700		24,277	41,558
Office/Household Furniture & Equipm.		73,498	582		30,587	1,148	105,815	-105,815
Medical Equipment		75					75	-75
Others Machinery & Equipment		2,501	1,251		1,251	-5,003	-0	0
Total Capital Expenditure	1,894,366	2,071,253	96,741		35,538	-912	2,202,619	-308,253
Transport & Storage								
Storage	8,167	1,738	22,077			1,592	25,407	-17,240
Distribution & Monitoring			327			2,260	2,587	-2,587
Transport & Vehicle Costs	61,526	31,101	6,921		7,487	2,197	47,706	13,820
Total Transport & Storage	69,693	32,839	29,325		7,487	6,050	75,700	-6,007
Personnel Expenditures								
Delegates Payroll	615,900	3,661	88,795		280	515	93,251	522,649
Delegate Benefits		211,520	142,857		21,769	239,334	615,481	-615,481
Regionally Deployed Staff	586,181							586,181
National & National Society Staff		164,038	66,853		92,572	41,252	364,716	-364,716
Consultants	227,327	152,758	12,522		34,193	132	199,605	27,722
Total Personnel Expenditures	1,429,408	531,978	311,028		148,814	281,234	1,273,053	156,355
Workshops & Training								
Workshops & Training	735,311	112,031	38,037		44,835	2,933	197,836	537,475
Total Workshops & Training	735,311	112,031	38,037		44,835	2,933	197,836	537,475
General Expenditure								
Travel	193,071	42,831	27,025		21,052	4,986	95,894	97,177
Information & Public Relation	340,431	28,879	7,668		32,162	377	69,086	271,345
Office Costs	334,089	28,223	7,391		1,402	118,527	155,544	178,545
Communications	58,725	15,895	7,054		7,108	31,027	61,084	-2,358
Professional Fees	33,305	4,249	912		4,068	15,313	24,542	8,763
Financial Charges	9,501	11,575	5,761		5,803	171,664	194,803	-185,302
Other General Expenses		161,865	79,750		79,731	-314,360	6,986	-6,986
Total General Expenditure	969,121	293,518	135,560		151,325	27,534	607,937	361,184
Program Support								
Program Support	457,594	190,349	61,872		24,564	19,127	295,912	161,683
Total Program Support	457,594	190,349	61,872		24,564	19,127	295,912	161,683
Operational Provisions								
Operational Provisions		-323,459	-150,078		-52,295	-28,809	-554,641	554,641
Total Operational Provisions		-323,459	-150,078		-52,295	-28,809	-554,641	554,641
Total								0
TOTAL EXPENDITURE (D)	7,040,367	2,933,281	951,882		377,902	308,088	4,571,153	2,469,215