

Mid-Year report



International Federation
of Red Cross and Red Crescent Societies

India

Appeal No. MAAIN001

This report covers the period 1 January
to 30 June 2011.

5 August 2011



In the first phase of building safer communities in Maharashtra, a community toilet block consisting of six blocks for women and six blocks for men was constructed in Dhanora by the CDMC with the support of Indian Red Cross Society and International Federation of Red Cross and Red Crescent Societies and funded by the Hong Kong branch of the Red Cross Society of China.
Photo: Indian Red Cross Society.

In brief

Programme outcome:

The 2011 disaster management programme is designed around the four disaster management (DM) strategic objectives of IRCS via disaster risk reduction – “Building safer communities”, national disaster preparedness and response mechanism, disaster preparedness and response capacity building of branches and inter-agency coordination.

The overall purpose of the health and care programme aligns with the Global Agenda goal 2, which is to improve the Indian Red Cross Society’s (IRCS) capacity in planning, to raise awareness on the preventive health needs and by responding to public health emergencies, including HIV/AIDS, through prevention, care and support by strengthening the Red Cross volunteer network.

The purpose of the organisation development programme is to improve capacity of IRCS to provide effective services to reduce suffering of the vulnerable by integrating it with DM, health and other programmes of the national society and working with the International Committee of Red Cross (ICRC) and partner national societies to achieve Global Agenda goal 3. IRCS is in the process of further strengthening the organisation and has geared up its efforts this year towards continuation and innovation. Finance system development and branch development at national and branch level respectively were integrated as a continuum of existing programmes. Youth development, capacity building in fundraising and branch development through integrated programme approach became new initiatives in 2011.

Programme(s) summary:

During the reporting period, considerable progress has been made to achieve the IRCS’s four disaster management (DM) strategic objectives. The second phase of the Hong Kong branch of the Red Cross Society of China-supported disaster risk reduction (DRR) building safer communities project has commenced with a

lessons learnt workshop reviewing activities carried out during the first phase. A stake holder orientation meeting to plan for the second phase was completed. A focus on strengthening of community livelihood activities, capacity building of self help groups, sustainability of community disaster management committees (CDMCs) (by identifying it as a social wing of *Panchayat/Municipal Corporation*) and the establishment of early warning systems at community level have been identified as new core activities. Involvement of communities and their commitments for the execution of the project has been overwhelming and very successful.

IRCS has constituted a DRR consortium to ensure necessary technical support for all the projects across India, and to promote knowledge sharing and standardisation of approaches. Partner national societies, ICRC, International Federation of Red Cross and Red Crescent Societies (IFRC) and IRCS are part of this consortium. The next meeting of the DRR consortium took place in the first week of July 2011.

The national disaster response team refresher training was held in March 2011 and work continued in preparation for the national disaster water and sanitation response team training which took place in June 2011.

An initiative to launch e-learning programmes to reach many more staff and volunteers and build their capacities to enable them to respond in times of emergencies has been developed and will be integrated into the DM plans.

Considerable work has also been done on bridging the digital divide between IFRC and IRCS with the support of the Italian Red Cross. A multipurpose video conferencing facility has been inaugurated at the IRCS national headquarters which enables the national headquarters to have regular meetings with the state branch officials and project staffs. The facility is expected to facilitate quicker decision mechanisms during times of disaster, through regular video conferencing with the branches and warehouses.

The health and care programme of IRCS continued with the implementation of the India MDR-tuberculosis (TB) programme, malaria prevention and control programme. The Hong Kong branch of the Red Cross Society of China-funded HIV/AIDS and public health in emergencies (PHiE) programme is nearing completion by the end of June 2011. Two components of the HIV programme – the service, support and stigma (3S), the care and support initiative in Tambaram hospital in Chennai and the community care centre – crèche for HIV orphans and vulnerable children completed its successful implementation during the reporting period.

The India TB programme continued its successful implementation with more quality oriented activities. The extension of the TB project and increased coordination with the government's Revised National Tuberculosis Control Programme (RNTCP) is demonstrated at all levels in the three states. A field review visit was conducted with the Asia Pacific zone health coordinator and South Asia regional health team in May to Punjab, one of the states covered by the programme where the success of the programme could be witnessed on firsthand.

Organisational development in IRCS this year focussed more to bring branch development in all aspects related to foundation, capacity and performance stages. The focus on having a strong legal base at the branch levels were ensured by the enforcement of the uniform branch rules for the IRCS state branches. Humanitarian values and awareness on the Red Cross Movement was integrated and became instrumental as an important component of all programme related capacity building trainings.

Financial situation: The appeal budget is CHF 1,908,983 (USD 2,481,678 or EUR 1,752,781). Appeal coverage is 105 per cent. Expenditure from January to June was 26 per cent per cent of the overall 2011 budget.

[Click here to go directly to the attached financial report.](#)

No. of people reached: It is expected that 822,550 people will be reached through the DM, health and care, and organisation development programme 2011 activities.

Our partners: Contributors to this appeal include British Red Cross, Danish Red Cross, Hong Kong branch of the Red Cross Society of China, Italian Red Cross, Japanese Red Cross, Netherlands Red Cross, Singapore Red Cross and IFRC New York office.

Also contributing to the work of the national society on a bilateral basis are American Red Cross, Canadian Red Cross, German Red Cross, Italian Red Cross, Spanish Red Cross, and the International Committee of the Red Cross (ICRC).

The Ministry of Health and Family Welfare, National AIDS Control Organization of India, UN agencies, OPECfunds, Money Gram, World Health Organization and USAID are the main partners of the IRCS outside the Red Cross Red Crescent Movement.

On behalf of the Indian Red Cross Society, the International Federation would like to thank all partners and contributors for their response to this appeal.

Context

India is the world's largest democracy, and the second most populous country. India accounts for a mere 2.4 per cent of the world's surface. Yet, it supports and sustains almost 17 per cent of the world's population. India has 28 states, six union territories and one national capital territory region India is a highly disaster prone country with acute vulnerable communities. Disasters range from mega-quakes, tsunamis, massive flooding, landslides and already been exacerbated by the effects of climate change. India's topography, geo-climatic conditions as well as the prevalence of socioeconomic vulnerability among the marginalised and weaker sections of the population make it one of the most disaster prone countries in the world. About 40 million hectares of land in India is identified as flood-prone and on an average 18.6 million hectares of land gets flooded annually. More than half of India's total area of 3.28 million square kilometres falls in moderate to high seismic risk zones, with the Himalayas, the Rann of Kutch, the Assam-Meghalaya Region and the Andaman and Nicobar Islands being the most active regions falling in zone V, signifying very high damage risk. Of the nearly 7,500 km long coastline, approximately 5,700 km is prone to cyclones arising from the Bay of Bengal and the Arabian Sea.

The disease burden is also acute with infant mortality rates exceeding those of sub-Saharan Africa. Out of a population of 1.2 billion, almost 44 per cent of India's population live on less than USD2 per day. India is ranked of 134 out of 179 countries on the human development index. In 2004, deaths due to non-communicable diseases in India were twice those from communicable diseases. The four leading chronic diseases in India are: cardiovascular diseases (CVDs), *diabetes mellitus* (diabetes), chronic obstructive pulmonary disease (COPD) and cancer. In 2004, the people of India spent USD9.1 billion out-of pockets on tests, treatments and medical devices to manage their non-communicable diseases (equal to 3.3 per cent of India's GDP for that year and four times the total spent by all governments on healthcare.)

It's widely acknowledged that the Indian Red Cross Society's (IRCS) capacities have been strengthened and capacities have been built to respond to complex disasters over the last decade. From the governmental level, India has a well established National Disaster Management Authority (NDMA) which has a role to coordinate disaster response at the central level. IRCS has built up its response capabilities significantly over the past decade with disaster response teams, a well equipped disaster management centre, refurbished warehouses over the country, disaster response emergency response units (ERUs) and national influence at the leadership level.

It is recognised that future mega-disasters exacerbated by evolving climate change would pose much greater devastation and threats to lives, livelihoods and infrastructure not only in India but the world over. No single organisation can handle these mega-disasters on its own in a fashion that is qualitatively and quantitatively time bound.

An increase in the number of natural disasters and social conflict in recent years has prompted IRCS to devote more attention to disaster preparedness in an effort to make communities aware of the risks they face, increase capacity to reduce their vulnerability and enhance their ability to cope when disaster strikes. As part of the South Asia regional disaster risk reduction (DRR) initiative of 'building safer communities', the International Federation of Red Cross and Red Crescent Societies (IFRC) India country office has been actively promoting a shift from a response-centric disaster management approach towards an inclusive risk reduction approach.

IRCS's health programmes have gained considerable pace and have adapted to the emerging needs of the National Society. The health and care programmes integrate activities to promote humanitarian values and gender diversity. Projects such as India tuberculosis (TB) have worked closely with the government's health programmes, highlighting IRCS' role as auxiliary to the government. IRCS has also been a part of a successful five-year regional HIV programme. Following this programme it has been recommended that a sustainability planning programme should be integrated in all future HIV interventions to achieve better results.

Organisational development in integration with IRCS's programmes has been promoting strengthened branches as well as effective delivery of programmes. Experience has proven that local communities and volunteers are best placed to assist themselves, to respond to (and become better prepared for) natural

disasters. To ensure commitment towards IRCS it is vital to involve volunteers at a young age and build their capacities and awareness towards Red Cross activities. Hence, strengthening the junior Red Cross and Red Cross youth units of IRCS in the various branches have been of great importance. Steps are being taken to lead a joint approach (with Movement partners) in IRCS branch development, youth and volunteer development and resource mobilization. Though these are small steps, they will be big leaps if continuity is maintained in the formulation of a co-operation strategy for organizational development initiatives at a later stage.

Humanitarian values and awareness on the Red Cross Movement has been integrated in all IRCS's programmes and has become instrumental as an important component of all programme related capacity building trainings.

The 2011 IRCS 2annual plan is designed to address the vulnerabilities of the communities and prepare the organisation at all levels for the efficient disaster response.

Progress towards outcomes

Disaster Management

| Programme component | Component outcome |
|---|--|
| 1. Community preparedness | The resilience and disaster risk/disaster reduction capacities of people at risk are increased and their Vulnerability reduced in the targeted geographic areas. |
| 2. Organisational preparedness | People affected by disasters receive a needs-based and timely emergency response and recovery support from IRCS. |
| 3. Renovation and construction of allied facilities in four regional warehouses and IRCS national headquarters | Strengthened logistical and warehouse management capacity of IRCS. |

Achievements:

Component 1: Community preparedness

Expected result 1: Increased community awareness on DRR as per the local hazard context in target communities.

Awareness raised among all the sectors of the community through active participation where a community contingency plan was developed which outlines and shows understanding of current hazards and risk to the community. This awareness also gave scope to prepare a plan for response in an emergency situation.

The formation of micro groups created a common awareness on DRR in the context of local hazard mapping explored potential activities to increase the group's income generating possibilities.

Communication protocols for emergency response were developed by the six communities and was painted in a central place/ CDMC wall for dissemination to the rest of the community what to do and not do in an emergency situation.



Expected result 2: Reduced impact of local hazards and risk factors in the target communities.

Six communities have been actively participating in livelihood activities with focus on reducing their risks in a DRR context. The community disaster management committees (CDMC) have played a key role to ensure the participation to include all the sectors of the community and local government also have mobilised the community contribution. Also, CDMC with the support of the disaster preparedness (DP) supervisor has initiated the process for building linkages among all the existing self help and micro groups with local governance, local banks for accessing the subsidies and available schemes for their communities.

Marginal farmers participated in the community level discussions on alternative farming techniques.

Expected result 3: Preparedness and response capacity of local communities and community disaster management centres are strengthened in target communities.

In order to build preparedness and response capacity of the communities, a community level standardised communication protocol was developed by the CDMC and communities as part of the community contingency plan. During the process, hazards maps were updated by the community. Early warning training were conducted in two rural communities as per the developed standardised module.

Communities are ready in terms of preparedness for response by involving persons from all layers of the community in mock drills and making them ready to respond to any unforeseen disasters. A baseline survey is being conducted on livelihood activities of existing self help groups/micro groups and to analyse the need of formation of new self help groups/micro groups in the six communities. Regular discussions are held on with the self help group, micro group for alternate livelihood options which will contribute to community level disaster risk reduction programme. In order to prepare the pool of CBDRR facilitator and field practitioner, the standardise CBDRR module has been translated in Hindi and contextualised as per the DRR communities and regional training on CBDRR will be held in July.

For strengthening monitoring at each level starting from community level to IRCS national headquarters/IFRC, a DRR standardise monitoring and evaluation binder has been developed on monitoring tools and are being used to ensure progress of the project in the right direction.

Expected result 4: Knowledge and experience on DRR issues are effectively shared and replicated.



A debate on “Sustainability is possible vs. not possible” during the stakeholder workshop at Mumbai. **Photo:** IRCS.

During the lesson learned workshop and followed by stakeholder orientation meetings, ample opportunities were given to the communities and local authorities from the six communities to interact and share their experiences. Also, the DRR staff and volunteers from IRCS and IFRC were given an opportunity to directly interact with the stakeholders and share their leanings from the first phase. The sharing of experiences is now an integrated practice and even the members of different CDMCs are in touch with each other and sharing their experiences on regular basis.

On the occasion of stakeholder workshop, 75 per cent of the community representatives showed their interest to work as a Red Cross volunteer.

A case study on the DRR intervention in urban communities in Mumbai has been published for wider sharing of the experience of the working in urban communities.

An article was published in a leading news paper on the IRCS climate change adaptation intervention in Machivad village, Gujarat. As a result, the government and industries has joined IRCS in addressing prevailing issues in the village and coastal areas.

IRCS and IFRC India country office participated in the Global DRR Forum held in Syria from 29 to 31 March 2011. IRCS displayed its tools and intensive work done with rural and urban communities in the Global DRR Forum market place.

CDMC has shown their keen interest to move forward the second phase DRR project with minimum technical support from the Red Cross branch. It shows their capacity building in CBDRR programme implementation and increased self confidence.

Component 2: Organizational Preparedness

Expected result 1: IRCS National disaster preparedness and response mechanism are strengthened at various levels.

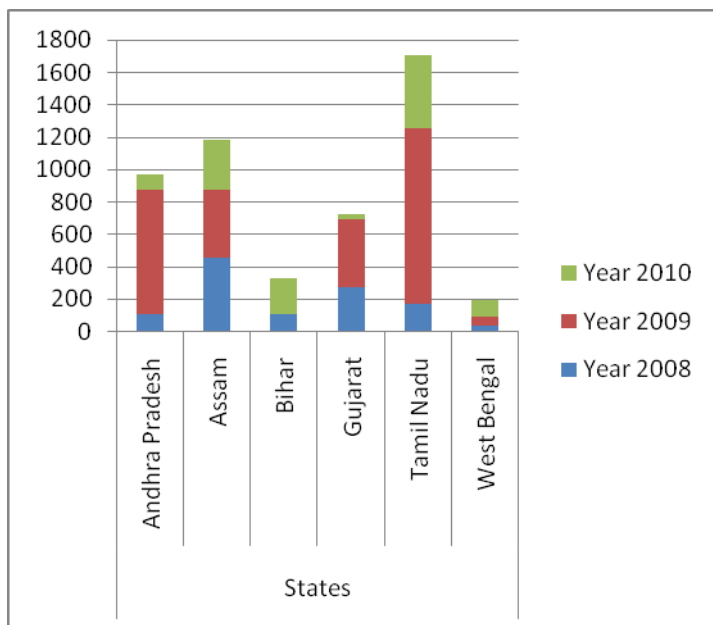
From 8 to 11 March, the national disaster response team (NDRT) refresher training was conducted in which 20 NDRT members participated. Stress was laid on the sharing of deployment experiences of the members. The lessons learnt in the 2009 Andhra Pradesh flood relief operation was discussed and progress on the recommendations made by the deployed team was informed to the participants. The participants were also

given opportunity to conduct sessions on their areas of expertise during the training so that a cadre of NDRT trainers can further be developed. IRCS has formed a team of NDRT/RDRT trained volunteers and staff which is working on standardization of the NDRT training curriculum.

During the reporting period, two 'WATSAN KIT 5' have been acquired by IRCS which has increased its capacity to serve 10,000 more people with purified water and sanitation. The assessment of water purification units and its accessories is in progress. A dedicated WATSAN warehouse will house all the water purification units and their accessories. In the assessment exercise, kits are being formed which will be deployed to the field. The national disaster water and sanitation response team (NDWRT) training took place from 22 to 27 June. This training focused mainly on the water treatment, water quality testing, and sanitation and hygiene promotion.

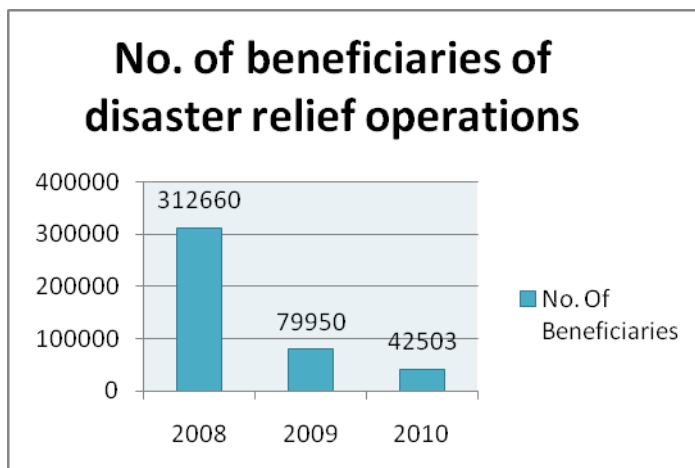
In order to enhance the relief stocks prepositioning capacity of IRCS, the Vikhroli warehouse repair and renovation project proposal has been developed. This project is being funded by the Hong Kong branch of the Red Cross Society of China. IRCS will also contribute around CHF 120,000 for this project. Construction and repairs have already commenced and the project is expected to be completed by April 2012.

Since 2003, the Disaster Management programme is being implemented in the eight most disaster prone states of India. Since then, the DM programme has geared up and rooted deep in the eight most disaster prone states and two more states which were introduced at a later stage. From its inception a lot has been achieved and every year, progress has been made on various fronts. In order to document and analyse the fruitfulness of the investment made in last three years, a DM programme review is being carried out. Some of the key results of the DM programme at state level are as follows:



- o In last three years through the DM programme, more than 5,500 volunteers and staff have been trained. These volunteers were used for various relief operations and community preparedness and awareness programmes.

- o This trained human resource enabled the DM programme state branches to reach thousands of people in the last three years through disaster relief operations.



Expected result 2: Capacity building in the areas of trained human resources, infrastructures, institutional strategy and programme implementation guidelines at various levels.

The video conferencing facility at IRCS national headquarters has been inaugurated by the Chairman of IRCS. The facility is aimed to connect the IRCS national headquarters with its state branches and six regional warehouses through multipurpose video conferencing facility in order to minimize the cost of monitoring projects as well as to improve communication between the national headquarters, branches and warehouses. Multipurpose video conferencing facility is also expected to stimulate national society development with continuous dialogue and timely decision making through regular video conferencing with the branches and warehouses. With this improved communication facility, it is also expected to enhance the efficiency of disaster relief operations and optimize the use of resources in future. The boardroom and some parts of the main hall of the first floor of the IRCS main building have been used to create a bigger space for high tech video conferencing facilities where around 100 participants can interact with people from 99 different locations. The multipurpose video conferencing is based on the Adobe Pro Connect software which is online and enables remote users to get connected easily with the IRCS national headquarters through internet. Software allows sharing power point presentations, discussions and e-learning through virtual classrooms.



Multipurpose video Conferencing facility at Indian Red Cross Society national headquarters. **Photo:** IRCS.



Multipurpose video Conferencing facility at Indian Red Cross Society national headquarters. **Photo:** IRCS.

In 2011, the focus is on strengthening IT infrastructure of the DM programme state branches and also building the capacity of the state and district branches volunteers and staff through various training programmes. The stress is being given on overcoming the digital divide between IFRC and IRCS.

The emergency operations centre at Bihar state branch is nearing completion. The interior and construction work has been completed. The emergency operations centre is now being equipped with the facilities for the efficient management of disaster response operations.

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Expected result 3: Inter Agency coordination mechanism strengthened at various levels.

The initiative has been taken to explore the possibilities of tie ups between IRCS and the potential organisations within India to enable IRCS to do more, to do it better and to reach further.

IRCS has presented its activities in the areas of disaster management and health to the members of National Disaster Management Authority (NDMA). Looking at the interest areas of NDMA and IRCS, a proposal of first medical responders has been prepared for seven states and has been submitted to NDMA for their consideration. This project will develop a cadre of Red Cross first medical responders in all the districts of selected seven states. At each district, 100 volunteers will be trained as first medical responders. Apart from the human resources, district branches will be supported to preposition community first aid kits (each kit can support 100 people).

In the last couple of years, IRCS has strengthened its capacities in emergency WATSAN. The 24 water purification units, hygiene promotion kits, sanitation kits and trained human recourse are now backbone of its emergency response. The discussions are on with UNICEF to explore the possibilities of collaboration in the area of water and sanitation. UNICEF has shared a framework which encompasses all their plan, available resources and gaps for 2011-12. An overlap of gaps in the framework shared by UNICEF and areas of interests of IRCS will help in defining the areas of collaboration.

The Inter Agency Coordination is being promoted at state level. This has resulted in many tie ups between the state branches and other organisations in the field. Even NDRT members from non-DM programme

states have been encouraged to participate in the inter agency groups. As a result, Karnataka state branch organised a launch of the 2011 Sphere handbook in Karnataka at Red Cross Bhawan.

Component 3: Renovation and construction

Expected Outcome 1: Strengthened IRCS's logistical and warehouse management capacity.

The Kolkata warehouse repair and renovation has been completed. The Japanese Red Cross has agreed to use the remaining funds from the pledge for the restructuring of the basement stores of IRCS national headquarters main buildings to ensure optimum utilization of the available space.

The renovated basement will be used to store first aid kits, disaster management kits and publications. There will be some space for the store office and conferencing room facilities to conduct meetings and trainings.

Health and care

| Programme Component | Component Outcome |
|---------------------------------|--|
| 1. Public health in emergencies | Strengthen institutional capacity for preparedness and response capacity of staff and volunteers in public health in emergencies (PHiE). |
| 2. HIV/AIDS | Improve awareness on basic knowledge of HIV and AIDs and quality of life of people living with HIV (PLHIV). |
| 3. Tuberculosis Project | Improved adherence to tuberculosis treatment regimens by vulnerable retreatment tuberculosis patients. |
| 4. Malaria programme | Prevent malaria by supporting long-lasting insecticide net (LLIN) distribution in the selected malaria-prone areas and supplement government efforts through the dissemination of information and the raising of awareness amongst the population. |

Achievements:

Expected result 1: Strengthen institutional capacity for preparedness and response capacity of staff and volunteers in public health in emergencies (PHiE).

Through the peer educator's session, about 6,050 peer educators' group members from school and college were participated in the discussion. Out of the total participants, 41.5 per cent were female. These peer educators shared their experiences of their discussion with their peer group and also looked up complex issues related to HIV and life skill education with their seniors, counsellors, teachers and Red Cross volunteers in the project. Apart from the topics of HIV/AIDS, discussions and awareness raised activities was held on related health issues such as sanitation, diarrhoeal diseases, malaria, dengue, Chikengunya, and influenza, amongst others.

| Name of the district | Leaflet | Volunteers |
|----------------------|--------------|------------|
| Warangal district | 10500 | 129 |
| Karimnagar | 10500 | 141 |
| Nellore | 9500 | 118 |
| Prakasam | 10500 | 158 |
| Total | 41000 | 546 |

To date, 2,852 volunteers are trained in PHiE at state and district levels and 120 volunteers are trained during the reporting period. A refresher workshop for staff and volunteer was conducted on PHiE in May. The refresher workshop led to an overall improvement in understanding of the PHiE concept and its execution. Major components of this training are incorporated in volunteer training for all health programmes. These trained volunteers have been used by the state branches for damage assessment and have acted as facilitators for the district level workshops.

The staff, along with the 546 village level volunteers, conducted house-to-house and one-to-one sessions to spread health promotion among the community members using information leaflets on family planning and contraception, malaria prevention and treatment, including environmental and sanitation issues and distributed 4,100 leaflets on the above health issues.

Expected result 2: Improve awareness on basic knowledge of HIV and AIDS and quality of life of people living with HIV (PLHIV).

The Hong Kong branch of the Red Cross Society of China-funded HIV and PHiE programme targets the youth in schools and colleges. The strategy used is youth peer education and the programme aims to enhance positive peer support in discussing HIV and related health issues. The programme is presently being implemented in 160 institutions in four districts across the state of Andhra Pradesh. To date, approximately 1,800 peer educators have been trained in these institutions, along with school teachers and peer members. The project is getting good support from the heads of the institutions, teachers and parents. The programme

implements community outreach programmes through which communities of 60 villages are benefited through HIV and other health related interventions and awareness raising.

The Red Cross HIV/AIDS consortium in India met two times in 2010 at the IRCS national headquarters to review the achievements and discuss the expansion plans. The partners applauded the efforts made through the Swedish Red Cross-funded programmes and also recommended that a sustainability planning programme should be integrated in all HIV activities to achieve better results. IRCS is a part of the HIV Global Alliance for South Asia. In line with the Global Alliance, the HIV programme provide support to government efforts in the area of HIV/AIDS in the targeted districts. Furthermore, IRCS is working in close collaboration with the government, National AIDS Control Organization (NACO) and the Red Cross Movement.

The next HIV/ AIDS consortium was held on 6 June, which was the first multipurpose consortium with focus to HIV/AIDS, first aid and DRR.

An 18-member group visited Karnataka state headquarters and Dakshina Kannada district branch to understand and learn from good practices in youth peer education programme. This programme was supported by Canadian Red Cross society.

Voluntary non-remunerated blood donation: Promotion of voluntary non-remunerated blood donation through this project has resulted in the collection of around 1,946 units of blood in the youth peer education (YPE) programme in four districts of Andhra Pradesh during this reporting period. In order to increase the promotion of voluntary non-remunerated blood donation, various activities were organised including seminars and the information, education, communication (IEC) materials were distributed.

| Name of the district | Units of Blood |
|----------------------|----------------|
| Nellore | 602 |
| Prakasam | 310 |
| Warangal district | 787 |
| Karimnagar | 247 |
| Total | 1,946 |

Expected result 3: Improved adherence to tuberculosis treatment regimens by vulnerable, retreatment tuberculosis patients.

IRCS has been implementing the tuberculosis programme in three states (Uttar Pradesh, Karnataka and Punjab) since October 2009. The activities of this programme include identification, care and follow up of the retreatment of tuberculosis cases in the target districts. The project is working with 300 vulnerable category-2 tuberculosis patients. A total of 60 volunteers have been trained in aspects of tuberculosis and MDR-TB. Care and support package for the patients was revised and made operational. The project activities also include identifying and orienting opinion leaders, which facilitates organising discussion sessions for patients and their family members.

During the national level stakeholder meeting on 6 January, IRCS showcased its success in the TB project as a good practice module and was applauded by the Government of India's Revised National Tuberculosis Control Programme (RNTCP) officials, senior professors and dean, Institute of Tuberculosis and Respiratory Diseases. The participation of the meeting included noteworthy senior officials and health providers in the field of tuberculosis treatment in India.

Coordination with government health staff and Red Cross volunteers/staff increase in order to appropriate facilitation of the directly observed treatment short-course (DOTS) to the target group. The district health officers of RNTCP, under directions from their national level supervisors, have been working closely and supporting the project staff and volunteers in training and capacity building/mentoring. Support visits accompanying the TB officers and DOTS providers is also conducted by the volunteers, which has not only built their confidence and capacity, but also given them a visibility in the community. Awareness regarding the dangers of stigma and discrimination were also shared with them.

| Areas | Persons participated |
|-------------------------------------|----------------------|
| Month – January 2011 | |
| N.R.Colony, Tumkur | 31 |
| Dawoodpalya, Sira Taluk | 40 |
| Sowdhenahally, Mandya Taluk | 36 |
| Huliyare, Chikkanayakanahalli Taluk | 43 |
| Chikkabydarahalli, Pandavpur Taluk | 36 |
| Month – February 2011 | |
| C.S. Pura Gubbi Taluk | 54 |
| Mandya | 42 |
| Tipaganahalli , Pavagada Taluk | 40 |
| Mudagondur village Mandya Taluk | 45 |
| Indavalu village Mandya Taluk | 36 |
| Gandhinagar, Tiptur Taluk | 42 |
| Total | 445 |

However, the community meetings in the DOTS centres and primary health care centres have been very successful in giving the messages out to the targeted communities and its opinion leaders and elected representatives. The volunteers used predominantly interpersonal communication to disseminate information on TB, treatment and prevention to patient's families and neighbouring households visited during the community visits. Education sessions on TB were organized in various *taluks* (sub- districts) of target districts during the reporting period to share the Information on TB, health and hygiene and nutritional supplement.

A total of 40 planning and coordination meetings were conducted in the six districts of Tumkur, Mandya, Sultanpur, Varanasi, Amritsar and Jalandhar belonging to Karnataka, Uttar Pradesh and Punjab states respectively. These meetings were conducted in the RNTCP offices and participation included district TB officers, district health officers, DOTS providers, WHO focal persons, project staff and some volunteers. Apart from the progress update, challenges and incidental support required for the Cat II patients are also discussed and activities formalized accordingly.

Many long-term defaulters have also been declared free of disease which has also raised the profile of the volunteers and staff in the communities. This has strengthened the capacity of IRCS by giving volunteers another opportunity to stay engaged in their communities, increase their influence on the community and also to reinforce the messages given during the first phase of project.

Two case studies of people living with HIV/AIDS (PLWHIV) were published in the IFRC and Stop TB Partnership advocacy report 2011 as part of knowledge sharing.

Expected result 4: Prevent malaria by supporting long-lasting insecticide net (LLIN) distribution in the selected malaria- prone areas and supplement government efforts through the dissemination of information and the raising of awareness amongst the population.

IRCS aims to empower communities to reduce their vulnerability to disease, and prepare them to respond to public health emergencies. IRCS, with the support of IFRC, has initiated a project on malaria prevention and control in two states, i.e. Andhra Pradesh and Orissa.

IRCS's extensive network gives it several comparative advantages in the prevention and control of malaria, specifically at the community level. The objectives of the programme are to prevent malaria by supporting long lasting insecticide net (LLIN) distribution in the selected malaria-prone areas and to supplement government efforts through the dissemination of information and the raising of awareness amongst the population.

The project was about to completed by June 2011. However, there is a possibility of extension of project period for LLIN distribution. The second phase activities, including LLIN distribution has been taken up in targeted communities in Andhra Pradesh, followed by Orissa. A total of 26 volunteers were trained under this programme for LLIN distribution.

The IRCS selected district branches with the support of the Gram Kalyan Samits and village opinion leaders conducted a baseline survey and around 20,000 households have been identified which will be served through this programme. The main strength of IRCS is its co-ordination mechanism with the government's department dealing with malaria prevention and control in the country, so that IRCS has been able to reach the most vulnerable through this programme with the government.

The IEC material developed by the government department of malaria has been made available to the Red Cross by the department. This material will be used by the volunteers for the awareness campaigns. This initiative by the Red Cross is appreciated by the local authorities as they understand the society has expertise in community outreach due to its wide spread network of volunteers who can reach the unreached.

Constraints or Challenges

- The delay in extension for TB- phase-II resulted a block in flow of funding at branches level and hampers the ongoing activities in the field.
- In Uttar Pradesh, few volunteers expressed their concerns on low honorarium amount considering their long travel and follow up in remote areas of the districts.
- The retention of volunteers is becoming quite challenging and their withdrawal leads to halt of activities in their respective areas.
- A constant observation by the DOTS providers and Red Cross volunteers is that most Category II patients in the target districts are regular defaulters and are often have history of alcoholism and other chronic illnesses. There is also an impression that these patients also default because they feel stigmatized by the PHC staff and DOTS provider.

- Tuberculosis still remains a major source of morbidity in the implementing districts and communities still have a lot of misconceptions about the disease. Patients are still abandoned and families stigmatized due to an infected family member. Therefore, there is a need to have sustained community sensitization about the dangers of TB, treatment therapies and importance of adherence.
- The programme implementation has been at a slower rate due to major personnel changes at state level, especially in Orissa and Karnataka.
- Requirement of regular monitoring and follow up.

Organisational Development

| Programme Component | Component Outcome |
|---|---|
| 1. Supporting national society organizational development process | Improving the national society's capacities to develop and implement strategies, to ensure good performance and accountability. |
| 2. Volunteer development | IRCS has a well-managed volunteer system. |

Achievements:

Expected result 1: Improving the national society's capacities to develop and implement strategies, to ensure good performance and accountability.

The project on branch development through the integrated programme approach for the IRCS's Andamans UT branch has been initiated and technical guidance has been provided to the state for implementation of the project.

The video conferencing hall and virtual conference centre has been completed with the support of the Italian Red Cross and IFRC, and officially inaugurated by the Chairman of IRCS. Pilot testing with some state branches occurs every week (Maharashtra, Andhra Pradesh, Gujarat, and Andaman and Nicobar islands) with video conference meetings.

The upgrade of the IT component of filling records room and digitized document management pilot for storage is underway. The architect has finalised the plan and drawings, and defined works. Tendering process will be called after the green light from donors to proceed. Procurement of 40 desk top computers for IRCS has been done in order to build the National Society capacity in technology, to speed up work procedure and to ensure good performance and accountability.

A draft four-year strategic long-term planning frame work (2012- 2015) for the IFRC Secretariat has been developed and a component added to ensure that the National Societies are assisted to build-up robust essential preparedness, response, and recovery capacities that also integrate risk reduction measures and enable them to deal predictably and effectively with anticipated disasters and crises.

Resource development and fundraising plan:

A tri- party working group established with Canadian Red Cross, IRCS and IFRC for resource mobilisation and planning. This resource development plan has been prepared using the technical and funding support of the Canadian Red Cross as part of its mandate to support capacity building within the IRCS.

A resource mobilization workshop was organized by Maharashtra state branch with the technical support by national headquarters and IFRC, held in the Maharashtra state branch headquarters from 20-21 January. Twenty-seven participants from different districts of Maharashtra attended. The aim of the workshop was to train participants on how to mobilize resources, how to write a proposal and how to make a good partnership outside the Movement. By the end of the training, majority of the participants are comfortable on organizational strengths, weaknesses, opportunities and threats (SWOT) analysis which will be a way forward for resource mobilization.

Since the current capacity for fundraising within IRCS is very limited, this resource mobilization plan will focus in many ways on establishing the fundamental requirements of any professional fundraising office and building up the required infrastructure to support fundraising, a working document is in draft and is designed to facilitate also to allow (newly hired) fundraising staff to become oriented and conduct detailed research required to initiate fruitful solicitation efforts. Also, IRCS has made building fundraising capacity a priority in its strategic plan 2009-2012. IRCS will set a realistic and achievable fundraising revenue goal for 2011 -2012 that corresponds to programmatic needs as identified below.

Stage 1 of the project has been completed, namely;

- A draft report on research into the fundraising environment in India and baseline assessment of IRCS fundraising capacity, resulting in framework for fundraising plan and recommendations for IRCS leadership.
- A list of nine areas of focus for next steps/Stage 2 has been presented to IRCS resource mobilization nodal person, for deliberation and action.

IRCS will define the priority non-emergency projects that require new and/or additional funding in order to set guidelines for new fundraising staff. A final fundraising plan will be completed, based on IRCS feedback.

Financial Development

The IRCS financial Navision Software Project went Go-Live in February wherein by then the old 3.6 version was upgraded to new 6.01 version. Under the new software version, configuration of chart of accounts, dimensions, customization of reports and migration of data has taken place. Moreover, the procurement of the software and hardware is completed with the sole purpose of making the best utilisation of the resources available for the successful functioning of the IRCS financial Navision project. The conference room pilot testing has been successfully completed. Financial software training has been given to the IRCS finance staff for their better understanding and practice. At present, the new 6.01 version is being tested against its competency, accuracy and control. After this stage, advance training will be provided to the IRCS national headquarters finance staff.

Future projection is to implement this software at the IRCS state and the district level in order to uniform the financial system.

Financial sustainability

Establishment of local fundraising mechanisms is being encouraged from the beginning of the year to ensure that the local branches work towards financial self-sustainability. Capacity building workshops on fundraising are being promoted at the state branch level so that they can tap into funding opportunities available locally. In January, one fundraising training was organised by IRCS Maharashtra with the participation of 27 districts.

Expected result 2: IRCS has well managed volunteer system.

Red Cross Youth

IRCS is currently reviewing its Red Cross Youth programmes and membership programmes. A meeting with the IFRC head of country office and German Red Cross representative, Punjab state secretary, Orissa state secretary and senior IRCS management took place to review and expedite the German Red Cross Red Cross Youth programmes in the above mentioned states. Recruitment and retention of staff has been a stumbling block in these German Red Cross-supported programmes. A new approach has been tested to involve teachers on a part-time basis.

The IRCS Orissa state branch has well established the Junior and Red Cross Youth systems. Schools covering class I to X are enrolled with Junior Red Cross, and class 11 to university with Red Cross Youth.

In Orissa, under sustainable plantation drive, 30 students have been taking care of each one tree for two years. The project staff members of Junior and Red Cross Youth was inducted on 3-4 February 2011 on Red Cross Red Crescent Movement, principles and humanitarian values.

A training manual is in the process to be developed for Junior and Red Cross Youth volunteers to conduct school-level trainings which will cover basic component of DM, DRR, climate change, WASH and volunteerism at school level.

A two-day field visit to Gujarat state branch was held by the IRCS Secretary General and IFRC head of country office to participate in the function of recognising achievements of volunteers and motivate them through their presence and talk on humanitarian values and principles of Red Cross Red Crescent.

Constraints or Challenges:

The need for more technical support in organizational development with the guidance of other Red Cross Red Crescent specialists is evident. The relationship of the national headquarters with its branches needs to be strengthened in providing continuous technical support to their branches.

Principles and Values

| Programme Component | Component Outcome |
|--|---|
| 1. Promotion of principle and humanitarian | Enhanced knowledge, understanding and application |

| | |
|--|---|
| values | of principles and values in the IRCS. |
| 2. Anti-discrimination and violence prevention/ reduction programme | Reduced gender – based violence in the community by enhancing knowledge and understanding on gender based discrimination. |

Achievements:

Expected result 1: Enhanced knowledge, understanding and application of principles and values in IRCS.

In order to empower the youth in their concern for the emerging social issues in their state, training on humanitarian values and principles is integrated into all youth trainings/ camps organised by various state branches of IRCS. Reinforcing the Fundamental Principles and humanitarian values and aligning them to the social issues in the state is the motive of these youth training organised by the IRCS state branches. The students' awareness and concern is ignited on issues of corruption, female foeticide, drug addiction and domestic violence. Apart from the youth camps, the humanitarian values were a part of all programme trainings, namely resource mobilisation, task forces, CBDRR, NDWRT, and health trainings etc.

Session on principles and values were an integral part of the state level fundraising training at Maharashtra held in January with a special focus to accountability and credibility to the beneficiary as well as to the donor.

Further, inclusion of principle and values at community level task force training were well adapted by the community level institution and emphasis was given to put on transferring the knowledge to action.

Expected result 2: Reduced gender-based violence in the community by enhancing knowledge and understanding on gender based discrimination.

Knowledge on gender balance has been transmitted to action through giving an opportunity for the female participation in different capacity building trainings. Exclusively, a session is added on gender in capacity building training to gather and share knowledge on gender non-discrimination and importance of gender balance in each level. It is also noted that female participation are increased in Red Cross Red Crescent trainings.

Constraints or Challenges:

- The implementation of the second phase of DRR in Maharashtra may not be implemented fully before 31 December 2011 as the implementation could only start only in May.
- With the increased frequency of disasters, more and more trained human resources are required to be deployed to the field for longer durations during relief operations. The existing trained human resource is not sufficient and more people are required to be trained as part of the national disaster response mechanism.
- School/ college administration preoccupied with examinations, thus it has been a challenge to meet with peer educators, Junior and red Cross Youth and malaria awareness and training activities, etc.
- IRCS need to put a system in place allowing the national society to accept domestic donations in response to emergency fundraising appeals following disasters.
- Reporting time line and quality are not updated properly due to lack of technical staff or no staff in some of the IFRC India country office departments, like health and organisational development for the last couple of months. This results in slow programme implementation and monitoring.
- The national society has been training its volunteers as part of its national disaster response mechanisms. However, the retention of these trained volunteers remains a challenge due to migration for better employment opportunities in an emerging and vibrant economy.
- The logistics system needs to be completely revamped and reinforced to modernise to respond to the increasing needs as the national society builds its response capacity.
- Procedural and administrative delays between the IRCS national headquarters and branches continue to contribute to the slow programme implementation though significant improvements have been noticed.
- The new branches and new initiatives need hand holding and on-field guidance to establish and have a smooth way forward.
- To provide the much needed long-term and continuous support from the national headquarters to the branches is a challenge due to lack of trained human resources at the national headquarters for organisational development activities.

Working in partnership

The working relationship of IFRC with IRCS, the ICRC and the partner national societies and also with external key stakeholder in the disaster management programme has been very effective over the last two and half years and has been further strengthened during this reporting period.

The IFRC's India country office DM programme has developed many strategic partners and good working relationships within and outside the Red Cross Red Crescent Movement, particularly with UNFPA, UNICEF, National Disaster Management Authority (NDMA), National Institute of Disaster Management (NIDM), and Sphere India, WHO etc.

IRCS participated in the Global DRR Forum held in Syria from 29 to 31 March. IRCS displayed in the Global DRR Forum Market Place its DRR tools and intensive work done with rural and urban communities. Further, IRCS will continue to take part in the South Asia regional disaster management working group (DMWG) that meets every six months to exchange knowledge and experience.

In addition, IFRC continues to provide technical and financial support to the IRCS post-graduate diploma course towards strengthening its coordination with internal and external stakeholders and to increase the in-country strength of the disaster management expertise with enhanced skills and knowledge.

In order to promote and protect the health of the population by encouraging healthy behaviour, IRCS is supplementing the efforts of the government, National AIDS Control Organization (NACO) and the IFRC's HIV Global Alliance initiative. IRCS has strengthened its network with the various organizations, like National Centre for Disease Control, New Delhi and Central Tuberculosis Division, Government of India and other non-governmental agencies, India TB programme and the malaria programme. To improve coverage and knowledge sharing, the exchange of resources was encouraged for better cooperation. This leads to further supporting and extending cooperation with bilateral partners as well as with the local community-based organizations.

Contributing to longer-term impact

IRCS is a part of the HIV Global Alliance for South Asia. The IRCS HIV and AIDS Strategic Plan 2009-12 is in place. The availability of trained volunteers has gone a long way in proving the same as they are very useful for immediate deployment during emergencies. The health and care programmes integrate activities to promote of humanitarian values and gender diversity.

Aligning to the global agendas and as per the IRCS Strategic Development Plan 2009–2012 (SDP) and the developed Disaster Management Strategy, the IFRC DM support will focus on the two core areas: disaster preparedness and response, and DRR “Building Safer Communities” in 2011-2012.

The humanitarian value and integrated programming approach model will be considered and applied at various levels in effective programme delivery to provide dignified, appropriate and timely assistance to the people reached.

Organisational development in integration with programmes will lead to strengthened branches as well as effective delivery of programmes. These strengthened branches will slowly lead to a change process creating a technical resource pool for the national headquarters at the branches.

IRCS developed DRR standardised monitoring and evaluation binder and has been made available at IRCS national headquarters, state and district branch to facilitate the use of the monitoring tools in each level for better programming.

Looking ahead

The 2011 DM programme has been kicked off very much in time and implementation of all the activities will be completed within the specified time frame. However, it has been noticed that the stress needs to be given on the enhancement of the quality of the implementation and the reporting of the branches.

The integrated programming approach has been promoted through DRR initiatives. All the disaster management, organisation development and health teams of IRCS at the state and district level have been working together on the DRR programme implementation.

Progress on integrating humanitarian values has become visible in the policies and strategies of the operational plan on HIV/AIDS. Issues related to non-discrimination have also been included in the training contents of CBHFA, HIV/AIDS and TB programmes.

The IFRC's country office in India plays a key role in assisting IRCS with the coordination of international development support and the facilitation of all ongoing and future partner national society supported programmes/projects. This is done in order to prevent duplication of services and to ensure certain conditions and procedures are, as far as possible, standardised within IRCS.

Capacity building of the state branches in organising themselves better to face the challenging times and also to be self sufficient can lead to more sustainable IRCS branches.

Steps are being taken to lead a joint approach in branch development in collaboration with ICRC, a joint approach in youth and volunteer development with German Red Cross and a joint approach in IRCS resource mobilisation with the Canadian Red Cross and IFRC's South Asia regional office.

| How we work | |
|---|--|
| <p><i>All Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.</i></p> | |
| <p>The IFRC's vision is to:</p> <p>Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.</p> | <p>The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:</p> <ol style="list-style-type: none"> 1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises. 2. Enable healthy and safe living. 3. Promote social inclusion and a culture of non-violence and peace. |
| Contact information | |
| <p>For further information specifically related to this report, please contact:</p> <p>In India:</p> <ul style="list-style-type: none"> • Indian Red Cross Society: Dr S P Agarwal, Secretary General; email: spagarwalsg@indianredcross.org; phone: +91.11.2371.6441; fax: +91.11.2371.7454 • International Federation Country Office in India: John Roche (Head of India Office); email: john.roche@ifrc.org; phone: +91.11.2332.4235; fax: +91.11.2332.4235 <p>International Federation South Asia Office in Delhi:</p> <ul style="list-style-type: none"> • Azmat Ulla (Head of Regional Office); phone: +91.11.2411.1125; fax: +91.11.2411.1128; email: azmat.ulla@ifrc.org • Michael Higginson (Regional Programme Coordinator); phone: +91.11.2411.1122; • email: michael.higginson@ifrc.org <p>International Federation Asia Pacific Zone Office in Kuala Lumpur:</p> <ul style="list-style-type: none"> • Al Panico (Head of Operations); phone: +603 9207 5702; email: al.panico@ifrc.org • Alan Bradbury (Resource Mobilization and PMER Coordinator); phone: +603 9207 5775, email: alan.bradbury@ifrc.org • Please send all funding pledges to zonerm.asiapacific@ifrc.org. | |

[<financial report below; click to return to title page>](#)

International Federation of Red Cross and Red Crescent Societies

MAAIN001 - India

Interim Report

| Selected Parameters | |
|---------------------|----------------|
| Reporting Timeframe | 2011/1-2011/6 |
| Budget Timeframe | 2011/1-2011/12 |
| Appeal | MAAIN001 |
| Budget | APPEAL |

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

| | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | TOTAL |
|--|---------------------|----------------------------|------------------------------|-----------------------|---------------|------------------|
| A. Budget | 1,158,632 | 565,700 | 121,051 | | 63,600 | 1,908,983 |
| B. Opening Balance | 688,521 | 521,670 | 117,483 | | 7 | 1,327,680 |
| Income | | | | | | |
| Cash contributions | | | | | | |
| <i>China Red Cross, Hong Kong branch</i> | 545,201 | | | | | 545,201 |
| <i>United States Government - USAID</i> | | 70,956 | | | | 70,956 |
| C1. Cash contributions | 545,201 | 70,956 | | | | 616,157 |
| Inkind Personnel | | | | | | |
| <i>Other</i> | | | | | 63,600 | 63,600 |
| C3. Inkind Personnel | | | | | 63,600 | 63,600 |
| C. Total Income = SUM(C1..C4) | 545,201 | 70,956 | | | 63,600 | 679,757 |
| D. Total Funding = B + C | 1,233,722 | 592,626 | 117,483 | | 63,607 | 2,007,437 |
| Appeal Coverage | 106% | 105% | 97% | | 100% | 105% |

II. Balance of Funds

| | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | TOTAL |
|---|---------------------|----------------------------|------------------------------|-----------------------|--------------|------------------|
| B. Opening Balance | 688,521 | 521,670 | 117,483 | | 7 | 1,327,680 |
| C. Income | 545,201 | 70,956 | | | 63,600 | 679,757 |
| E. Expenditure | -214,993 | -178,238 | -39,403 | | -63,600 | -496,235 |
| F. Closing Balance = (B + C + E) | 1,018,729 | 414,388 | 78,079 | | 7 | 1,511,202 |

International Federation of Red Cross and Red Crescent Societies

MAAIN001 - India

Interim Report

| Selected Parameters | |
|---------------------|----------------|
| Reporting Timeframe | 2011/1-2011/6 |
| Budget Timeframe | 2011/1-2011/12 |
| Appeal | MAAIN001 |
| Budget | APPEAL |

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

| Account Groups | Budget | Expenditure | | | | | TOTAL | Variance |
|---|------------------|---------------------|----------------------------|------------------------------|-----------------------|----------------|------------------|------------------|
| | | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | | |
| A | | B | | | | | A - B | |
| BUDGET (C) | | 1,158,632 | 565,700 | 121,051 | | 63,600 | 1,908,983 | |
| Relief items, Construction, Supplies | | | | | | | | |
| Construction - Facilities | 61,852 | 29,593 | | | | | 29,593 | 32,259 |
| Construction Materials | 349,121 | | | | | | | 349,121 |
| Clothing & textiles | 14,063 | | | | | | | 14,063 |
| Food | 6,000 | | 5,635 | | | | 5,635 | 365 |
| Water, Sanitation & Hygiene | | 4,714 | 1,765 | | | | 6,478 | -6,478 |
| Other Supplies & Services | 6,800 | | | | | | | 6,800 |
| Total Relief items, Construction, Su | 437,836 | 34,307 | 7,400 | | | | 41,707 | 396,129 |
| Land, vehicles & equipment | | | | | | | | |
| Computers & Telecom | 17,346 | -568 | -15,548 | 7,321 | | 17,683 | 8,888 | 8,458 |
| Office & Household Equipment | | 1,575 | | | | | 1,575 | -1,575 |
| Others Machinery & Equipment | 10,312 | 7,957 | 8,842 | 884 | | -17,683 | 0 | 10,312 |
| Total Land, vehicles & equipment | 27,658 | 8,965 | -6,707 | 8,205 | | 0 | 10,463 | 17,195 |
| Logistics, Transport & Storage | | | | | | | | |
| Storage | 1,200 | | | | | | | 1,200 |
| Transport & Vehicle Costs | 20,985 | 3,703 | 4,091 | 684 | | | 8,479 | 12,506 |
| Total Logistics, Transport & Storage | 22,185 | 3,703 | 4,091 | 684 | | | 8,479 | 13,706 |
| Personnel | | | | | | | | |
| International Staff | 183,200 | 10,274 | 11,415 | 1,142 | | 63,600 | 86,431 | 96,769 |
| National Staff | 175,445 | 37,988 | 31,287 | 6,072 | | | 75,348 | 100,097 |
| National Society Staff | 176,575 | 7,882 | 36,688 | 1,719 | | | 46,289 | 130,286 |
| Total Personnel | 535,221 | 56,145 | 79,390 | 8,933 | | 63,600 | 208,068 | 327,153 |
| Consultants & Professional Fees | | | | | | | | |
| Consultants | 87,863 | 7,644 | 10,127 | 2,404 | | | 20,174 | 67,689 |
| Professional Fees | 0 | | | | | 10,412 | 10,412 | -10,412 |
| Total Consultants & Professional Fe | 87,863 | 7,644 | 10,127 | 2,404 | | 10,412 | 30,586 | 57,277 |
| Workshops & Training | | | | | | | | |
| Workshops & Training | 336,064 | 11,705 | 9,129 | 11,006 | | | 31,840 | 304,224 |
| Total Workshops & Training | 336,064 | 11,705 | 9,129 | 11,006 | | | 31,840 | 304,224 |
| General Expenditure | | | | | | | | |
| Travel | 91,698 | 5,984 | 7,550 | 637 | | | 14,172 | 77,526 |
| Information & Public Relation | 79,742 | -7,762 | 19,536 | 862 | | 2,244 | 14,880 | 64,862 |
| Office Costs | 41,506 | 570 | 1,013 | 918 | | 47,907 | 50,409 | -8,903 |
| Communications | 7,800 | 971 | 938 | 102 | | 2,698 | 4,709 | 3,091 |
| Financial Charges | 8,000 | 4,178 | 8,031 | -139 | | 12,467 | 24,537 | -16,537 |
| Other General Expenses | 120,149 | 32,163 | 39,279 | 3,586 | | -75,729 | -700 | 120,849 |
| Total General Expenditure | 348,894 | 36,105 | 76,347 | 5,966 | | -10,412 | 108,006 | 240,888 |
| Operational Provisions | | | | | | | | |
| Operational Provisions | | 42,067 | -13,749 | -373 | | | 27,945 | -27,945 |
| Total Operational Provisions | | 42,067 | -13,749 | -373 | | | 27,945 | -27,945 |
| Indirect Costs | | | | | | | | |
| Programme & Service Support | 112,629 | 13,042 | 10,792 | 2,394 | | | 26,227 | 86,402 |
| Total Indirect Costs | 112,629 | 13,042 | 10,792 | 2,394 | | | 26,227 | 86,402 |
| Pledge Specific Costs | | | | | | | | |
| Earmarking Fee | | 611 | 1,417 | 184 | | | 2,213 | -2,213 |
| Reporting Fees | 632 | 700 | | | | | 700 | -68 |
| Total Pledge Specific Costs | 632 | 1,311 | 1,417 | 184 | | | 2,913 | -2,281 |
| TOTAL EXPENDITURE (D) | 1,908,983 | 214,993 | 178,238 | 39,403 | | 63,600 | 496,235 | 1,412,748 |
| VARIANCE (C - D) | | 943,639 | 387,462 | 81,648 | | 0 | 1,412,748 | |