

Revised Plan 2011



India

Executive summary

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. With rapid growth, poorly planned urbanization exposes more people to work and life in unsafe environments. This makes people increasingly vulnerable to natural disasters. Access to information remains a challenge, especially for marginalized 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. According to different sources some 42 million Indians are considered internally displaced and some 30 per cent of the population are migratory.

The Indian Red Cross Society (IRCS) is the largest humanitarian organization in India with over 12 million volunteers and a network of over 700 branches spread all over the country. The IRCS is a recognized force in the disaster management (DM) sector in the region. Since a decade, efforts have been put in to strengthen IRCS's disaster response mechanism. There are many recent examples like the: Andhra Pradesh floods 2009, Leh flash floods 2010 and North India Floods 2010 which indicate the strengthening disaster response mechanism through quick and efficient delivery of services to the people in need. National disaster response teams, national disaster water and sanitation response teams, state disaster response teams, prepositioned disaster preparedness (DP) stocks, water purification units are some of the tools which have now become the back bone of IRCS's disaster response mechanism. The Plan for 2011 has been designed not only to further intensify community level intervention but also to address the gaps in the response mechanisms.

The International Federation of Red Cross and Red Crescent Societies's (IFRC) India country plan for 2011 is in line with IRCS's strategic development plan 2009-2012, DM strategy 2009 - 2012, and IFRC's global agenda goals and Strategy 2020.

Building upon the existing IRCS DM achievements, the India Country Plan 2011 will work on further enhancing the national society's key priorities; strengthening community resilience, increasing organizational preparedness for effective response and developing/strengthening lessons learnt and knowledge sharing, coordination and networking mechanisms. The DM programme will incorporate the IFRC's Strategy 2020's Strategic aim one: Save lives, protect livelihoods, and strengthen recovery from disasters and crises also the Hyogo Framework for Action and the Millennium Development Goals component reflecting IFRC's commitment towards the agenda for global development. The programme is in line with the: Hyogo Framework for Action (HFA) 2005 -2015 -- building the resilience of nations and communities to disasters; Millennium Development Goals (MGD), and 28th International Conference of the Red Cross and Red Crescent, where national societies adopted '*The Agenda for Humanitarian Action*', that specifically "acknowledged the importance of disaster risk reduction and [agrees] to undertake measures to minimize the impact of disasters on vulnerable populations".

IRCS health and care activities are in tune with IFRC's Global Agenda goals one and two, which aim to reduce the number of deaths, injuries and impact from disasters, diseases and health risks in emergencies and IFRC's Strategy 2020 Strategic aim two: To enable healthy and safe living,

Overall, approximately 822,550 beneficiaries from the most vulnerable communities would be served through the Health and Care, DM, Principles and Values, and the Organizational Development programmes. The total budget for 2011 is CHF 1.83 million.

[Click here to go directly to the attached budget summary of the plan.](#)

Programme	People Reached	Budget 2011 CHF
Disaster Management (DM)	315,050	926,571
Health and Care (HC)	500,000	668,759
Organizational Development (OD) including Principles and Values (PV)	7,500	238,724

Country 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. Within India's borders, there is staggering diversity between the different states. Natural environments range from high mountains to arid deserts, from tropical islands to fertile valleys.

Despite being a major economic and industrial country, she is still facing humanitarian challenges. Poverty remains a serious problem in India, although it has declined significantly since independence. India is ranked at 134 on the UNDP's human development index. The unmet need for contraception and high levels of unwanted fertility are other areas of major concern. The ratio of men against women in the country has always remained unfavourable to females. The prevalence of anaemia, tuberculosis (TB), vector borne diseases, non-communicable diseases and the number of road accidents continues to increase.

India has traditionally been vulnerable to natural disasters because of its unique geo-climatic condition. Floods, droughts, cyclones, earthquakes, and landslides have been recurrent phenomena. About 65 per cent of the landmass is prone to earthquakes of various intensities. Over 40 million hectares are prone to floods. 8 per cent of the total land mass is prone to cyclones and 68 per cent of the country is susceptible to drought. From 1990-2000, a yearly average of 4,344 people lost their lives and about 30 million people were directly affected by disasters: This illustrates the need to adopt a multi-disciplinary perspective involving diverse scientific, engineering, financial and social processes and a cross-sectoral approach to incorporate disaster risk reduction in developmental plans and strategies. The increase in the number of natural disasters and social conflict in recent years has prompted IRCS to devote more attention to disaster preparedness activities. These initiatives aim to make communities aware of the risks they face, to increase capacity to reduce vulnerability and to enhance community ability to cope when disaster strikes. In India; more than 50 million people are annually affected to varying degrees by disasters. In addition, approximately 40 per cent of the one billion population of the country live on less than USD1 a day, surviving in deplorable conditions.

According to CRED^[1], 75,731 people were reported killed and 535,205,013 people were affected by various disasters, like droughts, floods, epidemics and earthquakes from 1998 to 2008. The 2008 India floods affected most parts of the country, in particular the four most flood-prone states of Assam, Bihar,

^[1] Source: EM-DAT, Centre for Research on the Epidemiology of Disasters (CRED)

Uttar Pradesh and Orissa severely, leaving a total of 20.8 million people affected, 2,744 lives lost and over 600,000 million houses damaged with extensive agricultural land submerged

Various groups promoting their political and social agendas; their ethnic and tribal identities and other causes have contributed to violence, militancy, and disruptive activities. There is increasing civilian casualties, victimization, and community inequality in basic needs and services that require immediate relief and longer-term support and services. The most affected areas are Jammu and Kashmir, the North East states, Chattisgarh and naxalite affected areas in some states, as well as major cities and communities that suffer bomb blasts and communal violence. A conservative estimate of the total number of people displaced by conflict and violence would be **at least 650,000** as of August 2010 according to the Internally Displaced Monitoring Centre (IDMC). Although human rights problems do exist in India, the country is generally not regarded as a country with serious human rights violators. Human rights problems appear to be acute in periods of communal violence, where security forces, insurgents, and various ethnically based groups have all been accused in Jammu and Kashmir, Gujarat, Maharashtra, Uttar Pradesh, and some north eastern states. Indian media routinely address controversial issues, such as discrimination and violence against women, tribal and hilly populations and other vulnerable people.

Young people make up half of India's population and provide a huge opportunity for the future. Strong economic growth, a developing regional and international role, and a strong internal culture of community service, all provide hope and opportunity. IRCS itself is a mature and well-established organization, with nine decades of proud service to vulnerable people in India.

India at a glance

	INDIA			Remarks
	Male	Female	Total	
Life Expectancy	62.6y	65.6y		SOWP 09
Adult literacy rate	76.9%	54.5%	66%	SOWP 09
Child <5 mortality rate			69%	UNFPA 08
Maternal mortality rate		450		SOWP 09
Neonatal mortality rate			37	UNFPA 08
GNI per capita			2753 USD	HDR 09
HDI ranking			134	HDR 09
People below poverty line			28.0%	HDR 09
People with less than \$1 per day			44%	WB05
Access to safe drinking water			89%	SOWP 09
Access to sanitation facilities			31%	UNFPA 09
HIV prevalence			0.3%	SOWP 09

National society priorities and current work with partners

IRCS is one of the largest and oldest indigenous humanitarian organizations in the country. It is known for its work in disaster response (earthquake, cyclones, drought, floods, and internal conflicts) as well as healthcare, blood services and welfare programmes.

IRCS embraces the principles of *Strategy 2020*, and its spirit to do more, to do it better and to reach further, and commits its self to the strategic aims to

- Save lives, protect livelihoods, and strengthen recovery from disasters and crises
- Enable healthy and safe living
- Promote social inclusion and a culture of non-violence and peace

In addition IRCS's plan incorporates the HFA, MDG components, the Singapore declaration, the regional "building safer communities" initiative, and the integrated programme approach model reflecting the national society's commitment towards fulfilling the national, regional and global agendas.

Through its Strategic Development Plan, IRCS has specific priorities for each programme.

There are six main priorities in **Disaster Preparedness and Response**: 1) Build capacity of staff and volunteers, disaster response teams, branches and HQ; 2) Strengthen national disaster preparedness and response mechanisms; and emergency operations centres at state level; 3) contingency planning for various specific scenarios; 4) implement procedures to initiate early recovery activities; 5) Expand warehousing and stocks at state, district and national levels, and 6) further develop professional technical training in disaster management. While disaster risk reduction (DRR) will focus on building capacity for community based disaster risk reduction (CBDRR) programmes to build safer communities.

IRCS's health programmes have gained considerable pace and have adapted to the emerging Indian needs. Trained staff at state and district branches significantly contributed in project development and implementation. This has resulted in improved project management in terms of conducting training at various levels, regular monitoring and submission of reports.

New projects initiated in 2010 include the Humanitarian Pandemic Preparedness (H2P) programme and the India TB programme. These having worked closely with the Government health programmes, highlight IRCS's role as auxiliary to the Government.

IRCS is a part of the HIV Global Alliance for South Asia. In line with the HIV programme to provide support to government efforts in the area of HIV/AIDS in targeted districts. Furthermore, IRCS is working in close collaboration with the government, the National AIDS Control Organization (NACO) and the Movement.

The youth peer education (YPE) project which targets the youth in schools and colleges, have been successfully developed to encourage youth in enhancing "positive peer support" in discussing HIV and related health issues. The Red Cross HIV/AIDS consortium in India met two times in 2010 at IRCS HQ to review achievements and discuss the expansion plans. 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 center – crèche for HIV orphans and vulnerable children completed its successful implementation in 2010.

Through the public health in emergency (PhiE) trainings, volunteers were ready to be deployed by state branches for damage assessment during natural disasters and have also acted as facilitators for the district level workshops. Additionally volunteers also help in awareness raising on good hygiene and sanitation practices at the community level.

Information, education and communication (IEC) materials on H1N1 influenza was developed to raise community awareness on the issue. IRCS is prepared to respond to H1N1 influenza by focusing on raising awareness through sharing information in the community with the help of its network of branches and volunteers. Additionally, the H2P project was designed and implemented to develop community preparedness plans to counter sudden outbreaks to minimize the effects even beyond the cessation of the actual project period in 2010.

Promotion of voluntary non-remunerated blood donation remains an important activity of the IRCS. In order to increase the promotion of voluntary non-remunerated blood donation, various activities are continually organised including seminars and the IEC materials distributed during the World Health and Blood Donor's Days. The IRCS also updated and developed a First Aid Manual and is now formally the standard First Aid training organization through the Govt of India Health programmes,

The India TB project gathered accolades from one of the Government Of India Health Departments. The first phase of the implementation of this programme completed in October 2010 achieving efficient

results through 100 per cent adherence and objectives fulfilled. With the extension of this programme, IRCS seeks to achieve higher performance goals with trained staff, rigorous monitoring and reporting and seeks to be a model programme both inside the country and abroad. Working closely with the Revised National Tuberculosis Control Programme (RNTCP), this programme is providing assistance to increase the efficiency of the reach of the infrastructure and services of the Government of India Health programmes. Existing IEC materials and guidelines for TB were compiled and disseminated to the intervention districts.

OD and capacity building are high priorities for IRCS; hence, a high level of integration of both these elements in IRCS programmes can be seen. IRCS is in the process to further strengthen itself and has geared up its efforts this year towards continuation and innovation. Finance system development and branch development at national and branch level respectively are a continuation of existing programmes. While youth development, capacity building in fund raising and branch development through the integrated programme approach are the new initiatives. Strengthening community preparedness while boosting community development is another new initiative. Capacity building of staff has also gained momentum by providing them with more exposure to international forums and meetings.

This is very much visible in the following organizational development initiatives in 2010:

- Small and continuous strides in the implementation of Navision upgraded software for strengthening financial reporting and accountability of IRCS
- Further strengthening the youth force of the IRCS through extensive development of the Junior Red Cross and Youth Red Cross units in two state branches
- Extending the coverage of stronger IRCS branches, focussed development of a new branch at the Andaman and Nicobar Islands through the Integrated Programme Approach has been initiated
- Achieving community preparedness within programs like H2P and DRR initiatives at state branch
- In alternative systems of health care by initiating a short term capacity building course on ayurveda and yoga
- More exposure to the senior management and junior management team members at IRCS by encouraging participation in the OD forum, communications forum, youth summit, Asia Pacific conference and various other regional level trainings. Strengthening the state branches by sharing more financial resources and technical resources with them from the HQ

IRCS is auxiliary to the government in the field of humanitarian assistance. IRCS aligns its priorities with the government agenda in line with Movement principles. In close consultation with its state, district and sub-district branches, it selects and implements projects which are relevant and needed by the community. The authorities recognize 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 (NDMA).

The programmes strive to employ a comprehensive and integrated approach to programme management for more realistic and sustainable interventions. The aim is to integrate the various programmes DM, Health and Care, OD and PV to meet the needs of the vulnerable in a more holistic way. This is in line with the "Integrated Programming Approach" (IPA) initiative implemented in South Asia.

IRCS is working together with partner national societies such as the: American Red Cross, British Red Cross, Canadian Red Cross, German Red Cross, Hong Kong Branch of the Red Cross Society of China, Italian Red Cross, Singapore Red Cross and Spanish Red Cross. Other Movement partners include, the International Committee of the Red Cross and the IFRC to meet its current priorities.

	Participating NS and ICRC	Programmatic areas for 2011
1	ICRC	Restoring Family links, relief assistance, mine risk education, safer access framework for violence victims, information and dissemination on emblem and RCRC principles and values.
2	German Red Cross	Disaster mitigation, HIV awareness, blood safety, , youth and Junior RC
3	Canadian Red Cross	Community based disaster risk reduction, community based health, HIV awareness, water and sanitation linked to community based health, capacity building of the NS, Child protection under community development groups and livelihoods.
4	Spanish Red Cross	Disaster preparedness, livelihood, emergency response, health and water sanitation, rural health projects and organizational development component is integrated in all the projects.
5	Swedish Red Cross	Capacity Building, Community Based Health
6	Singapore Red Cross	Disaster Management
7	Hong Kong Red Cross	Disaster Management, Community Based Health
8	USAID	Community Based Health
9	Eli Lilly	Community Based Health

Secretariat supported programmes in 2011

Disaster Management (DM)

a) The purpose and components of the programme

Programme purpose
Save lives, protect livelihood and strengthen recovery from disasters and crises.

The DM programme budget for 2011 is **CHF 926,570**.

IFRC's India DM plan 2011 is in line with the IRCS's strategic development plan 2009-2012, DM strategy 2009-2012 and the IFRC's Strategy 2020's strategic objective one: Save lives, protect livelihoods, and strengthen recovery from disasters and crises.

The DM plan incorporates the: HFA, MDG components, Singapore declaration, regional "building safer communities" 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 "building safer communities' initiative under the overall DM programmes. In line with IRCS's DM two core areas and under the two broader IFRC DM programme components; i) community preparedness and ii) organizational preparedness. IFRC's Indias DM programme will focus on; (i) DRR "building safer communities", (ii) strengthening national disaster preparedness and response mechanism (NDPRM), (iii) capacity building and (iv) inter agency coordination.

In line with IRCS's strategic development plan 2009-2012, the DRR "building safer communities" initiative will focus on strengthening the resilience, DP and disaster reduction capacities of people at risk and reducing their vulnerabilities in the targeted geographic areas in urban and rural areas of Maharashtra. In addition, the other nine target states will also be part of the DRR initiative through the community and schools based awareness raising activities in target areas with a focus on climate

change adaptation measures. The “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.

IFRC’s supported DM programme will further strengthen the IRCS national disaster preparedness and response mechanism at various levels. In addition, the capacity building initiatives will continue to support developing trained volunteers, staff and infrastructures at various levels, particularly at the IRCS national headquarters and 10 target states to deliver its humanitarian and risk reduction mandate effectively. The developed integrated DM strategy and action plan in line with the IRCS strategic development plan 2009-2012 and related programme implementation guidelines are to be widely disseminated and applied institution-wide based on the well- prepared national society (WPNS) and vulnerability and capacity assessment (VCA) findings.

Inter agency group (IAG) coordination will contribute in increased IRCS coordination and networking among different stakeholders at community, district, state, national, regional and at global level through building partnerships, collaborative work and networking. This will further enhance IRCS’s auxiliary role at national, state and district levels.

IRCS recognizes that community needs do not fall into neat categories, and the technical teams and their counterparts increasingly work together to ensure a holistic and needs-driven response. The humanitarian value and IPA model will therefore be considered and applied at various levels for effective DM programme delivery to provide dignified, appropriate and timely assistance to the people reached. Health and care initiatives are, for example, included within DM under the banner of PHiE; Avian Flu is a health disaster that needs DM involvement in contingency planning, and DRR activities can be undertaken within any community-based intervention. Under the building safer communities programme, branches will be strengthened through tailor-made packages designed to address specific training, human resource and infrastructure issues. A defined volunteer resource management system and support structure will be applied consistently at state, district, sub-district and community levels with the support from OD team. The project in Andaman and Nicobar is a good example of OD, DM and Health and Care in the integrated programming approach which is addressing organizational as well as community needs.

Approximately 300,000 people will be reached from the most vulnerable communities in ten disaster-prone states, namely the Andaman and Nicobar Islands, Assam, Bihar, West Bengal, Orissa, Andhra Pradesh, Tamil Nadu, Maharashtra, Gujarat, and Tripura through DM programme. The “building safer communities” initiative will focus on the most vulnerable communities of Maharashtra. Approximately 7,500 most vulnerable people from six communities in three districts have been selected as a pilot and will directly benefit from the initiative.

Programme component 1: Community preparedness DRR “building safer communities”

Outcome: The resilience and capacities of people at risk of disasters are increased and their vulnerability is reduced in the target geographic areas.

Key activities:

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| <ul style="list-style-type: none">• The DRR “building safer communities” initiative will focus on awareness raising activities in all ten programme target states incorporating climate change adaptation measures, development of guidelines and strengthening resilience, disaster preparedness and disaster reduction (DP/DR) capacities of people at risk and reducing their vulnerabilities in the targeted geographic areas in Maharashtra• Carrying out VCA in target communities and initiating small scale mitigation, climate change adaptation and income generation work following VCA outcomes in target communities• Establishment of the community disaster management centre (CDMC) and committees in target communities• Formation of community disaster response teams, specialized task forces, micro groups and DP/DR plan in target communities• DRR programme review in target communities• Printing of IEC materials and its dissemination, knowledge sharing through documentation and dissemination of good practices |
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Programme component 2: Organizational Preparedness

Outcome: People affected by disasters receive timely needs-based response from IRCS.

Key activities:

- National, state and district level training and refresher programmes for disaster response teams including water and sanitation (watsan) response, emergency assessment, logistics and warehouse management, links with regional response teams and deployment of trained personnel
- Repair and replenishment of mobile disaster units and watsan units and their mobilization
- Developing and strengthening state level emergency operation centres (EOCs) and update standard operation procedures (SOPs) and protocols
- Development and regular update of IRCS response database
- The developed integrated DM strategy and action plan and related programme implementation guidelines are to be widely disseminated and applied institution-wide based on the well prepared national society (WPNS) and vulnerability and capacity assessment (VCA) findings.
- Procurement and pre-positioning DP stock at various levels
- Development and further adaptation of the NDPRM guidelines
- VCA “Learning by Doing” practitioners training
- A defined volunteer resource management system and support structures will be applied consistently at state, district, sub-district and community levels with the support from organizational development (OD) team
- Enhance IRCS branch capacity by organizing DM capacity building workshop, formation of committees at various levels, staff and volunteers’ orientation programmes and developing IEC material
- Organizing planning, monitoring, evaluation and reporting workshop and standardized PMER system developed and applied at various levels
- Active participation at national, state and at district level government disaster management authorities, and inter agency coordination meetings, Red Cross Red Crescent Society regional events and important meetings organized by other stakeholders
- Provide technical support to the IRCS’s PG Diploma Course in Disaster Preparedness and Rehabilitation and printing of brochures
- Active participation in the regional disaster management working group (DMWG)
- Workshop to promote International Disaster Response Laws and SPHERE.

b) Potential risks and challenges

One of the potential risks likely to impact the progress of the project is the occurrence of disasters of an 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 IRCS’s DM department.

Challenges will be to check the high rate of staff turnover at IRCS national headquarters and branches; this 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 standstill in certain parts of the country. In addition: funding constraints; delay in the reconciliation and clearing of working advances following financial procedures; IRCS’s human resource and administrative procedures; and planning, monitoring, evaluation and reporting (PMER) mechanisms vis-à-vis IFRC will be a challenge for effective programme delivery and cannot be ruled out, if not intervened on time.

Health and Care

a) The purpose and components of the programme

Programme purpose
Enable healthy and safe living

The India Health and Care programme budget for 2011 is CHF 668,759.

India has a population of 1.1 billion people. It is the seventh-largest country by geographical area, the second-most populous country, and the most populous democracy in the world. Almost 44 per cent of India's population live on less than USD \$2 per day. India is ranked of 134 out of 179 countries on the human development index.

The programme is guided by IFRC's Strategy 2020 Strategic aim 2 to enable healthy and safe living, Global Agenda Goal 2 which stipulates the reduction of the number of deaths, illnesses and impact from diseases and public health emergencies. This also includes the global health and care strategy, the regional health and care strategy, IRCS's strategic development plan, and IRCS's HIV/AIDS strategic plan 2009 - 2012. The programme has been designed to address the needs of vulnerable communities. The programme will draw upon IFRC's Global Alliance on HIV and commitment to the priorities outlined in the MDGs.

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 DM and OD programmes as part of the IPA to optimize the use of resources. The specific Health and Care programme components are HIV and AIDS, PHiE, CBHFA, the TB programme, Malaria programme, water and sanitation programme. The main partners supporting health and care are USAID, the American Red Cross and Hong Kong branch of the Red Cross Society of China.

Programme component 1 : HIV & AIDS
Outcome: To scale-up the IFRC's efforts in support of national HIV and AIDS programmes to reduce vulnerability to HIV and its impact in India.
Key activities: <ul style="list-style-type: none">• Training of trainers for youth peer educator staff and JRC counsellors and peer educators on HIV and life skills education• Developing community support groups and networks through the formation of a joint action group to act as representative group for the project at grassroots level• Ensuring that "HIV in workplace" policy and programmes for all staff and volunteers are in place at IRCS• State and District level HIV capacity building training for volunteers and staff• Selection and orientation of institutions for youth peer education and life skills education• Selection and training of peer educators, peer groups• Community outreach activities for behaviour change communication• Dissemination of IEC materials for HIV• Reducing stigma and discrimination activities by linkages with people living with HIV (PLHIV)• Improved accessibility of health services

Programme component 2 : Public health in emergencies (PHiE)
Outcome: To scale-up IFRC's efforts in strengthening preparedness and response capacity of staff and volunteers in health emergencies
Key activities: <ul style="list-style-type: none">• Dissemination of guidelines and training materials on public health in emergencies• Two state level workshops for staff and volunteers and members• Six district level workshops for staff and volunteers and members• IEC materials are developed and disseminated• Database of trained volunteers are developed, maintained and updated continuously

Programme component 3: Community based health and first aid in action (CBHFA)

Outcome: To scale-up the IFRC's efforts in strengthening CBHFA in selected states of India

Key activities:

- Programmes are developed based upon community based health issues
- Awareness campaigns about Health promotion and healthy life styles
- Dissemination of guidelines and training materials on CBHFA in Action
- Two state level workshops for staff / volunteers / members
- Six district level workshops for staff / volunteers / members
- IEC materials are developed and disseminated
- Database of trained volunteers are developed, maintained and updated continuously

Programme component 4: Tuberculosis (TB) Programme

Outcome: To reduce the number of deaths, illnesses and impact from diseases and public health emergencies with a focus on reduction of illness and mortality due to TB

Key activities:

- Baseline assessment, mapping in project areas
- Sensitization workshop for IRCS staff and local stakeholders: community leaders at district levels
- Orientation and induction training will be conducted together with national experts and other technical partners. Existing training modules will be used
- Assist to provide direct observation of treatment to 200 people with TB and multi-drug resistant (MDR) TB patients protocols through directly observed treatment services (DOTS) centre
- Conduct regular discussions / educational sessions to patients and family members on TB and MDR TB, treatment, importance of treatment adherence and family support during the treatment period.
- Increase TB awareness through dissemination of existing information material in communities (brochures, leaflets) through RC volunteers.
- Conduct education sessions with community leaders, women groups, youth, teachers, religious leaders, people with TB and TB/HIV on advocacy, anti stigma activities, rights and responsibilities of people with TB.

Programme component 5: Malaria Programme

Outcome: To reduce mortality and morbidity among the most vulnerable communities caused due to malaria by increasing awareness and promoting correct use of the insecticide treated mosquito nets.

Key activities:

- Networking and Coordination developed with National Malaria Programme and National Centre for Diseases Control (NCDC) at national, state and district level
- Baseline data collected to identify vulnerable communities and families.
- IEC material, Training materials are developed and trainings for the project staff and volunteers
- Community and district action plan is developed
- Long lasting insecticide nets (LLINs) distributed to identified families in vulnerable communities in the targeted districts.
- IEC campaigns with communities to increase the awareness of malaria among the community members.
- Identification of suspected cases, referral to the health facility and follow up.

Programme component 5: Water and Sanitation (Watsan) Programme

Outcome: To scale-up the International Federation's efforts in contribution to sustainable improvement in health and well-being with water and sanitation facilities

Key activities:

- Two state level workshops for watsan issues specifically focussing upon hygiene promotion and hand washing
- Observance of hand washing day
- Community based programmes are developed to cater to watsan needs
- Awareness campaigns about health promotion and healthy life styles
- Dissemination of guidelines and training materials on watsan issues
- Six district level workshops for staff / volunteers / members
- IEC materials are developed and disseminated
- Database of trained volunteers are developed, maintained and updated continuously.

b) Profile of target beneficiaries:

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:

Disasters may disrupt the programme interventions. Others risks and challenges are, non-availability of funds, slow implementation rate and high staff turnover may result in the non-implementation of programmes.

Organizational 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.

The total budget for OD in 2011 is CHF238, 725.

As per IRCS's four year Strategic Development plan 2009-2012 and in line with IFRC's Strategy 2020 Strategic aims one and two, OD will have a holistic cross-cutting approach to institutional strengthening. The national society also prioritizes several areas under OD that requires attention over the long term to enhance its delivery of services to the most vulnerable:

- Stronger branches, better able to meet the emergency and long term needs of vulnerable people and communities
- Better co-ordination and networking both internal and external
- Strengthened capacity for fund raising
- Investment into staff and volunteers
- Wider regional role in South Asia

The country support plan is aligned with the national society's development plan. The programme will work towards integrating OD and capacity building initiatives into all IRCS's programmes to increase the capability of the national society to provide effective services to vulnerable populations.

Among the key activities will be initiatives in further strengthening IRCS's OD process in branch capacity to plan as per the strategic development plan and ensure scaled up services to the vulnerable. These initiatives will be largely held in co-ordination with DM and health and care programmes under the integrated programme approach. The pilot project on branch development through the integrated programme approach will seek an extension for the next year. Being the first of its kind, this project needs to be slow and steady so that it is able to achieve planned outcomes effectively. There will be a continuation in the implementation of the *Navision* financial software at HQ for increasing transparency and accountability. Continuous support will be provided to concerned personnel from IRCS for success

while working with the new Navision software. Other activities include initiatives to strengthen the fund raising unit at HQ encouraging the diversification of funding sources and local resource mobilization by branches, and strengthening IRCS's membership and volunteer base.

Volunteer development and management with the creation of an electronic database system is another big activity which will be focused in two district branches of a state in conjunction with the DM programme. The purpose is to enable effective utilization of the large number of volunteers in the IRCS state branches. Youth volunteer development will be given priority. Youth networks will be widened, their integration within the branches strengthened, and their activities broadened. They will also be equipped with various skills to enhance their overall impact to ensure retention.

Programme purpose: Increase local community, civil society and Red Cross Red Crescent Societies

Approximately 7,500 people will be reached, including IRCS's national and state branch leaders, staff and volunteers as well as other non-governmental organization counterparts, who will be targeted during the said period.

Programme component 1: Supporting National Society OD process.
Overall Component outcome Improving NS capacities to develop and implement strategies, to ensure good performance and accountability.
Component outcome 1 Financial structures, systems and procedures are strengthened. <ul style="list-style-type: none"> • Development and refinement of the finance system through Installation of Navision Software at HQ and making it functional
Component outcome 2 Branch capacity is increased to provide scaled up service vulnerable communities through strengthened leadership, systems and resources. <ul style="list-style-type: none"> • Orientation and support to targeted branches for developing and implementing branch plans aligned to the strategic development plan
Component outcome 3 Ensuring Financial sustainability of the national society. <ul style="list-style-type: none"> • Strengthen fund raising unit at HQ • Develop and implement a resource mobilization strategy • Identification of core business components and sustainability options
Component outcome 4 Ensuring a better system for Human Resource management at the NHQ <ul style="list-style-type: none"> • Formulation and Implementation of the HR policy & staff management procedures • Capacity building of the Human Resource in Technical & management skills

Programme component 2: Volunteer Development
Overall Component outcome IRCS has a well managed volunteer system
Component outcome 1 Increased number of volunteers <ul style="list-style-type: none"> • Advocacy for Red Cross Volunteers with various professional institutions, government and private corporations • Enrolment of professionals from diversified background as volunteers
Component outcome 2 Volunteer Leaders are trained. <ul style="list-style-type: none"> • Leadership training for volunteer coordinators / leaders • Support in developing the volunteer enrolment plan
Component outcome 3 Mapping of volunteers and the required details in targeted states. <ul style="list-style-type: none"> • Conduct a survey of IRCS volunteers in selected states in co-ordination with Health and Care and DM to map the volunteer base

Component outcome 4

Electronically managed Volunteer database system

- Establish the electronic volunteer database system
- Capacity building of volunteer coordinators in it
- Making the electronic database functional

Component outcome 5

Capacity of volunteers enhanced.

- Workshop on volunteer management in selected / targeted states
- Support to targeted states for effective volunteer management

b) Profile of target beneficiaries:

The programme will directly benefit staff and board members, volunteers and members. Improved results for target beneficiary communities are the focus of all organizational development/capacity building programming, meaning that the programme serves more beneficiaries indirectly. Staff and volunteers targeted by this programming on capacity building will benefit from increased knowledge and skills in all areas of the project management cycle.

c) Potential risks and challenges:

Measuring and describing the impact of OD interventions and training activities are a challenge like in any other national society. Another challenge is balancing the growth in service delivery with capacity development. A risk to effective OD and capacity building is the potential for very fast growth in programmes to outpace the rate of organizational and personnel capacity to deliver these programmes. Continued rapid growth in programming is both anticipated and desirable in light of the need that exists in India. It is particularly vital to ensure that adequate resources are allocated to drive capacity development (e.g. including a capacity development support component with all programming support) and that realistic expectations are set for the possible rate of capacity development. Finding this balance is essential if IRCS is to be supported in achieving the best results for the most vulnerable communities.

As the OD and capacity building programme is of prime importance for the national society and requires an important budget, IFRC will advocate for this to IRCS's partners, and conduct resource mobilization activities in order to obtain strong and adequate financial and technical support

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 promote social inclusion and a culture of non-violence and peace.

There is no exclusive budget for the Principles and Values (PV) programme as it is integrated in the DM, health and care, and OD budget.

In line with Strategy 2020's strategic aim 3 which promotes social inclusion and a culture of non-violence and peace. The programme aims to strengthen the understanding of the Red Cross Red Crescent Movement's Fundamental Principles as well as its principles and values among a larger proportion of the Indian population. This, in turn, will influence behavioural changes in communities, particularly around tolerance, acceptance and gender sensitivity. Efforts will also be made to better link these activities with core programme areas such as health and care and DM. Specifically, to develop the complementary functions across departments to drive this process.

One of the priorities of the IRCS is to disseminate Red cross and Red Crescent PV 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.

Programme component 1: Promotion of principles and humanitarian values

Key activities:

- Orientation workshops for volunteers, JRC and YRC members and staff
- Induction course at national level
- Integrated sessions on principles and values with HIV workshops, community-based health workshops and DRR workshops

Programme component 2: Anti-discrimination and violence prevention, reduction programmes

Key activities:

- One-day orientation with volunteers, parents and school teachers
- School life skills programme with counsellors, teachers, youth peer education programme
- Awareness campaigns in the community
- Campaigns to raise the awareness of health service providers
- Community awareness activities, focussing on the incentives provided through the Government of India's efforts, to promote gender equality and education for girls (like the Laadli scheme in Delhi)

b) Profile of target beneficiaries

The total beneficiaries will be the same as the ones under the disaster management and health care programmes as the programme of humanitarian values is cross cutting all programmes. These include IRCS staff, members, volunteers from the junior and youth Red Cross, HIV-infected people, and target community members. One of the key elements for successful recruitment of members is a better awareness and commitment to humanitarian principles and values.

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 laying greater emphasis on principles and values to be translated into action among the targeted beneficiaries.

Role of the secretariat

a) Technical programme support

The India Office is headed by the Head of India office and currently there is 14 staff, of which senior technical resources under OD, DM and health and care. The IRCS HQ is responsible for the overall management of the its programme implementation with a technical and, monitoring, evaluation and reporting support provided by IFRC's India Country Office team. In addition, technical managers work closely with their counterparts in the national society to provide appropriate technical advice, as agreed with IRCS and ensure that project cycle processes are carried out. Continued support from the regional delegation will be needed for resource mobilization and also to further strengthen the reporting, monitoring and evaluation systems of the programmes. The South Asia Regional Office provides guidance and technical support to the country programmes, as and when required.

b) Partnership development and coordination

Developing strong strategies and four-year strategic development plans as a guide has been a major achievement. The outcomes will provide the basis for a clearer integration of programmes for 2011 and will enable greater partner alignment. If possible the development of an overall organizational development plan, supported by all in the national society (as well as PNSs) shall be a step forward to an even more effective national society.

The India Country Office has set up a coordination mechanism with ICRC and the PNSs for regular meetings. In addition, IFRC continues to provide technical and financial support to IRCS's PG diploma course towards strengthening its coordination with internal and external stakeholders and to increase the in-country strength of DM expertise with enhanced skills and knowledge. The national society and country delegation take part in the regional coordination meetings and networks such as the regional health and HIV meetings, the Disaster Management Working Group (DMWG) meetings as well as OD, PMER and Communication network meetings.

IFRC's India Country Office has many strategic alliances and a good working relationship within and outside the Movement. Particularly with UN organizations like UNICEF, UNDMT, UNDP and UNAIDS, and even other international bodies like World Food Programme and USAID. The India Country Office has pioneered the institutionalizing of Sphere in the country. The Sphere India group was formed with 13 agencies and has set up a good information sharing platform for international non-governmental organizations with its own managing body. Further, IFRC's India Country Office with IRCS has operationalized the long standing global memorandum of understanding between IFRC and the World Health Organization. The IFRC's India DM programme has over the years developed many strategic partners and good working relationships within and outside the Red Cross Red Crescent Movement, particularly with DFID, Geohazards India and Plan International, Government of India, NDMA, the National Institute of Disaster Management (NIDM), Oxfam India, Red-R, SEEDS, and Sphere India.

c) Representation and advocacy

IFRC's India Country Office will represent the Movement at the various relevant forums. IRCS with IFRC will support and promote its auxiliary role to government and its linkages with the Ministry of Health, NDMA, and local authorities. The national society will work on an advancement of the Red Cross auxiliary role with the national government through Red Cross dissemination among the government institutions for effective and coordinated humanitarian response at state, district and sub-district levels. IRCS's role vis-à-vis the NDMA will continue to be strengthened at all levels.

d) Others

IFRC's India Office will continue to support IRCS in other areas including finance management, planning, reporting, IT, logistics and procurement. The IRCS is seeking support in all sectors and the India Country Office provides support which enables them undertake their responsibilities towards their donors.

Promoting gender equity and diversity

Women are usually more vulnerable to poor health and have a lower socio-economic status in most communities. They have fewer opportunities for higher education; have less chance of participating in social activities and in making decisions. In addition, women are often subjected to gender violence; women experience a lack of involvement in civil society as well as a lack of experience in institutional trainings and other types of training. IRCS is committed to ensuring gender balance and equal opportunities in the recruitment and training of volunteers. This is also visible in all the DM, Health and Care, PV and OD programmes. The promotion of gender balance and diversity is an integral part of IRCS's strategy for 2009-2012. In addition, 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 linked to the principles and values of the IFRC.

Quality, accountability and learning

Under the health and care programmes, volunteer invest and value audit (VIVA) is planned for 2011. Under the DM programme, participatory integrated assessment, planning, and monitoring and evaluation continue to be an integral part of programme implementation at all levels.

Additionally the focus will be on knowledge sharing, documentation and the promotion of good practices, success stories, case studies, and lessons learned. The programme will contribute to increased coordination and collaboration with other stakeholders at community, district, and state and at national level. Furthermore, through the support provided by the PMER team and the national society's willingness to build capacity in PMER, the quality, accountability, resource mobilization and reporting aspects of the implemented DM programme will be strengthened, and impact-based programme reporting should be achieved at all levels.

Currently PMER in Geneva is finalizing a revision of the planning training module based on the PPP approach and Monitoring and Evaluation training. This training will be rolled out in 2011 to enhance the quality and accountability of programmes. More specifically PMER training will be carried out at branch level under the DM programme.

How we work

The IFRC's vision is to:

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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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

For further information specifically related to this plan, please contact:

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<Budget summary and map below; click here to return to the title page>

MAAIN001 - India

Budget 2011

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies	58,333	14,063				72,396
Land, vehicles & equipment	14,419	2,000	16,700			33,119
Transport & Storage	10,300	11,000				21,300
Personnel	328,042	327,520	74,964			730,526
Workshops & Training	324,681	122,392	101,825			548,898
General Expenditure	134,243	150,968	30,666		0	315,877
Depreciation						
Contributions & Transfers						
Programme Support Services	56,551	40,816	14,570			111,938
Contingency						
Total Budget 2011	926,570	668,759	238,725		0	1,834,053

