

Plan 2009-2010



International Federation
of Red Cross and Red Crescent Societies

India

Executive summary

While the political and economic position of India has improved, the country still continues to face many economic, environmental and health challenges that threaten the well-being of its population. According to the latest UNDP Human Development Index, India is ranked 128¹ out of 177 countries. Around 400 million of the population are still living on less than USD 1 a day, with many, especially in rural areas, lacking access to basic necessities.

The country remains extremely vulnerable to both seismic and hydro-meteorological hazards such as floods, cyclones, droughts and landslides. The vulnerability to disasters is aggravated by social, cultural, economic, institutional and political factors. Deforestation is adding to the environmental instability and contributing to global warming and climate change. There is evidence that climate change is increasing the severity and frequency of natural disasters such as floods and cyclones, and causing new and increased health problems. Due to ad hoc governance, there is rapid and unplanned urbanization which leads people to work and live in unsafe environments more vulnerable to natural disasters. Access to information is poor, especially for marginalised people, who are deprived of their ability to make informed decisions both in relation to risks but also in their response. Disasters cost lives, destroy communities and people's livelihoods and leave a lasting impact not only on the physical infrastructure but also on people's psychosocial well-being. The Indian government has taken concrete steps to address these mounting risks and have set up a national disaster management authority, which is the key body under the Ministry of Home Affairs. With a similar set up in the states and districts, the government is gearing up for overall coordinated response.

The Indian Red Cross Society (IRCS) is one of the largest humanitarian organisations in India with over 12 million volunteers and a network of over 700 branches spread all over the country. The IRCS is a recognised force in the disaster management sector in the region. With the support of the International Federation's India office, IRCS is in the process of developing a new development plan for 2008-11, but priorities and focus are likely to remain similar to those in the previous development plan 2004-07. The main priorities for the 2009-10 plan are in line with the four Global Agenda Goals. The IRCS disaster management programme incorporates the Hyogo Framework for Action, Millennium Development Goals components, the regional "building safer communities in South Asia" initiative and the integrated programme approach model, reflecting the national society's commitment towards fulfilling the national, regional and global agendas. Additionally, climate change is being incorporated in its disaster management programmes.

The health and care programme will target the institutional and community levels to improve preparedness and response capacity in case of health emergencies. The main focus in the field of health is on: (i) HIV; (ii) voluntary non-remunerated blood donation; (iii) emergency health; and (iv) community-based health. HIV interventions will include prevention, care and support, as well as anti-stigma and anti-discrimination initiatives, and will continue to work towards scaling up services in line with the commitment made under the Global Alliance on HIV. The voluntary non-remunerated blood component will work towards improving awareness on the importance of voluntary blood donation. In public health in emergencies, efforts will be made to address the preparation and



Practical demonstration on rescuing flood survivors carried out by the Indian Red Cross Society.

¹ UNDP Human Development Index 2007/08

response mechanisms, and capacity of the national society and targeted communities. Community-based health activities will include raising awareness of volunteers and communities through training in community-based first aid.

Overall, just fewer than three million beneficiaries from the most vulnerable communities will be served through the programmes on health and care, disaster management, principles and values, as well as organisational development.

The total budget for 2009 is CHF 1,739,333 (USD 1.59 million or EUR 1.11 million) and for 2010 is CHF 1,274,385 (USD 1.16 million or EUR 811,710). [Click here for the budget summary.](#)

Country context

In India, around 50 million people are annually affected to varying degrees by drought. In addition, approximately 40 percent of the one billion population of the country live on less than USD 1 a day, surviving in deplorable conditions. Large parts of the population are affected by natural disasters either periodically or when hazards increasingly strike in unexpected areas. The increasing concentration of people in disaster-prone areas is also leading to increasing disaster losses. Poverty, high population growth, environmental degradation, illiteracy, ignorance, un-planned urbanization and other social and cultural factors further contribute to increased disaster risks in India. According to CRED², 75,731 people were reported killed and 650,393,577 people were affected by disasters from 1998 to 2007. In 2007 alone, disasters claimed 1,579 lives and affected 26,335,000 people.

Although the number of deaths from disasters has dropped over the last ten years, more people are being affected and the economic consequences are becoming ever more severe. In development terms, disasters have a devastating economic impact both at the household and community level as well as the national level.

The effects of climate change appear to be increasing the severity and frequency of natural disasters such as floods and cyclones, leading to increased health problems, loss of livelihoods and rapid unplanned urbanization. Without adaptive measures to climate change, these hazards can turn into large-scale disasters. The livelihood systems of many communities are sensitive to changes in climate and their vulnerability will be increased unless their social networks and the safety nets of supportive institutions remain intact.

With 28.6 percent of the population living below the poverty line, the needs are enormous and the government recognises the efforts undertaken by civil society in this regard. Though the needs of the people remain the same, changing trends in society are giving rise to new challenges like growing urbanisation at the rate of 2.4 percent per year. India is also facing a high level of internal migration (5,700,000 migrants in 2006) and international migration (involving 0.2 percent of the total population of the country) which contribute to an increased threat to internal security in the country.

Although the Indian government is working towards the development of a good health infrastructure through public-private partnerships, the total spending on health is still only five percent of the GDP of this country. Similarly, other needs such as access to safe drinking water and sanitation are also critical as only 14 percent of the population have access to safe drinking water, while 67 percent of the population does not have access to improved sanitation.

India at a glance

1. Life expectancy – 63.7
2. Adult literacy rate – 61 percent
3. GDP per capita on purchasing power parity (PPP) – USD 3,452
4. The human poverty index – 62nd position
5. 16.8 percent of the population do not survive after the age of 40
6. 14 percent of the population do not have access to safe drinking water
7. Underweight children in the 0-5 years age group – 47th position
8. India shares 4.6 percent of the world's total emissions of CO²
9. India has 17.4 percent of the world's population

Human Development Index 2007/08.

National Society priorities and current work with partners

The priorities of the national society are aligned with the International Federation's Global Agenda Goals. The IRCS had a development plan for the period 2004 to 2007, and since the end of 2007, has started the process of developing a new development plan for the period 2008 to 2011. The International Federation has played an

² Source: EM-DAT, Centre for Research on the Epidemiology of Disasters (CRED).

important role in supporting the development of this plan providing technical input and ensuring coordination with Red Cross Red Crescent Movement partners. This process still needs to be concluded.

The IRCS is auxiliary to the government in the field of humanitarian assistance. IRCS aligns its priorities with the government agenda. In close consultation with its state, district and sub-district branches, it selects and implements projects which are relevant and needed by the community. In health, IRCS is primarily working on providing safer blood nationwide through its blood banks and is considered a major player in this field. Through its volunteers, IRCS is also assisting in the field of HIV, tuberculosis, maternal and child care, first aid, polio and measles. The national society has strong links with various government institutions and implements the programme in coordination with these bodies.

In disaster management, the IRCS has, since 2001, actively taken up the challenge of being a leading disaster management agency in the country. Disaster management is one of the core areas in the national society's development plan 2004-2007. One of the strategic objectives in disaster management explicitly states: *Increase the Indian Red Cross capacity in disaster preparedness and disaster response as well as reducing the vulnerability of targeted communities.* The authorities recognise the IRCS as a leading player in the field of disaster management and invite them to take part in regular consultation between UN bodies and the National Disaster Management Authority.

While responding to the needs of the vulnerable people in society, IRCS also needs to strengthen its own organization internally. There is a need for support for the development of the leadership, staff and systems and to ensure a strong, diversified and active volunteer base. Further, there is a need to ensure the financial stability of the national society so that it has the capacity to respond efficiently and effectively to humanitarian needs.

The national society has adopted an International Federation-wide planning approach in the present planning cycle, which allows it to develop plans as needed and which would help avoid duplication. Specific attention has been paid towards implementation with budgeting for monitoring and evaluation activities as well for knowledge sharing.

The IRCS is investing a good amount of time on the junior and youth Red Cross as 32.5 percent of the total population in the country are children. The national society will also be sensitive to maintaining a gender balance in volunteer enrolment as presently across the country, only 9.3 percent of Red Cross youths are girls.

Although the IRCS has been trying to build up its capacity in disaster management as well as in health and care to cater to different vulnerable groups like HIV-affected people, there is a need to further strengthen and expand the programmes especially in the field of HIV. As a signatory to the HIV Global Alliance, the IRCS is furthermore committed to double its response by the year 2010.

Below is a summary of the contributions of partner national societies to the IRCS programmes. In total, the national society is supported by six partner national societies, namely the British Red Cross, Canadian Red Cross, American Red Cross, Spanish Red Cross, German Red Cross and Italian Red Cross.

No.	Partner national societies and ICRC	Programmatic areas
1	ICRC (Jammu and Kashmir and North-eastern states of Assam, Tripura, Sikkim, Arunachal Pradesh, Mizoram, Nagaland and Meghalaya)	Restoring family links, relief assistance, mine risk education, safer access framework for violence victims, information and dissemination on emblem and Red Cross/Red Crescent principles and values, health sector, organisation development
2	German Red Cross (Orissa and Maharashtra)	Disaster mitigation, HIV awareness, blood safety, public health in emergencies, youth and junior Red Cross
3	Canadian Red Cross (Karnataka and Tamil Nadu)	Community-based disaster risk reduction, community based health, HIV awareness, water and sanitation linked to community based health, capacity building of the national society, child protection under community development groups, and livelihoods
4	Spanish Red Cross (Andhra Pradesh, Tamil Nadu and Orissa)	Disaster preparedness, livelihoods, emergency response, health, water and sanitation, rural health projects, and an organisational development component is integrated in all the projects
5	American Red Cross (Gujarat and Tamil Nadu)	Disaster management, community and behavioural health, behavioural and community health preparedness
6	British Red Cross (Uttar Pradesh)	Disaster risk reduction, HIV youth peer education and tuberculosis

7	Swedish Red Cross (multilateral)	Health, organisational development and HIV
8	Japanese Red Cross (multilateral)	Organisation development, disaster management, construction
9	Hong Kong branch of the Red Cross Society of China (multilateral)	Construction, disaster management
10	Italian Red Cross (Punjab and Tripura)	HIV and public health in emergencies, disaster management
11	Danish Red Cross (multilateral)	HIV and disaster response

As reflected above, the national society works with various partners including ICRC to supplement government efforts and address the prevailing humanitarian needs of the country. However, new needs and demands keep emerging. The national society is following these issues closely and is addressing them as much as possible, such as spreading HIV awareness in high risk groups, disaster risk reduction, polio and tuberculosis awareness (or programmes).

Presently, IRCS has begun to explore possibilities for increasing internal fundraising through refurbishing its real estate, as well as improved contact with the corporate sector.

Secretariat-supported programmes in 2009-2010

Logical frameworks are available on FedNet³, or [upon request](#).

Disaster Management

a) The purpose and components of the programme

Programme purpose
Reduce the number of deaths, injuries and impact from disasters.

The disaster management programme budget for 2009 is CHF 955,140 and for 2010 is CHF 650,706.

As part of the 2009-10 Plan, objectives 1 and 4 of the 2008-09 Plan have been merged under programme component outcome 2 - strengthening organizational preparedness for effective response. This is because the renovation and construction of the regional warehouses is part of organizational preparedness for effective response and it helps to streamline the disaster management programme component and provide a more holistic approach towards the national society's preparedness mechanisms. Improvement of the overall monitoring and evaluation framework will be carried out.

Programme component 1: Building safer communities
Outcome: The risks and vulnerabilities of targeted communities are reduced and they are better prepared to cope with frequent disasters through increased preparedness and response mechanisms.

This component will work with the targeted communities through an integrated programme approach to develop and implement community-based disaster risk reduction initiatives. "Building safer communities in South Asia" is a regional initiative that promotes the disaster risk reduction approach among all the national societies in the region. The concept was developed at the fifth disaster management working group meeting held in Sri Lanka in October 2007 and later endorsed by the secretaries general forum. The meeting therefore generated a new commitment among the South Asia national societies towards an integrated programming approach.

The programme will strengthen the resilience of individuals and communities to reduce their vulnerabilities to public health emergencies and disasters. The initial step in the integrated programming approach will be to conduct a vulnerability capacity assessment within the community and incorporate principles of the "better programming initiative" where relevant. This will help to ensure community ownership, internal and external participation, and coordination and networking among the different stakeholders. In addition, a community disaster management centre will be formed with five different community taskforce groups: (1) search and rescue; (2) first aid/community health care; (3) assessment and relief; (4) communication/coordination and reporting; and (5) community management and resource mobilization.

The volunteers and the community disaster response teams will be selected by the community members themselves. They will be responsible for developing a community disaster preparedness plan, emergency response, search and rescue, developing and disseminating early warning, providing first aid and basic health

³ FedNet is an intranet and available to Movement members only

care services, raising awareness in schools and in the community, contributing towards mitigating the impact of disasters, and saving lives and livelihoods during the time of disasters. The “building safer communities” initiative includes small scale mitigation measures such as establishing tree plantations, building flood retention walls, establishing green belts, strengthening water and sanitation resources, as well as soil conservation, which are in line with climate change adaptation, and also promote income generation/livelihood activities for the most vulnerable groups.

Special attention will be given to strengthen monitoring and evaluation tools to enhance the measurement of impact through improved indicators in vulnerability capacity assessments.

Programme component 2: Strengthening disaster response and preparedness for response

Outcome: IRCS has improved capacity for disaster preparedness and response in the areas of human resources, infrastructure and institutional mechanisms.

In 2009, IRCS will continue to implement ongoing activities and will finalise the disaster response and contingency plan for floods that was initiated in 2008. This component will help to develop skilled human resources within the IRCS and strengthen its financial and material capacity for effective disaster management. As part of this, the capacities of warehouses and water and sanitation units will be strengthened. Also, the IRCS disaster management policy and strategy will be finalised, while national disaster preparedness and response mechanisms will be strengthened.

The component will include: developing and strengthening district disaster response teams, state disaster response teams, national disaster response teams and its linkage with the regional disaster response team; warehousing and logistics, and water and sanitation linked to the health programme. The disaster preparedness component includes disaster response and contingency planning for floods. This component includes emergency assessment, propositioning of stocks, relief, implementation of the emergency operational centre concept and advocacy for international disaster response law and Sphere standards.

Programme component 3: Knowledge sharing, coordination and networking
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Outcome: Good practices and lessons learned on disaster risk reduction are captured, documented and disseminated, and optimum use of available resources achieved through internal and external coordination and networking mechanisms at all levels.
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This component will aim to capture, document and promote good practices, lessons learned and success stories, and will prepare and disseminate case studies. This will be achieved through community exchange visits, and impact-based programme reviews and evaluations, on the basis of developed indicators. The programme will also contribute to increased coordination and networking among different stakeholders at community, district, state, national, regional and at global level through building partnerships, collaborations and networking.

The regional disaster management working group will strengthen regional cooperation, coordination and networking among the national societies in the region, provide technical support and facilitate knowledge sharing, to strengthen the capacity of each national society in building safer communities in South Asia.

The regional disaster management review and the disaster management/disaster risk reduction framework will further contribute to strengthen the national society’s preparedness and response capacity and mechanisms.

The IRCS will also continue to run a post-graduate diploma course on disaster preparedness and rehabilitation for disaster management practitioners, which has been well-received so far and is now running into its third year.

b) Profile of target beneficiaries

Approximately 2,358,180 beneficiaries from the most vulnerable communities in 11 disaster-prone states, namely Assam, Bihar, Madhya Pradesh, West Bengal, Orissa, Andhra Pradesh, Tamil Nadu, Maharashtra, Gujarat, Tripura and Uttarakhand, will benefit from the programme. The “building safer communities” initiative will focus on the most vulnerable communities. Approximately 3,000 of the most vulnerable people from the 11 targeted states/district branches will be selected as a pilot and will directly benefit from the initiative. The vulnerabilities are identified based on many factors, such as proximity to a hazardous location, history of losses due to disasters, income status and livelihood options, physical factors like disability, old age, and gender aspects. The programme will continue to ensure gender balance in its volunteer base.

c) Potential risks and challenges

One of the potential risks likely to impact the progress of the project is the occurrence of disasters of a unprecedented nature. With changing weather patterns and seasonal floods and droughts in India due to climate

change, there is the possibility of unforeseen disaster situations which may affect the entire response mechanism in the country. Efforts have been made to increase the human resource capacity in the disaster management department of IRCS, but this may still not be sufficient.

One of the challenges will be to check the high rate of staff turnover at IRCS national headquarters and branches, which causes gaps in the programme's continuity. There is also a risk of the social and political situation in the country becoming unstable, causing activities to come to a stand still in certain parts of the country.

Since this is a pilot "building safer communities" initiative with a focus on reducing vulnerabilities and risks and creating safer and more resilient communities, it may be difficult to change the relief-focused mind-set of the organization. While senior management level at the IRCS national headquarters and some state branches are positively inclined towards the disaster risk reduction concept, this outlook has not yet trickled down through the whole disaster management system in the national society. Orientations will be held for all disaster management focal points from the state/district and national headquarters in "building safer communities" programming. In addition, project implementation guidelines will be developed for better understanding of the disaster risk reduction concept and for effective impact-based programme implementation at community level.

Health and Care

a) The purpose and components of the programme

Programme purpose
Reduce the number of deaths, illness and impact from diseases and public health emergencies.

The health and care programme budget for 2009 is CHF 486,246 and for 2010 is CHF 377,674.

Cross-cutting issues like climate change, humanitarian values and Red Cross Red Crescent principles will be integrated in each of the programme components. The health and care programme will work with the disaster management and organisational development programmes as part of the integrated programme approach to optimize the use of resources. The specific health and care programme components are HIV, measles, polio, emergency health, avian and human influenza, community-based health, first aid and voluntary non-remunerated blood donation. The main partners supporting health and care are Swedish Red Cross, Hong Kong branch of the Red Cross Society of China and Danish Red Cross.

Programme component 1: Emergency health
Outcome: Strengthen institutional capacity for preparedness and response capacity of staff and volunteers.

Prior to the Gujarat earthquake in 2001, there were no structures, plans or trained personnel to address emergency health issues. Since 2002, measures have been taken at all levels to strengthen this component, which is a priority reflected in the IRCS strategic development plan 2004-07. The health and care programme will work through disaster response teams to improve its preparedness and response capacity in case of emergencies. The emergency health component will be implemented in one state, Andhra Pradesh. The staff, members and volunteers will be trained on preparedness and response activities to meet any health emergencies. A public health approach will be followed when responding to health aspects in crises and epidemics. This involves addressing the immediate needs among the most-affected and vulnerable during a disaster, by filling a temporary gap caused by an overload in the health care system as a result of a disaster. It will complement the efforts of the government and other agencies. Basic standardized and targeted quality service will be provided to as many as possible through specialized disaster health response units supplying basic health care, district level hospital services, and water and sanitation. Work will be done with community outreach teams to engage in disease prevention and epidemic control through health education and promotion carried out by trained volunteers.

Programme component 2: Community-based health and first aid
Outcome: A strengthened Red Cross volunteers' network.

As with emergency health, the Gujarat earthquake led to attention being given to improve the capacity in community health and first aid. This is also a priority under the IRCS development plan, 2004-07. The community-based health and first aid component will be implemented in nine districts in three states (Maharashtra, Andhra Pradesh and Punjab). It aims to build the capacities of vulnerable communities to promote behavioural change in health, first aid and safety practices. The component will be linked to the regional disaster risk reduction "building safer communities" initiative. Communities and volunteers will be taught how to use simple tools adapted to the local context in order to promote behavioural change in health, first aid and safety practices. More than just

training, the approach is to have more community volunteers work with their communities and carry out community and household based actions.

Programme component 3: HIV
Outcome: Improved awareness on HIV and improved quality of life for people living with HIV.

The HIV India consortium was set up in 2005 as a forum for all Red Cross actors in the field of HIV to coordinate their interventions. The India consortium on HIV has several partners namely the International Federation, British Red Cross, Canadian Red Cross, Danish Red Cross, Spanish Red Cross, Swedish Red Cross and German Red Cross. In 2008, the regional HIV programme was reviewed. Recommendations from the review have been incorporated into this plan. As part of the Global Alliance on HIV, the programme component will be expanded to new districts and states. In addition, the project will target high-risk groups and integrate community outreach activities in the programme area. The HIV component will be implemented in the seven districts of the two high prevalence states (Tamil Nadu and Andhra Pradesh). The programme will focus on strengthening the capacities to deliver scaled-up HIV interventions to prevent further infection, expand care and treatment, and reduce stigma and discrimination. This will be done through peer education, awareness campaigns, improved access to services and nutrition support for people living with HIV. Special attention will be given to strengthen the reporting system and develop a monitoring and evaluation plan.

Programme component 4 : Voluntary non-remunerated blood donation
Outcome: Maternal and child mortality will be reduced through improved access to safe blood.

This component is integrated into the HIV programme. In the mid-term evaluation of the regional HIV programme, it was highlighted that the IRCS voluntary non-remunerated blood donation programme is a model programme that should be followed by other countries in the region. The safe blood component will be strengthened and voluntary non-remunerated blood donation will be promoted through awareness campaigns and the 'Club 25' initiative⁴. This component will continue to scale up as has been evident in the past few years. The achievement by 2015 of the health-related Millennium Development Goals - reduce child mortality (Millennium Development Goal 4), improve maternal health (Millennium Development Goal 5) and combat HIV/AIDS, malaria and other diseases (Millennium Development Goal 6) - will be facilitated by efforts to attain universal access to safe blood.

b) Profile of target beneficiaries

The total number of beneficiaries for the health and care programme will be 474,100. The beneficiaries would be the community (urban and rural) focusing on youth, educational institutions (urban and rural), district and state branch volunteers and staff.

c) Potential risks and challenges

Firstly, a disaster may disrupt the programme interventions. Secondly, non-availability of funds and slow implementation rate may result in delays in the implementation of programmes.

Organisational Development/Capacity Building

a) The purpose and components of the programme

Programme purpose
IRCS has improved capacity to provide effective services to reduce suffering of the vulnerable people by integrating it with disaster management, health and other programmes of the national society, and working with ICRC and partner national societies to achieve Global Agenda Goal 3.

The organisational development/capacity building programme budget for 2009 is CHF 297,947 and for 2010 is CHF 246,005.

The capacity of the IRCS will be strengthened by scaling up the integrated programming support of the International Federation to achieve the Global Agenda Goals. The integrated approach will allow the IRCS to increase local capacities to help people organize themselves in the branches to develop and deliver services to the local population and thus contribute in building a strong local civil society. To achieve this, organisational development will be integrated with the disaster management and health and care programmes.

⁴ Club 25 aims to have voluntary and non-remunerated young people around the world donate blood 25 times before they turn 25 years of age.

Programme component 1: Organisational and leadership development

Outcome: Improving national society capacities to develop and implement strategies, to ensure good performance and accountability.

Work has started on developing the new strategic development plan (2008-11) and will be finalised by the end of 2008. Following the Gujarat earthquake, a thorough branch mapping was undertaken to obtain an overview of the capacity at all levels. This exercise will be repeated in 2008 and will form the basis to define what specific capacity building measures need to be undertaken. Under this component support will be provided to the national society in building up its capacities to strategize and implement projects efficiently and also to be accountable to the stakeholders. Support will also be provided when and if the IRCS decides to revise the statutes of the national society in compliance with the International Federation guidelines.

Programme component 2: Systems, procedures and staff development

Outcome: Ensuring a well-functioning organization with sustainable systems including planning, monitoring, evaluation and reporting, along with strengthening relevant procedures and staff development accordingly.

Several efforts have been made to improve the financial and reporting formats and systems. This will be built on in the coming years. The strengthening of systems, procedures and staff development would help to ensure the smooth execution of projects and thus enable the national society to serve the society effectively. Under this component, the focus is on the development of a proper and effective accounting system, as well as effective internal and external communication. Additionally, the aim is to instil the importance of planning, monitoring, evaluation and reporting in the leadership and to train the programme staff in planning, monitoring, evaluation and reporting with special attention given to proper planning, reporting formats and developing monitoring and evaluation plans. Attention will also be given to training in planning, monitoring, evaluation and reporting at branch level.

Programme component 3: Financial sustainability

Outcome 3: Ensuring financial sustainability

Efficient resource mobilization and fundraising would ensure financial sustainability of the national society. To enable this to happen, the International Federation will support IRCS to share case studies among state branches to showcase what other strong branches are doing in resource mobilization. Furthermore, a national policy and strategy is being worked out for resource mobilization which will include aspects of internal resource mobilisation. In 2008, state branch secretaries will participate in international forums to learn more contemporary resource mobilization techniques. On a pilot basis, two states have been selected where special attention will be given to increasing their capacity in resource mobilisation.

Programme component 4: Volunteer development

Outcome: IRCS has well-managed volunteer management systems.

Managing the volunteers, the key resources of the national society, is the primary responsibility of the IRCS. Efficient methods are therefore being developed to manage the volunteers to ensure an adequate and active volunteer force during peace times and emergencies. This component will build on the efforts from last year where a workshop was held on volunteers in emergencies and a draft plan was developed on how to retain volunteers. Furthermore, IRCS has a draft volunteer management policy which is pending approval from the management body. This component is integrated into the disaster management and health programmes, in close coordination with the partner national societies and the ICRC. Efforts will also be made to encourage women to become volunteers.

b) Profile of target beneficiaries

The profile of the target beneficiaries is varied depending on the programme component outcomes, but in general the target beneficiaries would be staff and volunteers at the IRCS state branches and national level. It is estimated that around 101, 600 beneficiaries will be reached.

c) Potential risks and challenges

Though the IRCS has the scope and reach of a national institution, it still faces a need to modernize and upgrade its large organizational capacity in order to improve effectiveness. It is a big challenge to address this within the funding constraints. The aim then is to integrate the organizational development component in other programmes of i.e. health and disaster management to bridge the funding constraints. The management of 12 million volunteers across 700 branches of IRCS is also a substantial challenge. This will be addressed through improved volunteer management systems being put in place.

Principles and Values

a) The purpose and components of the programme

Programme purpose
To enhance understanding of the Red Cross Red Crescent principles and values in the national society and improve its integration in disaster management, health and organizational development programmes.

This budget is part of the budgets for the other core programmes, as humanitarian values and principles will be integrated within these programmes.

Programme component: Promotion of principles and humanitarian values
Outcome: Enhanced knowledge, understanding and application of principles and values in the IRCS.

This programme will aim to reduce intolerance, discrimination and social exclusion, and promote respect for diversity and human dignity by integrating the Fundamental Principles and humanitarian values into disaster management (disaster response and preparedness), and health and care in the community, as an essential part of well-designed Red Cross Red Crescent interventions. This will be undertaken through further coordination with the ICRC and partner national societies in the country to contribute to Global Agenda Goal 4. One of the priorities of the IRCS is to disseminate Red Cross/Red Crescent principles and values to staff, volunteers and members of the national society, to ensure that the Fundamental Principles and humanitarian values are understood, accepted and respected. Promotion of gender balance will be undertaken through an integrated approach with other programme activities as well.

b) Profile of target beneficiaries

The total beneficiaries will be the same as the ones under the disaster management and health care programmes. These include IRCS staff, members, volunteers from the junior and youth Red Cross, HIV-infected people, and target community members.

c) Potential risks and challenges

The challenge is to improve the understanding of the role of humanitarian values as a core component in other programmes and how the principles can be translated into action among the targeted beneficiaries. To address this issue, continuous awareness and dissemination of humanitarian values will be carried out at the IRCS national headquarters as well as at branch level, with emphasis on the relevance of humanitarian values within programmes.

Role of the secretariat

a) Technical programme support

Currently the International Federation country office consists of 15 staff, one international head of office, with senior technical human resources in organizational development/principles and values, disaster management and health. All senior management staff have counterparts in the national society. At present, the India office and South Asia regional office are going through a consolidation process, which aims to maximise the utilisation of available resources to provide quality support to IRCS.

The South Asia regional office provides guidance and technical support to incorporate climate change into the programmes. At the South Asia regional disaster management working group meeting held in Bangladesh in May 2007, climate change was addressed and discussions were held to find the best possible ways forward to address this local, regional and global concern.

The existing community-based disaster management training of trainers curriculum will be strengthened and specialized manuals in five different areas will be developed with technical input from health, organisational development with a humanitarian values component, and from planning, monitoring, evaluation and reporting. Additionally, continued support will in be needed to further strengthen the reporting, monitoring and evaluation systems of the disaster management and health programmes. The national society has also sought support from the International Federation to strengthen its existing fundraising department. In organizational development, technical support will be required for volunteer management and resource mobilization.

b) Partnership development and coordination

The International Federation's India office has had a five-year presence in India and has over the years facilitated many strategic alliances and good working relationships within and outside the Red Cross Red Crescent Movement, particularly with UN organisations like UNICEF, UNDMT, UNDP UNAIDS and WFP, as well as DFID. The India office was a pioneering force behind institutionalizing Sphere in the country; the Sphere Framework was formed with 13 agencies and has set up a good information sharing platform for INGOs within the country, with its own managing body in place. Furthermore, the International Federation Secretariat has signed a long-standing memorandum of understanding with the World Health Organisation in New Delhi. Similarly, the International Federation global memorandums of understanding with Nestle and Coca-Cola have also been activated within the country.

During disasters, the International Federation supports the IRCS through its coordination role within and outside the Movement. IRCS will continue to take part in the regional disaster management working group that meets every six months to exchange knowledge and experience.

In health, IRCS participates in the annual regional health meeting and HIV coordinators meeting. Activities under HIV are also coordinated through the HIV consortium chaired by the secretary general of IRCS and with the participation of all Movement partners involved in HIV programmes in India.

The relationship between the International Federation and ICRC is strong as both seek active technical cooperation, and some capacity building proposals have been submitted to the ICRC for support.

The ongoing national society development plan process for 2008-11 had brought all within the Red Cross Red Crescent Movement in India into one forum, to express their concerns and appreciation for the national society and support them in developing a good strategic plan for the next four years. Presently, besides ICRC, there are six partner national societies present in the country: American Red Cross, British Red Cross, Spanish Red Cross, Canadian Red Cross, Italian Red Cross and German Red Cross. Technical meetings with partner national societies and ICRC are held on public health and emergencies to further enhance coordination.

The HIV India consortium and the International Federation-wide tsunami report are other forums where in-country partner national societies are actively involved and where International Federation support is sought. The International Federation secretariat has also carried out trainings on topics such as the "Project Planning Process", in which representatives from all the partner national societies participated. Similarly the International Federation is in the process of developing a planning, monitoring, evaluation and reporting manual for the national society. An initiative to encourage partners to share information on a quarterly basis with the country office has been initiated by the International Federation, but is not yet operational.

c) Representation and Advocacy

The International Federation India office represents IRCS on some occasions, and occasionally, the India office also represents the Geneva Secretariat and Asia Pacific zone office in certain events.

d) Other areas (admin, IT, finance)

These include financial management, planning, monitoring, evaluation and reporting, administration, human resources and logistics and procurement. The IRCS is seeking considerable support in all these sectors and the India office has strived to provide the needed support, including help to finalize financial and narrative reports. The secretariat also extends strong procurement support, for example the national society's request to procure disaster preparedness stocks in 2006 and 2007. The International Federation advised the national society on every step of the procurement process, and helps build its capacity at the same time. In the future, the national society will be encouraged to undertake its own procurement, with minimal International Federation support.

Promoting gender equity and diversity

In all the programmes, the aim is to ensure gender balance and equal opportunities in the recruitment of volunteers and also in staff recruitment. Gender sensitivity is incorporated in all the programmes to generate awareness on gender issues and how they are linked to the principles and values of the International Federation. The national society is also involved in areas where discrimination is evident such as female foeticide (outside International Federation programmes). Under the disaster management programme, efforts will be made to achieve a better gender balance in the volunteer base and staff, as well as community committees and task forces.

Quality, accountability and learning

All programmes have field project staff who report back on a monthly basis. Furthermore, six-monthly reports are consolidated according to the standard procedures of the International Federation. The IRCS national headquarters also consolidates reports with special requirements if needed. The project staff at the IRCS national headquarters and their counterparts in the International Federation will visit project sites every three to six months to monitor.

Management meetings are held at all levels and play an important role in monitoring the progress of the programmes. Meetings will be held regularly between the communities, the state project staff, the national headquarters, the International Federation and the ICRC.

Documentation of best practices by the branches describes the performance of the national society and the impact it has on the targeted community. Other informal methods of monitoring are also practiced by the national society, which include informal opinion-gathering and reviewing perceptions of civil society and the local authorities on the concerned project.

Under the disaster management programme, participatory integrated assessment, planning, and monitoring and evaluation will be included in programme implementation at all levels. Additionally the focus will be on knowledge sharing, documentation and promotion of good practices, success stories, case studies, and lessons learned. The programme will contribute to increased networking, coordination and collaboration with other stakeholders at community, district, state and at national level. Furthermore, through the support provided by the planning, monitoring, evaluation and reporting department and the national society's willingness to build the capacity in planning, monitoring, evaluation and reporting, the quality, accountability and learning and reporting of the implemented disaster management programme will be strengthened, and impact-based programme reporting achieved at all levels.

In 2009, the final evaluation of the regional HIV programme will be carried out. There will also be an evaluation of the whole disaster management programme, with particular focus on the "building safer communities" initiative.

How we work	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
Contact information	
<p>For further information specifically related to this plan, please contact:</p> <ul style="list-style-type: none"> • Indian Red Cross Society: Dr S P Agarwal, Secretary General; email: spagarwalsg@indianredcross.org ; phone- 011-23716441; and fax- 23717454. • Federation country office in India: Peter Ophoff (head of office), email: peter.ophoff@ifrc.org; phone: +91.11.2332.4203; fax: +91.11.233.4235 • Federation South Asia regional office in Delhi: Al Panico, Head; email: al.panico@ifrc.org; phone: +91.11.2411.11 25; fax: +91.11.2411.1128 <p>International Federation Asia Pacific zone office in Kuala Lumpur, phone: +603.9207.5700; fax: +603.2161.0670</p> <ul style="list-style-type: none"> • Jagan Chapagain, Deputy Head of Zone, email: jagan.chapagain@ifrc.org • Penny Elghady (resource mobilization and planning, monitoring and evaluation, and reporting (PMER) coordinator); email: penny.elghady@ifrc.org • Please send pledges of funding to zonerm.asiapacific@ifrc.org 	

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