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India Annual Report

 International Federation
of Red Cross and Red Crescent Societies

MAAIN001
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**This report covers
the period 1 January
to 31 December 2013**

*Health camps organized by
IRCS for flood affected families
in Uttarkashi district,
Uttarakhand.
Photo: IRCS.*



Overview

The year 2013 saw a number of disasters affecting the country. Thousands of lives were lost and huge damages incurred by way of destruction of houses, live stocks, crops and other infrastructure. The Indian Red Cross Society (IRCS) was present with relief and rehabilitation measures in all situations. Faced with the fact that India lies in the most disaster prone region, IRCS on a regular basis trains people from various walks of life, in disaster management to build capacities to face such situation. As part of the ongoing capacity building efforts under the **disaster management programme**, IRCS national headquarters (NHQ) conducted three regional level trainings on national disaster response team (NDRT) and warehouse and logistics management whereby 51 participants were trained which will further contribute towards enhancing their disaster response capacity. Twelve DM programme states have shown good progress in implementation of the planned programme activities for this year except Chhattisgarh and Andaman & Nicobar island branch. The first medical responders (FMR) initiative rolled out in 2011 has become an integral part of the IRCS' disaster response mechanism. The FMR network was established in 13 DM programme states, while in Uttarakhand state the existing FMR network was further strengthened.

With the roll out of the FMR has initiative a new dimension of response mechanism. It is evident that the FMR concept will be the back bone of the national society's response mechanism. During the Uttarakhand flash floods response in 2013, the trained first medical responders responded immediately after the disaster and continued to work in small groups on their own until mobile communication was restored. The taste of success has made the volunteers, staff and IRCS management think on other aspects of FMR and its linkages with overall disaster response mechanism of IRCS.

Three humanitarian emergencies which required Red Cross interventions stretched the capacities of the national society. Throughout the year focus was on delivering relief services like first aid, navigation assistance, family news service, distribution of non-food items (NFIs), water purification and distribution to the most vulnerable people affected by the **Uttarakhand floods, Jammu and Kashmir earthquake and cyclone Phailin**. The International Federation of Red Cross and Red Crescent Societies (IFRC) put in its best efforts to

mobilize resources and facilitate in providing surge capacity to the national society to enable them to deliver assistance to the affected population.

The Red Cross efforts have been acknowledged by the government authorities and the communities which have given a sense of satisfaction to the volunteers which are the backbone of the Red Cross Red Crescent Movement. While Red Cross volunteers and the organization as a whole successfully met the needs of the vulnerable population, there are also lessons learnt in the area of overall operations management including volunteers management, supply chain management and reporting. These lessons are expected to contribute and direct the development of disaster response mechanism of IRCS in coming years. Due to humanitarian emergencies which required IRCS interventions planned activities like national disaster water and sanitation response team (NDWRT) training, automation of warehouses for packaging and goods handling could not be achieved.

In 2013, IRCS has taken significant steps to scale up sanitation interventions in India. In effect to this, dialogue has been established with various actors to explore new partnerships for sanitation programme. A consultant was hired to scope IRCS interventions in the pilot phase. A proposal has been developed and shared with potential donors.

In India, the national society's position in the area of disaster management is crucial. This is due to its countrywide service delivery mechanism through volunteers and branches, and initiatives such as the NS unique post graduate diploma course on disaster preparedness and rehabilitation, which is being offered in affiliation with Guru Gobind Singh Indraprastha University. Appreciating the crucial position of IRCS in the area of disaster management, as well as its auxiliary status to the Government of India (GoI), the National Institute of Disaster Management (NIDM), established under the Disaster Management Act 2005, by the Government of India, is partnering with IRCS. The potential areas of partnership identified are short-term GIS courses, PG diploma course on disaster preparedness and rehabilitation, documentation and research of disaster response activities.

Under the **health & care programmes**, IRCS continues to implement the India tuberculosis (TB) programme in 12 districts and 6 state branch headquarters (sub-urban areas) across six states. As per the initial plan, the TB programme was rolled out in seven states targeting 14 programme districts and 7 state branch headquarters. The TB programme was discussed for implementation in Bihar state, however, another emergency of larger magnitude struck Bihar i.e. monsoon flash floods in September 2013. Due to this emergency, IRCS had to shift its immediate focus on the flood relief operation which required more attention. Hence, this caused delays in implementing the TB project in Bihar state in second half of 2013.

IRCS supported 980 of the annual target 1,180 patients and their families in accessing the DOTS treatment. Current reports indicate that the programme via IRCS is achieving about 98 per cent patient adherence rate.

During the reporting period the social mobilization efforts to support the measles catch up campaign evidenced the completion of the campaign, covering 18 districts of Uttar Pradesh and Madhya Pradesh. Prior to the campaign the state branch trained 453 volunteers in the aforesaid districts, who in turn reached out to around 942,527 people in the designated catchment areas assigned to IRCS with information on measles, dates and venues of immunization and clarified myths which are prevalent in the target communities. As a result 1,049,990 children have been immunized.

As part of **organization development**, the IRCS's National Strategic Development Plan (NSDP) 2013-16, has been further reviewed by IRCS senior management. The final approved version of the IRCS's NSDP will be printed in early 2014. Capacity building on volunteer management was incorporated into the Uttarakhand floods and cyclone Phailin response and relief operation proposals. IFRC provided technical support and facilitated the Vodafone grant agreement to IRCS for distribution of 2,800 family packs as part of the cyclone Phailin emergency response and relief operation. Likewise, volunteering in emergencies was introduced in the NDRT training curriculum. IRCS is drafting a concept paper detailing the blueprint for Junior Red Cross (JRC)/Youth Red Cross (YRC) and volunteer development, which will include reviewing current efforts by the branches and then develop a blueprint for strengthening it.

The Annual General Meeting (AGM) of IRCS and the St John Ambulance (India) was held May 2013. The Honourable President presented awards to 26 IRCS and St. John Ambulance, India members, volunteers, and branches in recognition of their committed services. Likewise, the IRCS district/ union territory (UT) branch secretaries meetings were held in New Delhi, Chennai and Kolkata on 22 November, 2 December and 9 December 2013 respectively. These meetings provided a platform whereby important issues such as status of implementation of uniform rules, fund raising activities, taxation matters, blood services, membership drives,

first aid trainings, status of utilization of development grants, strengthening of JRC and YRC, etc. were discussed. The aim of the meetings were to receive feedback on the main activities of the branches, their challenges and discuss the way forward in order to strengthen the coordination between the IRCS NHQ and the state/UT branches.

IRCS was supported to update its website with a section dedicated to cyclone Phailin response and relief operation news & updates (<http://www.indianredcross.org/cyclone.htm>). SARD Regional Communication Manager had made field visits shortly after the disaster and produced web stories on the cyclone Phailin relief and response operation which in turn facilitated more domestic and international media coverage on the needs of the affected people and Red Cross field operations. For details on the web stories please refer to the below links.

Working in partnership

Partners that have been supporting (from 2006 to mid-2013) the IRCS programming through the India office (multilateral funding) are:

Partners	Disaster Response	DRR	Health	WatSan	OD	Comms	HD	IDRL	RM/PMER
Multilateral partner National Societies through IFRC:									
American RC	✓	✓	✓						
Australian RC				✓					
British RC	✓								
Canadian RC	✓								
Spanish RC				✓					
Hong Kong RC		✓	✓			✓			
Danish RC					✓				
Japanese RC	✓		✓		✓				
Italian RC					✓				
Netherlands RC				✓					
Singapore RC	✓	✓							
Irish RC					✓		✓		✓
Other multilateral partners through IFRC:									
DFID			✓						
USAID			✓						
Bilateral partner National Societies:									
German RC			✓		✓				
Netherlands RC				✓					
Canadian RC	✓	✓	✓	✓	✓				✓
Spanish RC		✓	✓	✓					
Italian RC			✓		✓				
Other bilateral partners:									
ICRC			✓		✓	✓			
UN Diplomat Wives /IFRC New York Office			✓						

In addition, IRCS has bilateral partnerships with the British, Canadian, Danish German, Italian and Spanish Red Cross Societies, along with ICRC and Eli Lilly.

The IFRC India office has strategic alliances and good working relationships with many international partners, including the following:

- Government of India, in particular the Ministry of Health and Family Welfare, National AIDS Control Organization of India and National Disaster Management Authority (NDMA).

- UN agencies such as the UN Children’s Fund (UNICEF), UN Disaster Management Team (UNDMT), UN Development Programme (UNDP), Joint UN Programme on HIV/AIDS (UNAIDS), World Food Programme (WFP), and World Health Organization (WHO), with which IFRC has a global MoU.
- Bilateral donors like the US Agency for International Development (USAID) and British Department for International Development (DFID).
- International and national level NGOs such as Plan International, Oxfam, Registered Engineers for Disaster Relief (Red-R), Geohazards India, and Sustainable Environment & Ecological Development Society (SEEDS) India.
- SPHERE India (national coalition of humanitarian organizations in India, focusing on disaster management).

Some of the potential partners of IRCS through the IFRC India office (multilateral funding) include:

- Corporates (Coca-Cola, Tata and Mahindra).
- NDMA.
- Partner National Societies.

Progress towards outcomes

Business line 2: To grow Red Cross Red Crescent services for vulnerable people

Measurement			
Outcome/Output/Indicators	Baseline (Where available)	Annual target	Year to Date Actual
Outcome 1: Indian Red Cross Society’s capacity to deliver relevant, speedy and effective humanitarian assistance and help communities recover from disaster is strengthened (Organizational preparedness – disaster preparedness/ disaster response).			
Output 1.1. IRCS national disaster preparedness and response mechanism is strengthened at various levels.			
Indicator 1.1.a. IRCS has an updated contingency plan, standard operating procedures (SOPs), resource mapping, and online database system for staff and volunteers.	-	1	In progress
Output 1.2. A functional training system for creating and improving disaster response skills in staff and volunteers at all level.			
Indicator 1.2.a. 50% increase in number of IRCS staff and volunteers at the national level trained on disaster response.	-	50%	141%
Indicator 1.2.b. Standardized training curriculum for national, state and district disaster response teams in place in place with IRCS.	-	1	1 (FMR curriculum)
Indicator 1.2.c. At least 50% of the state and district level trainings have been facilitated by state/ district level resource persons.	-	50%	100%
Output 1.3. Developed logistics capacity for effective disaster response operations.			
Indicator 1.3.a. Warehousing procedures have been modernized in at least three regional warehouses.	-	6 warehouses	In Progress
Indicator 1.3.b. Regular replenishment and rotation of stocks.	-	Yes	Yes

Measurement			
Outcome/Output/Indicators	Baseline (Where available)	Annual target	Year to Date Actual
Output 1.4. IRCS warehousing capacities have been enhanced.			
Indicator 1.4.a. IRCS strategically locate warehouses have been maintained through regular repairs and renovations to use it to its optimum.	3	1	2
Indicator 1.4.b. IRCS warehouses and allied facilities have been enhanced.	3	1	2
<p><u>Indicator Variance Explanation</u></p> <p>Indicator 1.2.a. & c.: In 2013, IRCS DM programme with technical support from IFRC was implemented in 14 programme states. IRCS rolled out FMR concept in 14 DM programme states, in which resulted in more FMR master trainers and instructors being trained.</p> <p><u>Additional explanation</u></p> <p>IFRC Disaster Relief Emergency Fund (DREF) launched during 2013: <u>Monsoon Flash Floods 2013:</u> Heavy rainfall in northern India during June 2013 resulted in flash floods in the state of Uttarakhand. The floods affected an estimated 500,000 people living in villages across the western and central part of the state. Rail and road transport was badly affected in the state. Given the hilly terrain it made accessibility difficult for carrying out relief operations. Livelihoods were badly impacted in affected villages and connectivity of these villages with the outside was a major problem, requiring development of plans and strategies for medium and long-term support for recovery of livelihoods and services, and rehabilitation of infrastructure. CHF 479,715 DREF was allocated from the International Federation of Red Cross and Red Crescent's (IFRC) Disaster Relief Emergency Fund (DREF) on 23 June 2013 to support Indian Red Cross Society (IRCS) in delivering immediate assistance to some 5,000 families (25,000 beneficiaries). The DREF has been fully replenished, however due to lower expenditure, the unspent balance of CHF 33,704 has been returned to the DREF pot.</p> <p><u>Jammu & Kashmir Earthquake:</u> An earthquake with a 5.8 magnitude struck Jammu and Kashmir state on 1 May which caused severe damage to houses and other infrastructure in Doda and Kishtwar districts. Government reports as of 5 May confirmed 11,856 damaged houses and leaving at least an equal number of families in need of temporary shelter. The Indian Red Cross Society (IRCS) immediately mobilized relief supplies like tents and woollen blankets from its disaster preparedness (DP) stocks from Bahadurgarh warehouse near the capital city New Delhi. CHF 258,670 DREF was allocated from the International Federation of Red Cross and Red Crescent Societies' (IFRC) Disaster Relief Emergency Fund (DREF) to support the Indian Red Cross Society (IRCS) in delivering immediate assistance to 1,000 families. The DREF has been fully replenished, however due to lower expenditure, the unspent balance of CHF 57,854 has been returned to the DREF pot.</p> <p><u>Cyclone Phailin:</u> Cyclone Phailin was rated as a very severe cyclone that hit India last October. Over 1.1 million residents in Odisha state, which has a population of 41.9 million, were evacuated before the storm and floods that followed. An estimated 13.23 million people were affected; 47 people were found dead. Seventeen districts and 18,374 villages in total were affected. In Andhra Pradesh (AP) 16 districts and 5,000 villages were affected by this severe cyclone. CHF 500,000 DREF has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 15,000 families (75,000 beneficiaries). The DREF is 94 per cent replenished and extended for one month.</p> <p>Outcome 1: IRCS capacity was strengthened in terms of delivering relevant, speedy and effective humanitarian assistance and supporting communities recover from disaster. During 2013, four IFRC DREF operations have been launched. The Development Operational Plan (DOP) 2013 was revised and published in late November 2013 to incorporate the ongoing Uttarakhand floods and emerging cyclone Phailin relief operation. However most of the activities for cyclone Phailin in the revised DOP 2013 could not be executed as planned due to the delay in finalizing the cash pledges.</p>			

Measurement			
Outcome/Output/Indicators	Baseline (Where available)	Annual target	Year to Date Actual
<p>The FMRs who were trained by IRCS with the financial assistance of Uttarakhand state government were the key of IRCS timely response to Uttarakhand flash floods. FMRs being part of the community responded in no time to meet the needs of affected people and rendered services like first aid, navigation assistance, family news service, etc.</p> <p>The municipal authorities are yet to accord permission for the reconstruction of Vikhroli warehouse. Hence the construction activity could not start despite completing the tendering process which was carried out simultaneously alongside seeking permissions for the construction from the local authorities. Alternative use of the funds is being explored by the donor and IRCS.</p>			
Outcome 2:			
Preparedness and response capacity of IRCS staff and volunteers in health emergencies/pandemics is strengthened and scaled-up in a sustainable manner.			
Output 2.1.			
IRCS capacity to address public health emergencies/pandemics is strengthened.			
Indicator 2.1.a. 28,000 IRCS staff members and volunteers (in 10 states) trained in preparedness and response aspect of public health in emergencies (cadre of first medical responders).	-	5,623	5144
Indicator 2.1.b. More than 60% of emergencies involved support from IRCS trained people by the end of 2015.	-	60%	66%
Comments on progress towards outcomes			
Outcome 3:			
IRCS has strengthened capacity in the area of water, sanitation and hygiene promotion.			
Output 3.1.			
Increased number of staff and volunteers trained in water and sanitation and adequate water and sanitation kits pre-positioned.			
Indicator 3.1.a. By end of 2015, IRCS has a network and functioning roster countrywide with a pool of trained national disaster water and sanitation response teams (NDWRT) members.	60	200	81
Indicator 3.1.b. IRCS has standardized and prepositioned water, sanitation and hygiene promotion kits to cater for large scale interventions for up to 50,000 persons.	-	50,000 persons	In progress
Output 3.2.			
Capacity to support communities to access improved water and sanitation facilities is strengthened and their knowledge of hygiene increased.			
Indicator 3.2.a. Maintenance, warehousing and deployment procedures for water and sanitation equipment have been developed and implemented.	-	6	In progress
Indicator 3.2.b. Standard operating procedures for the deployment of NDWRT are in place and operational.	-	1	In progress
Indicator 3.2.c. Community based water, sanitation and hygiene	-	20	In progress

Measurement			
Outcome/Output/Indicators	Baseline (Where available)	Annual target	Year to Date Actual
promotion has become an integral part of IRCS programmes			
Comments on progress towards outcomes			
<p>Indicator variance explanation: Output 3.1.a. & b.: Activities contributing to these indicators under output 3.1 could not be implemented as IRCS had to reprioritize its activities due to three major emergency response operations in 2013.</p> <p>Additional explanation: IRCS has shown its willingness to improve its emergency WASH response mechanism and work on community based sanitation programme. Visit of the IFRC WatSan delegate in Odisha state in December 2012 provided direction on the roll out of the sanitation programme. IRCS is internally discussing its potential role in the country to address the significant sanitation and hygiene issues at community level.</p> <p>Following this, a consultant was hired to support IRCS frame a sanitation proposal for Odisha and Uttarakhand states. First draft of the proposal has been submitted by the consultant to IRCS NHQ. Senior management is reviewing the same to roll out pilot sanitation project in Odisha state.</p> <p>IRCS has water purification units of many different manufacturers based on different purification methodologies. IRCS is streamlining its emergency water purification equipment. IRCS in future will maintain only two or three types of water purification machines which will be suitable for deployment in various contexts.</p> <p>As next steps, IRCS with the support of IFRC has come up with the specification for the water purification units. IRCS continues to make efforts to standardize their water purification units in coming days and train its volunteers on one type of unit. With the support of Italian Red Cross and IFRC, the water purification units will soon be procured as per the standard specifications and procurement guidelines.</p> <p>As an advocacy effort, IRCS organised a stakeholder meeting to state its strategic direction for the sanitation intervention scale up within the country. The meeting was attended by representatives of FICCI, WHO, Ministry of Drinking Water and Sanitation, Ministry of Health and Family Welfare, ICRC, and representatives/secretary generals of several national societies. The IFRC Secretary General along with key senior officials also attended the meeting. Following this meeting and subsequent discussions, IRCS and the Federation of Indian Chambers of Commerce and Industry (FICCI) have identified sanitation common area of work. Both organizations would further like to explore opportunities of collaboration in order to scale up sanitation intervention in India. An agreement has been drafted which is being reviewed and will soon be signed between the both organisations.</p>			

Business line 3: To strengthen the specific Red Cross Red Crescent contribution to development.

Measurement			
Outcome/Output/Indicators	Baseline (Where available)	Annual target	Year to Date Actual
Outcome 1: The resilience and capacities of people at risk of disasters are increased and their vulnerability is reduced in target areas (Community preparedness – DRR “building safer communities”).			
Output 1.1. Increased community awareness on DRR as per the local hazard context in target communities.			
Indicator 1.1.a. At least 60% of target communities’ members	-	60%	64.75% ¹

¹ This has been evaluated based on the participation for the community in various awareness activities.

participated in DRR awareness raising activities.			
Output 1.2. Reduced impact of local hazards and risk factors in the target communities.			
Indicator 1.2.a. At least 50 small scale mitigation measures implemented.	-	3	17
Output 1.3. Preparedness and response capacity is strengthened in target communities.			
Indicator 1.3.a. CDMCs are formed and functioning in all target communities.	-	2	5
Indicator 1.3.b. Community volunteers are trained as first medical responders in DRR communities. <i>(Indicator set in revised LTPF)</i>	-	30	30
Indicator 1.3.c. Specialized community task force teams formed and trained in all the target communities.	-	2	5
Indicator 1.3.d. All target communities have a community contingency plan.	-	2	8 ²
Indicator 1.3.e. IRCS has a core group of CBDRR trainers.	-	20	-
Indicator 1.3.f. Hazard maps developed/updated in target communities.	-	2	10 ³
Indicator 1.3.g. Basic response equipment pre-positioned in target communities.	-	2	5
Indicator 1.3.h. All target communities have community disaster response teams.	-	2	5
Output 1.4. Knowledge and experience on DRR issues are effectively shared and replicated.			
Indicator 1.4.a. Community exchange visits/joint meetings held with the participation of key stakeholders.	-	2	5
Indicator 1.4.b. Good practices on DRR issues are documented and shared internally and externally.	-	2	8
Output 1.5. Capacity and skills of volunteers and staff have been enhanced to deliver DRR programme at community level.			
Indicator 1.5.a. At least 300 new volunteers and staff have been trained to implement community based DRR programmes.	-	20	60
Comments on progress towards outcomes			
Indicator variance explanation: Indicator 1.3.e.: This activity was not budgeted for in 2013 and could not be conducted. Indicator 1.5.a.: The initial annual target was set much lower due to anticipation of limited funding available; however during 2013, IRCS managed to secure sufficient funding to implement more training in CBDDR.			
Additional explanation: The DRR Maharashtra programme and DRR Gujarat programme for building safer communities has been successfully completed in the month of April and June 2013 respectively. This was followed by a final joint internal review conducted by IRCS and IFRC with participation from the Hong Kong branch of the Red Cross Society of China. The review focused on evaluating the programme outcome and impact, identifying the lesson learnt through the entire project, strength and weakness was quite positive. The recommendations will help for sustainability and future DRR programme planning. The report is being reviewed by IRCS before finalization. Under the DRR Maharashtra programme in order to ensure sustainability of development initiatives, 121 self-help groups (SHG) were formed in six communities of Maharashtra and 109 community level business initiatives were started by these self-help group with the help of Community Disaster Management			

² 7 approved CPP and 1 drafted CPP

³ Two new maps for the two communities from Gujarat and eight maps (new and updated) for the six communities in Mumbai.

Committee and Red Cross volunteers. These activities have built up the confidence and empowered women folk to contribute additional income to their overall family income and further expand their business. From the final internal review findings it was seen that approximately 74 per cent of the target community members participated in DRR awareness raising activities at the end of the three-year programme implementation period. Additionally, four case studies have been published under DRR Maharashtra on good practices and programme impact.

Likewise, under the Gujarat programme two Community Disaster Response Team (CDRT)/FMR groups have been formed and 60 CDRT members were trained, out of these 25 CDRT members are identified to help in implementing mitigation measures and awareness activities on DRR. So far, 13 mitigation measures have been completed such as, renovation of community toilet (six units), construction of six individual toilets, installation of one bore well, one water pump, as well as one power connection for the toilet, one water storage tank, construction of one septic tank, plantation of 400 trees, one fencing wall and 20 tree guards, six dustbins and two garbage collector-cycles, repairing and plumbing work of two individual toilets, two drainage connection to sewerage line, 38 wall paintings and five hoardings etc.

Following this, one trained FMR in Gujarat has saved a victim of road traffic accident by giving CPR on the spot and sent the victim to the hospital. Preposition of search and rescue tools and first aid kits has been done in each of CDMC in both the communities. Two Community Contingency Plans (CCPs), with hazard and vulnerability map being revised and updated, were developed by those communities. One of these plans was endorsed by the local authority, whereas the other being situated in a slum area with the CCP can only be concluded by community themselves.

From the final internal review findings it was seen that approximately 85 per cent of target community members participated in DRR awareness raising activities at the end of the phase one project implementation. A total of 9,484 community people participated in DRR activities and awareness programme (direct and indirect beneficiaries). Additionally, one case study, one brochure, one leaflet and one calendar have been published under DRR Gujarat.

Outcome 2:

Vulnerability to TB and HIV and AIDS is reduced by scaling-up support of national HIV control programmes and revised national TB control programme.

Output 2.1.

Further HIV and TB infections are prevented.

Indicator 2.1.a. 900 Category II most vulnerable TB/MDR TB patients IRCS service for care and support. ⁴	-	1,180	1,620
Indicator 2.1.b. 98% of observed TB patients completed the treatment.	-	98%	95.55%
Indicator 2.1.c. No. of target population reached with ART 1 st order treatment. ⁵	-	-	26
Indicator 2.1.d. 20% increase in voluntary blood donations.	-	-	74.4% ⁶

Output 2.2.

HIV and TB stigma and discrimination is reduced.

Indicator 2.2.a. 10,000 community members are reached with TB related stigma and discrimination messages.	-	10,000	51,055
Indicator 2.2.b. At least - 45% volunteers and - 40% beneficiaries in the programme are women. ⁷	-	-	90% 40%
Indicator 2.2.c. Workplace programme for HIV/AIDS is completed in IRCS by end of 2012.	1 ⁸	0	1

Output 2.3. IRCS capacity to deliver and sustain scaled-up HIV and TB interventions is strengthened.

⁴ In 2013, the TB programme was scaled up to six states and 12 districts and 6 suburban areas with annual target of 1,180 Cat II patients.

⁵ This indicator was revised and reported in the 2012 Annual Report.

⁶ This was completed and reported in 2012 Annual Report under the IRCS HIV programme.

⁷ This indicator was revised and reported in the 2012 Annual Report.

⁸ A workshop was conducted for AP state branch staff where approx. 1,600 staff were trained.

Indicator 2.3. a. IRCS have 4000 trained volunteers at targeted state/district branches. <i>(Indicator set in revised LTPF)</i>	-	4,000	2,030
Indicator 2.3.b. IRCS has a new strategic plan for HIV/AIDS (2013-2016)	IRCS SP (2009-2012)	1	1
Indicator 2.3.c. TB and HIV programme staff and volunteers trained in PMER and finance management.	-	29	-
Comments on progress towards outcomes			
Indicator variance explanation:			
<p>Indicator 2.2.c & 2.3.b. The IRCS HIV/AIDS programme was completed in December 2012. Therefore, activities contributing to this indicator are no longer included in the India Development Operational Plan 2013.</p> <p>Indicator 2.3.c. Activities contributing to this indicator have been included in the India Development Operational Plan 2014.</p>			
Additional explanation:			
Tuberculosis India project:			
<p>During the reporting period, the National Society supported 980 patients (annual target 1,180) and their families in accessing the directly observed treatment short-course (DOTS) treatment. In 2013, the adherence rate of IRCS-supported Cat II patients in this programme stood at 98.06 per cent. Trained Red Cross volunteers continue to engage with their communities during the regular outreach sessions. A total of 37,055 community members have been reached with TB awareness sessions across seven states and 12 districts and 6 state headquarters. The volunteers not only provide support to the patients, but also deliver messages on anti-discrimination, social stigma and other social and cultural myths attached to the disease. Emphasis was given to adopting a psychosocial approach to address the disease.</p> <p>Regular coordination meetings were conducted in the RNTCP offices and attended by district health officers, DTOs, WHO focal person project staff and some volunteers. Apart from the progress update, challenges and incidental support required for beneficiaries were also discussed and activities formalized accordingly. Likewise, at the IRCS NHQ level, a TB mid-term programme review meeting was held on 20 June 2013. IRCS emphasis on the expansion of the TB programme and 'working together' strategy with various stakeholders. In order to strengthen ongoing partnership with TB Association of India, both organizations worked in tandem which saw involvement in the TB project activities with specific focus on IEC material adaptation/development, facilitation of trainings at state/district level and regular information sharing between both organization on programme implementation and progress against outputs.</p> <p>In the month of September 2013, Bihar was hit by monsoon flash floods creating an emergency situation across the state. Given this situation, IRCS had to shift its immediate focus on the flood relief operation which required attention of the state branch. Hence, this caused delays in implementing the TB project in Bihar state in 2013 thereby reducing the annual target of reaching out to Cat II patients within the project by 200 and RC volunteers enrolled under this project by 20 numbers.</p> <p>Technical support was provided to IRCS for drafting a TB project proposal for Hans Foundation for rolling out the project with 300 Cat II patients across 3 districts in Uttarakhand state. A presentation on the project has been made on the overall programme design and approach to Hans Foundation. Approval of the same is awaited.</p>			
Outcome 3:			
Increased capacity of IRCS and the community in planning, designing and implementing long-term integrated health programmes and respond to injury quickly under the banner of community based health and first aid programme.			
Output 3.1.			
IRCS capacity is strengthened to address community health risks (communicable and non-communicable) of vulnerable people through community based participatory approaches.			
Indicator 3.1.a. 2,000 IRCs staff, volunteers and members trained on preventive health issues and first aid.	-	-	1,832 ⁹

⁹ 30 Red Cross volunteers x 60 villages + 32 IRCS programme staff

Indicator 3.1.b. At least 90% of trained volunteers and members trained involved in disseminating information on preventive health issues in target communities.	-	15%	75%
Output 3.2. IRCS has been successfully implementing measles catch-up extended operational research programme in selected districts of selected states in India. <i>(Output set in revised LTPF)</i>			
Indicator 3.2.a. IRCS has 500 trained volunteers at targeted state/district branches.	-	500	453
Indicator 3.2.b. IRCS has a POA and approved hypothesis and indicators for the measles project.	-	1	1
Indicator 3.2.c. Measles staff and volunteers trained in PMER and finance management at IRCS	-	500	494
Comments on progress towards outcomes			
Indicator variance explanation:			
Indicator 3.1.a. Activities contributing to this indicator will be conducted in 2014 and have been included in the India Development Operational Plan 2014.			
Additional explanation:			
Social mobilization for measles catch up campaign programme:			
During the reporting period, the II, III and IV phase of the campaign was rolled out in eleven districts (Agra, Kanpur city, Hardoi, Raebarelie, Faizabad, Amethi, Lucknow, Sitapur, Allahabad, Hamirpur and Varanasi) in Uttar Pradesh and three districts (Bhopal, Harda, Hosangabad) in Madhya Pradesh state and saw the completion of the campaign activities.			
Regular communication and meetings have been conducted with the state health society and MoH district chapters. IRCS state branch worked closely with UNICEF to acquire the electronic version of the Gol measles IEC materials to further adapt and print it for distribution among the community members during their outreach sessions.			
The main achievement of the measles catch-up campaign are as follows:			
<ul style="list-style-type: none"> • 12 Red Cross staff, 17 master trainers, 453 Red Cross volunteers and 12 government officials at state/district level have been trained across 18 project districts in two states during phase I, II, III & IV of the measles catch-up campaign. • Approximately 942,527 community members were reached during phase I, II, III and IV of the campaign across 18 districts in two states. • Approximately 1,049,990 children between the age group of nine months and 10 years were reached during phase I, II, III and IV of the measles campaign. • Approximately 342 personnel from health, department women and child development, NRHM, department of education and other NGOs participated in various task force meetings during phase I, II, III and IV of the campaign period. • 48 street plays, 14 dramas and 160 other behavioural change communication activities were conducted across 18 project districts in two states. During the community awareness activities, 506,155 pieces of IEC materials/leaflets on measles vaccination were distributed. • A detail review and process documentation of IRCS contribution in the measles campaign was initially planned for third and fourth quarter of 2013 to disseminate the learning at the state and the national level. The activities however were not implemented as IRCS was heavily involved in Uttarakhand floods and cyclone Phailin operations. 			
Outcome 4:			
IRCS has improved capacity to develop and implement strategies, structures, policies and procedures that enable better programme implementation.			
Output 4.1.			
IRCS' four-year strategic development plan (2013-2016) is developed.			
Indicator 4.1.a. IRCS identified strategic priorities for 2013-2016.	IRCS SP 2009-12	70% ¹⁰	72.5%

¹⁰ Expected progress in achieving the indicator – annual target was set at 70% in which IRCS is reviewing the final draft and is incorporating few more strategic areas. Once finalized and approved, the Strategic Development Plan will be published.

Output 4.2. IRCS structures, systems and procedures with regard to finance and human resources are strengthened.			
Indicator 4.2.a. Finance and human resource plans are aligned with the IRCS strategic plan for 2013-2016.	IRCS SP 2009-12	70% ¹¹	This will be done after 4.1.a. is completed
Output 4.3. IRCS has a well-managed volunteer management system.			
Indicator 4.3.a. Focal person at IRCS national headquarters to support IRCS branches on volunteer management.	-	-	1
Indicator 4.3.b. IRCS has finalized volunteering policy.	-	1	-
Indicator 4.3.c. IRCS has volunteer management system guidelines in place.	-	1	-
Comments on progress towards outcomes			
Indicator variance explanation: Indicator 4.2.a. & Indicator 4.3.b. & c.: Due to delay in finalization of strategic development plan, these activities have been affected during the reporting period. These have been included in the DOP 2014			
Additional explanation: Review of the IRCS National Strategic Plan Document (2009-12) was completed in 2012. The new strategic plan has been drafted in collaboration with the regional OD manager and submitted by IRCS to its senior management members for final review and approval. The revision builds on the successes and challenges of the past four years rather than being a radical redraft. VNRBD and blood donor recruitment is quite effective. Red Cross volunteers trained in first aid and FMR demonstrated a significant impact in the field. However, the challenge lies in addressing the capacity with exact number of volunteers by category. IRCS has taken significant steps towards the use of the IFRC RMS system, which may later be used to manage its volunteers in terms of database, training record, and other aspects of the volunteer management cycle. Following this awareness session on RMS, IRCS is moving one step forward on adopting it. To facilitate this process, the OD representative from AP zone may visit to discuss ToR for next plans during 2014. IFRC-SARD represented the IRCS in the South Asia regional OD forum in March 2013. OD support plan and working modality has been discussed with IRCS for 2014.			

Business line 4: To heighten Red Cross Red Crescent influence and support for our work

Measurement			
Outcome/Output/Indicators	Baseline (Where available)	Annual Target	Year to Date Actual
Outcome 1: IRCS' recognition and influence with the wider humanitarian community and relevant actors enhanced.			
Output 1.1. The capacity of the IRCS to carry out advocacy in the humanitarian sphere is strengthened.			
Indicator 1.1.a. Senior management is oriented towards effective advocacy.	-	75% of senior management	75%
Indicator 1.1.b. Partnerships and MoUs are established between	-	2	5

¹¹ Expected progress in achieving the indicator – annual target was set at 70% in which IRCS is reviewing the final draft and is incorporating few more strategic areas. Once finalized and approved, the Strategic Development Plan will be published.

IRCS and relevant organizations on key identified issues.			
Output 1.2.			
IRCS is supported in strengthening its image and visibility through the development of a comprehensive communications strategy and development of communications capacity.			
Indicator 1.2.a. A comprehensive communications strategy developed by the IRCS.	NA	1	In progress
Indicator 1.2.b. IRCS national headquarters have developed resources to support and effectively implement the communication strategy.	NA	-	20%
Comments on progress towards outcomes			
Indicator variance explanation:			
<p>Indicator 1.1.a. & 1.2.b.: Activities contributing to this output were not implemented as there was no IRCS communication officer and IFRC communication focal person for India programmes for a prolonged period. However, the SARD Communication Manager has supported IRCS in the followings:</p> <ul style="list-style-type: none"> • In response to the commitment of IRCS to leverage online presence, continued technical support and guidance have been provided in development of the IRCS website, resulting in an increase in the number of web updates on IRCS website (8 updates) in the second half of 2013. • Communication efforts as part of cyclone Phailin response included initial media monitoring reports between 10 and 17 October captured 226 articles in the international media that made reference to the Red Cross before, during and after the cyclone Phailin. Main stories included those from AFP, REUTERS, the Guardian, Huffington post, Alert Net, Tribune de Genève, Kuwait times, Le Point, La Republica, Gulf News, La Voz de Frontera, France 24, CBC TV, etc. • SARD Communication Manager supported IRCS with international and national media coverage from the field, among other – BBC, CCN International, CNN India, Al Jazeera, TT, Swedish National Wire Service, Radio France Europe, DPA, German Press Agency, NDTV, Pioneer, etc. • Web stories were published on IFRC website and IRCS website focusing on the IRCS preparedness efforts which resulted in saving thousands of lives during cyclone Phailin, Uttarakhand flash floods and social mobilization of the measles catch-up campaign. 			
Outcome 2:			
Financial sustainability and a strengthened capacity for fundraising in the IRCS is ensured.			
Output 2.1.			
The fundraising unit at IRCS national headquarters is strengthened.			
Indicator 2.1.a. A fundraising department is established at IRCS and income revenue increase by 100%.	-	100%	In progress
Output 2.2.			
A resource mobilization strategy for IRCS is developed and implemented.			
Indicator 2.2.a. Resource mobilization policy, guidelines and strategy are in place.	-	100%	26%
Indicator 2.2.b. 70% increase in contributions from public and corporate direct donations.	-	70%	90%
Comments on progress towards outcomes			
Additional explanation:			
<p>With the Resource Mobilization (RM) Strategy in place and the support of IFRC, IRCS is exploring opportunities to broaden RM opportunities. With the onset of cyclone Phailin response and relief operation, IRCS revamped its website to incorporate and profile its response and relief work in Odisha state as part of awareness on RM in disaster relief and response work.</p> <p>As part of RM efforts, IRCS launched two domestic appeals for Uttarakhand floods and cyclone Phailin relief and response operation through the IFRC DOP 2013, seeking support in the areas of emergency shelter, meeting basic needs of the affected population, WatSan and long term CBDRR programme for disaster affected communities.</p> <p>IRCS was assisted by IFRC India office in obtaining a grant worth GBP 85,165 for Uttarakhand flood operation and GBP 78,234 for cyclone Phailin operation from Vodafone Foundation to assist 2,200 and 2,800 families respectively with NFIs distribution.</p>			

Outcome 3: Promotion of Fundamental Principles and Humanitarian Values and their integration with IFRC programmes.			
Output 3.1. The application of Principles and Values in planning and implementing all programmes is increased.			
Indicator 3.1.a. Programme design, implementation and monitoring and evaluation conform to the fundamental principles and humanitarian values.	-	20%	40%

Business line 5: To deepen our tradition of togetherness through joint working and accountability.

Measurement			
Outcome/Output/Indicators	Baseline (Where available)	Annual target	Year to Date Actual
Outcome 1: Coordination of IRCS programmes and support of Movement partners results in improved programme implementation.			
Output 1.1. Clearer collaboration and integration between IRCS programmes.			
Indicator 1.1.a. Increased number of inter- programme initiatives developed by IRCS national headquarters.	-	2	2
Output 1.2. Strengthened partnerships with Movement partners.			
Indicator 1.2.a. Increased number of programmes delivered by IRCS with support of Movement partners.	-	3	9
Output 1.3. IRCS has strengthened capacity to respond to the digital divide through the development of a minimum set of ICT solutions.			
Indicator 1.3.a. IRCS utilizes digital video conferencing to build links and collaborate with state branches and external organization	-	-	12
Indicator 1.3.b. Increased use of ICT by IRCS national headquarters in daily business	-	50%	60%
Comments on progress towards outcomes			
Additional explanation: A concept note has been forwarded to American Red Cross to support IRCS with their ongoing TB project in six states across 12 districts and 6 state branch headquarters (sub-urban areas). In addition, the Hong Kong branch of Red Cross Society of China and British Red Cross have confirmed pledges to support shelter and NFI stock replenishment for cyclone Phailin operation. IFRC continues to provide technical support for online training of the use of ICT and video conferencing. This activity will further enhance the IRCS NHQ connectivity with its DM programme across the state branches.			
Outcome 2: IRCS has improved capacity to ensure quality performance and accountability.			
Output 2.1. IRCS supported with strategic and operational planning, management, monitoring, evaluation and reporting of programmes.			
Indicator 2.1.a. PMER components are included in all programme/project proposals	4 ¹²	4	4
Indicator 2.1. b. All IRCS programme staff are trained in PMER.	-	16	24

¹² These included DM, Health, OD, Humanitarian Values and Fundamental Principles

Comments on progress towards outcomes**Indicator variance explanation:**

Indicator 2.1.b.: IRCS priority shifted to disaster response and limited available funds resulted in the activity being rescheduled to 2014.

Additional explanation:

During the reporting period, monitoring and evaluation plans were integrated into the programme implementation work plan on a monthly/quarterly basis. Monthly/quarterly narrative reports (reporting against indicators) and financial reporting was done by programme managers. Likewise, review meetings were conducted to map the progress and challenges of programme activities alike.

As part of the mid-term review process, the [LTPF 2012-2015](#) with focus on India programmes was revised and published. Given the integration of the India office with the SARD, programme teams worked closely to prepare the plan and set programme targets for 2014 and 2015.

IFRC India office was represented in the regional PMER meeting that took place in June 2013 in Sri Lanka. The PMER focal person made a power point presentation on the existing and future PMER working modality and HR capacity at the country office/NS level. Besides this, challenges and issues around PMER at country office and NS were discussed.

Technical support was provided to IRCS to develop reporting tools/templates (using google docs) for Uttarakhand floods and cyclone Phailin in an effort to capture information and data from the field and ensure real time reporting of the relief and response operation.

Stakeholder participation and feedback

Keeping in mind the participatory approach, participation of beneficiaries in programming is at the foundation of Red Cross Red Crescent activities. IRCS has a wide network of volunteers throughout the country. These volunteers are members of the communities where IRCS implements its various interventions. The needs assessment at the start of any programme intervention is carried out in close coordination with volunteers at the local level. Based on their coordination and direct link with the community members' needs are identified in target communities.

These priorities are then shared at the state/district branch and national level who then mobilize the resources to address the needs identified as priorities. It should be noted as well that all the needs assessments mentioned above form a critical aspect in informing the design and shape of the proposed project. In each of the assessments communities not only form part of those being interviewed to provide critical information for gaps identification and programme design, but are part of the process in data collection through community mobilization.

The Red Cross volunteers work with the most appropriate techniques for delivering programme specific awareness messages in their local neighbourhoods.

These continuous engagements with communities form the hallmark of acceptance and enhance the legitimacy of IRCS work as the lead grassroots movement in humanitarian service delivery across India and particularly in the proposed intervention areas.

Likewise, IRCS project staff at national, state and district branch level are involved in annual programme planning especially for training strategies, IEC/curriculum development and programme implementation. The draft annual work plan is developed in consultation with and shared with national headquarters, state/district management and programme team for their feedback.

At the implementation and monitoring level, weekly visits and discussions in the programme villages are carried out by IRCS programme staff. Periodic review meetings are conducted with Red Cross volunteers and target beneficiaries to gather inputs to help increase the effectiveness of sectoral programme activities in the community.

Key risks or positive factors

One of the potential risks likely to impact programme progress is the occurrence of disasters of an unprecedented nature, which may affect the entire disaster response mechanism in the country. Therefore, efforts have been made to increase the human resource capacity of the National Society's DM department.

Uncertainty of funds and a high staff turnover are some other potential risks which may cause gaps in programme continuity. Further, the risk of social and political situations in certain parts of the country becoming unstable may cause activities to come to a standstill in those areas. These constraints may also affect timely monitoring, review, evaluation and reporting on programmes, which may in turn affect programme outcomes.

A possible challenge to effective organizational development and capacity building is balancing the growth in service delivery (programmes) with organizational and personnel capacity development to deliver these services (programmes). Continued rapid growth in programming is both anticipated and desirable in light of the need that exists in India. It is particularly vital to ensure that adequate resources are allocated to drive capacity development (e.g. including a capacity development support component with all programming support) and that realistic expectations are set for the possible rate of capacity development. Finding this balance is essential if IRCS is to be supported in achieving the best results for the most vulnerable communities.

Another challenge is to improve the understanding of the role of humanitarian values as a core component in other programmes and laying greater emphasis on principles and values to be translated into action among the targeted beneficiaries.

Lessons learned and looking ahead

Initiatives whether in health, such as TB awareness through peer education, health pandemic preparedness, or in disaster management like community-based disaster risk reduction and institutional capacity building for disaster response by developing and strengthening of various disaster response tools have contributed towards increasing preparedness from community to the institutional level. These initiatives have started delivering results as the disaster response operations of IRCS are more timely and efficient. This has been documented through the lessons learnt workshops conducted by IRCS following the recent relief operations. These lessons learnt are also being used to further develop the existing mechanisms and system to bridge the gaps and make the response system more operational. IRCS would like to continue to grow/expand its operations in the health and disaster management sectors to reach more and more vulnerable people. At the same time IRCS would continue to strengthen the institutional structure by training volunteers and by raising more resources through the upgraded resource mobilization system.

The new FMR concept rolled out in Uttarakhand state in 2011 was further scaled up during the floods, which has shown good results during the emergency phase. FMRs assisted the affected communities during emergency phase by rendering services like first aid, family news service, navigation assistance, etc. This resulted in garnering more visibility and strengthening Red Cross presence in the field since the onset of disaster. Information and data collection done in a timely and effective way also helped to scale up the emergency relief operation in the short span of time.

Learning to be incorporated for future IRCS emergency response operations:

- In the future during a disaster situation, emphasis on volunteer management should be a focus; in particular FMR volunteers which includes timely deployment, procedures, database management, insurance, etc.
- Procedures to be introduced for travel and food reimbursement to FMRs deployed in the field.
- In order to retain and maintain FMRs, they should be linked to routine activities of branches.

Based on these lessons learnt, IRCS while rolling out FMR initiative in DM programme states in 2014 will ensure that the trained FMRs are linked with the respective state/district branch by engaging in various events and ongoing programme activities.

Financial situation

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

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGO's) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org
Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

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