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India
Annual Report 2014

International Federation
of Red Cross and Red Crescent Societies

MAAIN001
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This report covers the period 1 January to 31 December 2014

Branch volunteers providing rescue support during Jammu and Kashmir flash floods, in early September 2014.
***Photo:** IRCS.*

Overview

Indian Red Cross Society (IRCS) has continued its disaster management and Tuberculosis (TB) programming, with particular focus on the First Medical Responder (FMR) training programme in 14 of the most disaster-prone states of India, in 2014. It is evident that FMR concept has been the backbone for IRCS's response mechanism. The International Federation of Red Cross and Red Crescent Societies - South Asia regional delegation (IFRC SARD) has been providing resources, both technical and financial to strengthen the FMR initiatives of IRCS.

In the year 2014, a number of small and medium scale disasters such as cyclone Hudhud, monsoon floods in Assam, Bihar and Jammu and Kashmir occurred in India, that prompted IRCS's institutional response at various levels in delivering humanitarian assistance. About 8.7 million people were affected by floods in various states. IRCS responded by deploying its relief stocks as per state branch requests. The trained FMRs responded immediately after the disaster struck and continued to work until full-pledged relief support reached to the affected population. In September, the Jammu and Kashmir region was affected by massive floods, which required a major response, and consequently forced IRCS to significantly shift focus from development work implementation to this emergency relief operation. However, with focus on FMR and restoring IRCS disaster response capacities through replenishment and pre-positioning of disaster preparedness stocks in strategic warehouses, reasonable progress has been made in the implementation of ongoing disaster management programme.

A comprehensive procurement of relief items, for the replenishment of IRCS disaster preparedness stocks, primarily non-food items (NFIs) for at least 15,000 families, has been completed, with financial support of a number of National Societies. The procurement was mostly done locally, but also with help of the Asia Pacific Zone (APZ) logistics unit, using the global framework agreement.

IRCS reviewed and consolidated its current capacities in emergency WASH, and further strengthen in this field of intervention, through a comprehensive maintenance plan for the existing equipment, procurement of a new set of water purification units of different capacity, as well as training of staff and volunteers on emergency WASH. During the reporting period, more focus was put in acquiring additional sanitation equipment and water purification units, while the training and maintenance remain a priority for 2015, alongside some additional procurement.

IRCS has also experienced changes at the senior leadership level, with two changes of the Chairman of the National Society (Union Health Minister), following the establishment of the new government and a subsequent re-shuffle. Despite this, the National Society managed to hold a successful Annual General Meeting in November 2014, which was hosted by the President of India and chaired by the new and current Chairman of IRCS, Mr. J. P. Nadda.

In September 2014, IRCS finalized its strategic development plan for the period 2014-2017. The main strategic goals and programmatic directions for the upcoming four-year focused in building resilient communities, promoting safe and healthy living, responding to health needs in emergencies and supplementary services, contributing towards social inclusion and culture of non-violence.

Working in partnership

Partners	Disaster Response	DRR	Health	WatSan	OD	Comms	HD	IDRL	RM/ PMER
Multilateral partner National Societies through IFRC:									
American RC	✓	✓	✓						
Australian RC				✓					
British RC	✓								
Hong Kong RC		✓	✓			✓			
Danish RC					✓				
Japanese RC	✓		✓	✓					
Italian RC				✓					
Singapore RC	✓	✓							
Irish RC					✓		✓		
Finnish RC	✓								
German RC	✓								
Other multilateral partners through IFRC:									
DFID			✓						
USAID			✓						
Japanese government	✓								
Chinese government	✓								
Bilateral partner National Societies:									
German RC			✓		✓				
Belgian/Flanders RC			✓						
Netherlands RC				✓					
Canadian RC	✓	✓	✓	✓	✓				✓
Spanish RC		✓	✓	✓					
Italian RC			✓		✓				
Other bilateral partners:									
ICRC			✓		✓	✓			
St John Ambulance, World Health Organization (WHO), UNICEF, Ministry of Health and Family Welfare (MoH & FW) - Government of India, National Disaster Management Authority (NDMA), National Institute for Disaster Management, SPHERE India, Vodafone India, the Federation of Indian Chambers of Commerce and Industry (FICCI).									

Progress towards outcomes

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

Measurement			
Outcome/Output/Indicators	**Baseline[1]**	**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. By 2015, IRCS has an updated contingency plan, standard operating procedures (SOPs), resource mapping, and online database system for staff and volunteers.	20%	60%	0
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. By 2015, 50% increase in number of IRCS staff and volunteers at the national level trained on disaster response.	84	99	2187[2]
Indicator 1.2.b. By 2015, standardized training curriculum for national, state and district disaster response teams in place in place with IRCS.	50%	50%	0
Indicator 1.2.c. By 2015, at least 50% of the state and district level trainings have been facilitated by state/ district level resource persons.	100%	100%	100%[3]
Output 1.3: Developed logistics capacity for effective disaster response operations.			
Indicator 1.3.a. By 2015, warehousing procedures have been modernized in at least three regional warehouses.	50%	50%	0
Indicator 1.3.b. By 2015, regular replenishment and rotation of stocks.	24,000[4]	10,000	15,394[5]
Output 1.4: IRCS warehousing capacities have been enhanced.			
Indicator 1.4.a. By 2015, IRCS strategically located warehouses have been maintained through regular repairs and renovations to use it to its optimum.	2[6]	1[7]	0
Indicator 1.4.b. By 2015, IRCS warehouses and allied facilities have been enhanced.	71.42%[8]	14.29%	0
Output 1.5: The shelter needs of 500 flood affected families are met to reduce further impact severe weather conditions. *(recovery support- Uttarakhand flood operation)*			
Indicator 1.5.a. By 2015, flash flood affected 500 families have	0	500	500

[1] 2013 figures.
[2] volunteers are trained as FMRs.
[3] Ongoing and continuous process.
[4] NFIs for 24,000 families.
[5] IRCS has prepositioned and replenished DP stocks for at least 15,394 families.
[6] Kolkata warehouse and IRCS NHQ main building basement stores renovation.
[7] Reconstruction of Vikhroli warehouse by July 2014.
[8] Baseline: (5 out of 7 stores have been renovated recently. Target for 2014: renovation of Vikhroli warehouse.

Measurement			
Outcome/Output/Indicators	**Baseline[1]**	**Annual target**	**Year to Date Actual**
access to safe shelter.			

Comments on progress towards outcomes

- IRCS's continued to display its efficiency and effectiveness to prepare for and respond to disasters in delivering speedy and effective humanitarian assistance to affected communities. It is evident from the way IRCS used the resources and responded to a number of small and medium scale disasters in 2014 such as monsoon floods in Jammu and Kashmir (J&K) region, cyclone Hudhud and Assam floods. In response to devastating floods in J&K, IFRC provided active support to IRCS in the mobilisation of the Disaster Relief Emergency Fund (DREF), and deployment of staff in early response alongside IRCS national headquarters' (NHQ) and ICRC. IRCS state branch responded promptly to the situation by re-establishing a temporary new office and logistic system in Srinagar. Through this operation IRCS delivered emergency assistance to more than 28,000 people with provision of temporary shelter, safe drinking water through deployment of water purification units of different size with a capacity of 3,000 litres and 250 litres respectively, other relief and non-food items. Additionally, over 100 FMRs from the state were mobilised for the relief distribution. These FMRs were trained by IRCS as part of its initiative to have more trained staff and volunteers to respond to disaster. Furthermore, the branches managed to mobilise resources from external sources, but also from other state branches directly. IRCS NHQ mobilised disaster preparedness stocks prepositioned at its regional warehouses in Delhi and Kolkata that demonstrates the overall efficiency and preparedness of the National Society.
- Efforts are being made to consolidate the FMR project within the overall disaster management programme, and a concept note for integration of FMR modules in IRCS' existing disaster response mechanism was developed. Furthermore, discussions have been initiated on reviewing the implementation of FMR programme and establishing minimum standards of quality in training of trainers (ToTs), as well as training of volunteers at community level. An evaluation of the FMR initiative has been planned as a part of DM programme 2015, which is expected to look into sustainability of the project, quality of programme at various levels, integration of FMRs in the overall disaster response mechanism of IRCS, etc.
- In order to maintain the regular replenishment and rotation of stocks, IRCS carried out and completed the procurement for replenishment and prepositioning of disaster preparedness stocks of non-food items (NFIs) with the support of IFRC SARD, American Red Cross, Hong Kong Red Cross, British Red Cross, and Finnish Red Cross. These NFIs procured have been prepositioned in six strategically located IRCS warehouse at Bahadurgarh (Delhi), Kolkata (West Bengal), Guwahati (Assam), Arrakonam (Tamil Nadu), Biramgam (Gujarat) and Vikroli (Maharashtra). The procured NFIs will help IRCS to cater to the emergency relief needs of 15,394 families.

Indicator variance

Indicator 1.1.a. and **1.2.b.:** Due to change in priorities of IRCS as their attention was on providing emergency assistance during a number of disasters that occurred during 2014 across the country, work on development of contingency plan, SOPs for disaster response, volunteers policy and guidelines, standardization of NDRT curriculum including planned trainings were postponed to 2015. Support is being provided to the IRCS in strengthening their junior, youth and volunteer development.

Indicator 1.3.a., 1.4.a and 1.4.b.: Though IRCS warehousing capacities in terms of prepositioning of disaster preparedness stocks have been increased with NFIs, but modernisation of warehouse procedures; allied facilities and renovation could not be possible due to complex administrative formalities. The reconstruction of the Vikhroli warehouse could not take place due to slow progress in obtaining necessary permissions from the local authorities hence the project was dropped in consultation with the donor.

Measurement			
Outcome/Output/Indicators	**Baseline**[1]	**Annual target**	**Year to Date Actual**
Indicator 1.5.a.: Provision of safe shelter was a part of recovery support plan for Uttarakhand flash floods affected families; however due to change in priorities on the ground and funding constraints, the focus changed to temporary shelter. IRCS has replenished and prepositioned temporary emergency shelter materials such as tents and tarpaulins in its regional warehouses.			
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. By 2015, 12,600 IRCS staff members and volunteers (in 14 states) trained in preparedness and response aspect of public health in emergencies (cadre of first medical responders).	0	9,123	2,187
Indicator 2.1.b. More than 60% of emergencies involved support from IRCS trained people by the end of 2015.	100%	100%	100%[9]
Comments on progress towards outcomes			
• In order to create a pool of trained and active volunteers across the country, IRCS has taken initiates to consolidate its preparedness and response human resources capacity under the FMR project. Initially, only 250 volunteers in Uttarakhand were planned to be trained on FMR. However, the target was increased as the FMR project expanded to 14 states. During the second half of 2014, IRCS state branches in Andaman Nicobar, Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Himachal Pradesh, Manipur Odisha, Tamil Nadu, Tripura, Uttar Pradesh, Uttarakhand and West Bengal have conducted 55 FMR induction and refresher training sessions. In total, 2,187 volunteers/staff were trained by these branches. IRCS NHQ also organized FMR ToT at NHQ with the technical and facilitation support of IFRC and ICRC where 20 participants from DM programme states were trained. Additionally, IRCS has sucessfully mobilised the trained FMRs while responding different emergency situations in the country, in 2014.			
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	25	27
Indicator 3.1.b. By 2015, IRCS has standardized and prepositioned water, sanitation and hygiene promotion kits to cater for large scale interventions for up to 50,000 persons.	10,000	5,000	37,530 (10,000 + 27,350)
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. By 2015, maintenance, warehousing and deployment procedures for water and sanitation equipment have	1	1	0

[9] Ongoing and continuous process.

Measurement			
Outcome/Output/Indicators	Baseline[1]	Annual target	Year to Date Actual
been developed and implemented.			
Indicator 3.2.b. By 2015, standard operating procedures for the deployment of national disaster water and sanitation response team (NDWRT) are in place and operational.	0	1	0
Indicator 3.2.c. By 2015, community based water, sanitation and hygiene promotion has become an integral part of IRCS programmes.	50	40	0

Comments on progress towards outcomes

- IRCS has opened up its emergency WASH to enhance overall response mechanism since 2013. In 2014, IRCS has already streamlined its emergency water purification capacity through procurement of two different types of units, with capacity of 3,000 and 250 litres per hour respectively. With the support of SARD, IRCS has procured eight water purification units, and they were added to their existing water treatment equipment. Out of these eight units, two units have the capacity of 300 litres and six are of 250 litres capacity. These WPUs were deployed in Jammu and Kashmir floods response. Following a positive experience, IRCS decided to procure additional four WPUs capacity of 3000 litres per hour, in early 2015. Additionally, IRCS has procured 214 emergency sanitation equipment, in order to enhance its capacity in delivering emergency sanitation services during disasters. This equipment has capacity to meet the emergency sanitation needs of 4,280 people.
- In 2014, IRCS has further improved its trained human resources to deal with emergency water and sanitation needs through NDWRT training. Upon completion of the training, some 27 IRCS staff and volunteers were trained. This training was held at IRCS regional training centre Bahadurgarh in December 2014, and the facilitation support was provided by SARD.

Indicator variance

Indicator 3.2.a. and 3.2.b.: Based on operational realities, IRCS has postponed the development of maintenance, warehousing and deployment procedures for water and sanitation equipment, and NDWRT SOP and have already included in the DOP 2015 plan.

Indicator 3.2.c. Following an advocacy effort and subsequent discussion by IRCS and some relevant stakeholders in late 2013, community sanitation was identified as one of the strategic areas where IRCS and FICCI can explore opportunities of collaboration in order to scale up sanitation intervention in India. IFRC provided technical support for the development of the proposal to roll out sanitation scale up initiative in Odisha in the past. However, funds for the project was not secured resulting in non-implementation planned community-based WatSan project.

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

Measurement			
Outcome/Output/Indicators	Baseline[10]	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").			

[10] 2013 figures

Output 1.1: Increased community awareness on DRR as per the local hazard context in target communities.			
Indicator 1.1.a. By 2015, at least 60% of target communities' members participated in DRR awareness raising activities.	**85%**	60%	0
Output 1.2: By 2015, reduced impact of local hazards and risk factors in the target communities.			
Indicator 1.2.a. By 2015, at least 50 small scale mitigation measures implemented.	14	27	0
Indicator 1.2.b. By 2015, at least 500 families affected by flash floods in Uttarakhand receive assistance to mitigate impact of flash flood on their livelihood.	0	500	0
Output 1.3: Preparedness and response capacity is strengthened in target communities.			
Indicator 1.3.a. By 2015, CDMCs are formed and functioning in all target communities.	8	18	0
Indicator 1.3.b. By 2015, community volunteers are trained as first medical responders in DRR communities.	60	450	0
Indicator 1.3.c. By 2015, specialized community task force teams formed and trained in all the target communities.	900[11]	2	0
Indicator 1.3.d. By 2015, all target communities have a community contingency plan.	7	0	0
Indicator 1.3.e. By 2015, IRCS has a core group of CBDRR trainers.	30	60	0
Indicator 1.3.f. By 2015, hazard maps developed/updated in target communities.	8	18	0
Indicator 1.3.g. By 2015, basic response equipment pre-positioned in target communities.	8	9	0
Indicator 1.3.h. By 2015, all target communities have community disaster response teams.	8	18	0
Output 1.4: Knowledge and experience on DRR issues are effectively shared and replicated.			
Indicator 1.4.a. By 2015, community exchange visits/joint meetings held with the participation of key stakeholders.	9	5	0
Indicator 1.4.b. By 2015, good practices on DRR issues are documented and shared internally and externally.	11	2	0
Output 1.5: Capacity and skills of volunteers and staff have been enhanced to deliver DRR programme at community level.			
Indicator 1.5.a. By 2015, at least 300 new volunteers and staff have been trained to implement community based DRR programmes.	150	180	0
Comments on progress towards outcomes			
Indicator variance explanation for outcome 1: Due to changing priorities of IRCS coupled with funding constraints, implementation of community-based disaster risk reduction programme was not achieved. This change was reported through the revised DOP 2014.			
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. By 2015, some 5,940 Category II most vulnerable TB/MDR TB patients receive IRCS service for care and support.	1,700	2,120	835
Indicator 2.1.b. By 2015, at least 98% of observed TB patients completed the treatment.	93.05%	98%	97%
Indicator 2.1.c. By 2015, 20% increase in voluntary blood	74.4%	0	0

[11] Task force members in 5 communities.

donations.			
Output 2.2: HIV and TB stigma and discrimination is reduced.			
Indicator 2.2.a. By 2015, some 36,200 community members are reached with TB related stigma and discrimination messages.	14,000	10,600	0
Indicator 2.2.b. By 2015, at least 50% of volunteers and beneficiaries in the programme are women.	0	0	0
Indicator 2.2.c. By 2015, workplace programme for HIV/AIDS is completed in IRCS by end of 2012.	1,600[12]	0	0
Output 2.3: IRCS capacity to deliver and sustain scaled-up HIV and TB interventions is strengthened.			
Indicator 2.3. a. By 2015, IRCS have 2,765 trained volunteers at targeted state/district branches.	2,130[13]	282	0
Indicator 2.3.b. By 2015, IRCS has a new strategic plan for HIV/AIDS (2013-2016).	1[14]	1	0
Indicator 2.3.c. By 2015, TB and HIV programme staff and volunteers trained in PMER and finance management.	29	30	0
Comments on progress towards outcomes			
• IRCS has been implementing TB project in India with the support of IFRC since 2009 and implementation is continued throughout the project period in five states (Punjab, Haryana, Uttar Pradesh, Karnataka and Gujarat), with limited scope in 2014 as well. Out of 835 CAT II patients enrolled for the project; 813 of them had completed their treatment resulting in about 97 per cent patient adherence rate. • IRCS signed a memorandum of understanding (MoU) with the Irish Red Cross on supporting the TB project in the state of Punjab, in 2014. This will be a bilateral project; however it is a complementary element of the national TB programme, supported by IFRC and partially by ICRC. • In January 2014, a joint IRCS-IFRC team visited two districts – Amritsar and Jalandhar of Punjab to assess the impact of the TB control programmes. An assessment report was developed based upon project observations, key achievements, and recommendations on certain areas that need to be improved from project management perspective. • IRCS's HIV/AIDS programme was concluded in 2012, therefore, indicators listed are no longer in the priority list of the National Society in 2014.			
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. By 2015, some 2,000 IRCs staff, volunteers and members trained on preventive health issues and first aid.	1,832[15]	-	0
Indicator 3.1.b. By 2015, at least 90% of trained volunteers involved in disseminating information on preventive health issues in target communities.	90%[16]	100%	0
Output 3.2: IRCS has been successfully implementing the measles catch up – extended operational research program in selected districts of selected states in India.			
Indicator 3.2.a. By 2015, IRCS has 500 trained volunteers at targeted state/district branches.	500	300	0
Indicator 3.2.b. By 2015, IRCS has a POA and approved hypothesis and indicators for the measles project.	yes	yes	0

[12] staff at Andhra Pradesh state branch trained.
[13] 2,050 volunteers trained under HIV & TB programme. However from 2013 IRCS is implementing only TB project
[14] IRCS Strategic Plan 2009-2012.
[15] under HIV programme
[16] under HIV programme

Indicator 3.2.c. By 2015, measles staff and volunteers trained in PMER and finance management at IRCS.	22	30	0
Output 3.3: IRCS has better capacity in planning, designing and implementing NCD programs in selected areas.			
Indicator 3.3.a. By 2015, IRCS has 100 trained volunteers at targeted state/district branches.	0	50	0
Indicator 3.3.b. By 2015, IRCS has an NCD prevention and management module approved by the management.	NA	Yes	0
Output 3.4: IRCS has a system and better capacity in capturing all CBHFA program related data, across level.			
Indicator 3.4.a. By 2015, IRCS has a digitized system that helps collect and analyse data across level.	NA	Yes	0
Indicator 3.4.b. By 2015, IRCS staffs and volunteers capacity has been build that the system operates flawlessly across level.	500	300	0
Comments on progress towards outcomes			
• Due to changing priorities of IRCS coupled with funding constraints, implementation of community-based health programme including first aid and NCD was not achieved. This change was reported through the revised DOP 2014. • The implementation of operational research on measles' social mobilisation as part of IRCS community-based programming was not realized as the donor decided to pull out the funding support in 2014. • Though some efforts were made to digitize data collection in programmes; especially applying monitoring information system (MIS) in IRCS programmes with training, it was delayed due to technical problem in the software coupled with funding challenges.			
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. By 2015, IRCS identified strategic priorities for 2013-2016.	1[17]	1	1
Output 4.2: IRCS structures, systems and procedures with regard to finance and human resources are strengthened.			
Indicator 4.2.a. By 2015, finance and human resource plans are aligned with the IRCS strategic plan for 2013-2016.	NA	1	0
Output 4.3: IRCS has a well-managed volunteer management system.			
Indicator 4.3.a. By 2015, focal person at IRCS national headquarters to support IRCS branches on volunteer management.	0	1	1
Indicator 4.3.b. By 2015, IRCS has finalized volunteering policy.	1[18]	1	0
Indicator 4.3.c. By 2015, IRCS has volunteer management system guidelines in place.	0	1	0
Comments on progress towards outcomes			
• IRCS has finalized and published their strategic development plan 2014 to 2017 and disseminated them among their branches, staff and key partners. However, finance and human resource plans are not aligned with the new strategic plan. • IRCS has agreed to adopt IFRC's volunteering policy and youth policy by adapting it to the Indian context, and has already developed the draft documents. The finalization and process meetings are planned in 2015.			

[17] IRCS Strategic Plan 2009-2012.
[18] Draft policy developed in 2007.

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

Measurement			
Outcome/Output/Indicators	**Baseline**	**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. By 2015, senior management is oriented towards effective advocacy.	75%	25%	0
Indicator 1.1.b. By 2015, partnerships and MoUs are established between IRCS and relevant organizations on key identified issues.	2	1	1[19]
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. By 2015, a comprehensive communications strategy developed by the IRCS.	0	1	0
Indicator 1.2.b. By 2015, IRCS national headquarters have developed resources to support and effectively implement the communication strategy.	20%	40%	0
Comments on progress towards outcomes			
IFRC continued its support in order to increase visibility of IRCS's humanitarian work in the country as follows: • On 17 June 2014, IRCS marked the first anniversary of the Uttarakhand flash floods. For that occasion, IFRC produced a video to highlight IRCS emergency response. The Union Minister of Health, who is also the newly appointed chairman of IRCS, made an appearance in the video and took the opportunity to thank the Red Cross volunteers for their commitment. • On 23 February 2014, IRCS and the head of SARD along with other stakeholders were invited by the President of India to attend the platinum jubilee of the Tuberculosis Association of India. The India story as the lead on World TB Day was posted on IFRC website. IRCS SG did an interview on *Channel News Asia*. This was in relation to the work of the IRCS as portrayed in the 'in pictures', linked to IFRC story and the one on the RCRC Magazine: http://www.ifrc.org/news-and-media/news-stories/asia-pacific/india/in-pictures---world-tb-day/ • Under the TB programme titled, "100 per cent patient adherence in Red Cross TB Programme in Punjab" (detail information can be accessed at http://www.indianredcross.org/press-rel06-mar2014.htm). The volunteers taking the patients to the DOTS centre and provided them with dietary protein supplements. These volunteers, whose ratio is at least 1 per 6 patients also disseminating information on TB, its treatment and basic precautions in the patients' immediate community to prevent the spread of this disease. • A press note on "IRCS: An active partner in India's march towards being Polio-Free", IRCS highlighted volunteers effort as a key service delivery. For more info visit: http://indianredcross.org/press-rel04-mar2014.htm.			
Outcome 2: Financial sustainability and a strengthened capacity for fundraising in the IRCS are ensured.			
Output 2.1: The fundraising unit at IRCS national headquarters is strengthened.			
Indicator 2.1.a. By 2015, a fundraising department is established at IRCS and income revenue increase by 100%.	NA	0	0
Output 2.2: A resource mobilization strategy for IRCS is developed and implemented.			
Indicator 2.2.a. By 2015, resource mobilization policy, guidelines and strategy are in place.	NA	0	0
Indicator 2.2.b. By 2015, at least 70% increase in contributions from public and corporate direct donations.	NA	0	0

[19] FICCI

Comments on progress towards outcomes			
• The performance of most of the indicators is behind the target. Although a strategic development of IRCS resource mobilization capacity is lagging behind the desired targets, the National Society has made a number of steps to approach donors directly with a number of project proposals for TB, as well as sanitation and FMR projects. This is a clear indicator of IRCS' desire to take more initiative in its resource mobilization. SARD provided extensive technical support in the development of those proposals which has also been presented as an opportunity for IRCS staff to learn and build their individual PMER and resource mobilization skills.			
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. By 2015, programme design, implementation and monitoring and evaluation conform to the fundamental principles and humanitarian values.	0	0	0

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. By 2015, increased number of inter- programme initiatives developed by IRCS NHQ.	1[20]	1[21]	0
Output 1.2: Strengthened partnerships with Movement partners.			
Indicator 1.2.a. By 2015, increased number of programmes delivered by IRCS with support of Movement partners.	50%	50%	0
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. By 2015, IRCS utilizes digital video conferencing to build links and collaborate with state branches and external organization.	14	18	14
Indicator 1.3.b. By 2015, increased use of ICT by IRCS national headquarters in daily business.	NA	50%	0
Comments on progress towards outcomes			
• The initial target of 14 disaster management programme state branches installed with video conferencing facilities was achieved in 2013. In 2014, IFRC continued to provide technical support for online training on ICT use, video conferencing, and conducting meeting with programme states. This has further enhanced IRCS NHQ connectivity with its disaster management 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. By 2015, PMER components are included in all programme/project proposals.	100%	100%	100%[22]

[20] DM programmes clubbed with health all under FMR programme.
[21] WatSan programme integrated into FMR.
[22] Ongoing and continuous process.

Indicator 2.1. b. By 2015, at least 54 IRCS programme staff are trained in PMER.	34	10	0
Comments on progress towards outcomes			
• There is a growing need to strengthen the PMER skills of IRCS, as the National Society currently heavily depends on IFRC to match the necessary standards. However, in the absence of dedicated PMER staff at IRCS it is a big challenge to provide systematic capacity building in the area of PMER, as many other areas requiring further skill development. Hence, the PMER capacity enhancement training planned for 2014 has been postponed to 2015.			

Stakeholder participation and feedback

Through its flagship project of FMR, IRCS engages directly with communities by building volunteers' emergency response skills in a wide range of themes, including first aid, psychosocial support, management of dead bodies, etc. The feedback is mainly obtained through pre- and post-training questionnaires, as well as by observing the volunteers' performance during emergency interventions. IRCS has expressed a wish to review the FMR project at ground level in order to assess the quality of knowledge imparted onto volunteers and its usefulness for communities. To achieve that, a new set of tools will be developed, together with IFRC and ICRC support, in order to gather accurate and consistent feedback and to be able to ensure minimum quality standards for the future implementation of the project. The stakeholders' feedback is obviously the critical factor in determining those areas needing improvement.

Most project monitoring has been carried out directly by IRCS on a regular basis. Specific targeted monitoring is also occasionally facilitated by IFRC. As a part of DOP 2015, an evaluation of the FMR initiative is likely to be carried out in the first quarter of 2015. This evaluation is expected to highlight strengths and weakness of FMR initiative. The recommendations of the evaluation exercise are expected to help in improving FMR programme of IRCS.

Key risks or positive factors

In September 2014, the Jammu and Kashmir region was affected by unprecedented floods which paralysed the functioning of the affected area, particularly the city of Srinagar and a number of other districts. The city was submerged in water for weeks, and many other areas could be accessed only with help of substantial logistical support of the Indian Army, which maintains heavy presence in the region. Similarly, the civil administrations, as well as the IRCS branch were affected and their functioning made difficult. The branch office was under water for weeks and had to operate from an alternative location.

Following the election of the new national government, IRCS obtained a new National Society Chairman (post traditionally occupied by the Union Minister of Health), which soon after changed due to a Cabinet reshuffle.

The change in priorities of IRCS combined with changes in the external environment, as elaborated above, resulted in slower-than-expected implementation of planned activities. Frequent changes in operational plans often cause delays, as proposed revision requires donors' approvals or internal budget revisions. Systematic early programme planning based on real needs and capacities on the ground need to be strengthened.

Lessons learned and looking ahead

Lessons learned:

Based on earlier experiences, and following the key recommendations of the recent internal audit review, SARD is making efforts at consolidating its support to IRCS in order to ensure better accountability, division of roles and responsibilities and, ultimately, improved quality of services to beneficiaries. This will be achieved through joint formulation of cooperation agreements at programme and global institutional levels. Also, closer cooperation with the Movement stakeholders on programme support, as well as strategic direction of IRCS

has been seen as a key factor of success and concrete steps have already been undertaken to improve and institutionalize Movement coordination in India.

Looking ahead:
The FMR project has grown and been tested in a number of emergencies, and it will remain the main focus for IRCS in 2015. Training of FMR trainers, refresher training, as well as training of volunteers at community/district level will continue. IRCS, with support of IFRC and ICRC, will take a critical review of the implementation so far and introduce adjustments accordingly.

In addition to FMR, IRCS will aim at strengthening national disaster preparedness mechanisms at various levels, by reviewing operational and contingency plans, developing of NDRT and SOPs, development of documentation, training manuals and programme guidelines.

In the area of health, IRCS will continue to implement its TB programme in five states (Haryana, Uttar Pradesh, Karnataka, Punjab and Gujarat). The main focus of this project is to ensure that category I and II patients are brought back to DOTS treatment, through care and nutritional support by IRCS volunteers. Also, working with families and communities at reducing stigma and discrimination of TB patients through behavior change communication campaign is an important element of this project.

In youth and volunteering, IRCS will focus on strengthening related systems, processes as well as engagement of youth and volunteers and their integration in all ongoing IRCS programme activities at all levels.

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.

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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