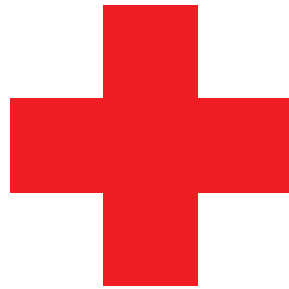


**Strategic Development Plan
(2014-2017)**

Indian Red Cross Society



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(2014-2017)**

Indian Red Cross Society

Prepared by: Indian Red Cross Society, National Headquarters 1, Red Cross Road,
New Delhi 110001 with the support of International Committee of Red Cross (ICRC)
and International Federation of Red Cross and Red Crescent Societies (IFRC)

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Secretary General's message



Indian Red Cross Society (IRCS) has been engaged in improving the lives of vulnerable people who have been affected by disasters. The volunteers, members and staff of its branches have played an important role for those who are distressed, socially deprived and emotionally devastated due to the cruelty of nature or otherwise with the support of its stakeholders and including governments. The Red Cross is perceived as a global humanitarian organization formed by the people and for the people. The IRCS provides assistance to communities along with

the government in the times of distress.

This strategic development plan encapsulates the collective direction of the IRCS to move forward to address the major challenges in India that will confront humanity. It defines the mission and long-term strategic goals, as well as the strategies and programmes through which the goals will be achieved along with the human, material and financial resources required.

This strategic plan is in line with the Strategy 2020 of the International Federation of Red Cross Red Crescent Societies (IFRC), and the appropriate components of our programmes, which may differ in various parts of India based on the local needs. A fast changing world does impose many challenges and requires adapting to the changes quickly if we are to remain relevant and responsive. Specifically, the nature of communities and volunteering is evolving in many ways. The most critical drivers are globalisation, climate change, migration, urbanisation, demographic changes and health trends. These all are the factors that generate new vulnerabilities and opportunities.

The strategic goals defined in this document also contribute to the Post-2015 development agenda and Millennium Development Goals by the United Nations, which are supported by most of the Governments and developmental agencies. While the International Red Cross Red Crescent Movement does contribute to it globally, the IRCS, as a member of the Movement is committed to contribute its efforts to make an impact. In the next four years, we will look for strong partnership with our existing and new stake holders to build a strong IRCS by improving our volunteer networks.

I thank the IRCS (NHQ) staff for their untiring efforts to initiate the preparation of this strategic document, our managing body, the IFRC, the International Committee of Red Cross (ICRC) and Partner National Societies for their support in formulating the strategic direction for the next four years.

Dr. S.P. Agarwal
Secretary General

Executive summary

Indian Red Cross Society (IRCS) was established in 1920 under the IRCS Act and incorporated under the Parliament Act XV of 1920. The IRCS is the largest statutory humanitarian organization with a network of 36 State and Union Territory branches with over 700 district and sub-district branches and a large volunteer network spread throughout the country. The Society contributes to saving lives and protecting livelihoods, provides relief in times of disasters and other emergencies, endeavours to ensure accessibility to health services, promotes safe and healthy living, works to reduce stigma and discrimination enabling better integration for disadvantaged people and increases social cohesion, and promotes a culture of non-violence and peace.

IRCS organises special courses, training and workshops in a variety of areas, including a One year Post Graduate Disaster Preparedness and Rehabilitation course affiliated to the Guru Govind Singh Indraprastha University, New Delhi, Fifty hours certificate course on Health Promotion through Ayurveda and Yoga in collaboration with Department of AYUSH, Govt. of India and imparts a large number of first aid trainings through the Red Cross state and district branches. The Society is training volunteers for community level emergency response through its First Medical Responder (FMR) programme. These volunteers will support its National Disaster Response Teams (NDRT), State Disaster Response Teams (SDRT) and District Disaster Response Teams (DDRT). The Society also has six strategically located warehouses throughout the country, enabling swift and efficient relief response when required.

At the national level, the Disaster Management Centre (DMC) at the National Headquarters in Delhi is connected to Red Cross State Headquarters of the fifteen disaster prone states through state of the art video conferencing equipment, in addition to being connected to all the regional warehouses as well. The DMC also houses a Geographic Information System (GIS) lab, HAM radio centre and a well-stocked library. In addition to emergency coordination, video conferencing is used to facilitate effective monitoring and support programmes at state level.

The mission of the IRCS is: 'to inspire, encourage and initiate at all times, all forms of humanitarian activities so that human suffering can be minimized and even prevented and thus contribute to creating more congenial climate for peace'.

A strategic plan is a key guiding document for senior governance and management of a National Society to demonstrate leadership and give direction with a clear sense of purpose, integrity and strategic vision. Leadership skills involve assessing and understanding the trends in country and in the external world on one hand, and the trends within the

organization on the other. Strategic planning is the vehicle by which these different aspects are balanced in a dynamic change process, for the benefit of vulnerable people. It is this aspect of strategic planning which will enable leaders to tackle the “challenges that will confront humanity in the new decade”.

The strategic development plan 2014-2017 provides the basis for the plans and projects at the national headquarters, state and UT branches. This is a dynamic framework that is responsive to differing contexts and changing circumstances. All our members, volunteers, staff and supporters are invited to engage with creativity and innovation, in giving practical effect to this strategic development plan.

The IRCS national headquarters and state / UT branches will develop their operational plans based on the defined four strategic goals and develop annual reports. The state / UT branches provide guidance to their respective district and local branches in formulating their plans.

The four strategic goals defined under this strategic development plan are based on the vulnerabilities in the country, our mandate and learning from our previous strategic plan 2009-2012 review. Our focus is also linked to the global Strategy 2020 of the IFRC. In our core areas, we will strive for more innovative ways and efforts to reach to the most vulnerable so that IRCS is able to do more, do better and reach further.

One of the major initiatives in this direction is the introduction of the FMR programme, to create a team of multi skilled volunteers belonging to the community and who will work for the community itself.

Introduction

This strategic development plan of the IRCS provides a framework for the society to move forward in tackling the major humanitarian challenges in India during the period 2014 to 2017 and to provide direction for organisation development to address the most vulnerable people in a better way.

The current strategic development plan has three main chapters. The first chapter ‘**Who Are We**’ highlights our vision, mission, fundamental principles, underpinning values and our mandate. This chapter includes information about the foundation, current capacity, current programmes, activities and branches. The second chapter ‘**What We Do**’ illustrates how we identified the four strategic goals and what it strategically covers. The third chapter ‘**How We Work**’ describes how we work to achieve our strategic goals.

Our main activities for the coming four years can be summarized through our four strategic goals, which build upon our work in the past, while also contributing towards realizing the vision of the IFRC’s Strategy 2020 here in India. Our annual operation plans, including programmes and the projects will be aligned towards achieving each of these goals.

The country context

Although India accounts for a mere 2.4 per cent of the world’s surface, it supports and sustains almost 17 per cent of the world’s population. India has 29 states, six union territories and one national capital territory region.

India is a country with a staggering diversity. Climatic conditions range from the idyllic to the harsh and physical geography varies from high mountains to arid deserts, from tropical islands to fertile valleys. While many individuals and families of India are among the world’s most wealthy, a large proportion of its population remain in poverty. This gap between rich and poor remains a stark and challenging contrast.

AT A GLANCE	
Area	3.29 million sq.kms.
The Indian Union	29 states and 7 Centrally administered Union Territories
Population	1.2 billion (2011 Census of India)
Sex Ratio	940 Females per 1000 males
Capital	New Delhi
Major Languages	Official Language is Hindi. 22 other languages are recognised by the Constitution of India. English is used for official purposes
Life expectancy	65.8 years (males) and 68.1 years (females)
Currency	Indian Rupee
Time zone	+5:30 hours GMT
International Dialling code	+91
Nodal Ministry for disaster response	Ministry of Home Affairs at the National and State level

India is the world's largest democracy and the second most populous country. It has major cultural influence and a fast-growing and powerful economy. It is projected that by 2050 it will overtake the population of China and be the world's most populous country.

India's economy continues to grow, although the extent of the impact of the global economic downturn remains to be seen. It is predicted that India will be the world's third largest economy by 2035. The country has a burgeoning urban middle class and has made great strides in fields such as information technology and communications. Its large, skilled workforce makes it a popular choice for international companies seeking to outsource work. India is the tenth most industrialized country in the world and has recently become the sixth nation to have gone into outer space to further explore nature for the benefit of humankind.

Indicators	Total	Reference
Life Expectancy	68 years	World Bank, 2011
Adult Literacy rate	74.04%	Census of India, 2011
Child <5 mortality rate	65.6/1000 children	UNICEF, 2009
Maternal mortality rate	212 per 100,000 births	SRS, 2011
Infant mortality rate	50 per 1000 live births	SRS, 2011
HDI ranking	119	HDR 10
People below poverty line	28%	HDR 09
People with less than \$1 per day	41.6%	HDR 10
Access to improved drinking water	96% (urban), 90% (rural)	World Bank 2011
Access to improved sanitation facilities	35%	World Bank 2011
HIV prevalence rate	0.31%(males and Females)	Deptt. of AIDS Control Annual Report 2011-12

The country is currently witnessing very rapid change in the communications sector, with increasing shifts from government to private sector service providers and greater public use of various information technologies. Health indicators have improved significantly since the 1990s and are generally positive, with progress being made despite huge challenges in tuberculosis, vector-borne diseases and cases of anaemia. The burden of non-communicable diseases as well as the high incidence of road accidents is a matter of great concern. Although, more than 90% of India's population has access to improved sources of drinking water, piped water remains a distant dream for the majority. More than 50% of the population resorts to open defecation.

Poverty and vulnerability

Due to its large population of over 1.2 billion people and uneven distribution of its economic growth, the country is classified by the World Bank as a 'lower middle-income' country. Poverty remains a major challenge; the UN's Human Development Index ranks India at 119 out of 169 countries. Disparities in income and human development are on the rise.

Poverty in India is widespread, as the nation is estimated to have a third of the world's poor. Although as per the findings of Tendulkar Committee on Poverty (2012) India's poverty rate is now estimated at 22 per cent against a figure of 37 per cent in 2005, in 2010 the World Bank reported that 32.7% of all people in India fall below the international poverty line of US\$ 1.25 per day (PPP) while 68.7% live on less than US\$ 2 per day. The Global Hunger Index Report 2011 places India amongst the three countries where the GHI between 1996 and 2011 went up from 22.9% to 23.7%. India ranks 67 out of the 88 countries on the Global Hunger Index 2010, conducted by the International Food Policy Research Institute. Although India is currently the second fastest growing economy in the world, it fares far worse than some less developed countries in terms of taking care of its malnourished children. India is home to 42 per cent of the world's underweight children under the age of five. The sex ratio in the country had always remained skewed against females. According to Census of India 2011, there are 940 females to 1000 males.

While the prevalence of HIV in India remains relatively low, in terms of actual numbers of people living with HIV, India is ranked third in the world. An estimated 2.4 million people live with HIV (2011). This situation is exacerbated by a large sexually active population, acute gender disparities, and migration due to poverty. A UN report however, praised India's contribution to AIDS response through the manufacture of generic anti-retroviral drugs, new HIV cases among adults have declined by half in India since 2000.

With the country's enormous population, the demand for blood in India is understandably very high. Data by the National AIDS Control Organisation (NACO) from 36 states and union territories indicates that some 9.8 million units of blood are donated annually as compared to the requirement of 12 million units each year. Demand however exceeds supply. 83.1% of blood collected from voluntary non-remunerated blood donors remains a significant source of blood available for transfusion (Annual report, 2011-12; NACO).

Natural disasters

As a result of its unique geo-climatic conditions, More than 58.6 % of the landmass is prone to earthquakes of moderate to very high intensity; over 40 million hectares (12%) of its land is prone to floods and river erosion; close to 5,700 kms, out of the 7,516 kms long coastline is prone to cyclones and tsunamis; 68% of its cultivable area is vulnerable to droughts; and, its hilly areas are at risk from landslides and avalanches. Moreover, India is also vulnerable to Chemical, Biological, Radiological and Nuclear (CBRN) emergencies and other man-made disasters. India was significantly affected by the Indian Ocean tsunami in 2005.

Disaster	No of Events	Total Casualty	Avg. Casualty	Total Affected	Avg. No. of Affected
Flood	158	51,020	323	663,187,348	4,197,388
Cyclone	133	162,986	1226	91,322,407	686,635
Earthquake	24	60,396	2,517	27,108,561	1,129,523
Drought	21	4,250,430	202,401	1,391,841,000	66,278,143

Source: Centre for Research on the Epidemiology of Disasters

According to Centre for Research on the Epidemiology of Disasters (CRED), approximately 75,000 people were reported killed and 500 million affected by various disasters from 1998 to 2008.

SOME MAJOR DISASTERS IN INDIA

Sl.No.	Name of Event	Year	State & Area	Fatalities
1.	Cyclone Phailin	2013	Odisha& Andhra Pradesh	45 deaths
2.	Uttarakhand Flash Floods	2013	The 4 districts that were worst affected were RudraprayagChamoli, Uttarkashi and Pithoragarh. Uttarakhand	556 deathsin addition to a number of persons
3.	Assam Floods	2012	Kamrup (R), Dhemaji, Majuli, Dhubri, Nalbari and Goalpara districts.	A large number of people were displaced and around 133 people lost their lives. Approximately fourteen lakh people were rendered homeless.
4.	Sikkim Earthquake	2011	North Eastern India with epicenter near Nepal Border and Sikkim	75 people killed, 60 people were reportedly killed in Sikkim alone. In India, property damage is estimated to be around ₹ 1000billion (US\$17 billion).
5.	Cloudburst	2010	Leh, Ladakh in J&K	234 persons died and over 800 were reported missing. Almost half of the people who died were local residents (49.6%) and foreigners (10.2%).
6.	Drought	2009	252 Districts in 10 States	-----
7.	Floods	2009	Andhra Pradesh, Karnataka, Orissa, Kerala, Delhi, Maharashtra	300 deaths
8.	Kosi Floods	2008	North Bihar	527 deaths, 19,323 livestock perished, 2,23,000 houses damaged, 3.3 million persons affected
9.	Cyclone Nisha	2008	Tamil Nadu	204 deaths
10.	Maharashtra Floods	2005	Maharashtra State	1094 deaths 167 injured 54 missing

11.	Kashmir	2005	Mostly Pakistan, Partially Kashmir	1400 deaths in Kashmir (86,000 deaths in total)
12.	Tsunami	2004	Coastline of Tamil Nadu, Kerala, Andhra Pradesh, Pondicherry and Andaman and Nicobar Islands of India	10,749 deaths 5,640 persons missing 2.79 million people affected 11,827 hectares of crops damaged 300,000 fisher folk lost their livelihood
13.	Gujarat Earthquake	2001	Rapar, Bhuj, Bhachau, Anjar, Ahmedabad and Surat in Gujarat State	13,805 deaths 6.3 million people affected
14.	Orissa Super Cyclone	1999	Orissa	Over 10,000 deaths

More than 50 million people are annually affected to varying degrees by disasters and approximately 42 million people are considered internally displaced due to disasters and conflict in the country. The vulnerability to disasters is aggravated by social, cultural, economic, institutional and political factors.

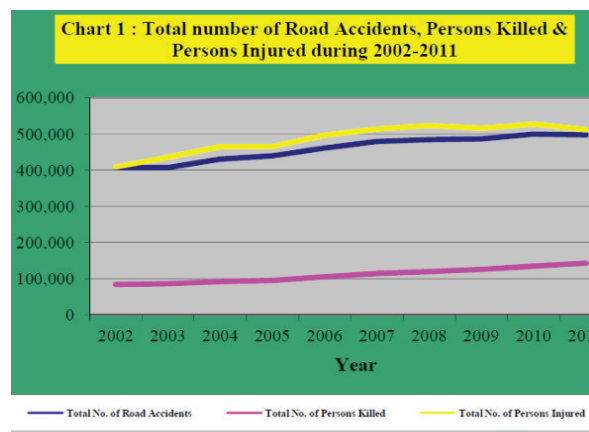
Risk matrix:

States and UTs	Flood	Wind & Cyclone	Earthquake
Andaman and Nicobar Islands		√	√
Andhra Pradesh	√	√	
Arunachal Pradesh			√
Assam	√		√
Bihar	√	√	
Chandigarh			√
Chhattisgarh			
Dadra and Nagar Haveli		√	
Daman and Diu	√	√	
Delhi	√	√	√
Goa			
Gujarat	√	√	√
Haryana	√		√
Himachal Pradesh			√
Jammu and Kashmir		√	√
Jharkhand			
Karnataka			
Kerala	√		
Lakshadweep		√	√
Madhya Pradesh	√		√
Maharashtra		√	√
Manipur		√	√
Meghalaya			√
Mizoram		√	√
Nagaland		√	√
Orissa	√	√	
Pondicherry		√	
Punjab	√		√
Rajasthan		√	
Sikkim			√
Tamil Nadu	√	√	
Tripura		√	√
Uttar Pradesh	√	√	√
Uttarakhand	√		√
West Bengal	√	√	√

Other constraints

There is an increase in civilian casualties and there are community inequalities in basic needs and services.

According to Ministry of Road Transport and Highways Road Accidents report 2011, says high number of accidents in country result into casualties. A total of 497,686 road accidents were reported by all States/UTs (Refer Chart 1) of these, about 24.4 per cent (121,618) were fatal accidents. The number of persons killed in road accidents was 142,485. The proportion of fatal accidents in total road accidents has consistently increased since 2002 from 18.1% to 24.4% in 2011. The severity of road accidents, measured in terms of persons killed per 100 accidents, has also increased from 20.8 in 2002 to 28.6% in 2011.



Opportunities

More than half of India's current population is below the age of 25 and over 65 % below the age of 35 and providing opportunity for the strong economic growth, regional and international role and potential to take up of community service. There is an increase in the number of young people offering volunteering services in India. With the implementation of the new company law from April 1, 2014 India has become the only country in the world with legislated corporate social responsibility (CSR), the law mandated that organisations of a certain financial strength spend 2% of their net profit on CSR. The law can benefit well established organisations like IRCS. Having a wide network of branches, volunteers spread throughout the length and breadth of country and implementing projects in partnership with national and international agencies, IRCS is already in an advantageous position to engage with Corporate committed to humanitarian issues in India

The natural and manmade disasters in India underscore the need to adopt multi-disciplinary approach involving diverse scientific, engineering, financial and social processes and a cross-sectoral approach to incorporate disaster risk reduction in developmental plans and strategies.

Greater recognition of Red Cross expertise in Disaster Management (DM) related training, water sanitation services and availability of its cadre of certified First Aid and First Medical Responders and increased expectation from the needy communities and the government at all levels.

Who we are

A leading humanitarian organization serving vulnerable people

Indian Red Cross Society (IRCS)

IRCS is a part of International Red Cross and Red Crescent Movement which consists of International Committee of Red Cross (ICRC), International Federation of Red Cross Red Crescent (IFRC) and 189 National Societies. IRCS follows the Movement's fundamental principles.

IRCS is the largest statutory humanitarian organization with a network of over 700 branches throughout the country. The branches are involved in providing relief and response to the vulnerable population in times of disasters and emergencies like earthquakes, cyclones, drought, floods, tsunami, landslides, internal conflicts, etc. The organisation is also involved in promoting health and care among the vulnerable communities. Other important services provided are blood services and welfare programmes. It is a leading member of the largest independent humanitarian organization in the world, the International Red Cross and Red Crescent Movement.

Our Fundamental Principles

1. **HUMANITY**
2. **IMPARTIALITY**
3. **NEUTRALITY**
4. **INDEPENDENCE**
5. **VOLUNTARY SERVICE**
6. **UNITY**
7. **UNIVERSALITY**

Vision

The vision of Indian Red Cross Society is to become “a leading humanitarian organization serving vulnerable people”.

Mission

The mission of the IRCS is to inspire, encourage and initiate at all times all forms of humanitarian activities so that human suffering can be minimized, alleviated and even prevented and thus contribute to creating a more congenial climate for peace

Foundation

The IRCS was established in 1920 under the IRCS Act and incorporated under Parliament Act XV of 1920. The Act was last amended in 1992 and rules were formed in 1994. The rules for management of state and district branches were approved by the Honourable President of India (the President of IRCS) in 2009 which are being implemented by the state and district branches. The IRCS has active branches in most of the State and Union Territories with more than 700 districts and sub district branches. IRCS works as an auxiliary to the government and the Armed Forces Medical Services of India.

Leadership

The Honourable President of India is the President of the society and the Honourable Union Minister for Health and Family Welfare, Government of India is the Chairman of the Society. The Vice Chairman is elected from amongst the members of the Managing Body. The National Managing Body is the main governing body, which consists of 18 members, 12 of whom are elected by the States and Union Territory

branches through an electoral college formed with the representatives of the branches. The remaining six members, as well as the Chairman, are nominated by the President of IRCS. The Managing Body is responsible for governance and supervision of the functions of the Society through a number of committees. The Secretary General is the Chief Executive of the Society. The state branches follow a similar organizational structure to that of the national headquarters, although details of their governing structure differ slightly from branch to branch. The Governor of the state or the Lt. Governor/ Administrator of the UTs are the Presidents of the respective State/ UT Red Cross branch and the District Collector is the President of the district branches.

Founded in: 1920 (Parliament Act XV, 1920)

Branches: 36 state and UT and over 700 district and sub district branches

Members/volunteers: 12 million (2008)

Staff (NHQ): 250 (2013)

Expenditure 2012 - 13: INR 16 .84 crores

Core-focus areas:

- Disaster management including WASH
- Health and care in the community
- Promoting humanitarian principles and values
- Organisational development

Capacity

Indian Red Cross Society

India has 29 states, 6 union territories and 1 national capital region. At the grass root level it has more than 700 district and sub-district branches.

The Indian Red Cross managing body is responsible for governance and supervises the functions of the society which include:

- Delivering emergency relief during natural and manmade disasters
- Working together with communities in psychosocial rehabilitation
- Training communities in disaster preparedness
- Promoting community resilience
- Supporting livelihood projects
- Ensuring availability of water and providing sanitation services
- Providing first aid training

- Protecting civilian life by disseminating Geneva Conventions
- Providing services for serving and ex-soldiers
- Reuniting families separated by disaster and conflicts
- Conducting awareness programmes for HIV/AIDS, T.B, Measles etc.
- Undertaking activities to detect T.B cases & prevent MDR TB
- Delivering community welfare programmes
- Promoting voluntary blood donation to provide safe blood
- Developing Junior and youth Red Cross
- Family News Services

Resources

IRCS encourages people's involvement as volunteers, members and staff. In 2008, the Society had over 12 million members and volunteers, more than 7 million of which belong to the Junior Red Cross (in schools) and Youth Red Cross (in colleges). The IRCS has a vast network of trained volunteers including First Medical Responders (FMRs); disaster management teams – national, state, district and community levels and the National Disaster WatSan Response Team (NDWRT).

The IRCS (NHQ) has six strategically located regional warehouses (Haryana, Tamil Nadu, Gujarat, Maharashtra, West Bengal and Assam), a state of the art Model blood bank (New Delhi), Disaster Management Centre (New Delhi), training facilities at DMC & Central Training Institute in Bahadurgarh (Haryana), Home for disabled ex-servicemen (Bangalore) and Vocational training centres in Haryana, West Bengal and Tamil Nadu. It also has under the Maternal and Child welfare scheme hospitals, health centres and child development centres in Uttarakhand. The Regional warehouses maintain a stock of Non Food Items for providing relief during disasters. It also has a fleet of vehicles including trucks and mechanized boats. Large water purification machines (WPU) - NORIT, NOMAD etc. having a capacity to provide about 2000 Litres of potable water per hour as well as small manually transportable and operated WPUs.

The State branches have administrative and financial independence and maintain their own office premises, primary health centres, blood banks, hospitals, cyclone shelters and training centres to facilitate the effective implementation of its programmes.

Partnerships

The IRCS collaborates with other organizations in the country, which share similar objectives and principles. The Movement partners in country include the IFRC, ICRC and Partner National Societies. The IRCS also have MoUs with NIDM, WHO, Turkish

Red Crescent and Belgian Red Cross. The IRCS, IFRC and Tata Institute of Social Sciences (Mumbai) have begun partnership to develop educational modules in the field of disaster management. The society also works closely with various government ministries such as Health and Family Welfare, Social Justice, Defence, Home Affairs and Human Resources Development while continuing to maintain its autonomous character.

Accountability

The society maintains complete transparency in its working, documentation and accounting systems. External audits of accounts are compulsory. The reports and accounts of the Society are laid on the table of the Indian Parliament each year.

Ideas & Innovation

The IRCS continually strives for integrated programming approach and use of modern technology in their programmes and services deliveries. The DMC has been modernized and a one year part time University recognised Post Graduate Diploma Course in Disaster Preparedness & Rehabilitation and a 50 hours certificate course on Health Promotion through Ayurveda & Yoga, in collaboration with the Department of AYUSH (Ministry of Health and Family Welfare, Government of India) is conducted at the DMC. A course for training Home Health Care Attendant is also being introduced. Currently, the IRCS is working towards strengthening its resource mobilization including building new partnerships. We are also in process of developing online courses and training for volunteers and staff.

Programmes and Activities

IRCS programmes are grouped into four main core areas: disaster management and WASH; health and care in the community; promoting humanitarian principles and values and organisational development.

Disaster management is one of the core activities of the IRCS. Disaster response continues to represent the largest portion of work, with IRCS providing assistance to thousands of people annually who are victims of natural and manmade disasters. The sharp increase in the number of natural disasters countrywide in recent years has prompted the Red Cross to devote more attention to disaster preparedness and disaster risk reduction activities. These aim to make communities more aware of the risks they face, how to reduce their vulnerability, and how to cope when a natural disaster occurs. The IRCS, with the support of Uttarakhand state authorities and its international partners (IFRC, ICRC), piloted the formation of a cadre of FMR in the Uttarakhand state, at district level through a series of training programmes, enhancing the capacity of communities to respond to emergency situations.

Mortality and morbidity can be reduced through access to even the most basic health services and elementary health education. **Health and community care** has become a cornerstone of humanitarian assistance, and accounts for a large part of Red Cross spending. Through these programmes, the Red Cross aims to enable communities to reduce their vulnerability to diseases, and prepare for and respond to public health crises. Special programmes are being implemented for detection of T.B patients and prevention of MDR T.B. Promotion of voluntary blood donation is the cornerstone of the Blood services. IRCS branches carry the message of voluntarily donated blood being the safest blood all over the country.

Red Cross promotes the **humanitarian principles and values**, which encourage respect for other human beings and a willingness to work together to find solutions to problems. Through the seven Fundamental Principles, IRCS aims to influence the behaviour of all the people. These principles are also promoted among the youth by exhorting them to make the world a better place to live through the principle of peaceful coexistence.

Capacity building programmes and activities include: management and volunteer training, improving branch structures, planning, fund-raising and gender equality, creating the opportunity for branches and their members to network and learn from each other.

Other major activities includes tracing activities , hospital services, home for disabled servicemen, providing vocational trainings, maternity and child welfare programmes, family welfare and first aid and Home nursing and allied trainings across the country.

The IRCS provided medical relief on a large scale in 1971 - 1974 for the refugees from Bangladesh, earthquake in Latur (1993), super cyclone in Odisha (1999), floods in Assam (2000), earthquake in Gujarat (2001), communal riots in Gujarat (2002) and tsunami (2004). Red Cross has actively provided relief along with deployment of disaster response teams and operationalized WatSan units in the most affected areas during different disasters like, earthquakes: Jammu & Kashmir (2005) and Sikkim (2011); floods in: Maharashtra (2005), Bihar (2008), Andhra Pradesh & Karnataka (2009), Odisha (2011), Assam (2012), cloud burst and flash floods: Leh and Ladakh (2010), Uttarakhand (2013); Cyclone: Cyclone Laila in West Bengal (2009), Cyclone Thane in Tamil Nadu & Puducherry (2011), Cyclone Phailin in Odisha and Andhra Pradesh (2013).

What we do

IRCS has strengthened the strategic directions and progress that were planned under the previous strategic development plan 2009-2012. This has been done by focusing on the vision and defining of four strategic goals for the strategic development plan 2014 to 2017, in order to do more, do better and reach further to vulnerable people.

The IRCS strategic development plan for 2009 to 2012 was adopted in early 2009, which was based on the IFRC Strategy 2010. The main programme areas where the IRCS have focused on strengthening its capacity to improve the lives of vulnerable people in India during the year 2009 to 2012 were: Humanitarian values; Disaster management; Community-based health and care; and Organizational development & strengthening.

This strategic development plan (2014-2017) outlines the IRCS vision “a leading humanitarian organization serving vulnerable people” that is aligned with the IFRC’s global “Strategy 2020”.

The first and the second strategic goals, which are defined here, recognise the responsibility, strength and obligation to remain as the country’s leading actor in the humanitarian field. The third strategic goal provides added information on what we do, which makes IRCS a unique organization. The fourth strategic goal focuses on developing the headquarters and ensuring that state branches function well and have the necessary resources to improve the lives of vulnerable people.

All these strategic goals lead to achieve our mission and vision by focusing our strengths viz. volunteers, members, staff and youth; gender equality, diversity, capacity building, resource mobilization, advocacy, finance management and humanitarian diplomacy.

STRATEGIC GOALS 2014 – 2017

1. Contributing towards saving lives and building resilient communities
2. Contributing towards promoting safe and healthy living and responding to health needs in emergencies
3. Contributing towards promoting social inclusion and a culture of non-violence and peace
4. Contributing towards strengthening Indian Red Cross Society
5. Address specific health issues of communities needing supplementary support

The plan is designed to save lives, building resilience in communities and support people from the effects of disasters, emergencies, health care problems and social issues. While focusing on this IRCS will work with the vulnerable people by adapting to the local needs

and providing local solutions. This will be provided through support to the local branches and to the volunteers through whom IRCS will have access at the community level, as and when needed. We will benefit from stronger partnership with the government agencies, Movement partners, in-country national and international donors, corporate and other organizations and hence we will look for the stronger and long-term partnerships.



STRATEGIC GOAL 1: CONTRIBUTING TOWARDS SAVING LIVES AND BUILDING RESILIENT COMMUNITIES

Strategic Direction 1:

Build emergency response capabilities at community and institutional level

This strategic direction focuses our work in the following areas:

1. Disaster preparedness, response and recovery
2. Disaster risk reduction and climate change
3. Family news service / emergency response during tensions

People affected by disasters have urgent immediate needs including strengthening their capacity to cope, which must be assessed and addressed. As a result of disasters or emergencies, the immediate need is to save lives, reduce suffering, damage and losses, and to protect, comfort and support affected people. To fulfil the mandate, IRCS must have well trained volunteers and staff, **effective and timely response processes, adequate stock, reliable communications, logistics capacity, and well developed contingency plans.**

The focus of **disaster preparedness, response and recovery** includes building capacity of staff and volunteers, disaster/ emergency response teams and mechanisms, branches and the NHQ. As the Red Cross closely works with the communities, the IRCS along with our branches and volunteers continuously focus on understanding the needs, vulnerabilities and capacities of the communities. Further, in view of the current trends of concentration of population in urban areas, IRCS will be focusing on urban disaster preparedness and response.

The FMR programme will be the key in ensuring that communities are served by community members in times of emergency,

Objectives

- Indian Red Cross Society is the leading disaster management agency in India through the improved disaster management capacities to help reduce the vulnerability of communities to disasters.
- Improve capacities in disaster risk reduction and coping mechanisms to counter the effects of climate change at community level to build their resilience through training FMRs in all districts of disaster prone states
- NHQ and branches establish and review early warning system mechanisms, which focus on community's capacities.
- Further develop and strengthen professional national and international trainings and courses in disaster management
- Strengthen family news and psychosocial support services in response to conflict situations, internal disturbances, natural or other disasters, migrations and other situations of humanitarian need.
- Improve protection and management of volunteers during emergencies by strengthening volunteering policy and related mechanisms.
- Increase number of staff and volunteers trained in water sanitation hygiene promotion and get adequate number of WatSan kits pre-positioned.
- Enhanced use of ICT to increase the operational efficiency .

while at the same time improving the society's ability to respond to larger scale disasters and other emergencies in an effective and efficient manner.

The FMR programme was first piloted in the state of Uttarakhand in 2011, where with the funding support of the Govt. of Uttarakhand, more than 4000 volunteers of the Indian Red Cross from all the 13 districts, were extensively trained by more than 150 FMR instructors. These instructors were trained by the resource pool of the IRCS, IFRC and the ICRC. The programme has been further extended to disaster prone districts in 14 states through the Disaster Management Programme since 2012. FMR programme is being extended in more states.

Efficient and trained NDRT, SDRT, DDRT are tooled, resourced and always ready for immediate deployment. IRCS will develop **contingency plans** for the preparedness to tackle recurrent hazards (including shelter, recovery issues and related capacity building) at both national and branch level. These plans have been regularly updated. The process of putting in place procedures to initiate early recovery activities; expand, streamline and improve systems for **warehousing and stock management** including its automation and development of minimum standards is underway. These standards include HR, financial, contingency fund, IT structure, upgrading logistics, reporting, etc. IRCS lays emphasis on developing a resource mapping system, which will map all available response resources in electronic form for better and smooth management as well as to document the institutional memory. Development of professional and technical trainings/courses in disaster management including web-based components is being given priority.

Water, Sanitation and hygiene promotion is a core function of the IRCS. The focus of the IRCS WASH (Water, sanitation and hygiene promotion) interventions is to enhance capacity of its staff and volunteers through regular training. For this purpose, a trained group of National Disaster WATSAN Response Team (NDWRT) consisting of the IRCS staff and volunteers is already in place. The NDWRT has been involved in disaster response to provide safe drinking water and disseminate messages on hygiene promotion. IRCS has several different types of **Water Purification machines** in its warehouses that it mobilises during disasters to provide safe drinking water up to SPHERE standards to the victims. To further boost the response capacity of the NDWRT, IRCS plans to phase out the old units and include new WATSAN units to cater needs in all conditions like hills, plains and deserts.

Recovery refers to those programmes which go beyond the provision of immediate relief to assist those who have suffered the full impact of a disaster to rebuild their homes, lives and services and to strengthen their capacity to cope with future disasters. Our strength for the recovery phase lies in make community safer than before. As India is a disaster prone country, the IRCS has identified 14 state branches for Disaster Management

Cross cutting areas:

- Advocacy on IRCS auxiliary role with government at various levels, including promotion of humanitarian values in emergencies.
- Inclusion issues related to gender, discrimination, disability, minority groups, etc.
- Linkages with community based service providers
- Water and sanitation in emergencies will be a core response
- The IRCS disaster management communications strategy requires coordination with the National Disaster Management Authority.
- Sphere, principles and values, the Code of Conduct, Millennium Development Goals and the Hyogo Framework for Action.
- Incorporate YRC in to disaster-related programmes / DRR
- Emergency funds can be developed and sustained at the state and district branches as part of a larger fundraising strategy.
- Communication, planning, monitoring, evaluation and reporting are integrated
- The family news service provides an essential service in times of crisis and is an integral part of this systemic approach
- Volunteer management (including volunteering in emergencies) & development linked at all levels

programme, strengthening the areas based on statistics of the Multi-Hazard Analysis Report of the United Nations Development Programme/Ministry of Home Affairs, and the Government of India Census and capacity of the branches.

Disaster Risk Reduction (DRR) and **climate change** activities focus on building the **resilience of communities** by integrating it into development plans. Working in a co-operative and participatory manner with communities, according to DRR guidelines, we can reduce the impact that disasters have on the lives of people. **Community Based Disaster Risk Reduction (CBDRR)** builds on two strengths of the IRCS: its roots in the community and its experience in disaster management. CBDRR aims to minimise vulnerability and risk of the affected population, to avoid and limit adverse impact of hazards, and to build on community capacity. **Protecting livelihood**

will be a key area of focus in the future plan for the IRCS. Communities and households with sustainable livelihoods, having good levels of health care and access to a strong and accountable civil society are less at risk to hazards and quick to recover in cases of disasters. IRCS will raise awareness in community on climate change adaption by aligning its action with the global programmes. As a society, focus will be placed on building capacity at branches and community level in early warning and the promotion of climate change adaption strategies. Following the review of the Disaster Management Strategy, DRR and climate change are included as one of the main component. The NHQ and its branches will promote and strengthen the capacity of the most vulnerable families by building their resilience to the potential hazards in their areas.

Family News Service (FNS) is an important component of any emergency response during a natural or man-made disaster. When families are separated by events beyond their control, the consequences are often highly traumatic. Red Cross Red Crescent networks can enable people to re-establish contact across state or national boundaries. As part of this unique network, IRCS has the mandate as neutral and impartial intermediary to provide

Family News Services to all people in need. The IRCS has developed an FNS training manual, procedures and Red Cross Message (RCM) guidelines, which enable capacity building on restoring family links. IRCS will continue to develop capacity for emergency response during conflict/ tension, linking it with disaster management system. IRCS will also put emphasis on providing support to unaccompanied minors. Providing **psychosocial support** for volunteers and beneficiaries during disasters and in times of conflict is an ongoing priority for the IRCS.

Further, IRCS will continue to make efforts towards **resource mobilization**, in order to continue to sustain the disaster management activities at states level. The development of the FMR model has shown IRCS the way to comprehensive intervention during times of disaster, whether natural or manmade. It is therefore important to develop more strategic partnerships and engage in collaboration with various stakeholders (organizations, government agencies, cooperates etc.) to further the current efforts of developing sustainable strategies to gain long-term benefits from such partnership and collaboration.



STRATEGIC GOAL 2: CONTRIBUTING TOWARDS PROMOTING SAFE AND HEALTHY LIVING AND RESPONDING TO HEALTH NEEDS IN EMERGENCIES

Strategic Direction 2:

Strengthen community resilience by addressing issues around health through building local capacity and promoting a culture of safety and healthy living

This strategic direction focuses our work in the following areas:

1. Community based health and first aid
2. Communicable and non-communicable diseases
3. Blood

The health needs of the country are still demanding, and a gap remains between need and available resources. **Prevalent poverty, presence of diseases, inability to meet water and sanitation needs, illiteracy** in many communities, lack of access to information and minimal **hygiene awareness** continue to burden large parts of the population.

Nationwide, The Indian Red Cross is well known for responding to health needs through a development approach; the Society has established nursing colleges, hospitals, blood banks, all complimented by its countrywide volunteer-led and community-based initiatives.

The Indian Red Cross plays a critical role in promoting, guiding and organizing **community-based health and first aid** (including long term prevention programmes) for the communities. The IRCS branches provide statutory First Aid trainings to professionals, students and general public. The dual health challenges that the IRCS faces are that of **communicable and non-communicable diseases**. IRCS plays a complementary role to address the preventive

Objectives

- To enhance the capacity of Red Cross volunteers and communities to deliver emergency health services during disaster and health emergencies by developing a cadre of Certified First Medical Responders.
- Further improve personal and community health, and provide primary health care in areas with poor availability and access to health services
- Reduce the risk of death and illness for vulnerable people in emergencies and natural disasters by improving emergency health intervention mechanisms and cooperation within partners.
- Greater public adoption of environmentally sustainable healthy living
- Further develop first aid in emergencies, psychosocial first aid, and first aid training as an income generation tool
- Strengthen health promotion through Ayurveda & Yoga and home based care giver s' courses
- Provide better care and support to people living with HIV and AIDS, reduce stigma and discrimination related to HIV and AIDS and integrate HIV interventions with TB and other opportunistic infections
- Strengthen and improve quality standards in the blood banks and blood storage centres

Cross cutting areas:

- Implementing all the health components including HIV and AIDS, TB etc through community-based approach
- Joint VCA conducted with DM department in emergencies.
- Public health in emergencies linked to disaster management in case of humanitarian pandemic preparedness, Avian Flu, and in contingency planning and preparedness for major health emergencies.
- Junior & Youth peer educators (JRC/YRC) and behavioural change
- HIV and AIDS issues in emergency settings are often missed and hence should be linked up through a PHIE component in CBHFA and in other programmes for Disaster Management
- Linking health & care with branch development

health care aspect, and its volunteers in the field actively advocate hygiene promotion and sanitation amongst the communities.

The FMR Programme is being implemented in 14 most disaster prone states of the country. The FMRs trained through this programme have received training in preventive health care, first aid and public health in emergencies, and participate on observation of important days like the World health day, International youth day, etc. and take the opportunity to spread awareness on relevant health, social and environmental issues. The

IRCS proposes to develop this cadre of volunteers, who along with the Junior and Youth Red Cross volunteers, would participate as auxiliary to the government across the country, to bridge the gap and spread the message in their communities through advocacy to meet the health, sanitation and environmental goals of MDG 2015.

The IRCS will continue to develop health policies and strategies, including a standardized framework for development of health and care programmes. Along with a focus on communicable diseases IRCS has a vision to work on Non Communicable Diseases (NCD) and address

The Millennium Development Goals 2015

- Eradicate Extreme Hunger and Poverty**
- Achieve Universal Primary Education**
- Promote Gender Equality and Empower Women**
- Reduce Child Mortality**
- Improve Maternal Health**
- Combat HIV/AIDS, Malaria and Other Diseases**
- Ensure Environmental Sustainability**
- Develop a Global Partnership For Development**

major conditions that put an individual and community at risk of NCD. In furthering this awareness and to promote a healthy lifestyle, IRCS National headquarters has been conducting a certificate course in **health promotion through Ayurveda and Yoga** in collaboration with the Department of AYUSH, Ministry of Health and Family Welfare. IRCS will look to further collaboration in achieving its goal of management of NCD and its major causes in India.

The IRCS endeavours to explore providing livelihoods and vocational support to people living with HIV. IRCS recognizes that in order to work most effectively in responding to the challenges of HIV and related health/social issues, it must work in partnership. Through the HIV consortium established with seven partners in 2006, members working in this

area have an opportunity to share ideas, experiences and opportunities, as well as ensuring that efforts are not duplicated. Advocacy to expand these partnerships related to water and sanitation programme with external actors in the development of response systems, together with supporting operational strategies, plans and tools at various national, state, district, and local levels. The initial response by the Red Cross in India has now been shaped by a strategy, and includes a full range of approaches. The society has signed an agreement with the Global Alliance on HIV, with a target to double its programming. The IRCS will support **youth peer education**, life skill education and behaviour change communication initiatives for HIV and AIDS and other stigma and discriminated related areas. All HIV interventions will integrate treatment of TB and other opportunistic infections within its programming approach.

IRCS continues to support the Government of India in the implementation of the Revised National TB control programme. It's **TB Project (India)** that was initially launched in 2009 in six districts of three states has now been extended to twenty one districts in seven states. The programme works with the objective of spreading advocacy on TB amongst the lay people and community and religious leaders and it's prevention through observation of simple cough etiquettes. It seeks to reduce stigma about the disease and the discrimination due to it. It focuses on the most vulnerable Category I and II patients i.e. those patients who have dropped out of the DOTS (Directly observed treatment- short course) therapy in the selected districts and seeks to help them complete their treatment as well as provide them with nutrition ,till they are cured. The programme also prevents these patients from converting to the dangerous MDR-TB that can occur in 20 % of untreated Cat II patients. The IRCS has achieved more than 95% adherence rate to treatment of these patients. IRCS will extend the programme to greater number of states having vulnerable population to ensure DOTS compliance amongst defaulters of Category I and II patients. Indian Red Cross with its large volunteer base will also embark on finding missed cases, 1 million of which are in India, out of the 3 million across the world, as per WHO estimates.

The IRCS supported the Ministry of Health, Government of India's Measles Catch up campaign to facilitate immunization of maximum number of children between the age of 09 months and 10 years. This program is a part of Red Cross Red Crescent Movement's support to on-going measles programme and catch up campaigns across the globe.

Non Communicable Diseases forms a growing threat to a large population of the country. NCDs accounts for 53 per cent of deaths in India. Based on available evidence cardiovascular diseases (24 per cent), chronic respiratory diseases (11 per cent), cancer (6 per cent) and diabetes (2 per cent) are the leading cause of mortality in India. Treatment cost is almost double for NCDs as compared to other conditions and illnesses. Burden of NCDs and resultants mortality is expected to increase unless massive efforts are made to prevent and

control NCDs and their risk factors. Affordable solutions exist to prevent 40 to 50 per cent of premature deaths from non-communicable diseases, which could save an estimated 14 million lives per year in developing countries (WHO). The Indian Red Cross will, through its large resource of volunteers embark in creating awareness towards these silent killers and also promote a healthy lifestyle in collaboration with the government of India and other stake holders.

The **blood service** is one of the core services in most of the branches of the IRCS. That non-remunerated voluntary blood donation is the source of safest blood is strongly advocated by the Indian Red Cross. Our volunteers participate in spreading this message through outreach programmes across the country and are also blood donors in several states.

The IRCS operates blood banks in several states and presently has 166 blood banks under its banner, providing more than 10 per cent of the country's blood collection. More than 90 per cent of blood collected by these blood banks is through voluntary blood donation.

IRCS emphasises on its quality standards and modernization of the blood storage facilities. The Red Cross blood bank at the National HQ, New Delhi is a state of art facility that collects more than 30000 blood units per year. The blood bank has been declared a Model blood bank by NACO and is accredited by the BIS, NABH and NABL.

In addition to providing an essential medical commodity, the blood programme raises income and profile for the IRCS. The Chhattisgarh and Gujarat state branches have been providing screening services for Thalassemia and Sickle Cell anaemia patients. The Blood bank at the National HQ aims to further take the blood programme towards 100 per cent voluntary blood donation.

IRCS proposes to have more blood banks and blood storage centres in the country and enhance quality standards in blood services and achieve 100 per cent voluntary non-remunerative blood donations and maintain an electronic database of these blood donors.



STRATEGIC GOAL 3: CONTRIBUTING TOWARDS PROMOTING SOCIAL INCLUSION AND A CULTURE OF NON-VIOLENCE AND PEACE

Strategic Direction 3:

Promote the practical application of Fundamental Principles and a culture of non-violence and peace

This strategic direction focuses our work in the following areas:

1. Promote Fundamental Principles and humanitarian values, as well as ensuring the protection of the emblem
2. Reduce stigma and discrimination, enabling better integration for disadvantaged people as well as promotion of gender and social cohesion
3. Enhance role of the younger generation as agents of behavioural change in their communities, with the aim of realizing a culture of non-violence and peace

Respect for **Fundamental Principles and Humanitarian Values and protection of the emblem remains essential** in order for IRCS to be perceived as a neutral, impartial, and independent actor. These are preconditions for effective access to beneficiaries, to ensure safety of personnel, and to maintain the trust and confidence of beneficiaries and vulnerable people. Practical implementation of our principles and values can further raise the profile of the society and increase recognition and respect for the emblem. As part of its mandate, IRCS is committed to ensure promotion and dissemination of the International Humanitarian Law (IHL) through its training programmes and activities.

Objectives

- Develop greater public awareness and support for the humanitarian values and ideals, and reduced stigma and discrimination
- Contribute to a reduction in violence and improve situation in communities by promoting peaceful resolution
- Promote full integration of disadvantaged people into their communities.
- Identify, develop, and integrate operational tools to ensure safe access for volunteers and staff and response to victims through the development of standard operating procedures and training modules.
- Building strengths of young people as agents of behavioural change.

Stigma and discrimination has been an important component of many of our programmes for a number of years, which will be continued as an integrated component in all areas/activities during the next four years. In particular, disadvantaged groups and communities will be considered in the delivery of all of our services. We will integrate humanitarian values into disaster management, health and care, and other programmes in such a way that all people have equal respect in our support and services.

In line with our Mission Statement, we have an important role to play in the **promotion of a culture of non-violence**. All our programmes are delivered with this important vision in mind. Our branches are ideally placed to respond to disharmony within local communities, and to deliver practical solutions and actions to respond when required. All our members and volunteers have a responsibility to promote a culture of non-violence and peace in the community, however we recognize that by working with, for, and through young people, offering them the chance to take a prominent role in the society in facilitating positive change in behaviours of the entire community, a long term approach can be taken. National headquarters recognises that community women's groups are a key audience in which to build awareness on the reduction of violence. We along with our branches and volunteer network can play an important role in balancing added strain put on **the youth** due to social issues, by offering them an outlet for their stresses, often as simply as building a social community for them to share their concerns and recognising it. Furthermore, involvement with Red Cross activities, particularly through the **Youth as Agents of Behavioural Change (YABC)** programme can offer the youth with an opportunity to feel empowered in responding to the challenges they see in their own community, and realize the positive change they recognise as needed. A further group which has suffered an increase in potential vulnerability due to major changes seen in the developing society of India are the elderly. We are responding to the practical needs of such groups through the development and delivery of home health care attendant course and through our organisational approach of promoting harmony within communities.

YABC and peer education trainings spread the awareness about the Red Cross among junior/ youth and volunteers to promote their participation in various disasters and health programmes of the IRCS. The volunteers of the IRCS have an opportunity participating as **FMR** who will respond during disasters and health emergencies. As they are trained in First Aid, psychosocial support, search and rescue, they are ideal candidates for intervention within communities to which they belong.

Cross cutting areas:

- During relief operations gain feedback from beneficiaries for accountability and adherence to Code of Conduct and Humanitarian Charter. Verify equity in beneficiary selection and targeting. Ensure participation.
- Ensure protection of life, health and human dignity; promote non-discrimination based on gender and avoid stigma and discrimination.
- Promote mutual understanding, friendship and lasting peace among all people through IRCS staff, volunteers and JRC/YRC members.
- Millennium Development Goals, Hyogo commitments, Sphere project, Safer Environments, IHL, Violence Prevention, YABC

Vulnerability is not limited to the direct impact of disasters or health related challenges. The experience of IRCS has illustrated that there are a large number of **complex factors**, including poverty, lack of education and opportunity to work, social pressure, discrimination (including due to gender, caste), and marginalization within society.

Gender equality is another priority area. Gender equality is addressed in the different programmes and steps are also being taken to address gender discrimination. Our branches have already taken positive steps in addressing social issues like female foeticide. We will focus on **diversity and equality** at all levels in our organisation and in all our work, ensuring that there is no gender-based discrimination in our organisation.

For our staff and volunteers, guidelines provided will be in line and subject to the Red Cross Red Crescent Code of Conduct, Sphere Standards, and other agreements and standards where relevant and appropriate. We will identify, develop, and integrate operational tools to **ensure safe access for volunteers and staff** and response to victims through the development of standard operating procedures and training modules. The effort will also be made to identify new areas of operation, new target groups and work with them to address their vulnerabilities.



STRATEGIC GOAL 4: CONTRIBUTING TOWARDS STRENGTHENING INDIAN RED CROSS SOCIETY

Strategic direction 4:

Strengthening partnership with traditional and new partners, IRCS continue to make systems at national and state level more effective and efficient, with the aim of building strong branches, with people at their centre.

This strategic direction focuses our work in the following areas:

1. Building strong headquarters and branches
2. Building partnerships and strengthening cooperation
3. Pursue humanitarian diplomacy to prevent and reduce vulnerability

Since 2000, the IRCS's development is guided by its strategic development plans and goals defined in it. We have strengthened our structures as a well-functioning society by some key achievements:

- Developing uniform rules for state and district branches,
- Putting strong financial procedures in place,
- Integrated resource mobilization

To be more effective we need to further **strengthen our organization and its functions**. As state branches enjoy a high degree of autonomy which provides a good base for **effective programming**. It is recognized that the **quality and the impact** of our work depends directly on the organizational capacity of state and district branches. Sectoral programmes are made more effective by investing in and strengthening the capacity of our state/district/sub-district branches. The IRCS will ensure that programmes ensure strengthening of branches to make them more capable of **responding to exigencies**. In this regard efforts will be made towards strengthening

Objectives

- Enhance human resource expertise to ensure appropriate capacity throughout IRCS
- Enhance programme management systems creating an integrated culture of effective planning, monitoring, evaluation and reporting.
- Improve resource mobilization capacity and generate domestic resources by long term partnership and improve resource mobilization strategy to sustain the programme initiatives under strategic goals 1, 2 and 3
- Enhanced and expanded auxiliary role with Government
- Strengthening volunteer management capacity and improve systems to smoothen volunteer management at all level and its integration with programmes and project
- Integrated development of Junior, Youth and volunteer through a programme approach
- Improve youth engagement in all programmes and projects

the **communication** network and strategy and develop publications for wider information sharing and also to build programming culture of incorporate **planning, monitoring, reporting and evaluation** at all levels. The resource mapping of IRCS and keeping it electronically to support during disaster response can support the management of the IRCS for its smooth execution. A strong IT infrastructure in all branches is proposed to be developed in this period.

Voluntary service is at the heart of the Red Cross Movement and Indian Red Cross is committed to improve quality standard of our services up to district branch level by improving their capacities including volunteer retention and motivation by creating a volunteer friendly environment.

Junior, youth and volunteer (JYAV) development needs to be at the heart of strengthening of the IRCS preparedness and delivery system. IRCS will work towards developing a strategy to integrate members of the JRC and YRC. Advocacy with the government to include Red Cross in the curriculum as well as awarding Red Cross members with weightage for their work. Promotion of the FMR model, which provides volunteers with trainings and supervising their work will lead to better volunteer retention. The current JRC/YRC and volunteers activities, structure, policy and guidelines will be re-examined to come up with the strategy for youth engagement. Volunteering has changed in urban areas due to rapidly changing environment and trends, while at the same time more interns (young people) approach the Red Cross to offer their skills. IRCS will develop a strategy to address this increasing demand and also promote volunteering in areas that are of interest to these volunteers.

The primary focus for human resources (HR) development is to work out a plan to ensure that it is addressed in a logical way towards successful implementation of the strategic development plan. The priority will be on HR review in the context of the IRCS's overall strategy due to changing circumstances and other emerging departmental needs. HR development will realign its current staffing resources to give these essential initiatives proper attention not only because of the implications these initiatives have on all IRCS work but also as it impacts the future strategic goals.

As recommended from the review of the IRCS strategic plan 2009-2012, there is a need to develop a strong capacity for fundraising at national as well as branch level, allowing the society as a whole to tap and manage local resource mobilization., IRCS will focus on building partnerships and strengthening cooperation for community development, sustainable programming as well as future emergency responses. Based on the learning from achievements in last four years, priority will be given to the development of capacities for locally funded relief operations under resource mobilization area. Headquarters will provide branches with training and guidance (including the setting of targets) on developing

active partnerships with local state-based NGOs and other key actors as a way of building local operational alliances. The IRCS plans to develop linkages with other stakeholders in the field of disaster management like FICCI and UN agencies.

We will further pursue humanitarian diplomacy to prevent and reduce vulnerability with government at both state and central levels under key programme areas. To support humanitarian development action, public resources must be mobilised through strategic partnerships with government, and also, substantial support from the public and private sectors. Better linkages between branches will be improved through RDRT, NDRT, SDRT, DDRT and other platforms, as well as UN agencies and other international organizations. To strengthen effective linkages and exchanges between branches, the focus will be given

Cross cutting areas:

- Integrated planning approach
- Integration of communication and PMER into programme
- Linkages between resource mobilization and programmes
- Integration of better volunteer management and development with programme
- Promoting linkages of JRC/YRC with other programmes

to share experiences and facilitate technical exchanges. For the better effect and efficiency of the programmes / projects we continuously promote possible integration of different components / departments under the integrated programming approach, and headquarters will provide additional necessary support to the branches that are not strong.

The IRCS will provide opportunity to the IFRC to pre-position its disaster response stocks for the South Asia region in India. The Family News Service expands its regional approach, especially for migration issues. IRCS acts continuously as a health technical reference point for the region and for the IFRC.

How we work

To achieve the strategic goals, we work to strengthen the IRCS and build **well prepared** and **well-functioning organization**, while doing this our cross cutting actions will be heart of what we do, such as volunteers, members, staff, youth, gender, diversity, capacity building, resource mobilization and perusing humanitarian diplomacy. Our work is carried out by our volunteers, members and staff at our branch level. They are mobilized and organized through our state, district or local level branches. While supporting the vulnerable people our actions are guided by our fundamental principles and humanitarian values, IRCS policies and guidelines including the global guideline and policies of the IFRC. The managing body of the IRCS shall set the strategy for long term and the management will carry forward their strategy into action based on the strategic development plan 2014-2017. The IRCS will develop annual plans with focused targets with the support of the stake holders.

In order to save the lives of vulnerable people and to fulfil our mission, vision, and implement our four strategic goals, **we strengthen our partnership** with our Movement partners, government agencies, corporate, academic institutions and donor agencies in India. The IRCS together with the IFRC has developed a partnership with Tata Institute of Social Sciences, Mumbai to develop an online certificate course on disaster management. A further partnership with the Turkish Red Crescent Society aims to explore the common challenges faced by National Red Cross and Red Crescent Societies across South Asia and the Gulf region; another milestone for IRCS. The IRCS is preparing the Evidence based First Aid manual along with the Belgian Red Cross (Flanders). We look forward for the more long-term partnership and involvement of stake holders to implement this strategic development plan to provide services to the most vulnerable people and contribute to improve their lives and peace in the country.



Acronyms and abbreviations

AIDS	Acquired immunodeficiency syndrome
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
CBDRR	Community based disaster risk reduction
CBHFA	Community-based health and first aid
CDRT	Community Disaster Response Team
CIA	Central Intelligence Agency
CSR	Corporate Social Responsibility
CRED	Centre for Research on the Epidemiology of Disasters
DM	Disaster management
DMC	Disaster Management Centre, IRCS
FMR	First medical responders
FNS	Family News Services
GHI	Global Hunger Index
GDP	Gross domestic product
HDR	Human Development Reports
HIV	Human immunodeficiency virus
HR	Human resources
HRD	Human Resource Development
ICRC	International Committee of the Red Cross
ICT	Information Communication and Technology
IFRC	International Federation of Red Cross and Red Crescent Societies
IHL	International humanitarian law
IRCS	Indian Red Cross Society
JRC	Junior Red Cross
YRC	Youth Red Cross
MOHFW	Ministry of Health and Family Welfare
MDGs	Millennium Development Goals
MDR TB	Multi drug resistant TB
Mission	The overall purpose of an organization, defining what it aims to achieve and what it stands for.
MoU	Memorandum of Understanding
Movement	International Red Cross and Red Crescent Movement
NACO	National AIDS Control Organization

NCD	Non Communicable Diseases
NDRT	National Disaster Response Team
NDWRT	National Disaster Water and Sanitation Response Team
NIDM	National Institute of Disaster Management
OD	Organizational development
PHiE	Public health in emergencies
PLHIV	People living with HIV
SDRT	State Disaster Response Team
SRS	Sample Registration Survey
Strategic Development Plan	In IRCS context, it's a long term development plan for the organization. It usually covers four years. It guides the overall direction of an organization.
Strategy	A long term plan chosen to bring about a desired future, such as achievement of a goal or solution to a problem. It usually spells out organization's vision, mission and strategic direction
TB	Tuberculosis
TISS	Tata Institute of Social Sciences
UN	United Nations
UNICEF	United Nations Children's Fund
UT	Union Territory
VCA	Vulnerability and Capacity Assessment
VTC	Vocational Training Centre
YABC	Youth as Agents of Behavioural Change
WatSan	Water and Sanitation
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

The Fundamental Principles

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



Indian Red Cross Society

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