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India

Annual Report 2012

 International Federation
of Red Cross and Red Crescent Societies

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**This report covers the
period 1 January to
31 December 2012**

*In response to severe flooding in
Assam, Indian Red Cross
Society deployed National
Disaster Water and Sanitation
Response teams, providing safe
drinking water for affected
communities.*

Photo: Dr. Satish Pingal,
Indian Red Cross Society



Overview

The past year has seen significant achievements by both the Indian Red Cross Society (IRCS) and International Federation of Red Cross and Red Crescent Societies (IFRC) India country office. IRCS laid the foundations of its flagship programme first medical responders (FMR) by forming a team of experts which developed the curriculum for FMR trainings, ensuring that lessons learnt during the pilot phase (Uttarakhand) were considered and addressed. The National Society has identified a set of key skills which its volunteers must possess in order to be a FMR. The FMR trainings build on existing skills of volunteers and helping them to acquire more skills through a systematic learning process.

The year started with Cyclone Thane striking the southern states and a union territory causing widespread devastation, particularly in Cuddalore district of Tamil Nadu and Pudducherry union territory. The quick response of local branches and national headquarters to assist the affected population with both food and non-food items, and restore family links through the family news service illustrated the progress made by IRCS in recent years in terms of disaster response.

IRCS also made best efforts to reach the most vulnerable people in response to a complex emergency in Assam. Floods were followed by outbreak of the communal violence, which virtually halted the IRCS operation for a month. However, thanks to the commitment and strong efforts of volunteers and staff, the operation partially met its objectives, an achievement considering the operational and security constraints.

This operation also marked the first time National Society staff and volunteers extensively used social media to disseminate the developments on the ground during the relief operations.

Projects such as Sikkim earthquake relief, renovation of IRCS main building basement stores, and the Kolkata warehouse renovation were concluded. The key activities of the National Society to build capacities of its branches in the areas of disaster preparedness and risk reduction continued. IRCS aligned its disaster risk reduction (DRR) programme structure to FMR programme. The Maharashtra community-based DRR programme progressed towards conclusion while a new DRR programme was launched in Gujarat to address risks in urban and rural areas.

As a result of the efforts of recent years, IRCS has been able to introduce to its branches the concept of community development through participatory approaches. This has led a major shift from relief-centric to development focused risk reduction approach.

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 society's 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.

The IRCS **health and care programme** continued with the implementation of the India multi-drug-resistant tuberculosis (MDR-TB) programme. IRCS had achieved 93.05 per cent adherence as well as complete treatment of 640 category II (CAT II) patients in seven states. During the reporting period, Gujarat state completed one year of TB programme implementation with funding support from DFID in August 2012 and entered the second year of programme implementation in September 2012. Besides this, phase III of the TB India programme was rolled out in three new states of Maharashtra, Haryana and Odisha targeting 180 Cat II patients and engaging 60 Red Cross community level volunteers.

IRCS is supporting the GoI, WHO and Unicef efforts in providing social mobilization support to the measles catch up campaign - Phase III programme. IRCS will support the GoI's national measles campaign in the states of Madhya Pradesh (six districts) and Uttar Pradesh (14 districts). Phase I of the social mobilization of measles catch-up campaign was implemented in five districts. To date, the project has reached almost 450,000 people across five districts (three in Madhya Pradesh and two in Uttar Pradesh) through a cadre of around 250 trained volunteers. This implies that as an outcome of this project around 73,000 children have been vaccinated against measles, through this campaign.

The Hong Kong branch of the Red Cross Society of China funded the HIV/AIDS and public health in emergencies (PHIE) programme has reached completion by the end of December 2012. At the exit stage the focus was given on strengthening consistent programme advocacy with concerned government departments. The programme has played a major role in spreading the name of IRCS and increasing its visibility across the district, particularly in the interior villages. In order to document the impact of the programme at the community level a documentary film was produced. The video can be viewed at this link: <http://www.youtube.com/watch?v=yMkRezpmdVc>

On the **organizational development** front, the IFRC India office continues to render assistance in bridging the digital divide. A new IRCS website was developed during 2012, with technical guidance provided by the IFRC India office. Also illustrating the positive steps made by the National Society in communications, IRCS has begun connecting with its state level volunteers in FMR/DM programmes through Facebook, a significant step for IRCS. The review of the existing IRCS National Strategic Plan Document (2009-12) has been completed and the first version of the review document drafted. Finance system development at IRCS national state and branch level continues with ongoing interventions for implementing the Microsoft Navision upgraded software for strengthening financial reporting and accountability of the National Society. In this regard a Navision training was conducted for IRCS finance staff on 26–27 April 2012, supported by IFRC India office. The handing over of MS Navision software to IRCS has been completed.

IRCS was represented in many humanitarian advocacy initiatives both internal and external to the Movement. Specifically, IRCS was jointly represented at the World Economic Forum by the IRCS Secretary General and IFRC Head of India Office. The forum provided an increased recognition of the role of the private sector in disaster response and recovery in the context of South Asia. The session on disaster management which was led by the IRCS Secretary General aimed at exploring the opportunity for humanitarian and construction professionals to share their experiences and review the synergies that stem from public-private partnerships in disaster response. Besides this, support was provided to IRCS in its preparations for and follow up of meetings the society's Secretary General, Head of Delegation for South Asia, and UN Secretary General Ban Ki-moon. <http://www.ifrc.org/en/news-and-media/news-stories/asia-pacific/india/un-secretary-general-meets-with-red-cross-to-discuss-humanitarian-needs-in-south-asia-57502/>

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

Working in partnership

Partners that have been supporting (from 2006 to 2012) 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)	LTPF 4-year target	Actual this report period	Actual to Date
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.				
<ul style="list-style-type: none"> • IRCS has an updated contingency plan, standard operating procedures (SoPs), resource mapping, and online database system for staff and volunteers. 	-	1	In progress	In progress
Output 1.2. A functional training system for creating and improving disaster response skills in staff and volunteers at all level.				
<ul style="list-style-type: none"> • 50% increase in number of IRCS staff and volunteers at the national level trained on disaster response. 	2011	50%	51%	51%
<ul style="list-style-type: none"> • Standardized training curriculum for national, state and district disaster response teams in place in place with IRCS. 	2011 & 2012	1	1 (FMR curriculum)	1 (FMR curriculum)
<ul style="list-style-type: none"> • At least 50% of the state and district level trainings have been facilitated by state/ district level resource persons. 	2012	50%	100%	100%
Output 1.3. Developed logistics capacity for effective disaster response operations.				
<ul style="list-style-type: none"> • Warehousing procedures have been modernized in at least three regional warehouses. 	2011 & 2012	6	NA	NA
<ul style="list-style-type: none"> • Regular replenishment and rotation of stocks. 	-	Yes	Yes	Yes
Output 1.4. IRCS warehousing capacities have been enhanced.				
<ul style="list-style-type: none"> • IRCS strategically locate warehouses have been maintained through regular repairs and renovations to use it to its optimum. 	3	3	2 (66.6%)	2 (66.6%)
<ul style="list-style-type: none"> • IRCS warehouses and allied facilities have been enhanced. 	3	3	2 (66.6%)	2 (66.6%)
Indicator Variance Explanation				

Measurement				
Outcome/Output/Indicators	Baseline (Where available)	LTPF 4-year target	Actual this report period	Actual to Date
<p>Output 1.3- a. Warehousing procedures have been modernized in at least three regional warehouses. This activity has been transferred to tsunami funded project and will be implemented in 2013.</p> <p>Additional explanation In 2012, IRCS DM programme with technical support from IFRC was implemented in 13 programme states. A two-day orientation workshop was organized in August 2012 at IRCS national headquarters for the newly appointed staff from Manipur, Himachal Pradesh and Uttarakhand. In total, 14 participants took part, who will in turn sensitize their peers at branch level.</p> <p>Disaster Relief Emergency Fund: In response to the Assam floods, a DREF operation was launched on 13 July 2012 to reach 200,000 beneficiaries with the various activities of water and sanitation, distribution of non-food items following severe floods. IRCS national headquarters mobilised 7,000 family packs and deployed various national disaster response team (NDRT) and national disaster WatSan response team (NDWRT) members to meet the operational requirement. Relief distribution, construction of toilets and hygiene promotion through awareness campaign are some for the activities these volunteers and staff have been carrying in the flood affected districts. The DREF operation assisted in procurement of 2,000 family pack items towards replenishment of the stocks distributed during Assam flood relief operation. Also, non-food items such as tarpaulins and mosquito nets were procured and sent from IRCS Kolkata warehouse to Arakonam. For details refer to: http://www.ifrc.org/docs/Appeals/12/MDRIN009dref3.pdf</p> <p>Two major DREF operations reached completion in February 2012 delivering assistance to 80,000 beneficiaries in Sikkim and Odisha. Specifically, shelter toolkits distributed in Sikkim have been very much appreciated by beneficiaries because of its relevance to the needs of the affected communities. For details refer to: http://www.ifrc.org/docs/Appeals/11/MDRIN008drefFR.pdf and http://www.ifrc.org/docs/Appeals/11/MDRIN007drefFR.pdf</p> <p>In response to Cyclone Thane, a joint assessment team comprising of IRCS national headquarters and the IFRC country office visited areas affected by Cyclone Thane in Tamil Nadu and Puducherry for the initial assessment. In effect to this, IRCS with support from IFRC distributed 17,500 family packets and more than 100,000 (20 litres per family) litres of water supply to the affected families in Tamil Nadu and Puducherry (UT). For details refer to: http://www.ifrc.org/docs/appeals/rpts11/IBINcy05011201.pdf</p> <p>Capacity building activities: The efforts to continue building disaster response capacities of the branches continued in 2012. Key activities implemented by the state/district branches were training of district disaster response teams (DDRT) in ten districts across Andaman and Nicobar Islands, Andhra Pradesh, Tamil Nadu, Tripura and West Bengal and (33 participants). Training of trainers (ToTs) in community-based first aid was conducted in Assam, Tripura, Uttarakhand and Manipur (171 volunteers participated). Having received the training the volunteers were deployed for conducting outreach awareness sessions at the community level. State disaster response team refresher training was conducted in Bihar. Likewise, identification of volunteers was completed in Himachal Pradesh and Manipur, and volunteers' training in disaster management were conducted in three districts of Tamil Nadu. VCA trainings were conducted in two district across Manipur and two districts in Uttarakhand whereby ten and 60 volunteers participated respectively.</p> <p>Additionally, a three-day school safety training programme was conducted in Khammam district of Andhra Pradesh whereby 31 junior and youth Red Cross (JRC/YRC) programme officers were trained, further strengthening the capacity of the school disaster management committees to respond to disasters timely and effectively.</p> <p>In addition, IFRC continues to provide technical and financial support to the IRCS post-graduate diploma course towards strengthening its coordination with internal and external stakeholders and to increase the in-country strength of the disaster management expertise with enhanced skills and knowledge. IFRC supported IRCS to collaborate with UNICEF for its PG Diploma course in Disaster Management. UNICEF has agreed to</p>				

Measurement				
Outcome/Output/Indicators	Baseline (Where available)	LTPF 4-year target	Actual this report period	Actual to Date
<p>sponsor three candidates in the course, i.e. government officials or NGO staff working in the field of disaster management. All sessions of module 104 of the IRCS PG Diploma Course for Disaster Preparedness and Rehabilitation were completed through technical support provided by IFRC staff.</p> <p>Besides this, IRCS senior management have initiated working towards having in place SOPs for the overall disaster response unit. This will help to minimize delays in the response and will enhance the efficiency of the operations once the standard operating procedures are in place and approved by the senior management. This could lead to detailing of the job descriptions of the staff which at present do not exist. Thus, contributing towards further strengthening of the institutional structure and disaster response unit.</p> <p>IRCS national headquarters main building basement renovation project: The renovation of IRCS basement has been completed and handed over to IRCS national headquarters . The final pledge report for the same has been submitted to Japanese Red Cross Society.</p> <p>Besides this, the tendering process for the reconstruction of Vikhroli warehouse has been initiated. IRCS has paid the revised fee to the architect for the Vikhroli warehouse reconstruction. However, project approvals from the municipal authorities are still awaited, which delayed the tendering process.</p>				
<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.</p>				
<p>Output 2.1. IRCS capacity to address public health emergencies/pandemics is strengthened.</p>				
<ul style="list-style-type: none"> 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) 	-	28,000	3,700 (FMR in Uttarakhand)	3,700 (FMR in Uttarakhand)
<ul style="list-style-type: none"> More than 60% of emergencies involved support from IRCS trained people by the end of 2015 	-	60%	33.3% (1 – Cyclone Thane)	33.3% (1 – Cyclone Thane)
<p>Comments on progress towards outcomes</p>				
<p>First Medical Responders: During 2012, the FMR project component under the DM programme was rolled out in the state of Uttarakhand with technical support provided by IFRC whereby 3,700 volunteers were trained and certified. Following the implementation of the pilot project, the process to develop a standard package for the FMR trainings has been completed as a primary draft, and will be reviewed following the training of master trainers session held at national headquarters in the first quarter of 2013. A team of experts was constituted to review the training material of FMR and develop a comprehensive FMR curriculum, as well as considered visual aids for instructors, including PowerPoint presentations, guidance materials, promotional materials etc. With the assistance of IFRC and ICRC, IRCS has pre-positioned 2,000 first aid kits for use by the certified FMR.</p>				
<p>Outcome 3: IRCS has strengthened capacity in the area of water, sanitation and hygiene promotion.</p>				
<p>Output 3.1. Increased number of staff and volunteers trained in water and sanitation and adequate water and sanitation</p>				

Measurement				
Outcome/Output/Indicators	Baseline (Where available)	LTPF 4-year target	Actual this report period	Actual to Date
kits pre-positioned.				
<ul style="list-style-type: none"> 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	21	21
<ul style="list-style-type: none"> IRCS has standardized and prepositioned water, sanitation and hygiene promotion kits to cater for large scale interventions for up to 50,000 persons. 	2011	50,000 persons	-	-
Output 3.2.				
Capacity to support communities to access improved water and sanitation facilities is strengthened and their knowledge of hygiene increased.				
<ul style="list-style-type: none"> Maintenance, warehousing and deployment procedures for water and sanitation equipment have been developed and implemented. 	2011&20 12	6	-	-
<ul style="list-style-type: none"> Standard operating procedures for the deployment of NDWRT are in place and operational. 	2004	1	-	-
<ul style="list-style-type: none"> Community based water, sanitation and hygiene promotion has become an integral part of IRCS programmes 	2011/201 2 (Baselines doc prepared and approved by IRCS manage- ment)	20	-	-
Comments on progress towards outcomes				
<p>Indicator variance explanation: Output 3.2.a: Maintenance, warehousing and deployment procedures for water and sanitation equipment have been developed and implemented. This activity has been transferred to tsunami funded project and will be implemented in 2013.</p> <p>Output 3.2.c: Community based water, sanitation and hygiene promotion has become an integral part of IRCS programmes. During this reporting period, due to non-availability of funding this activity has been removed.</p> <p>Additional explanation: A concept note on water and sanitation long-term development programmes was approved by the IRCS Secretary General. Following approval of the concept note, IRCS is planning to launch its sanitation initiative in Odisha. A visit was made by the regional WatSan delegate in the final week of December 2012 to Odisha to discuss with the stakeholders on the design of the programme and to carryout a baseline exercise in the field. The project proposal will be prepared based on the information collected during the field visit.</p> <p>Also, IRCS has constituted a joint committee of IRCS and IFRC to oversee the maintenance and up-keep of its water purification units in view of the challenges faced during the recent disaster response deployments.</p>				

Measurement				
Outcome/Output/Indicators	Baseline (Where available)	LTPF 4-year target	Actual this report period	Actual to Date
Additionally, a five-day NDWRT training was conducted in June 2012 whereby 20 participants from India and Bangladesh participated and are ready for deployment.				

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

Measurement				
Outcome/Output/Indicators	Baseline (Where available)	LTPF 4-year target	Actual this report period	Actual to date
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.				
<ul style="list-style-type: none"> At least 60% of target communities’ members participated in DRR awareness raising activities 	-	60%	50%	50%
Output 1.2. Reduced impact of local hazards and risk factors in the target communities.				
<ul style="list-style-type: none"> At least 50 small scale mitigation measures implemented. 	-	50	4	4
<ul style="list-style-type: none"> At least 20-25 female-headed families have started alternative livelihood activities in each six target communities 	-	20 in each community	102 (39 in urban communities, 63 in rural communities)	102
Output 1.3. Preparedness and response capacity is strengthened in target communities.				
<ul style="list-style-type: none"> CDMCs are formed and functioning in all target communities. 	-	In all target communities (i.e. 3 nos)	3	3
<ul style="list-style-type: none"> Specialized community task force teams formed and trained in all the target communities. 	-	In all target communities	3	3
<ul style="list-style-type: none"> All target communities have a community contingency plan. 	-	-	6 (5approved CCP/ 1drafted)	6 (5 approved CCP/ 1drafted)
<ul style="list-style-type: none"> Hazard maps developed/updated in target communities. 	-	-	8	8
<ul style="list-style-type: none"> Basic response equipment pre-positioned in target communities. 	-	4	3	3
<ul style="list-style-type: none"> All target communities have community disaster response teams. 	-	4	3	3
Output 1.4.				

Knowledge and experience on DRR issues are effectively shared and replicated.				
• Community exchange visits/joint meetings held with the participation of key stakeholders		3	3	3
• Good practices on DRR issues are documented and shared internally and externally.		-	4 (3 drafted and 1 published)	4 (3 drafted and 1 published)
Comments on progress towards outcomes				
<p>Under the DRR Maharashtra project significant progress was made in six communities in implementing livelihood activities through “self-help groups” (SHG). So far, 102 SHGs have been formed and successfully running income generation activities based on the proposals developed by the SGHs. These activities have built up the confidence and empowered womenfolk to contribute additional income to their overall family income. Two health camps were conducted in Dhanora and Bharat Nagar. A total of 425 patients availed the health check-up facilities and were provided basic medicines and spectacles, as prescribed by the doctor.</p> <p>Three exposure visits were conducted among DRR rural and urban communities whereby 55 community members participated. These exposure visits helped the rural and urban community members to understand risks, hazards and the kind of work they have carried out under the DRR project. They also got an in-depth insight into the preparedness activities undertaken by the community to respond disasters. This exposure visit helped the community representatives to build their confidence in the DRR process at the community level as well as gave them an opportunity to enhance and demonstrate their leadership quality.</p> <p>Likewise, under the DRR Gujarat project two VCAs were completed with the active participation of community disaster management committees (CDMC) members and community volunteers. Based on the VCA findings, two mitigation measures i.e. operational of toilet block and construction of underground drainage system at Vagrech village were identified. The toilet blocks have now been made operational. One water tank and one bore well have been installed with water supply connection made available to the toilet block.</p> <p>Following this, a three-day orientation of the stakeholders was organized whereby 23 key stakeholders such as community members, community volunteers, CDMC, <i>panchayat raj</i> institutions (PRI) members, representatives from municipal corporation, IRCS project staff and district administration participated and were oriented on the one-year plan of action. The state branches have been involved in developing the information, education and communication material for dissemination and conducting awareness programmes in schools and communities with the help of volunteers. The branches are working in close coordination with the local government authorities, non-governmental organizations, community-based organizations and its volunteers in order to raise awareness amongst the target communities.</p> <p>As part of the community awareness activities, 14 wall murals with DRR messages have been painted in central public areas in both the communities. Also, frequent lectures and campaigns have been conducted on water, sanitation and hygiene promotion at community level.</p> <p>Formation of CDMC and community disaster risk reduction team (CDRRT) has been formed in both communities and orientated on the DRR project. CDMC centres in both the communities have been established and regular meetings have been conducted by CDMC members. Community-level hazard maps and two flex banners with DRR messages are displayed in the CDMC centres.</p>				
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.				
• 2,000 Category II most vulnerable TB/MDR TB patients IRCS service for care and support.	-	2,000	640	640
• 98% of observed TB patients completed the treatment.	-	98%	93.05%	93.05%
• No. of target population reached with ART 1 st order treatment	-	26	26	26

<ul style="list-style-type: none"> 20% increase in voluntary blood donations. 	-	20%	74.4%	74.4%
Output 2.2. HIV and TB stigma and discrimination is reduced.				
<ul style="list-style-type: none"> 40,000 community members are reached with TB related stigma and discrimination messages. 	-	40,000	14,000	14,000
<ul style="list-style-type: none"> At least <ul style="list-style-type: none"> 45% volunteers and 40% beneficiaries in the programme are women. 	-	<ul style="list-style-type: none"> 45% 40% 	<ul style="list-style-type: none"> 90% 40% 	<ul style="list-style-type: none"> -90% -40%
<ul style="list-style-type: none"> Workplace programme for HIV/AIDS is completed in IRCS by end of 2012. 	Yes, at AP state branch staff (approx.1,600 staff trained)	Yes	-	-
Output 2.3. IRCS capacity to deliver and sustain scaled-up HIV and TB interventions is strengthened.				
<ul style="list-style-type: none"> IRCS have 4000 trained volunteers at targeted state/district branches 	-	4,000	1,880	1,880
<ul style="list-style-type: none"> IRCS has a new strategic plan for HIV/AIDS (2013-2016) 	IRCS SP (2009-2012)	Yes	-	-
<ul style="list-style-type: none"> TB and HIV programme staff and volunteers trained in PMER and finance management 	-	Yes	-	-
Comments on progress towards outcomes				
Indicator variance explanation: Output 2.1 Indicator no# 3: No. of target population reached with ART 1st order treatment This indicator was incorporated given the need identified by the field staff that the programme should also cover the core target group audience (Injecting Drug Users referrals to the Integrated Counselling and Testing Centre (ICTC)).				
Additional explanation: HIV/AIDS and PHiE programme: The Hong Kong branch of the Red Cross Society of China-funded HIV/AIDS and public health in emergencies (PHiE) programme was completed by 31 December 2012. During the reporting period, 4,800 trained peer educators and peer group members conducted 270 interactive and group counselling sessions on HIV/AIDS in four programme districts. A total of 1,800 trained volunteers conducted 150 PHiE sessions across 23 villages in Prakasam, Warangal and Karimnagar districts, and 6,999 families benefitted from the interactive sessions. Voluntary blood donation awareness camps were organised in three programme districts and 1,116 units of blood has been collected in 42 camps. Fifty volunteers at state level and approximately 320 volunteers from four programme districts actively took part in the World Red Cross Red Crescent Day 2012 under the global theme of "Youth On The Move". IRCS celebrations for World Red Cross Red Crescent Day have ensured that the society is well profiled in the media. India made up over 20 per cent of the global online media coverage of 8 May 2012.				
As part of the exit strategy life skills, HIV and peer education training manual has been revised and updated to ensure sustainability of YPEP programme in target schools/colleges in Andhra Pradesh. In effect to this, 2,500 training manuals on life skills, HIV/AIDS and peer education have been printed and handed over to IRCS national headquarters for circulation to Andhra Pradesh state branch. In order to document the positive impact of the programme at the community level a documentary film was produced.				
Tuberculosis India Project: During the reporting period, the National Society supported 640 patients and their families in accessing the directly observed treatment short-course (DOTS) treatment. In 2012, the adherence rate of IRCS-supported CAT II patients in this programme stood at 93.05 per cent. Trained Red Cross volunteers continue to engage				

with their communities during the regular outreach sessions. A total of 14,000 community members have been reached with TB awareness sessions across seven states and 14 districts. 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.

World Tuberculosis Day was observed in all the four programme states and eight districts in collaboration with the revised national tuberculosis control programme (RNTCP), local NGOs, schools and colleges. The theme for this event was **“Stopping TB in my Life Time”**. Approximately 4,000 IRCS volunteers along with school/college students, cured TB patients, while local people and other organizations came together and participated in a rally, seminar and street play to raise public awareness on the contagious disease which, despite being curable and preventable, is still killing millions of people each year in India. IFRC India Office, in collaboration with the audiovisual unit in Geneva, produced a video slideshow featuring IRCS’s TB programme, in advance of World TB Day 2012. The video can be viewed here: <http://youtu.be/idUUna0-V2M>

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 national headquarters level, a TB mid-term programme review meeting was held on 13 December 2012. IRCS highlighted the successful implementation and execution of the pilot TB project funded by DFID through IFRC to cater to 640 CAT II re-treatment cases in seven states. Among key suggestions proposed for TB India project 2013 were:

- The TB project will be introduced to one additional state of Bihar. The implementation trend for 2013 will focus on urban areas. Emphasis will be to identify the Cat. II patients within accessible proximity to the IRCS state branch and surrounding areas for better human resource mobilization, cost effectiveness and timely and better monitoring of the project activities.
- In order to strengthen ongoing partnership with TB Association of India, a MoU will be signed in 2013 between both organizations. TB Association of India will be more involved in the TB project activities with specific focus on IEC material adaptation/development.

Social mobilization for measles catch up campaign programme:

During the reporting period, the campaign was rolled out in two districts (Meerut and Bareilly) in Uttar Pradesh and three districts (Dhar, Bhuranpur and Khandwa) in Madhya Pradesh state. The state and district teams have been selected in both states. Following this, 250 Red Cross volunteers have been trained across five project districts in two states during phase I of the Measles catch-up campaign. At the district level, trained volunteers are working closely with the government health workers such as the accredited social health activist (ASHA), Anganwadi worker (AWW), and auxiliary nurse midwife (ANM) to mobilize target parents and children groups to the session site and in organizing sessions and managing the crowd

Regular communication and meetings have been conducted with the state health society and MoH district chapters. The work plans for all the 20 districts have been finalized in consultation with the concerned state and district immunization officers. Also, 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.

Additionally, procurement for 1,100 caps, t-shirts and sweatshirts was done at IRCS national headquarters and are ready to be dispatched to the state and district branches so they can be used by the trained volunteers during campaign outreach visits in turn increasing Red Cross visibility in target communities.

Outcome 3:

Increased capacity of communities and volunteers that are prepared and able to respond to health and injury priorities in target communities (community based health and first aid in action – CBHFA).

Output 3.1.

IRCS capacity is strengthened to address community health risks (communicable and non-communicable) of vulnerable people through community based participatory approaches.

<ul style="list-style-type: none"> • 2,000 IRCS staff, volunteers and members trained on preventive health issues and first aid. 	-	2,000	1832 (30 RC volunteers x 60 villages + 32 RC programme	1832 (30 RC volunteers x 60 villages +
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			staff)	32 RC programme staff)
<ul style="list-style-type: none"> At least 90% of trained volunteers involved in disseminating information on preventive health issues in target communities. 	-	90%	90%	90%
Comments on progress towards outcomes				
<ul style="list-style-type: none"> Nothing to report 				
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.				
<ul style="list-style-type: none"> IRCS identified strategic priorities for 2013-2016. 	IRCS SP 2009-12	IRCS SP 2013-16 document.	>70%	IRCS SP 2009-12 review to be completed by August 2012.
Output 4.2.				
IRCS structures, systems and procedures with regard to finance and human resources are strengthened.				
<ul style="list-style-type: none"> Finance and human resource plans are aligned with the IRCS strategic plan for 2013-2016. 	IRCS SP 2009-12	IRCS SP 2013-16 document	>70%	IRCS SP 2009-12 review to be completed by August 2012
Output 4.3.				
IRCS has a well managed volunteer management system.				
<ul style="list-style-type: none"> Focal person at IRCS national headquarters to support IRCS branches on volunteer management. 		1	1	1
<ul style="list-style-type: none"> IRCS has finalized volunteering policy. 		Yes	-	-
<ul style="list-style-type: none"> IRCS has volunteer management system guidelines in place. 		Yes		
Comments on progress towards outcomes				
<p>During the reporting period, the review of the existing IRCS National Strategic Plan (2009–12) was completed and the first draft of the review document with recommendations for next four-year strategic plan has been drafted to be submitted to IRCS for their feedback. Based on the feedback received from IRCS, this will further facilitate in developing the four-year strategic plan 2013-16. The first draft of the strategic directions and priorities for 2013–16 which are in line with <i>Strategy 2020</i>. Furthermore, an initial mapping was done on volunteer management systems in emergencies which will be analyzed and lessons learnt will be documented.</p>				

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

Measurement				
Outcome/Output/Indicators	Baseline (Where available)	LTPF 4-year target	Actual this report period	Actual to date
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.				
• Senior management is oriented towards effective advocacy.	-	>75%	75%	75%
• Partnerships and MoUs are established between IRCS and relevant organizations on key identified issues.	-	21 MoUs at international level	3	3
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.				
• A comprehensive communications strategy developed by the IRCS	NA	Yes	In progress	In progress
• IRCS national headquarters have developed resources to support and effectively implement the communication strategy	NA	100%	20%	20%
Comments on progress towards outcomes				
Partnerships and MoUs established: In terms of establishing an MoU and following sustained efforts, agreements have been concluded with Turkish Red Crescent Society and Belgian Red Cross. Belgian Red Cross will focus primarily on the promotion and further development of evidence-based first aid practices in India, specifically by IRCS. This work will likely also benefit other health initiatives of the society, such as the home care attendant course, and further strengthen the partnership, opening possibilities for increased collaboration in years to come. Turkish Red Crescent Society will focus on developing capacities in technical areas of response and development over the longer term and support/promote the exchange of ideas and policies both between IRCS and Turkish Red Crescent Society, as well as ensure that other societies across the South Asia region benefit from the learning experience.				
Communication development: The new IRCS website has been released. Technical guidance was provided by IFRC India office. In response to the eagerness of IRCS to leverage their web presence, continued support in development of the IRCS website, www.indianredcross.org , has been provided, including technical and editorial support, as well as best-practice guidance. Furthermore, IRCS are close to deploying a YouTube channel, their first official foray into the realm of social communications. During Q4 of 2012, the IRCS communication strategy has been drafted, and is currently awaiting final approval and implementation by IRCS. As further follow up to promotion of the TB programme of IRCS, material in the form of a case study has been produced, and is available on FedNet: https://fednet.ifrc.org/en/ourifrc/offices/AP/asia-pacific/south-asia/india/challenges-and-opportunities/ . Active communication on IRCS activities following Cyclone Thane disaster, including drafting of web stories and media relations (Reuters) was done http://www.ifrc.org/en/news-and-media/news-stories/asia-pacific/india/cyclone-thane-brings-a-tragic-beginning-to-the-new-year-for-residents-of-cuddalore/ Continued support to IRCS was provided in the development of training materials for young people and youth peer educators, including support to the development of guidelines on youth activities for state and district branches. A further manual on peer education, in addition to the HIV focused manual already on production is being supported through technical guidance. The support provided by IFRC India office to the society's youth programme has culminated in the release of both guidelines and training materials for the IRCS youth leaders. Preparation of the English language edition of the IRCS household water treatment manual was completed				

with the support of the IFRC India office. Furthermore, production and quality assurance of FMR training materials, in addition to further promotional material has continued during this reporting period. The materials have been produced by IFRC India office with technical guidance from the regional team.

Representation & Advocacy:

- IRCS Secretary General and IFRC Head of India Office attended the Evidence Aid Conference hosted by Belgium Red Cross in collaboration with Cochrane University, Brussels. The presentation made by IRCS Secretary General was highly appreciated and stimulated debate across a multitude of areas of intervention of the Red Cross Red Crescent.
- IRCS was jointly represented at the World Economic Forum by the IRCS Secretary General and IFRC Head of India Office in New Delhi in November. The forum provided an increased recognition of the role of the private sector in disaster response and recovery in the context of South Asia. The IRCS Secretary General was called upon to take part as a discussion leader for the session on disaster management which aimed at exploring the opportunity for humanitarian and construction professionals to share their experiences and review the synergies that stem from public-private partnerships in disaster response.
- IRCS was represented by IFRC's head of India Office who delivered the key note address at the International Conference on Disaster Management Preparedness and Response which was held in Hyderabad from 18–20 October 2012.
- IRCS Secretary General and the IFRC Under Secretary General Matthias Schmale, met with director of Tata Institute of Social Sciences (TISS) on 5 December 2012 to discuss furthering the current partnerships between TISS and the Red Cross Red Crescent in the area of online learning. In particular, opportunities to link with the IRCS PG diploma course in disaster preparedness and rehabilitation were explored.
- IRCS Secretary General, IFRC Head of India Office and IFRC South Asia head of regional delegation attended the Key Opinion Leader (KOL) dinner, organized jointly by the Federation of Indian Chambers of Commerce and Industry (FICCI) and Nestlé SA. This event also saw participation of 70-75 senior members of government, heads of multilateral and domestic development organizations, renowned nutrition experts and key business leaders deliberate on “The Double Burden of Malnutrition”.

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.

• A fundraising department is established at IRCS and income revenue increase by 100%.	-	100%	In progress	In progress
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Output 2.2.

A resource mobilization strategy for IRCS is developed and implemented.

• Resource mobilization policy, guidelines and strategy are in place.	-	100%	13%	13%
• 70% Increase in contributions from public and corporate direct donations.	-	70%	-	-

Comments on progress towards outcomes

- IRCS is investigating opportunities to broaden resource mobilization opportunities, including online donation, SMS transfer (through Airtel Money) etc. This process is being heavily supported from a technical point of view by IFRC India office.
- An integrated project has been designed and packaged under the title “Tsunami proposal” was developed and submitted to the zone tsunami unit to seek financial support for IFRC IO ongoing programmes.

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.

• Programme design, implementation and monitoring and evaluation conform to the fundamental principles and humanitarian values.	-	40%	20%	20%
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Comments on progress towards outcomes

Outcome 3: Humanitarian values and awareness on the International Red Cross and Red Crescent Movement was integrated and became instrumental as an important component of all programme related capacity building trainings. With the roll out of the DRR Gujarat programme, TB programme in three additional states, and social mobilization for measles catch-up campaign 100 per cent of the target indicator for this reporting period was achieved.

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

Measurement				
Outcome/Output/Indicators	Baseline (Where available)	LTPF 4-year target	Actual this report period	Actual to date
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.				
1.1.a) Increased number of inter- programme initiatives developed by IRCS national headquarters.	1/2/ 2012	4	2	2
Output 1.2. Strengthened partnerships with Movement partners.				
1.2.a) Increased number of programmes delivered by IRCS with support of Movement partners	-	NA	6	6
Output 1.3. IRCS has strengthened capacity to respond to the digital divide through the development of a minimum set of ICT solutions.				
1.3.a) IRCS utilizes digital video conferencing to build links and collaborate with state branches and external organization	1/1/2012	12	12	12
1.3.b) Increased use of ICT by IRCS national headquarters in daily business	2011	Yes	50%	50%
Comments on progress towards outcomes				
<p>During the reporting period, efforts were made to leverage and strengthen ongoing relationships with Movement partners. At the global level, IFRC India office was represented at the advisory body meeting on Sustainable Development and Health and global IFRC management meeting which were both held in Geneva in March 2012. Focus was laid on resource mobilization with regard to making operational all working agreements at the global, regional and National Society level and CSR activities.</p> <p>IFRC India Office participated in various regional level meetings/events such as the Asia Pacific zone annual technical and planning meetings meeting held in zone office in KL in April 2012. This meeting provided a platform for IFRC country, regional and zone colleagues in each sector of DM, health, OD and communication to update themselves on technical issues, approaches, plans and lessons learned in their respective sectors. Besides this, the regional health meeting and organization development forum took place in March 2012, in Bangladesh. Following the discussions at this forum a seven-member "Organizational Development Working Group" (ODWG) was formed with one representative from each country in the region. Terms of reference for the ODWG was developed with consultation of all ODWG members. IRCS was represented at the regional health meeting whereby the IRCS health programme coordinator presented a road map of the key recent health achievements/progress in the National Society.</p> <p>IFRC India office was represented in the Asia Pacific zone resource mobilization forum and PMER meeting which was hosted by IFRC Asia Pacific zone office in November 2012. The resource mobilization forum provided a platform for better understanding on the recently launched Federation-wide Resource Mobilization</p>				

Strategy with special focus on how to increase funding opportunities and to engage with diversified donors/partners, and building relationships. Likewise, the PMER meeting focused on a more common understanding of the main PMER issues among IFRC, partner National Societies, and host National Societies. At the end of the meeting there was an attempt made to come up with specific and concrete recommendations to address PMER issues in the IFRC context.

At the **national level**, IRCS and IFRC jointly attended the Disability Congress; Red Cross Red Crescent side meeting in November 2012. The projected role of IFRC in the planning and action process was defined to actively drive the agenda of disability by including the same into *Strategy 2020*. IFRC should also lead the issue of disability in disasters. Furthermore, IFRC and ICRC will work together to strategize the Movement position on disability. Additionally, the head of the IFRC India office represented the IFRC President at the 2012 Asia Summit held in New Delhi in November 2013 and co-chaired a session on earthquake response lessons learnt.

In order to link DM programme 12 state branches with the national headquarters through video conferencing facilities, the procured equipment were dispatched to the state branches. Furthermore, IFRC India office will provide technical support for initial deployment and online training of the same. This activity will further enhance the IRCS national headquarters connectivity with its DM programme 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.

2.1.a) PMER components are included in all programme/project proposals	4 (DM/Health/OD/HV & FP)	4	4	4
2.1. b) All IRCS programme staff are trained in PMER.	-	40	24	24

Comments on progress towards outcomes

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.

In continuation to support the ongoing efforts for capacity building of state branches, a five-day national level PMER refresher training was conducted by IRCS national headquarters, whereby 24 IRCS programme staff and Red Cross volunteers from 13 disaster management/DRR programme state branches participated. This training contributed to creating a pool of 24 trained IRCS programme staff and volunteers as they play a major role in executing the IRCS programme in the community and are responsible for improving the overall quality of the project implementation and monitoring in the target DM programme areas.

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 also decide on the most appropriate techniques for delivering programme specific awareness messages in their local neighbourhoods.

Community participation is an integral part of DRR programming. During the reporting period this has been demonstrated through the following:

Mitigation measures in Vhagrech community: In October 2012, several meetings were conducted in Vhagrech and Rustamwadi communities with CDMC members and other community representatives to discuss the mitigation measures in order to reduce the risks identified through the VCA exercise.

Community members showed their commitment towards this activity and gave their consent to actively participate to carry out the mitigation measures. IRCS representatives facilitated in concluding the kind of mitigation measure required to be carried out in order to improve the sanitation situation in Vhagrech village.

In Vhagrech, six toilet blocks were constructed with the help of panchayat funds. However, these toilets are not being used by the community members due to lack of water and approach road. Community members identified their capacities to operationalizing the existing toilet blocks. Accordingly a request for the same was forwarded to IRCS for support.

The community has agreed to operationalize the existing toilet blocks by December 2012. The access road will be constructed by the contribution from families that are going to use these toilet blocks. In addition to this, the community will be providing support in kind of labour and available local resources for operationalizing the toilet block.

A bore well is being installed near to the toilet to provide water supply to the toilet block. A water tank is under construction at the roof of the toilet storing water which will ensure water supply to the toilet block.

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 is involved in annual programme planning especially for training strategies, IEC/curriculum development and programme implementation. Also, 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 regular (weekly) visits and discussions in the programme villages are done 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, HIV/AIDS 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 would continue to strengthen the institutional structure by training volunteers and by raising more resources through the upgraded resource mobilization system.

Lessons learnt:

1. During the NDWRT training staff have shown improvement in terms of participation in the training and improvement of knowledge hence participatory approach should be maintained in future trainings.
2. Media advocacy should be strengthened so as to highlight the organization visibility and programme activities.
3. At the exit stage as in the case of the Hong Kong Red Cross-supported HIV/PhiE programme consistent programme advocacy with various concerned government departments was strengthened.
4. PMER skills are required for the programme staff directly involved in programme planning for better management and control over the project. Focus should be on indicator based reporting to highlight project results.
5. The DRR Maharashtra project has shown that in urban and rural settings community opinion should be considered to implement better livelihood income generation activities. Also, exposure visits should be incorporated into programme plans as it increases knowledge and provides opportunity to implement programme activities in a different way.
6. Following the two major DREF operations in 2011, lessons learnt workshop was organized at IRCS national headquarters in February 2012 to capture learning and best practices with the aim of IRCS further developing its disaster response mechanism. Among the key recommendations were:
 - NDRT/ NDWRT members insurance should be processed before they are sent on mission.
 - Emergency logistics funds should be provided to all the warehouses to avoid any delay in dispatch of relief supplies.
 - ID cards should be provided to all the response team members.
 - All the state secretaries to be briefed about the national disaster response tools and their integration with the state response team at the time of disaster response.
 - Equipment should be made available to the response team members to allow them report to national headquarters on daily basis.
 - Shelter toolkits distributed in Sikkim have been very much appreciated by beneficiaries because of its relevance to the needs. These kits are to be prepositioned in warehouses as DP stock.

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.

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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

Contact information

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

- **In the Indian Red Cross Society**
 - Dr. S P Agarwal, Secretary General; email: spagarwalsg@indianredcross.org;
phone: +91.11.2371.6441; fax: +91.11.2371.7454
- **In the IFRC India Country Office**
 - John Roche, Head of India Office; email: john.roche@ifrc.org; phone: +91.11.2332.4235;
fax: +91.11.2332.4235;
- **In the IFRC regional office**
 - Azmat Ulla, Head of Regional Office; phone: +91 11 2411 1125; fax: +91 11 2411 1128;
email: azmat.ulla@ifrc.org
- **In the IFRC Asia Pacific Zone Office**
 - Jagan Chapagain, Director of Zone; phone: +603 9207 5700; email: jagan.chapagain@ifrc.org
 - Alan Bradbury, Head of Resource Mobilization and PMER; phone: +603 9207 5775,
email: alan.bradbury@ifrc.org