

# Report 2006-2007



International Federation  
of Red Cross and Red Crescent Societies

## India

Appeal No. MAAIN001

4 April 2008

This report covers the period 01/01/06 to 31/12/07 of a two-year planning and appeal process.



College students looking at IEC material on avian influenza, developed by the Indian Red Cross, at a health fair in Bareilly, Uttar Pradesh.

## In brief

### Programme summary:

The reporting period witnessed the Indian Red Cross Society (IRCS) in the midst of settling with a new leadership and building up its capacity through filling up human resource gaps at the IRCS national headquarters and the programme state branches. The strategy adopted by the IRCS national headquarters to build up its strength at the headquarters and state branches has helped it to deliver programmes more effectively. Overall programme implementation was approximately 42 percent for 2007 and 55 percent for 2006, which was an achievement for the national society. Some of the challenges that the IRCS faced in programme implementation were human resource crises under different programmes and the severe flooding across the country, due to which most of the existing staff was involved in post disaster relief and recovery operations.

In response to the monsoon floods in 2006 and 2007, the IRCS mobilized its own resources while the technical and financial aspects of the operation were supported by the Federation and other in-country partner national societies. The Federation released funds from its disaster relief emergency fund (DREF) to support the IRCS in the procurement of disaster preparedness stock, thus raising its level of preparedness for future disasters. The vulnerability capacity assessments, contingency planning and mitigation measures implemented by the national society significantly contributed towards reducing the vulnerability of targeted communities.

During the reporting period, the health and care programme focused on three main components, namely HIV and AIDS, public health in emergencies and Red Cross volunteers. Under organizational development, the IRCS undertook the process of reviewing and revising its national society strategic development plan (NSDP) for 2004-2007 and developing the next NSDP for 2008-2011. Capacity building initiatives like branch development planning workshops, volunteer development workshops and reporting & information workshops were carried out.

The 2006-07 programme and budget were redesigned based on emerging priorities in early 2007.

**Financial situation:** The total 2006-2007 budget was CHF 8,022,288 (USD 7.17 million or EUR 4.86 million), of which 87 percent was covered. Overall expenditure against income for the period was 49 percent. There is a minute variance of 13 percent in terms of coverage, which was not a significant amount compared to the overall expenditure incurred and implementation.

[Click here to go directly to the attached financial reports:](#)  
[report 2006](#)                      [report 2007](#)                      [report 2006/2007](#)

**No. of people we help:**

Disaster management – 376,566  
Health – 361,000  
Capacity building – 7,918  
Humanitarian values – 13,294

**Our partners:** Approximately 30 government-based, national, international organizations, the United Nations (UN), developmental agencies and partners within as well as outside the Movement. External partners include the World Health Organization (WHO), United Nations Children’s Fund (UNICEF), Geo Hazards International, United Nations Development Programme (UNDP) and the Department for International Development (DFID). Key Movement partners were the British, Hong Kong, American, Swedish and Japanese Red Cross Societies and the International Committee of the Red Cross (ICRC).

## Context

The period 2006-07 saw a number of disasters hitting India, to which the Indian Red Cross Society (IRCS) responded with the support of the Federation. The worst disasters were the monsoon floods that hit the country during both the years, affecting nine states in 2006 and 12 states in 2007, including states that did not have any history of being prone to floods, for instance Rajasthan and Uttar Pradesh. The IRCS responded to these without any external assistance, which was a significant achievement for the national society. The IRCS’s headquarters and state branches mobilized local resources, both in cash and kind. The Federation released CHF 250,000 from its disaster relief emergency fund (DREF) during each year, to replenish the IRCS’s disaster preparedness stock and provide other necessary support to the national society. The DREF was replenished with the support of funds from OPEC and the Singapore Red Cross.



IRCS volunteers transporting relief material to inaccessible areas by foot, following the floods in Gujarat in 2006.

Bird flu also hit the country twice, once in early 2006 and then again in 2007. Though the government took several measures to stop it from spreading to other areas and was successful to some extent, it came back in West Bengal. The IRCS has been on alert since the beginning. It became the first national society to produce literature on the disease, which was appreciated by the Movement globally and the literature was exhibited and shared at various forums, including the World Health Forum in 2007.

In early 2007, the IRCS was awarded the “Red Cross Award” for its excellent work during the tsunami operation. The period 2006-07 witnessed the IRCS senior management at the national level settling down and gearing up to meet its organizational challenges. The IRCS secretary general was appointed in the last quarter of 2005 and by the end of 2006 there were a number of recruitments at coordinator level positions, which led to a speeding up of overall programme implementation, including organizational development activities. Overall the funding situation was satisfactory during both the years. Overall, the IRCS was responsive and dynamic throughout the reporting period by taking its own decisions and coordinating with all partners independently.

## Achievement of objectives

### Disaster management

**Objective:** The IRCS has strengthened capacity in disaster preparedness and disaster response to floods, cyclone, earthquake and communal riots, and improved cooperation with the government and other stakeholders.

### Achievements:

During 2006-07, the Federation-supported disaster management (DM) programme focused on strengthening IRCS's capacity in disaster preparedness (DP) and disaster response (DR), as well as promoting coordination mechanisms with Movement partners and other stakeholders. During this period, the programme covered 11 states, including three new states of Tripura, Uttaranchal and Rajasthan.

A draft comprehensive DP/DR plan and guidelines were developed at IRCS's national headquarters, as well as at state and district branches. As a follow-up of a national meeting to review the national society's DP and DR activities for floods, earthquakes, and cyclones which was held in July 2007, the DM programme states were linked with the national societies' six regional warehouses and DM centre at the national headquarters.

To strengthen DR capacities at the state level, district and state level DR teams were formed. A total of 67 people were trained to be a part of the national disaster response team (NDRT), consisting mainly of IRCS staff from all levels and volunteers from 17 states. State disaster response teams (SDRTs) were formed in six programme states, namely Andhra Pradesh, Bihar, West Bengal, Orissa, Assam and Gujarat, and were deployed for emergency assessment, rescue and relief operations during the floods in these states in 2006 and 2007. In Orissa, the state branch also conducted district level disaster response training and formed district disaster response teams in four districts. The Maharashtra state branch trained volunteers on search and rescue operations, some of whom participated in rescue and relief operations in response to the floods during the two years. These trained volunteers also took the lead in awareness generation and training programmes on DP, organized at state, district, sub-district and community levels. Besides training DR teams and volunteers, equipped emergency control rooms were set up in the programme state branches to improve communication with these branches.



Planning 08-09 session during DM review meeting.

The IRCS's logistics and warehouse management capacity was strengthened with the provision of essential safety equipment to secure relief materials stored in the warehouse in Vasna (Gujarat). A logistics mapping exercise was carried out through the completion of a logistics questionnaire. The constructions of a district level warehouse in Gujarat and a state level warehouse in Bihar have begun. Another process that helped the IRCS in mapping its resources and its level of preparedness for disasters was the completion of a well-prepared national society questionnaire through a one-day meeting.



Group discussion at the VCA in Maharashtra

DP plans were developed in two districts of Assam, while the remaining four targeted districts in the state completed vulnerability and capacity assessments (VCAs) and initiated the process of developing plans. Similarly, in the state of Orissa, 20 volunteers were trained in contingency planning and community contingency plans in vulnerable areas of the state were developed. The contingency planning process was also initiated for two other districts. In the states of West Bengal and Maharashtra, the learning by doing methodology was adopted during VCA training sessions. The plans developed during these exercises based on assessments and outcomes were incorporated in programme planning for 2008.

Under the disaster risk reduction (DRR) programme (DFID-II) that is a part of the 2006-2007 appeal (disaster preparedness), the community coping mechanism was strengthened. A total of 30 raised tube-wells were installed in the state of Bihar, benefiting 450 families. A raised platform was also constructed in Muzaffarpur district of the state and approximately 1,000 people took shelter on this raised platform during the floods that hit Bihar in 2007. Further, the IRCS volunteers, trained under the same programme, provided early warning, helped community members to move to the raised shelters and carried

out search and rescue operations. As a result of interventions under this programme, many lives were saved during the floods.

Under the community based disaster preparedness (CBDP) component of the programme, the IRCS's CBDP training manual was refined, with support from the national disaster management authority (NDMA) and the Federation. In addition, a number of community level capacity building initiatives were undertaken by the state branches through CBDP training of volunteers (including women volunteers) and school-based DP activities and teacher training programmes on DP and first aid. For example, the Orissa state branch carried out school-based DP interventions, the West Bengal branch focused on training of school teachers to increase awareness on DM among children and the community, and the Bihar and Assam state branches focused on training of community volunteers on DP. Awareness materials on safety aspects during disasters were disseminated at these sessions. In 2006, the IRCS also began a weekend post graduate diploma course on DP and rehabilitation (affiliated to a university) at its national headquarters.

In response to the floods during 2006 and 2007, the IRCS conducted needs assessments and structured national responses, based on detailed plans of action received from the affected state branches. The national society provided relief materials to the affected populations from its own resources. The Federation also released funds from its Disaster Relief Emergency Fund (DREF) and the Federation's India office closely liaised with the IRCS and coordinated with various Movement components in response to the disasters.



IRCS volunteers carrying out relief work during the floods in 2007.

#### **Constraints and challenges:**

Staff turnover in the national society and the India office resulted in the absence of key staff, leading to delays in programme implementation, state-level monitoring and narrative and financial reporting. The slow pace of programme implementation was reviewed at a meeting of secretaries of state branches and future plans were drawn up based on the reviews.

This period also witnessed one of the worst flooding in the country in the last forty years, damaging key infrastructure and paralyzing the transport system to many affected areas, which greatly affected programme implementation. Also, the involvement of state/district branches in post disaster relief and recovery operations delayed some planned activities.

Although some progress was made under the DFID-II DRR programme, as described above, there were significant delays in implementation in both Bihar and Assam (although Assam only received funds reallocated from the Rajasthan branch in April 2007, following very slow implementation there). As concerns regarding this were raised at the external mid-term review in May 2007 and could not be adequately addressed by the IRCS, it was decided by DFID, in consultation with the Federation, to withdraw funding from India for this programme from November 2007. The remaining funds were reallocated to other countries participating in the DFID-II DRR programme. Risk reduction activities, however, continued in Assam and Bihar, funded outside of the DFID programme.

#### **Best practices and lessons learned:**

The best practice developed was the learning by doing methodology for the VCA in the states of West Bengal and Maharashtra, which was replicated and found effective as it had a tangible output in the form of DP plans, including contingency plans, for these areas.

Other good practices include the coping mechanisms of the national society, wherein the IRCS coped with the severe flooding with the help of its national and state level disaster response teams, and trained volunteers in an effective response programme. Mitigation measures have been effectively planned in the targeted states with active community participation and ownership over the years since 2004. These measures have been responsible for ensuring the low loss of life during the 2006 and 2007 flooding. In addition, community level vulnerability assessments, for example the VCA tool was utilized and led to the formulation of contingency and preparedness plans which have contributed to effective capacity building at the grassroots level. The DM measures undertaken during the past few years have created a strong base

and rationale for continued support to the programme in 2008-09.

Good practices including coping mechanisms wherein the IRCS coped with the severe flooding with NDRT, SDRT and trained volunteers in an effective response programme. Mitigation measures have been effectively planned with active community participation and ownership. These measures have been responsible for ensuring no loss of life during the 2006 and 2007 flooding. Community level vulnerability assessments and subsequent contingency and preparedness planning have contributed to effective capacity building at grassroot level. The measures undertaken in 2006 and 2007 have created a strong base and rationale for continued support to the programme in 2008.

## Health and care

**Objective:** Indian Red Cross Society (IRCS) has improved capacity in planning and implementation of health programmes that reduce community vulnerability to diseases (especially HIV and AIDS) and the impact of disasters.

### Achievements:

During the reporting period, the health and care programme focused on three main components, namely HIV and AIDS, public health in emergencies (PHiE) and Red Cross volunteers (RCV). In addition, emphasis was placed on capacity building of IRCS personnel at national headquarters, state and district levels.

All seven partners<sup>1</sup> of the Red Cross HIV/AIDS India consortium which was started in 2004, renewed their pledge in January 2006 to combat the HIV menace in India by amending the consortium agreement. The German Red Cross and the British Red Cross supported HIV project activities in the states of Maharashtra and Uttar Pradesh respectively. The IRCS joined the HIV Global Alliance in September 2007. The IRCS national headquarters has submitted a project plan to the Alliance team to scale-up its HIV programme.

Implementation of the Federation/Swedish Red Cross supported regional HIV/AIDS programme<sup>2</sup> started in India in April 2006. As part of the project review undertaken during the second quarter of 2006, the staff has been cut back at state and district level, new reporting formats have been introduced and periodic monitoring has been initiated.

**Table 1: Details of major HIV YPE workshops conducted during 2006-2007**

Level	Number of workshops	Participants
National	3	58
State	2	43
District	13	541
Peer educators	33	1951
<b>Total</b>	<b>51</b>	<b>2,593</b>

The IRCS implemented the HIV youth peer education (YPE) programme in 280 schools and colleges in seven districts of Tamil Nadu and Andhra Pradesh, two states that have a high prevalence of HIV. Peer education interventions have been initiated among two high risk groups of prisoners and factory workers.

IRCS continued to work towards ensuring that people living with HIV (PLHIV) had access to information, care and support. PLHIV in Thambaram hospital in Tamil Nadu received

nutrition support (240,300 food packets), hygiene support (10,000 hygiene kits) and counseling services for themselves and their families. Better nutrition and basic hygiene practices help prevent opportunistic infections<sup>3</sup> in PLHIV. In addition, approximately 20 children of PLHIV were provided nutrition, pre-school education and regular health check ups in the community care centre in Tamil Nadu.

All programme districts, states and IRCS national headquarters conducted events on the occasion of World AIDS Day by organizing rallies, poster competitions and street plays in addition to inviting PLHIV to share their experiences to raise awareness against stigma and discrimination.

The World and National Blood Donor Day were celebrated by recognizing the efforts of regular voluntary blood donors and giving them mementoes,

**Table 2: Number of blood units collected during 2006-07**

State	Number of units		
	2006	2007	Total
(a) Tamil Nadu	1,384	1,599	2,983
(b) Andhra Pradesh	1,242	2,280	3,522
<b>Total</b>			<b>6,505</b>

<sup>1</sup> British, Canadian, Danish, Spanish, Swedish and Indian Red Cross Societies and the Federation

<sup>2</sup> Aims to reduce HIV incidence, improve quality of life of people living with HIV, promotion of non-remunerated blood donation and strengthen staff capacity for delivering HIV interventions.

<sup>3</sup> Infections caused due to a weakened immune system

thereby encouraging voluntary blood donation. Approximately 28,000 Junior Red Cross and Youth Red Cross members were provided information on blood donation in seven programme districts. At the district level, volunteers facilitated a number of blood donation camps, which resulted in 6,505 units of blood collected.

In response to the outbreak of bird flu in the country, the public health in emergencies (PHiE) component of the programme carried out some awareness raising initiatives. This included the printing and distribution of approximately 525,000 brochures (information, education communication (IEC) material) on bird flu, in 11 Indian languages in 2006. This brochure proved useful for Red Cross volunteers in spreading awareness on bird flu. Information on bird flu was disseminated to all the state branch secretaries, participants of PHiE workshops at national, state and district levels, participants of induction courses (for newly recruited staff of Red Cross, Federation and partner national societies) and the Red Cross HIV/AIDS India consortium members. The IRCS representatives presented a poster on bird flu during the Federation health and care forum in Geneva and almost a 1000 English brochures were distributed during the World health assembly and during the Federation health and care forum in Geneva in May 2006.

In 2007, a set of 50,000 brochures (IEC) were printed on polio in three Indian languages and distributed in states where polio cases had been identified, to raise community awareness on its effects. This brochure was used by the volunteers to carry out community campaigns in their respective districts and also by the government during awareness events organized by them such as "Health Melas" in which the IRCS national headquarters and the Uttar Pradesh state branch also participated.

Under the PHiE flagship, one national, three state level and six district level workshops for 31 districts were organized for Red Cross members/volunteers. In these workshops a total of 252 personnel were trained. These workshops have led to an overall improvement in understanding of the PHiE concept and its application. This trained cadre of public health emergency experts have been used by the state branches for damage assessment and have also acted as facilitators for the district level workshops.

Twenty IRCS staff members from national headquarters and four state branches were trained on public health aspects and volunteer management in the national level Red Cross volunteers' workshop conducted in 2007.



PHiE workshop in progress in 2006.

During the reporting period, the IRCS strengthened its health unit by appointing a health advisor, two health coordinators and two HIV coordinators under the overall supervision of the secretary general. The health staff participated in a number of meetings and workshops, which helped them to understand country and regional health issues. With time, reports submission has become more regular especially after the introduction of new reporting formats in mid-2006, which provided periodic feedback and improved the overall quality of reports.

#### **Constraints and challenges:**

Procedural delays caused delays in programme implementation. With regard to the HIV and AIDS component of the programme, the in-country resource mobilization from corporate houses and other international organizations for HIV programme support is yet to be fully utilized. This will affect the programme expansion and sustainability in the long run. Despite limited funding commitment for the HIV component, as part of HIV Global Alliance the plan is to expand the activities under this component from five to eight states. To show better impact and be able to map it, the programme staff need training in technical areas such as project development, monitoring, evaluation and financial management.

Further, in line with the national strategy (National Aids Control Organization's strategy), the Federation's HIV policy states a comprehensive approach to HIV prevention, including condom promotion. However, it has been difficult to live up to this comprehensive approach due to the sensitivity of the subject in India, as some state governments have not agreed to sex education and peer educators to demonstrate the use of condoms in schools.

**Best practices and lessons learned:**

Amendments in the Red Cross HIV/AIDS India consortium helped in better programme implementation. For example, funds are now going from IRCS national headquarters, which has helped in better fund management. Further, a programme review conducted by an IRCS national headquarters health team, by involving the state HIV staff and the IRCS state leadership, has helped in rationalization of human and financial resources.

There has been almost no community contribution in terms of material and finance for care and support project activities at the community care centre and Tambaram hospital. The care and support interventions are quite expensive and there is a need to involve the community to support project intervention. There is also a need to collect community level baseline data to assess project outputs. Although narrative and financial reporting has become regular, it needs to be further strengthened, along with better coordination and monitoring mechanisms between the national headquarters, states and the district branches.

The well acknowledged ‘public health in emergencies’ concept is preparing the state branches for any emergencies. The national level public health in emergency workshop had a good impact on the state branches thus motivating the branches to replicate the module in their respective states. Increase in inter-state networking has led to resource exchange and other means of knowledge sharing within state branches.

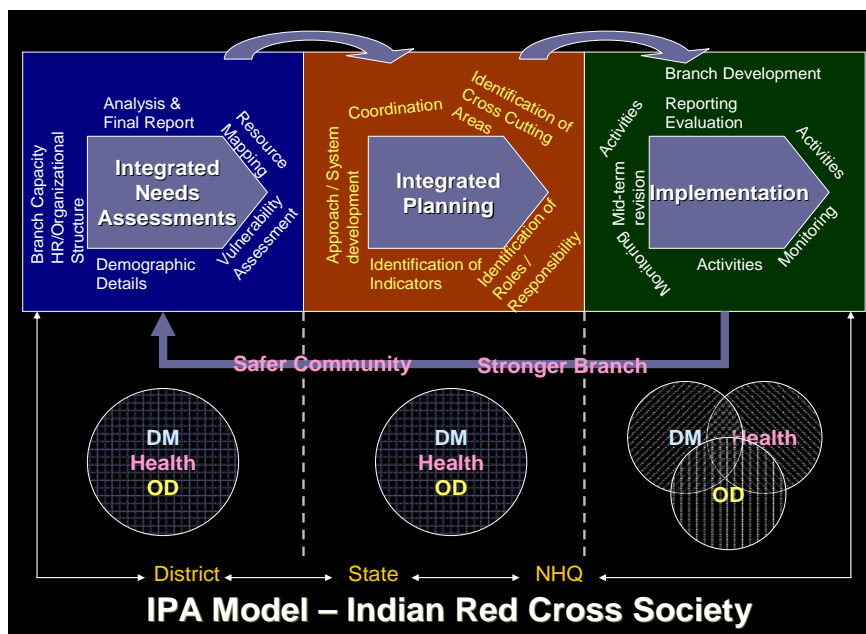
## Capacity and organizational development

*(Incorporating Humanitarian values)*

**Objective:** IRCS’s capacity to deliver effective volunteer based programmes in the community and to promote the principles and values of the Movement is strengthened at all levels.

**Achievements:**

The IRCS focused on the branch development process, and the capacity of its national headquarters and state branches to provide need based development support to the district branches increased. Seven branch development workshops were organized during 2006-2007. The feedback of these exercises will contribute towards the development and finalization of a national branch development policy in the first quarter of 2008. The state branches actively participated in IRCS national planning, at various forums such as the state secretaries’ conference in 2006 to plan for 2007.



In response to the floods during 2007, the state branches were able to mobilize resources and have been planning activities without national headquarters’ support, which was an achievement. In 2005, it was planned that the OD programme would carry out the branch development planning exercise for all IRCS state branches covered by the DM programme. The approach proved beneficial and was further formalized during the regional OD-DM-health joint forum, organized by the South Asia regional delegation in Sri Lanka in October - November 2007, which is now called the integrated programme approach

(IPA). A country-specific model for IPA (see diagram) was developed by an IRCS/India office team at this forum. The purpose of this forum was to provide an opportunity to jointly investigate how individual programmes could benefit from working closely together. A comprehensive approach will be piloted in the state of Meghalaya, with the IRCS national headquarters taking a lead in the process.

In 2006, the IRCS initiated the review of its rules and discussed a draft document on uniform branch rules with the ministry of law. Approval on this is awaited from the national society president (president of India).

The newly established state branch of Uttarakhand, a highly disaster prone state, adopted the uniform branch rules for its guidance.

The Gujarat state branch undertook some fund raising initiatives through the provision of first aid training. The OD support to this branch was provided through the Japanese Red Cross fund which ends in 2007. The Federation has decided to support the branch up to February 2008.

The process of reviewing and revising the national society strategic development plan (NSDP) for 2004-2007 and developing the next NSDP for 2008-2011 was initiated. The review/revision of the 2004-2007 plan was started during the first quarter of 2007 with the preparation of a few planning steps and nomination of a task force responsible for the process, with support from the Federation. A review meeting for core areas of the old NSDP was held in November 2007 and attended by the Federation, ICRC and in-country partner national societies.



Participants at the information and reporting workshop organized by the IRCS in 2006.

The IRCS worked towards developing and strengthening its human resource management capacities through initiatives like the completion of an IRCS membership booklet containing information on how to become a member of the national society. A total of 5,000 booklets were published and are in the process of being forwarded to the state branches.

A number of volunteer development initiatives were also undertaken, including the development of volunteer training material and focus on youth development so that the flow of volunteers is sustained. The concept of volunteering in emergencies was initiated through a national level workshop in November 2007, with the aim of better understanding the needs of volunteers during an emergency situation and facilitating an increased retention of these volunteers. Some of the recommendations of the workshop were the setting up of a dedicated desk for the volunteers at the national headquarters and the development of an effective database of volunteers.

A five-day national level dissemination, information and reporting workshop was organized by the IRCS with joint support from the Federation and ICRC. The IRCS communication strategy was discussed during this event along with regular information sharing issues. The Federation communication team supported the IRCS with their journal and in the development of programme brochures in 2006. A dedicated webpage for IRCS programmes supported by the Federation was developed on the Federation's intranet (FedNet) and another such page is in the process of development. Visibility of the IRCS was also ensured through the celebration of events such as World Red Cross Day and World AIDS Day by the IRCS headquarters and branches.

In an effort to ensure proper information mapping and recording of institutional knowledge, the national society has been preparing reports on all meetings held and field visits undertaken. Regular capacity building on reporting was carried out for IRCS's middle management by the India office, through weekly tutorial classes since November 2006. During the reporting period, the national society took steps to link all its regional warehouses and the DM programme states with a web-camera, headphone, computer and a broadband connection to ensure a smooth flow of information.

Steps in finance development were undertaken with the appointment of two finance directors and the formation of a finance working group to lead finance development initiatives in the national society, with support from the Federation, ICRC and partner national societies. Steps were taken to make operational the procured *Navision* software, for a better financial management system in the national society. The IRCS leadership showed commitment to the finance development process.

#### **Constraints and challenges:**

The lack of an OD manager at the India office for almost nine months in 2007 was a challenge in implementing many planned activities, though many of the challenges were overcome by the initiatives of branch development officers. Further, procedural delays slowed down the pace of implementing activities, such as the revision and development of a new NSDP, further development of human resource policies and systems, and printing of the IRCS membership booklet. A slow approval process, along with a cumbersome

World Bank bidding format, also delayed the process of procuring the *Navision* software, which will now be procured and installed in 2008.

#### Best practices and lessons learned:

The branch development workshops have been a very good way of supporting the branches to carry out work more effectively through capacity building. Action plans are developed during such workshops and ensuring a good follow-up on these plans is important. This contributes towards increasing the impact of this branch development workshop initiative.

The concept of volunteering in emergencies has been very well received and this will be an important element in carrying out work in disaster prone states as it will help in getting structures and procedures in place in times of emergencies. A database of volunteers would be essential for this process.



Youth Red Cross participants during the Maharashtra youth camp in 2007.

## Humanitarian values

*(Humanitarian values is treated as the sixth expected result under the organizational development programme.)*

**Objective (Expected Result 6):** IRCS staff, members and volunteers have better understanding of the Movement's principles and values.

#### Achievements:

A national level HV workshop to promote respect for diversity and human dignity was organized by the IRCS headquarters in mid- 2006, in which 25 staff and volunteers were trained for disaster preparedness and response activities. Motivated by the success of this workshop, the IRCS's state branch in Assam took up a similar state level workshop under its disaster risk reduction programme.

Following a decision to organize focused youth workshops in selected states to promote HV and Youth Red Cross development, one workshop was organized by the Punjab state branch in 2006 and another by the Maharashtra state branch in 2007. These aimed at increasing an understanding on HV and the Movement's Fundamental Principles among state and district branch personnel. The Maharashtra youth camp was the first one with a gender balanced approach (a gender balance of 45 percent was maintained), which was a departure from the past as earlier IRCS held separate workshops for men and women. This was also an example of the Federation's efforts towards peer learning, as the facilitators of the Maharashtra youth camp were observers at a youth camp held in Nepal in 2006. As an outcome of the workshop, the state branch showed a keen interest in producing HV visibility material in the local language, for large-scale dissemination.

An achievement seen during this reporting period was that the IRCS began to talk about and place importance on HV. This was a result of the advocacy that had taken place around HV over the last few years. For example, in August 2006, the value of HV was discussed at a HV-DM workshop and state level HV workshops were organized, for instance in Assam. In addition, separate sessions on HV were included in all branch development workshops for the state branches of Tamil Nadu, Assam, Meghalaya, Manipur, Tripura, Arunachal Pradesh, Manipur, Uttaranchal, Uttar Pradesh, West Bengal, Karnataka and Punjab.

In an effort to work towards reducing intolerance, discrimination and social exclusion, several interactive sessions were organized through the health and care programme using the youth peer methodology, to understand and address issues surrounding stigma and discrimination against people living with HIV (PLHIV). These sessions reached out to 446 youth and branch staff in the states of Andhra Pradesh, Maharashtra and Tamil Nadu. As the theme for World AIDS day in 2007 was stigma and discrimination, most state and district branches observed the event by organizing interactive sessions with PLHIV, rallies and poster competitions.

In an effort to increase the level of understanding of its staff and volunteers on the Fundamental Principles and HV, the IRCS organized three induction courses during the reporting period for 51 staff members of the IRCS and its Movement partners at the national headquarters. In addition, induction courses were organized for the newly established Uttarakhand state branch and newly recruited staff members from district and sub-district branches of the Gujarat state branch. The Gujarat state branch also organized a training of trainers' workshop on the Fundamental Principles and HV for all district branches established after 2001.

During the last quarter of 2006, a mapping exercise on Fundamental Principles and HV was conducted, along with a session on the code of conduct organized by the Canadian Red Cross for Federation staff. After updating the volunteer training material "Basics about Red Cross", approximately 700 copies of this latest edition were printed for IRCS branches. The IRCS brochure, highlighting the national society's mission, brief history, activities and the Fundamental Principles, was also updated and 10,000 copies were printed for its national headquarters in 2006.

A striking achievement of the HV programme was the gender balance in the number of newly recruited staff and volunteers in 2006-07. Approximately 70 percent of the volunteers engaged were women, providing a boost to the gender balance in volunteering. Apart from this, the volunteers recruited were also from a diverse base of social castes/classes, thus giving representation to all groups.

#### **Constraints and challenges:**

Following the national level HV workshop in 2006, there was a need for similar workshops at the state level and a plan was made to organize such workshops at the newly established state branches during 2007. Unfortunately, the DM coordinators for these three state branches (Tripura, Madhya Pradesh and Uttarakhand) could not be appointed, which prevented the implementation of these workshops.

It was difficult to apply a similar approach in implementing HV programme activities across India, due to the diversity and differing cultural contexts found in the country. For example, despite awareness-raising on gender issues under the programme, the Punjab state branch held two separate youth camps for girls and boys.

#### **Best practices and lessons learned:**

The process of sensitizing DM staff began at the first ever national level HV/DM integrated workshop in 2006 and was later replicated at the state level. A similar workshop was successfully organised by the Assam state branch for its district branches.

## Implementation and coordination

### **Coordination, cooperation and strategic partnership**

The Federation's India office continuously provided technical advice and capacity building to the national society. With joint coordination and support from the Federation (Asia Pacific zone, South Asia regional office and the India office), the IRCS carried out the process of developing its strategic plan for the period 2008-2011.

The Federation assisted the IRCS by supporting combined procurement between the Federation and partner national societies like the British Red Cross in response to the floods in 2007. The Federation will continue to lead in procurement until IRCS develops its capacity in the procurement of non-food items. The Federation was also responsible for coordinating with partners like the Department for International Development (DFID) and other international agencies such as the European Commission and UN agencies.

### **Management of the delegation**

The India office worked with one delegate (head of India office) and 19 national staff. The office was skimmed down to a large extent during the reporting period but is still functioning in full capacity in terms of delivery of programmes. The India office drew upon regional resources, if required, to support the IRCS. The process of developing human resource and resource mobilization strategies by the national society gained momentum.

## Working in partnership

Under the DM programme, the IRCS's state branches developed good partnerships with the government and other agencies, and the national society became an integral member of all leading DM forums like the national and state DM authorities. The government, as well as a number of other organizations, are entrusting the IRCS to take a leading role in many DM initiatives. For instance, the IRCS was identified by the Andhra Pradesh state government to be the lead agency to conduct a mock drill and training of community members on the state's flood preparedness plans. Similarly, the national society's Orissa state branch was selected to implement the social mobilization component of the UNDP-supported disaster risk management programme and also chaired the state inter-agency group of 15 agencies. The West Bengal branch was identified by the state UNDP coordinator to initiate a project on community-based DM.

Through its HIV/AIDS programme component, the IRCS is supplementing the efforts of the ministry of health and family welfare, the national AIDS control organization and the Federation-initiated HIV Global Alliance

(co-chaired by the IRCS secretary general), to develop an effective campaign against stigma and discrimination related to HIV and AIDS and undertake more care and support projects. The IRCS has also been one of the seven members of the Red Cross India HIV consortium.

Under its capacity building initiatives, the IRCS made an effort to align its objectives with those of the ICRC and the Federation, especially in the area of communication development and DM. Good coordination with the ICRC could be seen in the steps taken to include tracing services under the DM programme and in the support provided by the ICRC for the inclusion of humanitarian law and safe access theories in the training material for volunteers.

## Contributing to longer-term impact

The IRCS was one of the first countries to join the Global Alliance on HIV, and the current secretary general as co-chair of this global forum will go a long way in ensuring that the national society aligns its priorities with those of the Alliance. A few concepts such as volunteering in emergencies and integrated planning approach were adopted and will be used for the holistic development of new branches such as those in the north-eastern states.

## Looking ahead

New concepts from 2006-07 have been carried over to 2008, including volunteering in emergencies and the integrated programme approach, which provide a new perspective on programming. The IRCS national headquarters and state branches have initiated a planning exercise in each programme state and two major achievements expected in 2008 are the completion of the national branch development plan and national strategic development plan. Further, the IRCS is keen to focus more on capacity building, for instance in the areas of communications and finance. The challenge lies in mobilizing the resources and funds to carry out these activities.

### How we work

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 \(Sphere\)](#) in delivering quality and accountable assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

#### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

### Contact information

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