

Annual report



International Federation
of Red Cross and Red Crescent Societies

India

Appeal No. MAAIN001

This report covers the period 1 January
to 31 December 2010.

30 April 2011



A beneficiary collecting purified drinking water provided by Indian Red Cross Society in jerry can, post-Leh flash floods. Photo: Indian Red Cross Society.

In brief

Programme outcome:

The 2010 **disaster management (DM) programme** was designed around the disaster management strategic plan of Indian Red Cross Society (IRCS) (2009-2012) which focussed on:

- Building the capacity of staff and volunteers, disaster response teams, branches and headquarters;
- Strengthen national disaster preparedness and response mechanisms;
- Emergency operations centres at state level;
- Contingency planning for various specific scenarios;
- Implement procedures to initiate early recovery activities;
- Expand warehousing and stocks at state, district and national levels; and,
- Further develop professional technical training in disaster management.

In addition, disaster risk reduction (DRR) focused on building capacity for community-based disaster risk reduction (CBDRR) programmes to build safer communities; targeted activities on DRR; promoting awareness advocate DRR and knowledge sharing within and outside IRCS.

The overall outcome of the **health and care programme** aligns with the Strategy 2020, and facilitated the development of IRCS's capacity in planning, raising awareness on the preventive health needs and responding to public health emergencies. The IRCS health programmes have gained considerable pace and have adapted to the emerging needs of the country. Trained staff at state and district branches significantly contributed in the 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, like the humanitarian pandemic preparedness (H2P) programme and India tuberculosis (TB) programme, have enhanced IRCS's role as auxiliary to the government. This was done through the respective national society health units working closely with the government health programmes,

Organizational development and capacity building are high priorities for the national society, hence a high level of integration of both these elements within IRCS programmes can be seen during the reporting period. IRCS in the process to further strengthen the organisation and has geared up its efforts this year towards continuation and innovation. Finance system development and branch development at national and branch

level respectively where integrated as a continuum of existing programmes. Youth development, capacity building in fundraising and branch development through integrated programme approach became new initiatives to be strengthened in 2011. Strengthening community preparedness and in the process achieving community development is another of its new initiatives and shift in focus of IRCS. Capacity building of staff has also gained momentum by more regular representation and exposure to international forums and meetings.

Programme(s) summary:

The **DM programme** was implemented in ten state branches. The programme's activities focused on community awareness, strengthening of the national disaster response mechanisms, capacity building of the local branches, and networking with national and international non-governmental organizations. Investments have been done over the years and continued in 2010 in order to build further capacity of IRCS enabling a stronger and more robust national disaster response mechanism.

Two DREF operations were undertaken by IRCS during 2010 (the Leh flash floods relief operation in August and North India floods relief operation in September). The strengths of IRCS's national disaster preparedness and response teams have been verified in these two relief operations. In difficult terrains like Leh and compelled by adverse weather conditions, the national disaster water and sanitation response team (NDWRT) members provided safe drinking water which was delivered to the main hospital and Choglamsar relief camp using NOMAD water purification units.

In line with the IRCS strategic development plan 2009-2012, the DRR "building safer communities" initiative focused on strengthening the resilience and disaster preparedness (DP)/disaster response (DR) 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 targeted states will also be part of the DRR initiative through the community and school-based awareness raising activities in target areas with a focus on climate change adaptation measures. The "building safer communities in South Asia" is embedded in the IRCS initiative that promotes the DRR approach among all the national societies in the region.

The **health and care programme** of IRCS saw significant activities in 2010. This year saw the continued and robust implementation of the India MDR-TB programme and initiation of the malaria prevention and control programme. A major long term Swedish Red Cross-funded HIV programme came to a formal end with the evaluation of the programme in March 2010 and the H2P project also ended in December 2010.

The Hong Kong branch of the Red Cross Society of China-funded HIV/AIDS and public health in emergencies (PHiE) programme is extended until June 2011 and continues to be implemented as planned with a steady implementation rate. Two components of the HIV programme – the Service, Support and Stigma (3S), the care and support initiative in Tambaram hospital in Chennai and the community care centre – crèche for HIV orphans and vulnerable children completed its successful implementation in 2010.

The India TB programme continued its successful implementation with a one-year extension with more quality oriented activities. The health and care programmes showed considerable pace and adapted to the emerging needs of the country, showing significant coverage of scheduled activities and newer set of target beneficiaries.

Organisational development in IRCS this year focussed more to bring branch development in all aspects related to foundation, capacity and performance stages. The focus on having a strong legal base at the branch levels was ensured by the enforcement of the uniform branch rules for the IRCS state branches. Part of the increased revenue of IRCS which was disbursed as capacity building fund to the various state branches equipped the branches to conduct fundraising and capacity building workshops as well as increase the infrastructure in the state branches. Implementation of Navision progressed at a definite pace and was completed within the stipulated timeline and thus enable good and credible financial reporting mechanisms.

Humanitarian values and awareness on the Red Cross Movement was integrated and became instrumental as an important component of all programme related capacity building trainings.

Financial situation: The total 2010 budget was CHF 2,020,738 based on the programmes' work-plan and funding situation. Coverage is 134 per cent while expenditure from January to December 2010 is 68 per cent of the total 2010 budget.

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

No. of people we have reached: The 2010 DM programme reached 2,000,000 people through various training programmes and emergency response operations. The health and care programme directly and

indirectly reached 143,300 individuals while the number of people the Movement helped during the reporting period with the organisational development activities is approximately 5,000. The total people reached by humanitarian values promotion is the same as those of the various programmes as this activity is in tandem with all programmes.

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

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

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

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

Context

The country remained extremely vulnerable to both seismic and hydro-meteorological hazards such as floods, cyclones, droughts and landslides. The vulnerability to disasters continued to be aggravated by social, cultural, economic, institutional and political factors. During the year, many states of India experienced severe weather events which led to disasters. The cloudburst in Leh and severe flooding in north India during the year underscored the need to adopt and reinforce a multi-disciplinary perspective involving diverse scientific, engineering, financial and social processes and a cross-sectoral approach to incorporate disaster risk reduction (DRR) in developmental plans and strategies. The flash floods in Leh tested the response capacity of the Indian Red Cross Society (IRCS) to carry out the relief operation in difficult terrains as well as testing geo-climatic conditions.

In north India, where more than three million people were affected by floods, the IRCS state and district branches could run medical camps, and render food and non-food relief assistance to the affected population. The IRCS national headquarters assisted these branches in their efforts by supplying relief goods and expertise in a relatively short time, demonstrating a huge improvement in the response time.

These events have enabled IRCS to test its national disaster response mechanisms and also enabled its trained human resources to gain experience from field deployments. Based on the experience of the Leh flash flood relief operation, certain changes have been made in the national disaster water and sanitation response team (NDWRT) training agenda. This showed IRCS is using, adopting and promoting good practice from lessons learnt.

Furthermore, India saw relatively customary conditions in the health situation. While some parts of the country saw a quantity of H1N1 infection in some – until now – untouched states, other infections like chikungunya and dengue were observed to be on the increase. An alert was also noted by the Ministry of Health for a new virus, which did not assume major proportions.

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 inequalities 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 eastern states, Chhattisgarh 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). This continues to create challenges to implement programmes in some of the affected states.

IRCS continued to mobilize health volunteers for the emergencies that arose throughout the year, such as the floods. While rescue and relief were the major activities in the flood operations, awareness generation in the community was an important role played by the volunteers. The national society also started the implementation of malaria programmes which had an objective to increase awareness and also distribute long-lasting insecticide nets (LLINs) in targeted vulnerable communities.

Progress towards outcomes

Disaster Management

Programme component	Component outcome
1. Community preparedness.	The resilience and capacities of people at risk of disasters are increased and their vulnerability is reduced in the target geographic areas.
2. Organizational preparedness	People affected by disasters receive a needs-based and timely emergency response and recovery support from IRCS.

Outcomes/Expected results:

COMPONENT 1: Community preparedness

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

IRCS initiatives of DRR awareness campaigns in schools in nine disaster management (DM) programme states, as well as the drawing competition – organised as part of the regional DRR 'building safer communities' programme – achieved enhanced awareness on DRR among students across the country.

The pilot project launched by IRCS in Gujarat is to link DRR and climate change adaptation (CCA). The vulnerability and capacity assessment (VCA) has been conducted in the Machhiwad village to identify the vulnerabilities of the community in relation to the effects of climate change. Mitigation measures were discussed with the community in order to reduce their risks.

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

VCA has been conducted in Bharatnagar, Mumbai which has enabled the community to identify and prioritize the mitigation measures required to be carried out in order to reduce risk. The mitigation measures identified through VCA exercises will soon be implemented with the active partnership of the Municipal Corporation and the community.

The following mitigation measures have been implemented in partnership with the local government and five communities in Maharashtra:

- Construction of inner drainage system.
- Construction of community toilet block.
- Installation of community bore well.
- Construction of dustbins and promotion of use of trolley for collection of garbage.
- Raised platform for well to avoid contamination.

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

In order to build preparedness and response capacity of the communities, the five training modules have been developed. These modules are listed below:

- Assessment and relief.
- Community based health and first aid.
- Community management and resource mobilization.
- Information, communication and reporting.
- Search and rescue.

These trainings have been conducted in five communities in Maharashtra to form task forces. The five best members of these task forces are selected to form the community disaster response teams. The trained task force members are equipped with the search and rescue and first aid kits which are located at the community disaster management centres.

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

The community disaster management committees (CDMC) were formed in communities for the overall coordination and sustainability of the DRR programme and act as the social wing of the *Panchayat* (local government) to support sustainability of the initiatives taken at the community level towards DRR.

The CDMC members of the five CDMC committees formed in Maharashtra and the representatives of the *Panchayat* and Municipal Corporation were present for the stakeholders meeting held in Mumbai at the beginning of the year.

COMPONENT 2: Organizational Preparedness

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

The following intensified efforts achieved strengthening of the national disaster preparedness and response mechanism of IRCS at national, state and district branch levels.

The replenishment of the 9,000 family packs as disaster preparedness stocks have been completed by the end of 2010 and these stocks have already been utilised in two flood operations during the year.

Training on logistics and warehouse management was conducted from 26- 29 August at Arakonam, Tamil Nadu. Participants from Maharashtra, Tamil Nadu, Gujarat, Andaman and Nicobar Islands, and Karnataka state branches, along with the regional warehouses and national headquarters staff were added to the 19 logisticians in the pool.

The state disaster response team training conducted in Bihar has equipped them with skills such as assessment and disaster relief which will help the state branch to efficiently carry out its disaster response operations in future.

An NDWRT refresher training conducted from 16-19 November at the Bahadurgarh warehouse was the first time where the NDWRT members themselves trained their colleagues. This initiative has given the NDWRT members opportunity to build their capacities as trainers. IRCS now has 20 NDWRT members trained on NOMAD, Berkfield, LMS and SETA water purification units as well as being trained in water quality testing and hygiene promotion. The Asia Pacific Zone office provided a facilitator to oversee the training programme.

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

Strengthened capacity in disaster response has been achieved with the district disaster response teams in various state branch districts such as Tripura, Tamil Nadu and Andaman Nicobar. Additionally, the Emergency Operations Centre constructed at the Bihar state branch, the contingency planning exercise with its district branches and the state disaster response team training conducted in December 2010 in Bihar has added to the available capacity of trained human resources and infrastructure.

Similarly, mock drills, search and rescue, first aid, VCA training of trainers (ToT) trainings have been conducted by the ten DM programme state branches to build capacity of the branches and communities in disaster response.

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

Seed money provided to the DM programme state branches to initiate new inter-agency groups or strengthen the existing coordination mechanisms has resulted in the evolution of some of the inter-agency groups as very strong coordination mechanisms while some require further reinforcement and harmonization.

In another initiative, 21 Memorandum of Understanding (MoU) between IFRC and corporate and international organisations have been identified so that the provisions of these MoU can be used for strengthening of linkage and collaboration of IRCS with these organisations.

Achievements

- The 9,000 family packs have been procured which has increased capacity of IRCS to assist with non-food items post emergencies.
- The DRR programme implementation guidelines have been developed in order to streamline all IRCS DRR interventions across the country which is supported by different partners. These guidelines have been printed for dissemination.
- Communities' participation in the identification and implementation of the mitigation measures is overwhelming in Kandalagaon, Kasarwadi, Wani, Dhanora and Mahatmafule nagar. The impact of the mitigation implemented measures is clearly visible in the communities.
- The drawing competition conducted in May 2010 as the DRR advocacy campaign in nine DM programme states have reached 700 students and, in turn, to 700 families.

- The first of its kind DRR community-based project has been successful in sensitizing and mobilising communities for sustainable DRR interventions. (This is one of the findings of the DRR programme review conducted.)
- At least 80 per cent of the target population is participating in the implementation of the DRR activities.
- During the rainy season, the communities trained in search and rescue activities have demonstrated their preparedness level by setting up improvised floats. The sub-divisional officer of Barshi has appreciated the commendable job done by IRCS volunteers.
- The capacity of the national disaster response mechanism has been demonstrated in the Leh flash flood relief operation where in adverse weather and geographical conditions NDWRT and family news service (FNS) staff provided quality services to the affected population.
- Programme monitoring, evaluation and reporting training conducted in Mumbai has contributed to improving the monitoring and reporting standards.
- With 25 new members inducted as the members of NDWRT, IRCS's capacity to deploy and operate the water purification units to avail safe drinking water to the affected population in post disaster scenario is increased.
- Five CBDRR ToT trainings for the IRCS volunteers have been conducted successfully.

Constraints/Challenges

- The national society has been training its volunteers as part of its national disaster response mechanism. However, the retention of these trained volunteers is a challenge due to migration for better employment opportunities. There is need to have a strategy to link these volunteers to the IRCS national network so that wherever the volunteer goes, he/she can work with the local branch.
- Increasing frequency of disaster needs more resources. The limited resources available with the branches are always stretched to its maximum while delivering services post emergencies. It is required to find some effective solutions in order to scale up and access more resources through cooperation agreements and contracts with other agencies/organisation.
- The logistics system needs complete revamping. The delays in despatching and transportation of the relief supplies are of great concern. Automation of the warehouses can solve most of these problems minimising the response time.
- The pool of DRR practitioners is very small and needs to be increased looking at the needs of the communities, the growing interest of the branches and the donors. A series of CBDRR ToT and VCA ToT trainings can bridge this gap between available trained human resource and the need.

Health and care

Programme component	Component outcome
1. Public health in emergencies.	Strengthen institutional capacity for preparedness and response capacity of staff and volunteers in public health in emergencies (PHiE).
2. HIV/AIDS.	Improve awareness on basic knowledge of HIV and AIDS and quality of life of people living with HIV (PLHIV).
3. Humanitarian Preparedness Project (H2P).	To create an adequate humanitarian response capacity to address community needs in a pandemic influenza, particularly in areas of public health, food security and livelihoods.
4. Tuberculosis project.	Improved adherence to TB treatment regimens by vulnerable, retreatment TB patients.
5. Malaria control and prevention project.	Prevent malaria by supporting LLIN distribution in the selected malaria-prone areas and supplement government efforts through the dissemination of information and the raising of awareness amongst the population.

Achievements:

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

Around 2,800 personnel have been trained in public health in emergencies (PHiE) workshops organized at national, state and district level. An additional 120 volunteers have been trained in Andhra Pradesh and a refresher training is planned for early 2011 for all the volunteers. These workshops have led to an overall improvement in understanding of the PHiE concept and its application. Through the PHiE trainings, the volunteers were ready to be deployed by the state branches for damage assessment during natural disasters and have also acted as facilitators for the district level workshops. Additionally, the volunteers also help in awareness raising on good hygiene and sanitation practices at the community level.

The village outreach programmes are planned, meetings with stakeholders and opinion leaders in the community held to identify the topics and discussions to be conducted for the village outreach programmes. Apart from the topics of HIV/AIDS, discussions and awareness raising on health issues like sanitation, diarrhoeal diseases, malaria, dengue, chikungunya, flu, and other pressing health concerns in the community. Local doctors were present in the discussions, which also included topics on diabetes, hypertension and stress related issues. In total, around 87 outreach programmes were conducted in 42 villages, reaching out to 3,672 community members.

Nearly 200 PHIE volunteers participated in the four programme districts of Andhra Pradesh to sensitize and distribute leaflets on H1N1 Influenza. In total, 12,000 leaflets were distributed to the community members during this sensitization sessions.

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

The youth peer education component of the Hong Kong branch of the Red Cross Society of China-funded HIV programme targeted the youth in schools and colleges. This strategy aims to enhance positive peer support in discussing HIV and related health issues. The programme is presently being implemented in 160 institutions in four districts across the state of Andhra Pradesh. To date, approximately 1,800 peer educators have been trained in these institutions, along with school teachers and peer members. The project is getting good support from the heads of the institutions, teachers and parents. The programme also implements community outreach programmes through which communities of 60 villages are benefitted through HIV and other health related interventions and awareness raising.

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

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.

Service, Support and Stigma (3S): With the cessation of the Swedish Red Cross-funded HIV programme, the Service, Support and Stigma programme continued until June 2010 with support from IFRC. This was to ensure that people living with HIV (PLHIV) have access to information, care and nutritional support. The care and support initiative in Tambaram hospital in Chennai, Tamil Nadu, provided nutritious mid-day meals and hygiene kits to PLHIVs. About 9,572 people living with HIV AIDS (PLWHA) were provided nutrition support and 400 PLWHA and their families received hygiene kits to date. Another element of this project is to provide counselling support and to raise awareness through discussions/orientations on how to combat stigma and discrimination. Discussions and orientations were held for the PLHIV and their families to improve their awareness and to help them cope better with their positive status. A total of 5,498 individual counselling, 21 ward sessions and 192 family sessions have been conducted with PLHIV and their families; they were counselled on how to cope better with their positive status and on management of personal health, community interactions and family support.

Community Care Centre (3C): The Community Care Centre initiative implemented at Dharmapuri district in Tamil Nadu aims to reduce the impact of HIV/AIDS among vulnerable children and their HIV-positive parents through comprehensive care which includes informal education, nutritional and psychosocial support. Around 18 children with HIV-positive parents attend community care centre and receive nutritious food, pre-school education and counselling.

Voluntary non-remunerated blood donation: Promotion of voluntary non-remunerated blood donation through this project has resulted in the collection of hundreds of units of blood in the youth peer education (YPE) programme districts. In order to increase the promotion of voluntary non-remunerated blood donation, various activities were organised including seminars and the information, education, communication (IEC) material was distributed during the World Health and Blood Donor's days.

The HIV programme saw considerable scaling down with the closure of the Swedish Red Cross funded programme. Capacity building in formal fundraising, sustenance planning and documentation will need to be incorporated to all HIV programmes to ensure long-term benefits to the vulnerable in the communities.

Expected result 3: To create an adequate humanitarian response capacity to address community needs in a pandemic influenza, particularly in areas of public health.

Implementation of the H2P programme in three states (Maharashtra, Andhra Pradesh and Punjab) formally ended in December 2010. This programme aimed to increase awareness and develop adequate preparedness plans to counter pandemics at the community level. Activities included national and state level training for staff and community volunteers apart from equipment support and formation of the steering committee to guide the project. The steering committee included officers from the Ministry of Health and Family Welfare, Government of India, National Centre for Disease Control, UNICEF, World Health Organisation (WHO), Academy for Educational Development (AED) and IFRC.



Simulation exercise on H2P district trainings. Photo: Indian Red Cross Society.

IRCS is now 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 training and IEC materials were developed and made available in six regional languages and were disseminated to the states. Over a thousand volunteers were trained at various levels. The IEC material on H1N1 Influenza was developed to raise community awareness on the issue. A global funding gap resulted in either clubbing of activities or reducing the number of activities. Additionally, the H2P project also worked on developing community preparedness plans to counter sudden outbreaks to minimise the catastrophic effects even beyond the cessation of the actual project period in 2010.

Expected result 4: Improved adherence to TB treatment regimens by vulnerable, retreatment TB patients



Tuberculosis awareness programme, IRCS state branch of Madhya Pradesh. Photo: Indian Red Cross Society.

IRCS started the implementation of the TB programme in three states (Uttar Pradesh, Karnataka and Punjab) from October 2009. The activities of this programme include identification, care and follow up of the retreatment of TB cases in the target districts. IRCS works closely with the government of India's Revised National Tuberculosis Control Programme (RNTCP) and play its role as the auxiliary to government's efforts to control TB. In 2010, the project identified 188 vulnerable category-2 TB patients. With the staff and

nearly 60 volunteers identified, the coordination mechanism between the national society and Central Tuberculosis Division of the Government of India developed and strengthened at the district, state and national levels. Appropriate IEC materials have been identified and disseminated to the districts. All volunteers have been trained in aspects of TB and MDR-TB. Care and support package for the patient was revised and made operational. The project was successful in identifying and orienting numerous opinion leaders in the targeted communities, while organising discussion and information sessions for patients and their family members in the presence of opinion leaders.

The India TB project gathered accolades from the Government of India health department. The first phase of the implementation of this programme was completed in October 2010, achieving efficient results through nearly 90 per cent adherence rates and objectives fulfilled. In the extension period 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 RNTCP, this programme is providing assistance to increase the efficiency of the reach of the infrastructure and services of the Government of India's health programmes.

Expected result 5: Prevent malaria by supporting LLIN distribution in the selected malaria-prone areas and supplement government efforts through the dissemination of information and the raising of awareness amongst the population.

The malaria prevention and control programme was implemented in July 2010 in select districts in two states: Andhra Pradesh and Orissa. The programme implementation was delayed due to major personnel changes at state level, especially in Orissa. However, national and state level orientation, planning and coordination meetings have been conducted. Staff is in place and identification of communities and families have been done in place in Andhra Pradesh. The second phase activities, including LLIN distribution, will be taken up later in 2011 in targeted communities in Andhra Pradesh, followed by Orissa. IEC material dissemination and follow-up activities will be taken up post-LLIN distribution.

IRCS is also coordinating with the National Centre for Disease Control to gather the information for baseline in intervention districts. The state and district malaria officials of the Government of India are working in close contact with the IRCS programme personnel.

Challenges/constraints

There is a requirement of regular monitoring, in order to maximise the impact of the project. Regular monitoring is pivotal for ensuring timeliness of project activities, activity reporting and financial reporting.

IFRC is facilitating the national society in addressing some of the challenges by providing feedback for the queries raised by branches, preparing simple formats for reporting and timely releasing of required funds when the working advance request is received.

Organizational development

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

Achievements:

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



Group exercise in branch development workshop (Integrated Programme Approach). Photo: Indian Red Cross Society.

As per the strategic plan 2009-2012, the coverage of branch development was extended to one of its upcoming branch at Andaman and Nicobar Islands. This branch has been unique as it underwent an Integrated Programme Approach (IPA). This has led to holistic achievements in the branch within a year and these are adoption of uniform branch rules, volunteer trainings, initiation of junior Red Cross/Red Cross youth units in various schools, functional family news service (FNS) unit and last but not the least, capacity building of the qualified staff as well as the

members of the branch.

Dissemination of the IRCS compendium of activities booklet, along with the Strategic Development Plan 2009-2012, HIV strategy and the DM strategy to all IRCS state branches enabled the branches to plan their various projects in alignment with these.

Visibility of national society was enhanced by the IRCS report “Empowering Communities through Red Cross Activities” which was developed and shared during this reporting period with the other Red Cross Red Crescent national societies, international organisations and embassies. Keeping in mind the development, progress and new initiatives of IRCS, this report briefly communicates the activities from 2004-2009 that empowers vulnerable communities and demonstrates the national society’s commitment in carrying forward the Red Cross spirit since its inception in 1920.

The IRCS Navision project is ready with the database along with configuration, chart of accounts, configured dimensions and some of the reports. The conference room pilot testing was completed successfully and the user acceptance training took place from 13 December 2010. The training was in two parts: basic level and advanced level. The objective was to orientate and build the capacity of the existing IRCS staff in understanding the upgraded software and to manage their work more efficiently. Though the formal go-live got moved to the next year, it is worth mentioning that this combination of the old functionality along with the new facilities in the Nav 6.1 was possible due to the complete participation of the IRCS team with an open and innovative mind.

Facilitation of the participation of the joint secretary of IRCS in the Asia Pacific Conference (17 -20 October) in Amman, Jordan, and the director dissemination in the Asia Pacific communications forum held from 16-18 November in Kathmandu, Nepal, were initiatives that led to further strengthening of leadership skills of senior management team in IRCS. Further participation of the youth in the international youth exchange camp organised by the Japanese Red Cross Society from 12-24 November were initiatives that led to the promotion and strengthening of the youth movement by the national society.

Continuous co-ordination meetings for the promotion of IRCS resource mobilisation (RM) workshop with representatives from IFRC and Canadian Red Cross led to the development of the draft for objectives and outcomes of the workshop, the criteria for selection of participants from the branches, RM data collection sheet for mapping the existing activities on fundraising in the states and a template for proposal development. A resource mobilisation plan is been designed for IRCS and in process.

A joint first aid manual with St John’s Ambulance has been finalised and printed, and has enabled IRCS to now to take the lead in first aid training where some 600,000 first aid certificates are issued each year.

Expected result 2: IRCS has well managed volunteer system.

Experience has proven that local communities and volunteers are best placed to assist themselves, to respond to (and become better prepared for) natural disasters, because they come from those communities. They are perfectly placed to know what their communities’ vulnerabilities are. The volunteers’ retainment is a big challenge in these times of change in the national society as quite a few international organisations are tapping into trained volunteers. To ensure commitment towards IRCS it is imperative to catch them young and build their capacities and awareness towards Red Cross activities. Hence, strengthening the junior Red Cross and Red Cross youth units of IRCS in the various branches is of great importance. In tune with this, the youth development programme of the German Red Cross in technical collaboration with IFRC is being implemented in Uttar Pradesh and Orissa. The IFRC organizational development team is assisting in updating the youth guidelines for junior red Cross and Red Cross youth of IRCS and to also develop a standard training handbook for the different IRCS branches.

State level Red Cross youth training-cum-study camp was organised by the IRCS Punjab state branch as well as the Haryana state branch. The objective of the camps was youth exchange and personality development. Apart from the study sessions, yoga sessions and social issue based group exercises formed the course curriculum of the camp.

The inter-state Red Cross youth training-cum-study camp was organised by the IRCS Punjab state branch in which the school and college youth of nine states participated. These states were Orissa, Madhya Pradesh, Jammu and Kashmir, Himachal Pradesh, Uttarakhand, Assam, Andhra Pradesh, Karnataka, Haryana, and Tamil Nadu. The objective of the camp was youth exchange and personality development. Apart from the study and yoga sessions, community service in the village and social issue based group exercises formed the course curriculum of the camp. Apart from developing the capacity of the students, this camp has provided an impetus to the IRCS Punjab state branch to plan for an international youth camp in the next year.

The nature of volunteering in India is changing and the Movement has to be able to respond to emerging trends and needs. IRCS wants to ensure that the number of volunteers continue to grow even in the face of changing community norms, an upcoming young population and emerging technology. In the event of the oncoming International Year of the Youth, IRCS is keen in consolidating further the volunteering programme in the national society. Hence, talks are on-going to develop a technical working group or a consortium or board for volunteers with the participation and support of various stakeholders.

Challenges/constraints

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

The new branches and new initiatives need a lot of handholding and on field guidance to establish and have a smooth way forward. To provide the much needed long-term and continuous support from the national headquarters to the branches is a challenge due to lack of trained human resource at the national headquarters for organisational development activities.

Principles and Values

Programme component	Component outcome
1. Promotion of principles and Values.	Enhanced knowledge, understanding and application of principles and values in the IRCS.
2. Anti-discrimination and violence prevention / reduction	Reduce gender-based violence in the community by enhancing knowledge and understanding on gender based discrimination.

Achievements:

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

Training in humanitarian values is a core in all the youth trainings/ camps organised by various IRCS state branches. In order to empower the youth in their concern for the emerging social issues in their state, group exercises were carried out. Reinforcing the Fundamental Principles and humanitarian values and aligning them to the social issues in the state is the motive of the above youth exercise organised by the IRCS state branches. The students' awareness and concern is ignited on issues of corruption, female foeticide, drug addiction, domestic violence, safer access to women and children. Righteous self-development is another discussion platform which sparked the interests of the participants and questions of the participants were addressed.

Apart from the youth camps, the humanitarian values were a part of all programme trainings, namely NDWRT, VCA, PMER and health trainings.

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

Apart from imparting knowledge on gender non-discrimination during various programme related capacity building trainings, it is monitored during disaster response and other emergency responses that there is no gender discrimination. It is also adhered that there is effective participation by both genders in events and trainings organised by IRCS.

Constraints or Challenges

The national society has been training its volunteers as part of its national disaster response mechanisms. However, the retention of these trained volunteers remains a challenge due to migration for better employment opportunities in an emerging and vibrant economy. Though the increasing frequency of disasters needs to be addressed and vigilance is needed as the gap between the rich and poor grows in India and competition for resources in a global donor world is led by recession. The logistics system needs to be completely revamped and reinforced to modernise to respond to the increasing needs as the national society builds its response capacity. The delays in despatching and transportation of the relief supplies need to match the increasing demands and be robust to reflect this.

Procedural and administrative delays between the IRCS national headquarters and branches continues to contribute to the slow programme implementation though significant improvements have been noticed.

Reporting needs further strengthening, with better coordination and monitoring mechanisms between national headquarters, state and district branches. Technical trainings is needed for programme personnel to enhance thier project planning, monitoring and evaluation and resource mobilization skills. This needs to be done to allow the skills developed in planning, monitoring and evaluation and resource mobilization to be integrated. Regular monitoring visits to facilitate the implementation of the activities needs to be streamlined, in order to maximise the impact of the projects. The regular monitoring is pivotal for ensuring timeliness of project activities, activity reporting and financial reporting.

IFRC is facilitating the national society in addressing some of the challenges by providing feedback for the queries raised by branches, preparing simple formats to make reporting simple and releasing the funds as soon as possible whenever the working advance request is received from the national headquarters.

The need for more technical support in organizational development with the guidance of other Red Cross Red Crescent specialists is apparent.

A big challenge between preaching and practising humanitarian values within the implementation of the programmes is a great challenge in a diverse national society like IRCS.

Working in partnership

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

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

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

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

Contributing to longer-term impact

Aligning to the global agendas and as per the IRCS Strategic Development Plan 2009–2012 (SDP) and the developed Disaster Management Strategy, the IFRC DM programme support is focusing on the two core areas: disaster preparedness and response and DRR “building safer communities” in 2009-2011. The humanitarian values and integrated programming approach model will be considered and applied at various levels in effective programme delivery to provide dignified, appropriate and timely assistance to the people reached.

IRCS is a part of the HIV Global Alliance for South Asia. The Global Alliance on HIV is promoting partnership within the Movement. Furthermore, IRCS is working in close collaboration with the government, National AIDS Control Organization (NACO) and the Red Cross Movement.

The health programmes have gained considerable pace and have adapted to the emerging needs of the national society. The availability of trained volunteers has gone a long way in proving the same as they are very useful for immediate deployment during emergencies. The health and care programmes integrate activities to promote of humanitarian values and gender diversity.

Projects such as the H2P and India TB have worked closely with the government's health programmes, highlighting IRCS's role as auxiliary to the government. IRCS is part of the HIV Global Alliance for South Asia and the national society's HIV/AIDS Strategic Plan 2009-12 is in place. The health and care programmes integrate activities to promote of humanitarian values and gender diversity. Training in CBHFA is being planned by IRCS in select states. This will contribute to the overall health indicator development through community VCA, volunteer development, community preparedness, etc.

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

Looking ahead

Most of the activities under the DM 2010 programme have been implemented successfully by the national headquarters and the state branches well within the allocated timeframe. However, it has been noticed that there is a need to continue and stress the need to the enhancement of the quality of the implementation and the reporting of the branches.

The integrated programming approach has been promoted through DRR initiatives. All the disaster management, organisation development and health teams of IRCS at the state and district level have been working together on the DRR programme implementation. However, there is a need to embed this spirit of integrated programming approach at national level.

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

The focus of the health and care programme will continue on emergency health;CBHFA; HIV/AIDS; TB; malaria and voluntary non-remunerated blood donation. IRCS will continue to take necessary steps to mark an increased presence among the global HIV players in the region for scaling-up its capacity, response and visibility in the country. Steps will be taken towards promoting an integrated approach to programming and revision of statutes, systems and procedures which will contribute towards improved efficiency of the organization and sustainability of programmes.

While integrating sustainability strategies in the programme design has to be institutionalised, progress on integrating humanitarian values has become visible in the policies and strategies of the operational plan on HIV/AIDS. Issues related to non-discrimination have also been included in the training contents of the HIV/AIDS, malaria and TB programmes.

Capacity building of the state branches in organising themselves better to face the challenging times and also to be self sufficient can lead to more sustainable IRCS branches. Steps are being taken to lead a joint approach in branch development in collaboration with ICRC, a joint approach in youth and volunteer development with German Red Cross and a joint approach in IRCS resource mobilization with Canadian Red Cross. Though these are small steps, they will be big leaps if continuity is maintained in the formulation of co-operation strategy for organizational development initiatives at a later stage.

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

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

International Federation of Red Cross and Red Crescent Societies

MAAIN001 - India

Annual Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/9998
Budget Timeframe	2010/1-2010/12
Appeal	MAAIN001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	866,134	997,643	95,161		61,800	2,020,738
B. Opening Balance	973,968	797,298	126,310		0	1,897,577
Income						
<u>Cash contributions</u>						
<i>British Red Cross</i>	19,219					19,219
<i>China Red Cross, Hong Kong branch</i>		0				0
<i>Danish Red Cross</i>	0		43,015			43,015
<i>Danish Red Cross (from Danish Government)</i>	0					0
<i>IFRC at the UN Inc (from First American Assistance Fund)</i>	29,548					29,548
<i>IFRC at the UN Inc (from MoneyGram Global Giving)</i>	39,704					39,704
<i>IFRC at the UN Inc (from Schering Plough)</i>	-599					-599
<i>Indonesian Government</i>	0					0
<i>Italian Red Cross</i>	68,092					68,092
<i>Japanese Red Cross</i>	49,356					49,356
<i>Netherlands Red Cross (from Netherlands Government)</i>	-365	215,000				214,635
<i>OPEC Fund For International Development</i>	0					0
<i>Swedish Red Cross (from Swedish Government)</i>		-29,762				-29,762
<i>United States Government - USAID</i>		309,621				309,621
C1. Cash contributions	204,953	494,859	43,015			742,827
<u>Inkind Personnel</u>						
<i>Irish Red Cross</i>					61,800	61,800
C3. Inkind Personnel					61,800	61,800
C. Total Income = SUM(C1..C4)	204,953	494,859	43,015		61,800	804,627
D. Total Funding = B + C	1,178,922	1,292,158	169,325		61,800	2,702,204
Appeal Coverage	136%	130%	178%		100%	134%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	973,968	797,298	126,310		0	1,897,577
C. Income	204,953	494,859	43,015		61,800	804,627
E. Expenditure	-490,401	-770,488	-51,842		-61,794	-1,374,525
F. Closing Balance = (B + C + E)	688,521	521,670	117,483		7	1,327,680

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		866,134	997,643	95,161		61,800	2,020,738	
Relief items, Construction, Supplies								
Construction - Facilities	-14,231	-88,946					-88,946	74,715
Construction Materials	135,004							135,004
Food	27,165		18,851				18,851	8,315
Seeds & Plants		2,278					2,278	-2,278
Water, Sanitation & Hygiene		96	5,628				5,724	-5,724
Medical & First Aid			105				105	-105
Teaching Materials	4,000							4,000
Utensils & Tools		8,985	22				9,007	-9,007
Other Supplies & Services	98,691	71,693	173				71,867	26,825
Total Relief items, Construction, Sup	250,629	-5,894	24,778				18,884	231,745
Land, vehicles & equipment								
Computers & Telecom	115,778	23,278	46,536	19,728		4,581	94,124	21,655
Office & Household Equipment	7,050		5,417			193	5,610	1,440
Others Machinery & Equipment	316	1,289	1,432	143		-4,774	-1,910	2,225
Total Land, vehicles & equipment	123,144	24,567	53,386	19,871		0	97,824	25,320
Logistics, Transport & Storage								
Storage	3	686	13				699	-696
Distribution & Monitoring	26,260	79					79	26,181
Transport & Vehicle Costs	23,300	9,996	12,198				22,194	1,106
Logistics Services		407					407	-407
Total Logistics, Transport & Storage	49,563	11,169	12,210				23,379	26,184
Personnel								
International Staff	179,111	52,948	58,831	5,883		61,800	179,462	-351
National Staff	220,373	74,042	81,450	26,667			182,159	38,214
National Society Staff	409,480	59,501	230,731	9,894			300,125	109,355
Volunteers		282					282	-282
Total Personnel	808,964	186,772	371,012	42,444		61,800	662,028	146,936
Consultants & Professional Fees								
Consultants	59,432	10,609	37,988	825			49,422	10,010
Professional Fees	0	47				21,651	21,698	-21,698
Total Consultants & Professional Fe	59,432	10,656	37,988	825		21,651	71,121	-11,688
Workshops & Training								
Workshops & Training	425,841	137,096	178,372	5,611			321,079	104,761
Total Workshops & Training	425,841	137,096	178,372	5,611			321,079	104,761
General Expenditure								
Travel	51,915	21,953	18,513	776			41,242	10,673
Information & Public Relation	81,331	21,344	35,095	4,237			60,677	20,654
Office Costs	11,759	59,737	12,779	127		44,659	117,302	-105,543
Communications	12,288	3,424	9,010	809		6,970	20,213	-7,925
Financial Charges	-122,119	9,417	23,180	-38,880		-99,486	-105,769	-16,350
Other General Expenses	148,431	-11,818	16,206	-1,318		26,206	29,276	119,155
Total General Expenditure	183,605	104,057	114,784	-34,249		-21,651	162,941	20,664
Operational Provisions								
Operational Provisions		-9,653	-71,502	14,118			-67,036	67,036
Total Operational Provisions		-9,653	-71,502	14,118			-67,036	67,036
Indirect Costs								
Programme & Service Support	119,560	28,093	45,628	3,115		-6	76,829	42,731
Total Indirect Costs	119,560	28,093	45,628	3,115		-6	76,829	42,731
Pledge Specific Costs								

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Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		866,134	997,643	95,161		61,800	2,020,738	
Earmarking Fee		2,838	3,831	107			6,776	-6,776
Reporting Fees		700					700	-700
Total Pledge Specific Costs		3,538	3,831	107			7,476	-7,476
TOTAL EXPENDITURE (D)	2,020,738	490,401	770,488	51,842		61,794	1,374,525	646,214
VARIANCE (C - D)		375,733	227,155	43,319		6	646,214	