

PROGRAMME UPDATE



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

26 June 2003

Appeal no. 01.54/2003; Appeal target: CHF 13,067,443 (USD 8,945,708 or EUR 8,868,215); Budget revised to CHF 12,862,905

Programme Update No. 1; Period covered: January to June, 2003

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 180 countries.

For more information: www.ifrc.org

In Brief

Appeal coverage: 90.7%; please refer to the attached Contributions List for this appeal, also available on the Federation's website at http://www.ifrc.org/cgi/pdf_appeals.pl?annual03/1-2-3%20-%20ap015403.pdf.

Outstanding needs: CHF 1,194,827

Related Emergency or Annual Appeals: India rehabilitation appeal 20/01

Programme Summary: The Indian Red Cross Society (IRCS) along with the Federation has achieved satisfactory process on the Annual Appeal during the reporting period. Most of the planned activities for January to May have been approved and scheduled for implementation towards the end of the quarter. The flood operation (Appeal 24/2002) was closed with an assessment and learning review held in Patna (Bihar) on March 2003 in follow up with the Assam review held in November 2002. The three-year Gujarat Recovery and Rehabilitation Appeal 20/01 which was launched on 9 July 2001, ended on 31 December 2002.

Operational developments

The Indian Red Cross Society (IRCS) hosted the third India Earthquake Rehabilitation Operation Partnership meeting on 23/24 January 2003 in Delhi. The meeting was attended by representatives from the American, British, Canadian, Finnish, German, Hong Kong and Spanish Red Cross Societies, the Austrian-Belgian-German Red Cross private housing 'consortium', officials from the IRCS, and the International Federation of Red Cross and Red Crescent Societies. The major outcome of the meeting was to transform long term planning into tangible and daily activities. Participants agreed that major expectations had been met. Improving communication between the IRCS and its partners was explored while global issues such as fundraising were addressed.

The IRCS has focused on agreed objectives of the Appeal and has launched several initiatives in the field of Health and Care, Disaster Management and Organizational Development to meet the key priority areas. The foremost priority was the development of national strategic development plan through the "Cooperation Agreement Strategy" (CAS). CAS has been implemented as part of managing the change process at the national headquarters (NHQ) level to align with global organizational development priorities. The Society is now focusing

on a country strategy to reduce suffering of the vulnerable population through enhanced capacity of the Society to respond to and prepare the communities for disasters.

Under the CAS implementation, the Society held three consecutive zone meetings in Amritsar, Kolkata and Chennai to get input from the IRCS district branch secretaries from all over India. The Development Plan of the Society and CAS will be used by the IRCS in future to develop branches as well as the National Headquarters. The overall process will be managed by a committee of four state branch secretaries and one representative from the IRCS National Headquarters. It will be supported and facilitated by the Organisational Development Delegate at the India Operations Centre in Delhi.

Natural and man-made disasters were experienced in the early part of 2003, with earthquake after shocks and communal clashes. Several small shocks measuring 4.2 to 0.7 on Richter scale were felt in various parts of Gujarat state on 12 February 2003.

Communal clashes occurred on 14 March 2003 on the eve of Moharram affecting the cities of Vadodhara and Fatehpur.

According to the Indian Government at least 12 states have suffered from drought conditions for the past year. Drought has affected some areas for the past four-and-a-half years. This has severely impacted on the agricultural sector and the people who depend on it for their livelihood.

The IRCS launched an International Appeal for the Rajasthan drought on 16 June 2003. The Appeal is seeking to assist 75,000 beneficiaries over six months in the form of food.

In addition there was a heat wave in May/June that resulted in 1,563 heat-related deaths across the country. The heat wave also caused outbreaks of fire in most districts in the state of Andhra Pradesh leading to loss of property and possessions. The Andhra Pradesh state branch was quick in providing relief supplies in the form of assorted clothes and kitchen sets.

The official launch of SPHERE took place on 6 February in New Delhi. The Federation's Programme Manager for SPHERE presided over the meeting attended by representatives from leading national and international NGOs. The Federation's Disaster Preparedness delegate has been the focal point for the SPHERE project.



Mobile Disaster Unit (MDU) consultation for IRCS staff took place in Bahadurgarh from 9 – 13 April. This field training on MDU and emergency warehousing had a good level of participation.

The IRCS along with the Federation has achieved satisfactory process on the Annual Appeal during the reporting period. Most of the planned activities for January to May have been approved and scheduled for implementation towards the end of the quarter. The flood operation (Appeal 24/2002) was closed with an assessment and learning review held in Patna (Bihar) on March 2003 in follow up with the Assam review held in November 2002. The three-year Gujarat Recovery and Rehabilitation Appeal 20/01 which was launched on 9 July 2001, ended on 31 December 2002 with the launching of the India Annual Appeal 2003-2004 on 12 December 2002. The final narrative and financial report covering the period from July 2001 to December 2002 was posted on the Federations website in March 2003. The

external evaluation report of the Gujarat operation was presented at the Earthquake Rehabilitation Operation Partnership meeting in January (*picture above: MDU training in Bahadurgarh*).

Health and Care

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

Objective: The capacity of the IRCS to implement HIV/AIDS prevention and advocacy related to the dignity of people living with HIV/AIDS is increased through the activities of children, adolescents and communities.

Progress/Achievements:

During the reporting period the IRCS volunteers and Red Cross Field Workers (RCFW) in Gujarat organised 221 group meetings, 214 school programs and 577 home visits in order to raise awareness about HIV/AIDS prevention.

During these group meetings and school programs the volunteers and RCFW used various methods to increase awareness about HIV/AIDS with special emphasis on its prevention. Techniques such as drama and role playing have proved effective in disseminating the information in local languages. Children have been involved in the prevention campaign through various activities such as drawing competitions etc.

7,000 condoms were distributed in Gujarat along with information about safe sex practices, and the importance of condom use in combating HIV/AIDS. The main areas covered in Gujarat were Abdasa, Anjar, Bhuj, Lakhpat, Mandvi, Mundra, Nakhatrana, Rajkot, Tankara, Morbi, Maliya, Padadhari talukas in Kutch district, Jodiya and Dhrol in Jamnagar District, Wadhvan & Lakhtar in Surendranagar district.

IRCS volunteers and Traditional Birth Attendants (TBA) training supervisors have increased HIV/AIDS awareness among key players in the communities they have visited. HIV is a component in the TBA curriculum. TBAs impart information on HIV/AIDS directly to the families they work with.

The IRCS volunteers in Gujarat not only promote HIV awareness but also gather information on HIV cases and geographical areas of prevalence from information obtained during their regular work in the communities.

A community based health training held in Bihar in January which focused on the needs of the community, instructed IRCS district trainers on HIV/AIDS prevention, and taught them about misconceptions regarding the virus. The training, which was well attended, also included various other health components including Psychological First Aid.

The HIV mapping, which is the last part of the National Health Review, has almost been completed. Information is being entered into the existing health database and the process of updating is ongoing. The three zone regional consultation and planning meetings convened by the Organisational Development unit, in close coordination with the DP and Health units of the Federation, was concluded. The IRCS branches in Amritsar, Kolkata and Chennai participated in this process from 10 March to 11 April. These meetings included identifying key issues for forming a health and HIV/AIDS policy.

These meetings were to culminate into a strategic meeting of the managing board to discuss health and HIV policy among other issues. A strategic planning workshop to be held in June involving a cross section of stakeholders (bilateral PNS, National Headquarters, state branch, district branch level) would be responsible for drafting a plan which would be distributed to the stakeholders for comment. Following this process a revised plan of action would be completed, and used to raise an independent HIV/AIDS appeal in 2004-05. The health report of these meetings is available. Regarding HIV/AIDS, 94% of the attending district branch members suggested HIV/AIDS prevention needs to be a core area of involvement for IRCS in the future, reflecting a very strong backing and commitment to the HIV/AIDS programme.

The IRCS with the cooperation of the Federation, and a consultant from the Nepal Red Cross (through the SARNHA network) are developing training material based on the revised IRCS HIV Youth Peer Education Manual. The revised manual addresses the issues of reproductive health, sexually transmitted diseases, HIV/AIDS

transmission, prevention, risk reduction and HIV/AIDS life skill practices. It will be the responsibility of the future HIV Coordinator, to be situated in IRCS National Headquarters, to continue and finalize this activity.

The curriculum of the child-to-child health and hygiene awareness programme, developed in the Gujarat programmes was revised and HIV/AIDS prevention and reproductive health are now included.

The recruitment process for the National Headquarters-based coordinators has started, and it is expected that IRCS will have one National Headquarters Youth and HIV coordinator by July 2003. The future HIV Coordinator will be responsible for the following tasks:

- Formation of HIV Policy in cooperation with OD.
- Revision and translation of RC/RC position on HIV/AIDS policies.
- Drawing up a strategic plan by the end of 2003.
- Revision and printing of the IRCS Youth Peer Education Manual in English, Hindi and translation into three local languages.

The National Headquarters Youth coordinator, health officer and IRCS counterpart of the American Red Cross will cooperate to implement HIV prevention activities

While funds for the programme were only secured in May, some activities have been ongoing since January. Taking into consideration that the programme implementation effectively begins in June, the plan of action and budget were revised accordingly. As the HIV/AIDS programme is closely integrated with the national Health programme, the above listed HIV/AIDS activities could be carried out with support of the national Health programme.

States and districts in which the HIV programme will be carried out by Youth and Junior Red Cross as well as community based volunteers were identified. The ground work towards policy formation has been initiated and will be completed in the latter half of 2003.

Impact

- Revision of existing HIV material.
- Enhancement of IRCS capacity to carry out the programme requirements.
- Approximately 7,000 people have benefited from the HIV prevention activities and condom distribution in Gujarat.
- Volunteers are assessing the HIV situation in Gujarat.
- The states for implementation have been determined.

Constraints

Late funding and delayed onset of implementation.

Integrated and Community Based Health Project

Overall Goal: The health vulnerability of the population, mostly women and children in rural communities, in Gujarat and nationwide is reduced.

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

Progress / Achievements:

From January to May 2003 the integrated health programme in India has directly attended to the needs of 181,590 beneficiaries through its various initiatives.

The four components of the health programme in Gujarat were successfully consolidated in 2002. Field supervision and monitoring as well as health activities on the preventive side continued in 2003 and are gaining momentum. The Rajkot health office moved to the Rajkot branch of the IRCS in January 2003 to further integrate

the activities with the branch activities and to maximize impact. The national staff field supervisor is also working closely with the branches in Surendranagar and Jamnagar from the Rajkot office. In 2003 the main effort has been directed towards working with the five branches in Kutch (district branch), Bhuj-subdistrict branch, Rajkot, Jamnagar and Surendranagar. Cooperation of the branches with the IRCS Gujarat State branch in Ahmedabad and the new secretary has increased. The Federation supported programme has provided the state branch secretary with information regarding training, volunteers, contact numbers and capacity building.

The Bhuj district and sub-district branches have increasingly become involved in coordinating and organizing the programmes in Kutch and Bhuj. A room in the general hospital is serving as an office for the district branch for the time being. The branch is actively engaged in donations, immunization and blood donor motivation activities. IRCS, with Federation support, has decided to support Ahmedabad branch-planning and technical support for the Community Based First Aid (CBFA) programme and Traditional Birth Attendants (TBAs) in two more districts in Gujarat (the districts have yet to be finalized).

During the reporting period a number of activities were undertaken by the Red Cross Volunteers and Field Workers for the integrated health programme. Activities included organizing group meetings and school programmes for creating awareness on personal hygiene and sanitation. Panch Samelans i.e. meetings of village heads in order to create awareness about hygiene and sanitation, were also organised. Several rallies were staged in villages to increase visibility regarding health issues. The IRCS volunteers also organised mobile exhibitions to spread information about various diseases that are the result of poor personal hygiene. Around 15,000 people benefited from practical sanitation activities conducted by IRCS volunteers in various villages.

Assisting, Primary Healthcare Centres (PHC) with organising eye camps was an important new health activity for the volunteers. Health camps detecting eye conditions among children and adults were provided free of charge.

IRCS volunteers provided support during the Sub-National Immunization Days (SNID) for polio in June in coordination with the Ministry of Health and WHO. This campaign benefited 20,400 children in Gujarat. IRCS volunteers are also closely cooperating with local PHCs in informing the community about polio detection and treatment. IRCS volunteers are trained to detect polio cases and to report these immediately to the local PHC.

Volunteers have organised meetings in villages to outline water purification measures and educate people about various water-borne diseases and conditions. Chlorine tablets have also been distributed and instruction given on their usage. IRCS volunteers conducted village cleaning programmes, briefing villagers about proper waste disposal. The villagers have been taught to dig sock pits (used to prevent water stagnation surrounding water outlets), and in past six months 1,652 sock pits have been dug, benefiting more than 5000 people.

Over the last six months volunteers have provided first aid service to 31,117 beneficiaries. The IRCS has also given refresher first aid training to volunteers.

Family welfare meetings have been organised in villages in order to educate communities on family planning measures, advantages of breast feeding etc. The TBA training initiative has been well accepted within communities and there has been a marked growth in the acceptance of certified TBAs as opposed to reliance on traditional knowledge. In the past six months the Red Cross trained 12 new TBAs, who have treated a total of 323 cases.

The IRCS has conducted programmes in schools on food and nutrition while volunteers initiated a door-to-door campaign to raise awareness of the benefits of a nutritious diet.

A 'quit tobacco' campaign was conducted by IRCS volunteers. The campaign was aimed at reducing the practice of children chewing tobacco (Gutka). The volunteers counselled over 1,500 children about the ill effects of chewing tobacco.

Under the Child- to-Child initiative one ToT exercise has been conducted in which 21 trainers were trained. The programme will be implemented in July in Kutch. The curriculum has been finalized, and comprises lessons on the Red Cross/Red Crescent movement, basic first aid for household or general injuries and health prevention. During

the reporting period around 20,400 children have benefited in Gujarat alone from the IRCS polio campaign under the Child-to-Child initiative.

The Anganwadi (day care centre) initiative is running successfully. These centres provide care for children aged one to five and advice to lactating mothers. Mothers are taught how to take care of infants, and how to start with supplementary feeding and breastfeeding etc. During the reporting period the IRCS conducted 18 trainings for 420 Anganwadi helpers and Auxiliary Nurse Midwives.

Red Cross volunteers have also created awareness on personal hygiene through drama presentations resulting in observations of 60 per cent of children attending Angawadis in the Kutch district maintaining good hygiene.

Under the leadership of the new state branch secretary the Rajkot, Kutch and Surendranagar district branches will take part in the upcoming malaria prevention activities in coordination with the government and collaboration with WHO. The activities will involve training on malaria symptoms and prevention, fever, how to do blood slides and distribution of impregnated bed nets.

The Orthopaedic Workshop at the IRCS complex, Ahemdabad which was damaged during the 2001 earthquake was renovated with the support of the German Red Cross. With the support of the German Red Cross, the centre's activities have been expanded upon. Besides physiotherapy, the public can have access to artificial limbs and other rehabilitation material (German made) free of cost.

The Spanish Red Cross is closing its activities in Gandhidham in June. It has strengthened the Gujarat state branch by creating a network of trained Red Cross volunteers from all the villages in the community. A total of 12 volunteer trainings were organised resulting in 297 trained volunteers in 189 villages. A community-based first aid network of health volunteers trained to provide villagers with first aid, and health and hygiene information has been created in Bhachau, Gandhidham and Rapar Talukas. The Red Cross Health Workers have improved their capacities through regular review of their work and attending workshops in Bachau, Rapar and Gandhidham Taluka. They also participated in the evaluation of the CBFA program along with IRCS.

The American Red Cross (ARC) community-based first aid programme is operating in Patan and Banaskantha, but has not begun in Mehsana. ARC is in the process of forming CBFA committees involved in CBFA trainings in Patan and Banaskantha, and this should be completed by July. ARC has selected 28 field workers in Patan and 26 in Banaskantha,. Each field worker will be required to oversee programme operations in five villages. The programme will cover 131 villages per district. On completion of the programme there will approximately 1,000 trained volunteers, who will also be well connected with the local primary health centres. In January ARC was asked by the Patan district branch to help them in the Pulse Polio campaign which benefited 22,000 children. ARC has been organising meetings at the village level to increase awareness about immunization. A database of volunteers will be ready by mid June and concentrates on the skills of volunteers.

Impact:

- The health component is transparent and understood by all the branches of the IRCS. The branches have taken responsibility for coordination and planning these programmes.
- The target for trainings has been achieved through regular field supervision and performance monitoring of the volunteers, which has improved their service to beneficiaries.
- IRCS has gained improved its reputation and credibility in the state of Gujarat as a result of its activities.
- The capacity of the Gujarat branch has increased to respond to public health needs in the communities.
- Continuous work with the branches has decisively increased the level of ownership.
- The government and communities are increasingly appreciating and valuing the impact of the RC volunteers.
- Through clear leadership from the new state branch secretary, capacity transfer of the CBFA programme and the TBA programme to eastern districts in Gujarat has started.

Constraints:

Implementation of Disaster Preparedness and Organisational Development components in Gujarat were too slow and started too late.

National Community Based Health programme

Overall goal: National health: support to the IRCS capacity building in health preparedness and relief health.

Objective: The capacity of the IRCS to plan, implement and manage quality health programmes and emergency health responses and to support the vulnerable communities in responding to various disasters is strengthened.

Progress / Achievements:

HIV/AIDS is becoming an increasingly important topic for the health volunteers in India. The India Annual Appeal 2003-2004 has a significant focus to enhance awareness about HIV/AIDS through youth to address this humanitarian need.

The main activities under the HIV/AIDS awareness campaign are:

- HIV mapping through regional IRCS branch meetings incorporated into the health mapping.
- HIV data included in health database and links to the website established.
- HIV/AIDS project log frames completed.
- Cooperation with the Nepal Red Cross for the HIV life skill training module for Indian Red Cross under preparation.

The Bhopal Shanty Town health and hygiene project, which started in August 2000, aims to provide limited curative health care services in selected slum areas. During 2002 the program was further consolidated and gathered momentum, which has continued in 2003. The trained volunteers from the slum areas have increased the confidence of the community in the programme, and have increasingly carried out health prevention activities. In addition, the renovated municipal building functions as a dispensary. It renders six hours of medical service daily to the residents of the selected slums. The number of patients treated daily in the dispensary has steadily increased. More than 2000 new patients have been treated so far. Red Cross volunteers are rendering door-to-door service to the residents of the adjoining areas. A four-day health check-up was organised, during which 89 patients were examined and treated and provided with free medicine.

The national health review was completed after the regional Indian Red Cross branch meetings of all district and sub-district branches. Three regional IRCS district branch meetings involving approximately 216 branches were held in March and April in a historic initiative for the IRCS. The meetings will contribute to IRCS team spirit and unification towards a joint vision. With regards to health, the outcomes are health mapping and getting ideas on where IRCS wants to go in the future. The findings of the branch meetings are summarized in the health report.

The majority of branches agreed that training of community-based health volunteers (CBFA) is a priority. It is possible to link/add more comprehensive programs with CBFA volunteer training. The overwhelming majority regarded involvement in HIV/AIDS prevention as a major task for IRCS.

The health database entries have been updated with the findings of the regional branch meetings, HIV/AIDS programme entries, new websites on reproductive health and HIV and activity updates. One IRCS staff member is being trained on the use of the database and how to update it.

The CBFA training in Bihar started in January 2003. Thirty trainers from nine flood-affected districts, or weaker branches were trained. Training materials drawn from the Gujarat trainings were applied. The training was carried out by the IRCS National CBFA coordinator and the state branch coordinator, with support from the state branch CBFA coordinator and supervised by the National CBFA coordinator, they proceeded with assessments of their communities and recruitment of 500 IRCS volunteers. The volunteer trainings will proceed shortly. The CBFA coordinator for the state branch of West Bengal was identified and trained during the Bihar ToT. The IRCS West Bengal state branch has started short-listing districts and volunteers for the first ToT training in Kolkata. During the next ToT in West Bengal, the CBFA coordinator for Tamil Nadu, Rajasthan and Andhra Pradesh will be trained. Tamil Nadu, Rajasthan and Andhra Pradesh were identified by IRCS for the next CBFA trainings. The CBFA manual which was revised and reprinted by the national health programme in October 2002, was distributed at all of the trainings and during the regional branch meetings.

The CBFA manual was translated into Hindi by the Bihar state branch, and the first Hindi CBFA manual was printed in May 2003.

IRCS volunteers from seven states including Uttaranchal, Bihar and West Bengal participated in the last sub national immunization day for polio in close coordination with the Ministry of Health, WHO and UNICEF during May and June 2003. The volunteers in Gujarat and West Bengal in particular were seen to make a difference during this campaign.

The work on the framework agreement for an IRCS New Emergency health kit, slightly modified from the standard WHO kit, proceeded further. The Federation logistics team in close coordination with health short listed pharmaceutical companies to supply the New Emergency Health Kit for IRCS (framework agreement). The first tender sent out by IRCS received only one reply. It was decided jointly to shortlist further companies and send out a new set of tenders to more specifically targeted suppliers.

The International Committee of the Red Cross (ICRC) along with the Federation have conducted a joint exhibition at the second HOSPIMEDICA International Medical Fair held in Hyderabad. The interest in community based grass root level health trainings was high. 50 CBFA manuals were displayed and distributed. The Indian Red Cross state branch received a good response for blood donor motivation, especially from young people.

An agreement has been arrived at between the Federation and the Canadian Red Cross (CRC) in order to transfer the management responsibilities for the Tamilnadu Nutrition Programme to Canadian Red Cross in a bilateral working relationship with the IRCS. The programme has been managed by the Federation under National Health to date.

CRC is complementing the TBA training part of the appeal under national health bilaterally. It has undertaken two batches of refresher training in the state of Uttaranchal for the Auxiliary Nurse Midwives (ANM), and trained dais and also visited Maternal and Child Welfare institutes in the state to study the situation

The next Emergency Health training "Public Health in Emergencies" for IRCS volunteers and health staff will be conducted in September 2003.

Impact:

- Enhanced understanding of IRCS of its activities and constraints in health.
- Consolidated IRCS views on core health activities for the future.
- Built up linkages within Indian Red Cross between health preparedness and response with framework agreements (for New Emergency Health Kit) and tools, building up holistic capacity at community, branch and National Headquarters level.

Constraints: The Society's implementation of the community based first aid programme in Bihar, West Bengal and other states was slower than anticipated. The roles of CBFA coordination at the National Headquarters level were not been assigned clearly.

Disaster Management:

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

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

Progress/Achievements

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

The Gujarat State branch (GSB) has appointed a Branch Development Officer and a DP Coordinator, who have been orientated by IRCS National Headquarters and the India Operations Center (IOC) DP, OD and health teams. Capacity assessment visits to Surendranagar, Jamnagar, Rajkot and Kutch district and sub-district branches were carried out by Branch Secretary, DP and OD staff of GSB and IOC along with PNS representatives.

The contract for renovating of the Viramgam warehouse in Ahmedabad along with its additional legal provisions has been approved by the Indian Red Cross and Federation Secretariat's legal advisers. Work on the renovation has since begun. Field visits were made to the state branch warehouse in Ahmedabad and a client's brief was drafted. Preliminary assessments were also done. Integrated planning between DP, OD and health teams was carried out. The GSB DP programme plan, budget and annual plan was reviewed and approved by the IRCS and IOC.

A National Consultation on the SPHERE Handbook Revision was attended by DP Coordinators from the GSB and IOC and comments were provided to the SPHERE consultation group (which consisted of Federation, IRCS and other agency members). This event provided a useful networking opportunity for the GSB and close interaction between the GSB and various agencies has been developing since then. Meetings were held with the Gujarat State Disaster Management Authority (funded by UNDP for their National DP Programme) to define mechanisms for collaboration with the Indian Red Cross and IOC. Joint programme planning took place with the ARC Disaster Mental Health (DMH) Programme to include a DMH component in training for DP volunteers. The first in a series of three DP Capacity Building Workshops was conducted with district and sub-district branches. DP Committees are being formed at the State branch level.

Impact

- Promotion and development of the role of GSB DP coordinator.
- Strengthening of GSB DP capacity and development of DR mechanisms progressing.
- Increased in-state recognition of IRCS-GSB as an active DM organization.

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

The Indian Red Cross/IOC DP team participated with OD and health teams, ICRC and PNS in the Indian Red Cross regional consultations and National Society Development Planning process in Amritsar, Kolkatta and Chennai. It was a highly participatory process involving district branch secretaries from the 7 northern and 11 eastern and north-eastern states, including Uttranchal, Bihar, Orissa, West Bengal and Assam of the selected 8 disaster prone states in the DP/DR program. Presentations were made on the characteristics of a Well Prepared National Society and the IRCS Disaster Response System. Through interactive group work the district branch staff identified volunteer mobilization and training, risk assessment, resource generation and emergency management and communication as disaster preparedness priorities for 2004-2006. Development of the Indian Red Cross DM Plan has commenced. Sections on roles and functions of the DM Center, Disaster Response Team, Mobile Disaster Units, and procurement manual were added to the DM plan.

There has been significant involvement in establishing SPHERE India with the DP team continuing to act as Chairman and Secretariat before handing over to an elected Chairman. Inter-agency consultations on "Institutionalizing SPHERE in India" were organized with the SPHERE Project Manager from Geneva, key government, UN and NGO agencies active in disaster response. Six foundation meetings chaired by the DP team have resulted in the emergence of goals, objectives and structure for SPHERE India and agreement of a USD 200,000 two-year project proposal for documentation, institutionalization, advocacy and training. An elected Managing Committee of seven NGOs has been formed. A revised project proposal has been completed. The Ministry of Home Affairs¹ (MHA) now has the observer status for SPHERE India.

Impact

- Better progress in drafting of IRCS DM Plan.

¹ Ministry of Home Affairs is the nodal ministry for natural disasters

- SPHERE institutionalization process commenced and is progressing well.
- IRCS is recognized as a leading agency in disaster management in India.
- Engagement of Ministry of Home Affairs through the SPHERE initiative is a step forward in better co-ordination.

Expected result: A functional Indian Red Cross Disaster Management Centre and disaster management department are established at National Headquarters with disaster management systems in place linking the National Headquarters with the disaster coordinators of state branches and zonal warehouses.

The Senior Disaster Management Adviser ended his contract and until his replacement is found the new Indian Red Cross Deputy Secretary is acting as senior counterpart. Twelve desktop computers have been installed and connected to the Indian Red Cross local area network and the telephone systems are now fully functional. There have also been changes in administration staff in the Relief section. An agreement has been put in place regarding funds generated from hiring the DMC conference room. The funds will be used for maintenance of the DMC.

Impact

Thanks to functional LAN and operational telecommunication equipment the DMC control room was heavily engaged in tracking the cyclone that was forming off the coast of Orissa, in the Bay of Bengal, off the eastern coast in late May. Assessment kits were mobilized, the IRCS DM department was on high alert and pre-deployment of an early assessment considered. The German Red Cross was actively engaged and close contact was maintained with the state branches of Andhra Pradesh, Orissa and Tamil Nadu. The cyclone however after being still for about a week shifted direction and hit the west coast of Myanmar.

The IRCS knowledge management unit is functioning to harness learning and promote better practice, development of national training team, DPDR curriculum and training modules and specific DPDR training to key staff and committees within the institution is provided.

The DMC library has been established with catalogued books, videos and reports. Terms of reference for the DP Review were drafted jointly with the Indian Red Cross, and the review conducted with the participation of the British Red Cross DP Advisor as a consultant. The report is currently being finalised. The Disaster Reduction Programme case study was completed. A learning review of the 2002 flood operation was held with the Bihar state and district branch secretaries and a report was drafted. The DP team participated in the Orissa State branch and the German Red Cross cyclone preparedness learning review and planning workshop to contribute with their experiences from disaster preparedness in Assam and Gujarat.

Impact

- DP Review exercise has helped provide strategic directions to the DP/DR Programme for 2003-2006.
- Budget revision ably supported by BRCS DP Advisor contributing to greater financial sustainability.
- The learning review from Assam at the end of 2002 and the Bihar Floods 2002 review in February this year are helping institutionalize learning reviews through IRCS leadership support.

Expected result: The disaster preparedness capacity of the Indian Red Cross at the national and state branch levels is reviewed according to the well prepared national society (WPNS) questionnaire, eight disaster prone state branches engaged on DP policy and best practices, and DP capacity building of four branches engaged on DP policy and best practice, and DP capacity building of four state branches enhanced by joint DP/OD initiative.

WPNS questionnaires were modified making them relevant to the state branches and were sent to the eight disaster prone states. On receiving the completed questionnaires, they were analyzed and shared with the DP review team. The DP review team consisted of three members; the British Red Cross DP Advisor, an experienced former IRCS deputy secretary, and a Federation consultant. The review team made visits to ongoing program areas in Gujarat and recently to conclude the pilot DR program in Assam. The process followed was participatory and the outcome positive. The State branches have varying capacities and are in different stages of development. As a part of capacity assessment of district branches, the questionnaire was deployed for capacity assessment of the district branches within the VCA methodology. The workshop helped develop DP capacity building training format for district branches. DP Committees are currently being formed at the district branches. The strategy for engaging

with the eight disasters prone state branches has been discussed at length and is currently being finalized. The DM plan is being worked upon by the GSB.

Impact

- Eight states engaged during assessment.
- Rise in profile of DP through DP capacity building workshops with district branches.
- DP committees being formed at the district branches in one state through leadership support.

Expected result: The national disaster response capacity of the IRCS is strengthened as a result of reinforced national society's emergency fund and volunteer mobilization, highly trained and easily mobilized disaster response team, and three prepositioned MDUs.

Three Mobile Disaster Units (MDU) and Assessment Kits and substantial amounts of digital communication and IT equipment were procured. The procurement of additional equipment and supplies is being finalized. The four member DP/Logistics team of WatSan, Electrical, Camp Management and Logistics staff worked on developing updated equipment lists for maintenance of individual MDUs. Substantial progress was made in writing layout plans, equipment manuals, Standard Operating Procedures, a maintenance plan for camp management, water and sanitation, and electrical functions of the MDU. Field training in MDU and emergency warehousing field deployment has been conducted for IRCS staff including regional warehouse Assistant Superintendent of Stores (ASOs) from 9-13 April. Participants evaluated at the end of the exercise scored an average of 80 per cent.



Impact

- Due to constant updating of skills and best practices being cultivated among the DP volunteers, the Assam state branch actively engaged in assessment of the cyclonic storm that hit the upper reaches of Assam on 22 April 2003.
- The two-member state branch team, which accompanied the IOC-IRCS assessment team in 2002, led an assessment. Timely reporting was achieved by the State branch and improved medical staff arrangements in practice.
- DP stock provided under Pilot DR Program last year from State branch warehouse distributed.

Expected result: To establish a logistics management system in strategically sited and rehabilitated warehouses.

A draft Procurement Manual for the IRCS has been prepared defining the procedures to be followed for the procurement of any relief items and sample drafts of forms that are used in the procurement process. Relief items catalogue is being prepared. Two desktop computers have been purchased for two regional warehouses.

Warehouse handling equipment was ordered for the Bahadurgarh Warehouse. The current status of DP stocks in regional warehouses is as follows:

Item	DR Programme	DP/DR Programme	Total
Plastic Sheeting (family sheets)	5,570	10,000	15,570
Mosquito Nets (PCs)	30,500	30,500	61,000
Cooking Utensils (PCs)	5,000	23,120	28,120
Plastic Buckets (PCs)	5,000	13,120	18,120
Bed Sheets (PCs)	12,000	16,120	28,120
Cotton Blankets (PCs)	10,000	14,120	24,120
Men's clothing, Dhotis (PCs)	9,000	16,120	25,120
Women's clothing, Saris (PCs)	9,000	16,120	25,120
Life Vests (PCs)	250	250	500

Expected result: Risk reduction projects and Community Based Disaster Preparedness activities in flood affected states are implemented reviewed for expansion to selected states.

The DFID funded India Disaster Reduction Programme came to a successful conclusion in 2003 with all objectives achieved and funds spent. The DP trained volunteers in two districts in Assam played an important role in reducing fatalities during floods in 2002. The water and sanitation disaster mitigation activities were completed in Bihar although funding allocated for mitigation activities in Assam has been earmarked for drought relief by Indian Red Cross with the agreement of American Red Cross.

Impact

Development of DP standardized training material for use in DP ToT in Gujarat.

Constraints

- Senior DP counterpart absence since February 2003. The Deputy Secretary (DS) is acting as a senior counterpart in addition to having organizational and sectoral responsibilities.
- Continuing IRCS recruitment freeze leading to the non-appointment of IRCS DR Coordinator and DM director.
- Increased demands on IRCS- DM department due to multi-stakeholder engagement.
- Limited Branch capacity has required greater support from NHQ-IOC DP team.
- Inter-sectoral integration demands more time for co-ordination.

Organizational development:

Overall goal: The Indian Red Cross has become a leading humanitarian agency in India when mobilizing, organizing and managing resources in order to improve the situation of the vulnerable.

Objective: Support to the long-term capacity building process in Gujarat and nation-wide including organizational resources, branch, human resources, finance and information development in close collaboration with health and disaster management components.

Progress/Achievements

Branch Development

Expected result: A branch development plan for the Gujarat state branch integrating the overall need of the district branches developed and implemented to increase the capacity of the branch; a national branch development policy and strategy developed and the capacity of the national headquarters to provide development support to the branches is strengthened.

The branch development process in Gujarat State is now gaining momentum. The period January to May could have been planning months for Capacity Building efforts. Activities planned are mirroring the nationwide activities supporting the development of IRCS.

The Branch Development Officer recruited during December 2002 took up the assignment on 15 January 2003. After a thorough induction including several field visits, briefings at National Headquarters and training, the plan and budget for future activities started to take shape. The strategy, plan and budget was submitted to IRCS Headquarters and subsequently agreed to. One of the first steps undertaken by the Branch Development Officer was to assess the situation of the state branches, as well as follow up the branch mapping exercise. This has resulted in a change of strategy, where the capacity of the State branch proved to be weaker than earlier assessed. This has occurred where the rapid increase in volunteers engaged by the Health programme has not been taken into account. This has identified a need to increase the capacity of the State branch so capacity building support could be given to the district branches. Three Capacity Building Officers are under recruitment and possibly two Branch Development Trainers are to be recruited. The focus will be on those districts where the Partner National Societies and Federation have been or currently are supporting the programs of IRCS. An external recruitment

process was initiated and more than 178 people applied. Some of them were already fieldworkers/trainers engaged in the Federation supported health activities.

During the assessment it also became obvious that the State branch had limited capacity, particularly in programme and support functions such as finance and administration. A basic organigram outlining essential key positions was developed and agreed to with the branch and IRCS Headquarters. Several positions will be advertised and filled within the coming months.

Impact

- The Gujarat State branch has been given increased capacity to implement activities since the beginning of the year.
- There was efficient use of resources with the Branch Development Officer together with the Disaster Coordinator dispatched to respond and support the district branches after a cyclone struck the coast of Gujarat.
- Relations between the state branch and district branches have improved with increased communication.

Constraints

- Transfer of funds between IRCS Headquarters and the state branch was a constraint, but had no major impact on the implementation of activities during the first half of 2003.
- It has not been possible to continue with the development of the national branch with its policy and strategy because of the limited capacity of the IRCS Headquarters. However, during the regional consultation meetings, Branch Development has been a key issue discussed by the branches and the National Headquarters.

Expected result: a long-term national society strategic plan developed and the cooperation agreement strategy established during 2000 updated

The process of developing a long-term national society strategic plan is underway. More than 350 Indian Red Cross Branch representatives met during March and April 2003. They discussed and shared their views on how Indian Red Cross as one organization shall embrace the challenges of the future.

Three meetings were organized and they were the first step in a process of developing a three-year National Society Development Plan for Indian Red Cross. This document describes the process of developing the Development Plan and the outcome of very intensive participatory discussions.

The main objectives for the meetings were:

- To develop material, key recommendations and define a framework for the Development Plan for the period 2004 – 2006.
- To discuss the core areas of the Strategy 2010 and feed into the overall strategic planning exercise.
- To provide the branches and the National Headquarters with a forum to further develop relations and knowledge about the capacity of the organization.

The programme for the meetings began with an introduction to the process of building a Development Plan and the development of Indian Red Cross since 2000. After this introduction, the participants were during each meeting divided into two groups. One large group focused on discussions about the core areas of the Strategy 2010 (health, disaster preparedness and response, humanitarian values) as well as youth and branch development. The smaller group focused on defining a vision about Indian Red Cross, identifying strengths, weaknesses opportunities, and threats of reaching the vision and finally developing key recommendations.

Parallel to the work done by the smaller group, the larger group discussed the core areas of the Strategy 2010:

- Promotion of the Movement's Fundamental Principles and humanitarian values,
- Disaster response,
- Disaster preparedness, and
- Health and care at the community level.

The result of these discussions and consultations feed into the overall work of developing the Development Plan and there are similarities in the result from the SWOT Analysis and the outcome of these discussions. Many of the participants observed that the meetings were the first of their kind in the history of the Indian Red Cross, were result oriented and had an excellent approach towards the development of National Society. During the meetings, the expectations amongst the branches were raised and many of them expressed their commitment to the implementation of the Development Plan. Building on this plan, a Cooperation Agreement Strategy is to be developed during 2003, providing a framework for long-term partnerships. Briefly put, the three Regional Meetings could be seen as Movement's concentrated effort towards a stronger and well functioning Indian Red Cross Society.

A consultancy and planning meeting was held on 1-2 May 2003 with key people at the national headquarters. The outcome of that meeting was similar when compared with the three regional consultations and planning meetings.

Impact

Several sessions triggered discussions and helped in developing recommendations that need to be implemented during the coming three years in order to strengthen Indian Red Cross so that more vulnerable people receive effective help and support.

Branches expressed their commitment to the implementation of the Development Plan. The branches also gave clear indications of priorities on what should be the core activities in Health and Care in the community and Disaster Preparedness and Response.

The cooperation between the components of the Movement has been strengthened. The meetings organized by Indian Red Cross gave an opportunity for Federation and the ICRC to jointly support the implementation and facilitate together. Several Participating National Societies active in India participated at the meetings.

Constraints

The difficulty of organising the three meetings with such a large number of participants delayed the implementation. In relation to the previously agreed plan, the process has been delayed by approximately two months.

Expected result: The IRCS constitution, organizational structure, rules, policies and procedures reviewed, amended and established in accordance to the needs of the organization and in coherence with the policies of the Red Cross Red Crescent Movement;

The first draft of a "Staff handbook" was presented to the Secretary General in May. The document comprises several rules, regulations and practices and is currently a merge of existing good practice and integration of new practice.

The initial steps have been taken towards an amendment of the Constitution. A small group from IRCS including the Honorary Legal Advisor met the joint team of ICRC and the Federation to discuss the progress and possibility of designing a reasonable process. Material, methods and experiences of the reviews in other neighbouring countries were discussed and taken into account. The group agreed that it will take quite some time to complete this task and that it also involves seeking the agreement with ICRC and the Federation in Geneva before the amended constitution can be placed before the Indian Parliament.

Impact

The regional planning and consultation meetings emphasized the need for a constitutional review. Some branches felt that the existing Constitution is a major obstacle for effective program implementation.

Constraints

The review can not take place without the approval of the Managing Body and it is not clear when this decision can and will be taken.

Expected result: a human resource development system and phased training programme for governance, volunteers and staff developed and established, and the Indian Red Cross central training facility in Delhi functionalised and a plan for sustainability developed and implemented;

The software Navision Attain procured primarily for the Finance Development project is a comprehensive package that also includes a Human Resource module. This will enable the department working with human resources to manage the information about the approximately 650 staff employed by the National Headquarters in a more systematic and efficient way.

The extensive renovation of the Main Building of the Central Training Institute is now almost complete. All construction work should be completed by the end of June. Several visits by various partners have taken place, amongst them; American Red Cross and Norwegian Red Cross have expressed interest in supporting the rehabilitation of the Main Building and Hostel Building.

The Federation has facilitated two induction courses for locally employed staff of the Participating National Societies and the Federation. This has given 35 people a greater understanding of the Movement's history and structure, Fundamental Principles, the emblem and a basic introduction to International Humanitarian Law.

Impact

The impact is not measurable at this time because the Central Training Institute is under construction, but should be reflected in the next Programme update.

Constraints

Development and implementation of these systems was delayed because, to date it has not been possible to recruit personnel for key positions at IRCS Headquarters mainly due to the Managing Body's need to make a decision about forming a selection committee.

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

The process of procuring and setting up the software Navision Attain was completed on 31 March. Implementation and using the software has started with the payroll and Human Resource module along with training of staff in May. Several modules including eight user licences were procured.

Impact

The Finance Director has supported the Sri Lanka Red Cross with the development and upgrading of the financial procedures and systems. Currently, at regional level Navision Attain has been looked at as possible software for other National Societies.

Constraints

The establishment of the project cell has been delayed because personnel in key positions at IRCS Headquarters have yet to be recruited. This is mainly due to the Managing Body yet still in the process of deciding upon a selection committee.

Implementation of the project has been delayed due to the fact that the procurement of the software has been delayed because several issues were raised regarding the global contract of Navision. The parties finally came to an agreement and the contract was changed to cater for the needs defined by Indian Red Cross. The closing and audit of the accounts were taking place during April – June, which also puts the implementation on hold for a couple of months.

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

The volunteer programme management system is under development. This is being done drawing from experiences of volunteering in Orissa and Gujarat and common volunteer management practice. The first trainings on volunteer management and recruitment were initially planned to be held during May, but are now set for July and August.

The process to develop the Resource Mobilization policy and strategy has been initiated. Several task force meetings were held outlining the essential parts of the strategy. Assessments of the existing means for the Indian Red Cross to raise funds have been implemented. The resource mobilization philosophy with reference to the existing sources procedures at the Indian Red Cross is the focus for the discussions and the need for strengthening and streamlining membership has been highlighted.

Several concepts on how to proceed with resource mobilization have been developed. Currently a launch of a domestic appeal is being planned. The resources and support mobilized during this project are immense and there is a strong interest from different partners to associate with Indian Red Cross.

Impact

Discussions with the German Red Cross have resulted in the Orissa branch refocusing their strategy more strongly on and supporting the mobilization and organization of volunteers at grass root level.

Emphasis on increasing annual membership resulted in a successful campaign in Orissa with support to district branches to mobilize more annual members. The result was an increase in annual membership from 90,000 to 190,000.

Constraints

Limited capacity of the IRCS Headquarters is one of the major constraints when implementing various different activities.

Expected result: a communications policy and strategy developed, implementation initiated and the information capacity of selected state branches increased.

The first communications strategy planning follow-up meeting was held in February. The outcome of this meeting was the decision to conduct a workshop on Information Development for the Indian Red Cross Headquarters and eight of the disaster prone states. On 16-17 April, these states met and discussed Information Development and the need for developing a strategy. During this meeting it was also identified as necessary to develop a corporate image for IRCS, unifying the organization under one logotype. A task force was established composed of representatives from branches and National Headquarters. The meeting was facilitated and attended by both the ICRC Regional Delegation and the Federation's Regional Delegation.

Humanitarian Values:

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

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

Progress/Achievements

The IRCS strongly advocated for the drought-affected people of Rajasthan through the sub-district branch to IRCS Headquarters. The plight of those affected was highlighted in information bulletins and interaction with various UN agencies (WFP & UNDP) on the content of appeal, the type of aid etc. The IRCS also called an inter-agency pre-implementation meeting which created a platform for the NGOs working in Rajasthan to come and share their concerns. This meeting helped improve the IRCS image.

The World Red Cross day on 8 May was used to deal with the issue of the stigma surrounding HIV/AIDS. The theme 'the truth about aids: pass it on' was observed by IRCS branches all across India. The Secretary General used the occasion to bring the issue of HIV/AIDS and the anti-stigma campaign to the attention of the President of

India. Information was disseminated to the public aimed at changing attitudes and behaviour towards People Living with HIV/AIDS. Red Cross activities were widely reported in electronic and print media.

A module on Humanitarian Values was given during the Information Development Workshop attended by participants from branches from the eight most disaster prone states.

Impact

The Indian Red Cross has strengthened its profile as an advocate of Humanitarian Values through a wide variety of activities. The Society has further entrenched Humanitarian Values as an integral part of its core activities.

Constraints

The IRCS has still to achieve a unified vision among all district and state branches on Humanitarian Values.

Programme coordination:

Overall Goal: Achieve collaborative and co-ordinated working relationship with the host National Society, PNSs, ICRC and external stakeholders to assure effective service delivery and capacity building. *(The Overall Goal and the Objective have been amended from the Appeal.)*

Objective: Create forum in the formal and informal meetings with all the stakeholders, information sharing and pro-active facilitation and directional planning.

Progress/Achievements

A Partnership Meeting was held in January. Pro-active co-ordination by the delegation facilitated the host National Society (ICRS) to lead the two-day meeting with field trips afterwards to view programmes. NS from Britain, Belgium, Canada, Finland, Germany, Hong Kong, Spain and the United States together with the ICRC participated in this meeting. The main agenda included:

- Reviewing progress, achievements and constraints for programmes to date.
- Review of the Evaluation report for the Earthquake Operation.
- The need to transit from rehabilitation to development towards the latter part of the year focusing on the core areas of health, DP, OD and humanitarian values.
- Outlined plan for the three year National Society Development Plan (NSDP) and its linkage to the second generation Co-operation Agreement strategy expected towards the later part of the year.
- Work groups of enhancing partnerships, collaboration and co-ordination that included expectations by the stakeholders including the host National Society.

Impact

Between March and April, a series of three regional meetings led by the IRCS Headquarters with pro-active co-ordination and support by the Federation delegation as well as the ICRC were held. Over 350 representatives from nearly all the active branches (state & district) participated to begin the process of a three-year NSDP.

Sectoral meetings were held with the respective PNSs, the IRCS and the Federation delegation, that was streamlined further, in May 03 where two full days were allotted to cover Health, DP, OD and Senior Management.

Two informal meetings were also held with the Federation HoD and PNS representatives between January and May.

Continuous enhancement of quality and achievements of co-ordination mechanisms are being carried out.

Constraints:

Human Resource capacity within the National Society is being addressed as a part of the OD initiative.

International Representation

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

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

Expected results:

- Structured dialogue between the government and the Indian Red Cross established and government support explored to enable the society to play its role.
- The Indian Red Cross' coordination and links established with key national, regional and international organisations, funds and programmes.
- Cooperation opportunities between the Red Cross Red Crescent societies and regional delegation explored and facilitated.
- Effective partnerships and alliances formed between the Indian Red Cross and the Federation to respond to the needs of the most vulnerable, promote their interests at the national, regional and international levels, and mobilize support for the programme activities with the core areas of the Federation Strategy 2010.

NOTE: THIS SECTOR WILL BE REPORTED ON IN THE NEXT PROGRAMME UPDATE ON THIS APPEAL.

For further information please contact:

- *Dr Vimala Ramalingam, Secretary General, Indian Red Cross, vimalaramlingam@indianredcross.org, phone 91 11 23716424, fax 91 11 23717454*
- *Mr Azmat Ullah, Head of Delegation, International Federation for Red Cross and Red Crescent, ifrcin65@ifrc.org, Phone 91 1123324203 , fax 91 11 23324203*
- *Mr Bob McKerrow, Head of Regional Delegation, International Federation for Red Cross and Red Crescent, ifrcin02@ifrc.org, Phone 91 11 026858671/2, fax 91 11 026877567*

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 Project) 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 website at <http://www.ifrc.org>

BUDGET 2003

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.54/2003 (revised budget)

Name: India

PROGRAMME:

	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	105,000	0	640,800	0	0	0	745,800
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	114,430	0	0	0	0	114,430
Teaching materials	0	80,250	0	0	0	0	80,250
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	407,400	0	0	0	407,400
SUPPLIES	105,000	194,680	1,048,200	0	0	0	1,347,880
Land & Buildings	0	0	5,215,300	0	0	0	5,215,300
Vehicles	0	0	0	0	0	0	0
Computers & telecom	228,660	16,958	260,610	0	0	0	506,228
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	26,000	0	0	0	26,000
CAPITAL EXPENSES	228,660	16,958	5,501,910	0	0	0	5,747,528
Warehouse & Distribution	0	0	34,000	0	0	0	34,000
Transport & Vehicules	5,484	77,193	103,210	0	0	0	185,887
TRANSPORT & STORAGE	5,484	77,193	137,210	0	0	0	219,887
Programme Support	98,432	130,666	606,991	0	0	0	836,088
PROGRAMME SUPPORT	98,432	130,666	606,991	0	0	0	836,088
Personnel-delegates	182,400	346,800	766,500	0	0	0	1,295,700
Personnel-national staff	241,528	326,412	405,350	0	0	0	973,290
Consultants	0	22,860	170,150	0	0	0	193,010
PERSONNEL	423,928	696,072	1,342,000	0	0	0	2,462,000
W/shops & Training	388,421	622,527	171,738	0	0	0	1,182,686
WORKSHOPS & TRAINING	388,421	622,527	171,738	0	0	0	1,182,686
Travel & related expenses	48,456	94,050	184,575	0	0	0	327,081
Information	145,520	42,602	3,150	0	0	0	191,272
Other General costs	70,440	135,493	342,550	0	0	0	548,483
GENERAL EXPENSES	264,416	272,145	530,275	0	0	0	1,066,836
TOTAL BUDGET:	1,514,341	2,010,241	9,338,324	0	0	0	12,862,905

India

ANNEX 1

Continuation of the India Rehabilitation Appeal 20/2001

APPEAL No. 01.54/2003

PLEDGES RECEIVED

27.06.2003

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

					TOTAL COVERAGE	
REQUESTED IN APPEAL CHF ----->				12'862'905		90.7%
CASH CARRIED FORWARD				11'194'473		
CANADIAN -RC		182'693	CAD	169'539	22.04.03	HEALTH & CARE ACTIVITIES
HONG KONG - RC				53'461	12.06.03	VASNA WAREHOUSE
NEW ZEALAND - RC		1'220	NZD	914	16.06.03	RENOVATION
SUB/TOTAL RECEIVED IN CASH				11'418'387	CHF	88.8%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
DENMARK	DELEGATE(S)			52'731		
FINLAND	DELEGATE(S)			9'363		
GERMANY	DELEGATE(S)			39'918		
SWEDEN	DELEGATE(S)			45'667		
GREAT BRITAIN	DELEGATE(S)			102'012		
SUB/TOTAL RECEIVED IN KIND/SERVICES				249'691	CHF	1.9%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	