

# Plan 2010-2011



International Federation  
of Red Cross and Red Crescent Societies

## India

### Executive summary

India remains extremely vulnerable to both seismic and hydro-meteorological hazards such as floods, cyclones, droughts and landslides. The vulnerability to disasters is aggravated by social, cultural, economic, institutional and political factors. Deforestation is adding to the environmental instability and contributing to global warming and climate change. There is evidence that climate change is increasing the severity and frequency of natural disasters such as floods and cyclones, and causing new and increased health problems. Due to ad hoc governance, there is rapid and unplanned urbanization which leads people to work and live in unsafe environments more vulnerable to natural disasters. Access to information is poor, especially for marginalized people, who are deprived of the ability to make



A community in Orissa being trained in first-aid and monsoon preparedness by the Orissa state branch of the Indian Red Cross Society in April 2008. Photo: International Federation

informed decisions both in relation to risks but also in their response. Disasters cost lives, destroy communities and people's livelihoods and leave a lasting impact not only on the physical infrastructure but also on people's psychosocial well-being.

The Indian Red Cross Society (IRCS) is the largest humanitarian organization in India with over 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.

The International Federation India country plan 2010-2011 is in line with the IRCS strategic development plan 2009-2012, the draft disaster management strategy 2009-2013 and the International Federation's Global Agenda goals and strategy 2010.

Building upon the existing IRCS disaster management achievements, the India country plan 2010-11 will work on further enhancing the national society's key priorities; strengthening community resilience, increasing organizational preparedness for effective response in developing/strengthening lesson learning and knowledge sharing, coordination and networking mechanisms. The disaster management programme will incorporate the International Federation's Global Agenda Goal 1: Reduce the number of deaths, injuries and

impact from disasters, as well as the Hyogo Framework for Action and the Millennium Development Goals component reflecting the International Federation’s commitment towards the global development agendas. The programme is in line with the Hyogo Framework for Action 2005-2015 (building the resilience of nations and communities to disasters), Millennium Development Goal and the 28<sup>th</sup> International Conference of the Red Cross and Red Crescent, national societies together with the states adopted ‘*The Agenda for Humanitarian Action*’, which specifically “*acknowledged the importance of disaster risk reduction and to undertake measures to minimize the impact of disasters on vulnerable populations*”.

The IRCS health and care activities are in tune with the International Federation’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.

Overall, approximately 2,375,000 beneficiaries from the most vulnerable communities would be served directly through the health and care, disaster management, principles and values and the organizational development programmes.

The budget for 2010 is CHF 1,909,103 (USD 1.85 million or EUR 1.25 million) and the budget for 2011 is CHF 1,736,503 (USD 1.68 million or EUR 1.14 million)

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

| <b>Programmes</b>          | <b>People reached (direct)</b> | <b>People reached (indirect)</b> |
|----------------------------|--------------------------------|----------------------------------|
| Disaster management        | 2,000,000                      | 8,000,000                        |
| Health and care            | 300,000                        | 1,200,000                        |
| Organizational development | 75,000                         | 160,000                          |
| Principles and values      | Integrated in OD               | Integrated in OD                 |

## India 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 a staggering diversity between – and even within – the different states. The natural environments range from high mountains to arid deserts, from tropical islands to fertile valleys.

Despite India being a major economic and industrial country, it is still facing humanitarian challenges. Poverty remains a serious problem, although it has declined significantly since independence. Official surveys estimated that in the year 2004-2005, 27 per cent of Indians were poor. However, India’s position slipped from 126 to 132 in UN Human Development Index. The unmet need for contraception and high levels of unwanted fertility are other areas of major concern. The sex ratio in the country had always remained unfavourable to females. Anaemia, tuberculosis, and vector borne diseases, burden of non-communicable diseases as well as road accidents continues to increase.

India has been traditionally vulnerable to natural disasters because of its unique geo-climatic conditions. Floods, droughts, cyclones, earthquakes, and landslides have been recurrent phenomena. About 60 per cent of the landmass is prone to earthquakes of various intensities; over 40 million hectares are prone to floods; eight per cent of the total land mass is prone to cyclones and 68 per cent of the country is susceptible to drought. In the decade

1990-2000, a yearly average of 4,344 people lost their lives and about 30 million people were directly affected by disasters annually. The super cyclone in Orissa in October 1999, the Bhuj earthquake in Gujarat in January 2001, the cataclysmic tsunami in December 2004 and the Jammu and Kashmir earthquake in 2005 all underscore 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 (DRR) in developmental plans and strategies. The increase in the number of natural disasters and social conflict in recent years has prompted the IRCS to devote even more attention to disaster preparedness activities. These initiatives aim to make communities aware of the risks they face, to increase capacity to reduce their vulnerability and to enhance their ability to cope with and recover from disasters.

In recent years, 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 USD 1 a day, surviving in deplorable conditions. According to the Centre for Research on the Epidemiology of Disasters<sup>1</sup>, 75,731 people were reported killed and 535,205,013 people were affected by various disasters, e.g. 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, 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 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, North East states, Chhattisgarh and naxalite affected areas in some states, as well as major cities and communities that suffer bomb blasts and communal violence. Although human rights problems do exist in India, the country is generally not regarded as among the world's 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 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. The IRCS itself is a mature and well-established organization, with nine decades of proud service to vulnerable people in India.

### India at a glance

| Particulars                         | Status                                   |
|-------------------------------------|--|
| Life Expectancy                     | M: 63 years (WHO), F: 66 years (UN)      |
| Adult Literacy Rate                 | M: 76.9%, F: 54.5%, T:66.0% (UNESCO, 07) |
| Child under 5 mortality rate        | 72 (UNICEF, 2007)                        |
| Maternal mortality rate (per 1,000) | 300 (UNICEF,00-07)                       |
| Neonatal mortality rate (per 1,000) | 39 (UNICEF, 2004)                        |
| GNI per capita                      | USD 720 (World Bank)                     |

<sup>1</sup> Source: EM-DAT, Centre for Research on the Epidemiology of Disasters (CRED)

|   |                        |
|---|------------------------|
| Human development index ranking                     | 132 (UNDP, 2006)       |
| Percentage of people living under the poverty line  | 28.6% (UNDP,00-07)     |
| Percentage of people living on less that USD1 a day | 41.6% (UNDP,00-06)     |
| Access to safe drinking water                       | 89% (UNICEF 2006)      |
| Access to sanitation facilities                     | 28% (UNICEF 2006)      |
| HIV Prevalence                                      | Est.24,00,000 (UNAIDS) |

## National Society priorities and current work with partners

The 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 health care, blood services and welfare programmes.

The IRCS believes in ‘the power of humanity;’ that the community itself has an integral responsibility for the well-being of its members and so we endeavour to strengthen these communities. Such an ambitious objective needs the continuous support and involvement of society at every level; individuals, local communities, government, organizations and other stakeholders.

The IRCS plan incorporates the Hyogo Framework for Action, Millennium Development Goal components, the International Federation’s 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 the new strategic development plan, and in line with the outcome of the 2009 partnership meeting, the IRCS has specific priorities for each programme. The main priorities in disaster preparedness and response are six fold: build 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. Meanwhile DRR will focus on building capacity for community-based disaster risk reduction (CBDRR) programmes; community-based risk reduction programmes to build safer communities; targeted activities on DRR; promoting awareness and advocate disaster risk reduction and knowledge sharing within and outside the IRCS.

The IRCS health programmes will work on:

- community-based health;
- strengthen volunteer-based, prevention focused community health care;
- provision of primary health care in areas currently poorly served;
- support projects with specific targeting such as tuberculosis, polio, measles, malaria, promotion of healthy lifestyles, home care, road safety;
- enhance capacity for provision of public health in emergencies;
- the clear role of IRCS as complementary to government defined within the national health strategy and guidelines; and
- further develop first aid in emergencies, psychosocial first aid, and first aid training as an income generation tool.

Organizational development and humanitarian values are both important points to follow up during the partnership meeting. IRCS have committed themselves to focus on a holistic, integrated and crosscutting approach to institutional strengthening, with a better coordination and networking; stronger branches; a focus on fundraising; investment into staff and volunteers while identifying new areas; and responding to the needs of the vulnerable people in society. Additionally, IRCS also needs to strengthen its own organization internally. Leadership, staff and systems all require development in order to ensure a strong, diversified and active volunteer base. The financial stability of the national society needs to be strengthened so that it has the capacity to respond efficiently and effectively to humanitarian needs.

The IRCS is auxiliary to the government in the field of humanitarian assistance. The IRCS aligns its priorities with the government agenda in line with the Red Cross Red Crescent 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 the IRCS as a leading player in the field of disaster management and invite them to take part in regular consultation between UN bodies and the National Disaster Management Authority (NDMA).

The programmes will employ a comprehensive and integrated approach to programme management for more realistic and sustainable interventions. The aim is to integrate the disaster management, health, organizational development and humanitarian values programmes to meet the needs of the vulnerable in a more holistic way. This is in line with an “Integrated Programming Approach” (IPA) initiative implemented in South Asia.

The IRCS is working together with its Movement partners such as the American, British, Canadian, German, Swedish, Hong Kong, Italian, Singapore and Spanish Red Cross Societies, ICRC and the International Federation to meet its current priorities.

|   | <b>Participating NS and ICRC</b> | <b>Programmatic areas for 2010</b>   |
|---|----------------------------------|--|
| 1 | ICRC                             | Restoring Family links, relief assistance, mine risk education, safer access framework for violence victims, information and dissemination on emblem and Red Cross Red Crescent principles and values.   |
| 2 | German Red Cross                 | Disaster mitigation, HIV awareness, blood safety, public health in emergencies, youth and junior Red Cross.  |
| 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 national society, 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 2010-2011

### Disaster Management

#### a) The purpose and components of the programme

|   |
|---|
| <b>Programme purpose</b>  |
| To reduce the number of death, injuries and impact from disasters |

The disaster management programme budget for 2010 is CHF 994,902 and for 2011 is CHF 931,565.

The International Federation India disaster management plan 2010-2011 is in line with the IRCS strategic development plan 2009-2012, draft disaster management strategy 2009-2013 and the International Federation's Global Agenda goal 1 and Strategy 2010. The disaster management plan incorporates the Hyogo Framework for Action, Millennium Development Goal components, 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. Additionally, climate change is being incorporated in its "building safer communities" initiative under the overall disaster management programmes. In line with the IRCS disaster management two core areas and under the two broader International Federation disaster management programme components; i) community preparedness and ii) organizational preparedness, the International Federation India disaster management 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 the IRCS strategic development plan 2009-2012, the DRR "building safer communities" initiative will focus on strengthening the resilience and disaster preparedness/disaster reduction (DP/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 10 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" initiative is a regional one that promotes the DRR approach among all the national societies in the region.

The International Federation's disaster management programme will further strengthen the IRCS national disaster preparedness, response and recovery mechanisms at various levels. In addition, the capacity building initiatives will continue to support the training of volunteers, staff and infrastructures at various levels, particularly at the IRCS national headquarters and 11 target states to deliver its humanitarian and risk reduction mandate effectively. Programme implementation guidelines will be widely disseminated and applied institution-wide based on the well-prepared national society (WPNS) and vulnerability and capacity assessment (VCA) findings.

The Inter Agency 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, collaborations and networking. This will further enhance the IRCS's auxiliary role at national, state and district level government disaster management authorities with an active lead and/or participation at the state and district level Inter Agency Group coordination forum.

The IRCS recognizes that community needs do not fall into neat categories, and the technical teams and their counterparts increasingly work together to ensure the response and recovery activities are holistic and driven by community needs. The humanitarian values and integrated programming approach (IPA) model will therefore be considered and applied at various levels for effective disaster management programme delivery to provide dignified, appropriate and timely assistance to the people reached. At present, the pilot project under IPA is ongoing in Uttarakhand. Health initiatives are, for example, included within disaster management under the banner of public health in emergencies (PhiE). Avian influenza is a health disaster that needs disaster management involvement in contingency planning, and risk reduction 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 needs. 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 the organizational development team.

Approximately 2,000,000 people will be reached directly and indirectly from the most vulnerable communities in 11 disaster-prone states, namely Assam, Bihar, Madhya Pradesh, West Bengal, Orissa, Andhra Pradesh, Tamil Nadu, Maharashtra, Gujarat, Tripura and Uttarakhand through the disaster management programme. The “building safer communities” initiative will focus on the most vulnerable communities of Maharashtra. Approximately 7,500 most vulnerable people from the six communities in three districts have been selected as a pilot and will directly benefit from the initiative.

**Programme component 1: Community preparedness.**

**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:**

- The DRR “building safer communities” initiative will focus on awareness raising activities in all 11 programme target states incorporating climate change adaptation measures, development of guidelines and strengthening the resilience and DP/DR and recovery capacities of people at risk and reducing their vulnerabilities in the targeted geographic areas in Maharashtra.
- Carrying out the VCA in target communities and initiate small scale mitigation, climate change adaptation and income generation work as per the VCA outcome in target communities.
- Establishment of the community disaster management centre and committees in target communities.
- Formation of community disaster response team, specialised task forces, micro groups DP/DR plan, and raising awareness of recovery processes within targeted communities.
- DRR programme review in target communities.
- Printing of information education communication materials and its dissemination, knowledge sharing through documentation and dissemination of good practices and its replication.

**Programme component 2: Organizational preparedness.**

**Outcome:** People affected by disasters receive a needs-based and timely emergency response and recovery support from IRCS.

**Key activities:**

- National, state and district level training/refresher programmes for disaster response

teams including water and sanitation response, emergency assessment, logistics and warehouse management, linkage with regional response teams and deployments of trained personnel.

- Repair and replenishment of mobile disaster units and water and sanitation units and their mobilization.
- Developing and strengthening state level emergency operation centres and update standard operating procedures and protocols.
- Development and regular update of IRCS response database.
- The developed integrated disaster management strategy and action plan and related programme implementation guidelines are to be widely disseminated and applied institution-wide based on the WPNS and VCA findings.
- Procurement and pre-positioning disaster preparedness 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 team.
- Enhance IRCS branch capacity by organizing disaster management capacity building workshop, formation of committees at various levels, staff and volunteers orientation programmes and developing information, education and communication material.
- Organizing planning, monitoring, evaluation and reporting (PMER) workshop and standardized PMER system developed and applied at various levels.
- Active participation at national, state and district level government disaster management authorities, Inter Agency Coordination meetings, Red Cross Red Crescent regional events and important meetings organized by other stakeholders.
- Provide technical support to the IRCS PG-diploma course and printing of brochure.
- Active participation in the regional disaster management working group (DMWG).
- Workshop to promote international disaster response law (IDRL), SPHERE, etc.

### **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 the IRCS disaster management department, but this may still not be sufficient.

A challenge 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 financial reconciliation and clearing of working advance process, IRCS human resource and administrative procedures and PMER mechanism vis-à-vis the International Federation could be a challenge for effective programme delivery if not intervened in a timely manner.

## **Health and Care**

### **a) The purpose and components of the programme**

| <b>Programme purpose</b>   |
|--|
| Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. |

The India health and care programme budget for 2010 is CHF 628,919 and for 2011 is CHF 510,030.



All the health components are aligned with the International Federation's global health strategies, guidelines and initiatives<sup>2</sup> and in line with the Global Agenda goal 2 (reduce the number of deaths, illnesses and impact from diseases and public health emergencies), global health and care strategy 2006-2010, IRCS strategic development plan, IRCS HIV and AIDS strategic plan 2009 - 2012.

The programme has been designed to address the needs of vulnerable communities. The programme will draw upon the International Federation's Global Alliance on HIV and commitment to the priorities outlined in the Millennium Development Goals. The specific health and care programme components are HIV and AIDS, PHiE, community-based health and first aid, humanitarian pandemic preparedness (H2P) community preparedness for influenza in India, tuberculosis programme, and the water and sanitation programme. Based on the outcome of the VCA exercise, there is possibility to have water and sanitation activities at the community level.

The IRCS is part of the International Federation's Global Alliance on HIV, USAID's global initiative in tuberculosis programme and humanitarian pandemic preparedness (H2P) programme.

In times of disaster and crisis, the urgency to meet basic water and sanitation needs saves lives, reduces diseases and restores dignity. The trained national disaster water and sanitation response team (NDWRT) members will be utilized as master trainers and for deployments during emergencies. This will raise awareness and knowledge of people in the local communities on good hygiene and sanitation practices.

The IRCS is committed to IPA to optimize the use of resources and impact. Cross-cutting issues like climate change, disaster management, organizational development and humanitarian values and Red Cross Red Crescent principles will be integrated in each of the programme components.

The people reached would be the community (urban and rural) focusing on youth, educational institutions (urban and rural), district and state branch volunteers and staff and will be 400,760 with 125,000 female and 275,760 males.

|   |
|---|
| <b>Programme component 1: HIV/AIDS.</b> |
|---|

|  |
|--|
| <b>Outcome:</b> HIV vulnerability reduced by scaling up the support of national HIV and AIDS programmes. |
|--|

|                        |
|------------------------|
| <b>Key activities:</b> |
|------------------------|

- |  |
|--|
| <ul style="list-style-type: none"><li>• Training of trainers for youth peer educator staff and junior Red Cross counsellors and peer educators on HIV and life skills education.</li><li>• Counselling and referral services to organizations offering care and treatment homes for people living with HIV (PLHIV).</li><li>• Assisting children and orphans made vulnerable by HIV through generating awareness for their care givers, and parents and the community at large on basic nutrition, including recipes made through locally available products.</li><li>• Selection and orientation of institutions for youth peer education and life skills education.</li><li>• Selection and training of peer educators, peer groups.</li><li>• Community outreach activities for behaviour change communication.</li><li>• Dissemination of information, education and communication material for HIV.</li></ul> |
|--|

<sup>2</sup> Global health and care strategy, Global Water and Sanitation Initiative, Global measles initiative, Global H2P initiative, Global Alliance on HIV, CBHFA framework

- Reducing stigma and discrimination activities by linkages with PLHIV.

#### **Programme component 2: Public health in emergencies (PhiE).**

**Outcome:** Preparedness and response capacity of staff and volunteers in health emergencies is strengthened.

**Key activities:**

- Dissemination of guidelines and training materials on public health in emergencies.
- Two state level workshops for staff /volunteers/members.
- Six district level workshops for staff /volunteers/members.
- Information, education and communication materials are developed and disseminated.
- Database of trained volunteers are developed, maintained and updated regularly.

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

**Outcome:** Increased capacity of communities and volunteers which are prepared and able to respond to health and injury priorities in the communities.

**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
- Information, education and communication materials are developed and disseminated.
- Database of trained volunteers are developed, maintained and updated regularly.

#### **Programme component 4: Humanitarian pandemic preparedness (H2P), community preparedness for influenzas in India.**

**Outcome:** An adequate humanitarian response (pandemic preparedness and contingency plan) is in place.

**Key activities:**

- Conduct state level mapping workshop/exercise at three states to identify potential non-governmental organization partners at various levels.
- Linkages firmed up with key partners at national and state headquarters and district levels.
- Harmonize the modified district and state plans with IRCS national headquarters plans.
- Conduct simulation exercises based on the country/state/district plans at various levels.
- Information, education and communication material developed in five languages are used during the state and district level trainings.
- Home based care toolkits for volunteers (home visit checklist, referral forms, etc) will be developed/adapted and field tested.
- Develop data base of trained first responders at various levels.
- Develop prototype of information, education and communication materials in 22 official languages, field test and keep soft copies ready to be printed in case of emergencies.
- A cadre of 30 master trainers developed at the national and state headquarters and district levels (master trainers).

#### **Programme component 5: Tuberculosis 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 tuberculosis.

**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 tuberculosis and multi-drug resistance (MDR) tuberculosis patients protocols through directly observed treatment short course therapy (DOTS) centre.
- Conduct regular discussions / educational sessions to patients and family members on tuberculosis and MDR tuberculosis, treatment, importance of treatment adherence and family support during the treatment period.
- Increase tuberculosis awareness through dissemination of existing information material in communities (brochures, leaflets) through Red Cross Red Crescent volunteers.
- Conduct education sessions with community leaders, women groups, youth, teachers, religious leaders, people with tuberculosis and tuberculosis/HIV on advocacy, anti-stigma activities, rights and responsibilities of people with tuberculosis.

**Programme component 6: Water and sanitation programme.**

**Outcome:** Access to safe water and sanitation services improved in the target area.

**Key activities:**

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

**b) Potential risks and challenges:**

As South Asia is a very disaster-prone area a mega disaster would affect the implementation of the regular programme. Others risks and challenges are non-availability of funds, slow implementation rate and high staff turnover may result in non-implementation of programmes. The modalities needs to be further worked out in programming in light of the needs that exist in India.

## Organizational Development/ Capacity Building

**a) The purpose and components of the programme**

**Programme purpose**

Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

The organizational development budget for 2010 is CHF 285,282 and budget for 2011 is CHF 294,908.

The IRCS has produced its four-year strategic development plan 2009-2012, drawing on recommendations and intensive consultations. The country strategy plan is aligned with the regional trends in South Asia and with the International Federation Strategy 2020. The programme will work towards integrating organizational development and capacity building

initiatives into all IRCS's programmes to increase the capability of the national society to provide effective services to the vulnerable population.

The IRCS hosted a partnership meeting in February 2009 that aimed to share the above mentioned strategic development plan with the partners for feedback and exploring ways of how partners could support the national society in achieving the goals of the plan and improving the quality of the partnerships. A recommendation from the partnership meeting was to constitute an organizational development working group with partner national societies and branches so as to streamline, drive forward and strengthen the organizational development priorities. The objective of this working group would also be to empower the national headquarters to support state and district branches to implement the strategic development plan plus devising a Code of Good Partnership with common tools and identification/use of monitoring indicators for programmes.

The key activities of the organizational development programme will be to focus on further strengthening IRCS's organizational development process in branch capacity to plan as per the strategic development plan and ensure scaled up services to the vulnerable as well as the implementation of the *Navision* financial software at the national headquarters for increasing transparency and accountability. Other activities include initiatives to strengthen fundraising unit at the national headquarters, encouraging 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 important activity to enable effective utilization of the large number of volunteers in the IRCS.

Approximately 7,500 people will be reached, including the IRCS's national and state branch leaders, staff and volunteers, who will be targeted during the projected period. The programme will directly benefit staff and board members, volunteers and members. Improved results for people reached in the communities are the focus of all organizational development/capacity building programming, staff and volunteers targeted by this programme on capacity building will benefit from increased knowledge and skills in all areas of the project management cycle.

|  |
|--|
| <p><b>Programme component 1: Supporting national society organizational development process.</b></p> <p><b>Outcome:</b> Improving the national society's capacities to develop and implement strategies, to ensure good performance and accountability.</p> <p><b>Key activities:</b></p> <ul style="list-style-type: none"> <li>• Development and refinement of the finance system through installation of Navision software at national headquarters.</li> <li>• Orientation and support to targeted branches for developing and implementing branch plan aligned to the strategic development plan.</li> <li>• Constituting an organizational development working group in co-operation with partner national societies to provide technical support and devise a common strategy to address the organizational development priority issues of IRCS. Increased co-operation meetings of this organizational development working group to further work on a specific country approach here in India, which ultimately will result in a cooperation agreement strategy (CAS) for India.</li> <li>• Set-up a fundraising unit with a qualified fundraiser to develop domestic fundraising activities. This is aligned to the regional fundraising project.</li> <li>• Develop and implement a resource mobilization strategy in line with the regional fundraising project, with the support of an external fundraising consultant and the IRCS fundraiser.</li> </ul> |
|--|

- Identification of core business components and sustainability options. Identification of causes for which IRCS wants to raise sustainable funds and the methodologies IRCS will use to raise funds and maintain continuity. Formulation and implementation of the human resource policy and staff management procedures.
- Capacity building of the human resources in technical and management skills.

**Programme component 2: Volunteer development.**

**Outcome:** IRCS has a well managed volunteer system.

**Key activities:**

- Advocacy about Red Cross Red Crescent volunteers with various professional institutions, government and private.
- Enrolment of professionals from diversified background as volunteers.
- Leadership training for volunteer coordinators / leaders.
- Support in developing volunteer enrolment plan.
- Conduct a survey of IRCS volunteers in selected states in co-ordination with health and disaster management to map the volunteer base.
- Establish the electronic volunteer database system and capacity building in the volunteer database.
- Workshop on volunteer management in selected/ targeted states.
- Support to targeted states for effective volunteer management.

**b) Potential risks and challenges:**

Measuring and describing the impact of organizational development interventions and training activities are a challenge to all organizational development programmes. Another challenge is balancing the growth in service delivery with capacity development. A major issue to tackle is the establishment of a fully fledged organizational development department, with a full-time organizational development team and organizational development team leader at the national headquarters exclusively devoted to organizational development issues. As a clear outcome of the partnership meeting, IRCS will work with its partners to look at capacity building beyond the national headquarters and set up working groups to monitor the implementation of the strategic development plan.

Continued rapid growth in programming is both anticipated and desirable in light of the needs that exist 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.

## Principles and Values

### a) The purpose and components of the programme

**Programme purpose.**

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

There is no exclusive budget for the humanitarian values programme as it is integrated in the disaster management, health, and organizational development budget.

The programme aims to strengthen 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, intends to influence behavioural change 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 disaster management, in particular, to develop the complementary functions across departments to drive this process.

One of the priorities of the IRCS is to disseminate Red Cross Red Crescent principles and values to staff, volunteers and members of the national society, to ensure that the Fundamental Principles and humanitarian values are understood, accepted and respected. Promotion of gender balance will be undertaken through an integrated approach with other programme activities as well.

The total number of people reached will be the same as the ones under the disaster management and health care programmes as the humanitarian value unit 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 principles and values.

|   |
|---|
| <b>Programme component 1: Promotion of principles and humanitarian values.</b>  |
| <p><b>Outcome:</b> Enhanced knowledge, understanding and application of principles and values in the IRCS.</p> <p><b>Key activities:</b></p> <ul style="list-style-type: none"> <li>• Orientation workshops for volunteers, junior Red Cross/youth Red Cross members and staff.</li> <li>• Induction course at national level.</li> <li>• Integrated sessions on principles and values with HIV workshops, community-based health workshops and DRR workshops.</li> </ul>   |
| <b>Programme component 2: Anti-discrimination and violence prevention/ reduction programmes.</b>  |
| <p><b>Outcome:</b> Reduce gender-based violence in the community by enhancing knowledge and understanding on gender based discrimination.</p> <p><b>Key activities:</b></p> <ul style="list-style-type: none"> <li>• One-day orientation with volunteers, parents and school teachers.</li> <li>• School life skills programme with counsellors, teachers, youth peer education programme.</li> <li>• Awareness campaigns in the community.</li> <li>• Campaigns to raise the awareness of health service providers about the 'Pre-Natal Diagnostic Act' to curb female foeticide practices.</li> <li>• 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, etc).</li> </ul> |

**b) 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 people reached.

## Role of the secretariat

### **a) Technical programme support**

Inclusive of the head of office, there are currently 12 staff, of which senior technical resources are under the organizational development, disaster management and health programmes. The IRCS national headquarters is responsible for the overall management of its programme implementation with close technical and monitoring, evaluation and reporting support provided by the International Federation's India 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 as appropriate. 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 the four-year strategic development plan as a guide has been a major achievement. The outcomes will provide the basis for clearer integration of programmes for 2010-11 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 partners), shall be a step forward to an even more effective national society.

The India office has set up a coordination mechanism with ICRC and the partner national societies with regular meetings. In addition, the International Federation continues to provide technical and financial support to the IRCS post-graduate diploma in disaster management course towards strengthening its coordination with internal and external stakeholders and to increase the in-country strength of the disaster management expertise with enhanced skills and knowledge. The national society and country office take part in the regional coordination meetings and networks such as the regional health and HIV meetings, the DMWG meetings as well as organizational development, PMER and communication network meetings.

The India 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 other international bodies like World Food Programme and USAID. The India office has pioneered the institutionalizing of SPHERE; 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. Furthermore, the India office with IRCS have operationalized the long standing global memorandum of understanding between the International Federation and the World Health Organization, with technical cooperation and other assistance like sharing of warehouse space. The International Federation's India disaster management programme has, over the years, developed many strategic partners and good working relationships within and outside the Red Cross Red Crescent Movement, particularly with the British Department for International Development (DFID), Geohazards India and Plan International, Government of India, NDMA, National Institute of Disaster Management (NIDM), Oxfam India, Red-R, SEEDS, and SPHERE India. These key disaster management stakeholders also took part in regional disaster management/DRR review supported by the International Federation's South Asia regional office.

### **c) Representation and advocacy**

The India office will represent the Movement at the various relevant forums. The IRCS, with the International Federation, 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 level. The IRCS role, vis-à-vis, the NDMA will continue to be strengthened at all levels.

#### **d) Other**

The International Federation office will continue to support the IRCS in other areas, including finance management, planning, reporting and monitoring, IT and logistics/procurement. The IRCS is considerably seeking support in all the sectors and the India office provides them all with available support, which includes helping them undertake their responsibilities towards the donors.

## Promoting gender equity and diversity

Women are usually vulnerable to poor health and 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 subject to gender violence, and experience a lack of involvement in civil society as well as in institutional and other types of training. IRCS is committed to ensure gender balance and equal opportunities in the recruitment and training of volunteers. This is also visible in the disaster management, health, humanitarian values and organizational development programmes. Promotion of gender balance and diversity is an integral part of the IRCS 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 International Federation.

## Quality, accountability and learning

Under the health and care programmes, a final evaluation will take place in 2010 for the regional HIV programme, and a volunteer invest and value audit (VIVA) will also be planned and followed up. Assessment and mappings will be done for humanitarian pandemic preparedness programmes. Under the disaster management programme, participatory integrated assessment, planning, and monitoring and evaluation will be included in programme implementation at all levels. Additionally, the focus will be on knowledge sharing, documentation and promotion of good practices, success stories, case studies, and lessons learned. The programme will contribute to increased coordination and collaboration with other stakeholders at community, district, state and at national level. Furthermore, through the support provided by the PMER team and the national society's willingness to build the capacity in PMER, the quality, accountability, resource mobilization and reporting of the implemented disaster management programme will be strengthened, and impact-based programme reporting achieved at all levels.

In addition, an internal study on the ongoing DP/DR capacity building activities and community based initiatives (2004-2008) in at least eight target states will enable the IRCS to measure its capacities at various levels vis-à-vis the impact made at the community level for the disaster management programme scale-up and expansion in other priority states. This activity has been planned together with the organizational development team in 2009, but will require the IRCS and International Federation senior management's support and consent to carry out the study as planned during 2009.

Currently, the PMER department in Geneva is finalizing a revision of the planning training module based on the project planning process approach and a monitoring and evaluation training. This training will be rolled out in 2010-11 to enhance the quality and accountability of programmes. More specifically, PMER training will be carried out at branch level under the disaster management programme.



## How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

**For further information specifically related to this report, please contact:**

In India:

- Indian Red Cross Society: Dr S P Agarwal, Secretary General;  
email: [spagarwalsg@indianredcross.org](mailto:spagarwalsg@indianredcross.org); phone: +91.11.2371.6441; fax: +91.11.2371.7454
- International Federation Country Office in India: Peter Ophoff (Head of India Office);  
email: [peter.ophoff@ifrc.org](mailto:peter.ophoff@ifrc.org); phone: +91.11.2332.4235; fax: +91.11.2332.4235

International Federation South Asia Office in Delhi:

- Azmat Ulla (Head of Regional Office); phone: +91.11.2411.1125; fax: +91.11.2411.1128;  
email: [azmat.ulla@ifrc.org](mailto:azmat.ulla@ifrc.org)
- Michael Higginson (Regional Programme Coordinator); phone: +91.11.2411.1122;  
email: [michael.higginson@ifrc.org](mailto:michael.higginson@ifrc.org)

International Federation Asia Pacific Zone Office in Kuala Lumpur:

- Jagan Chapagain (Deputy Head of Zone); phone: +603 9207 5702;  
email: [jagan.chapagain@ifrc.org](mailto:jagan.chapagain@ifrc.org)
- Penny Elghady (Resource Mobilization and PMER Coordinator); phone: +603 9207 5775,  
email: [penny.elghady@ifrc.org](mailto:penny.elghady@ifrc.org)
- Please send all funding pledges to [zonerm.asiapacific@ifrc.org](mailto:zonerm.asiapacific@ifrc.org).

[<Click here to return to the title page>](#)

## MAAIN001 - India

### Budget 2010 - 2011

#### Budget 2010

All figures are in Swiss Francs (CHF)

|                            | Disaster Management | Health and Care | Capacity Building | Principles and Values | Coordination | Total            |
|----------------------------|---------------------|-----------------|-------------------|-----------------------|--------------|------------------|
| Supplies                   | 11,628              | 39,650          |                   |                       |              | 51,278           |
| Land, vehicles & equipment | 4,293               | 2,200           | 17,600            |                       |              | 24,093           |
| Transport & Storage        |                     | 17,500          |                   |                       |              | 17,500           |
| Personnel                  | 260,620             | 302,146         | 115,994           |                       |              | 678,760          |
| Workshops & Training       | 413,430             | 138,479         | 85,300            |                       |              | 637,209          |
| General Expenditure        | 240,262             | 88,064          | 47,845            |                       | 0            | 376,171          |
| Depreciation               |                     |                 |                   |                       |              |                  |
| Contributions & Transfers  |                     |                 |                   |                       |              |                  |
| Programme Support          | 64,669              | 40,880          | 18,543            |                       |              | 124,092          |
| Services                   |                     |                 |                   |                       |              |                  |
| Contingency                |                     |                 |                   |                       |              |                  |
| <b>Total Budget 2010</b>   | <b>994,902</b>      | <b>628,919</b>  | <b>285,282</b>    |                       | <b>0</b>     | <b>1,909,103</b> |

#### Budget 2011

All figures are in Swiss Francs (CHF)

|                            | Disaster Management | Health and Care | Capacity Building | Principles and Values | Coordination | Total            |
|----------------------------|---------------------|-----------------|-------------------|-----------------------|--------------|------------------|
| Supplies                   | 11,628              | 39,650          |                   |                       |              | 51,278           |
| Land, vehicles & equipment | 34,757              | 2,200           | 17,600            |                       |              | 54,557           |
| Transport & Storage        |                     | 14,400          |                   |                       |              | 14,400           |
| Personnel                  | 246,473             | 244,044         | 106,994           |                       |              | 597,511          |
| Workshops & Training       | 428,616             | 106,600         | 102,300           |                       |              | 637,516          |
| General Expenditure        | 149,539             | 69,984          | 48,845            |                       | 0            | 268,368          |
| Depreciation               |                     |                 |                   |                       |              |                  |
| Contributions & Transfers  |                     |                 |                   |                       |              |                  |
| Programme Support          | 60,552              | 33,152          | 19,169            |                       |              | 112,873          |
| Services                   |                     |                 |                   |                       |              |                  |
| Contingency                |                     |                 |                   |                       |              |                  |
| <b>Total Budget 2011</b>   | <b>931,565</b>      | <b>510,030</b>  | <b>294,908</b>    |                       | <b>0</b>     | <b>1,736,503</b> |

