

**INDIAN
RED CROSS
SOCIETY**

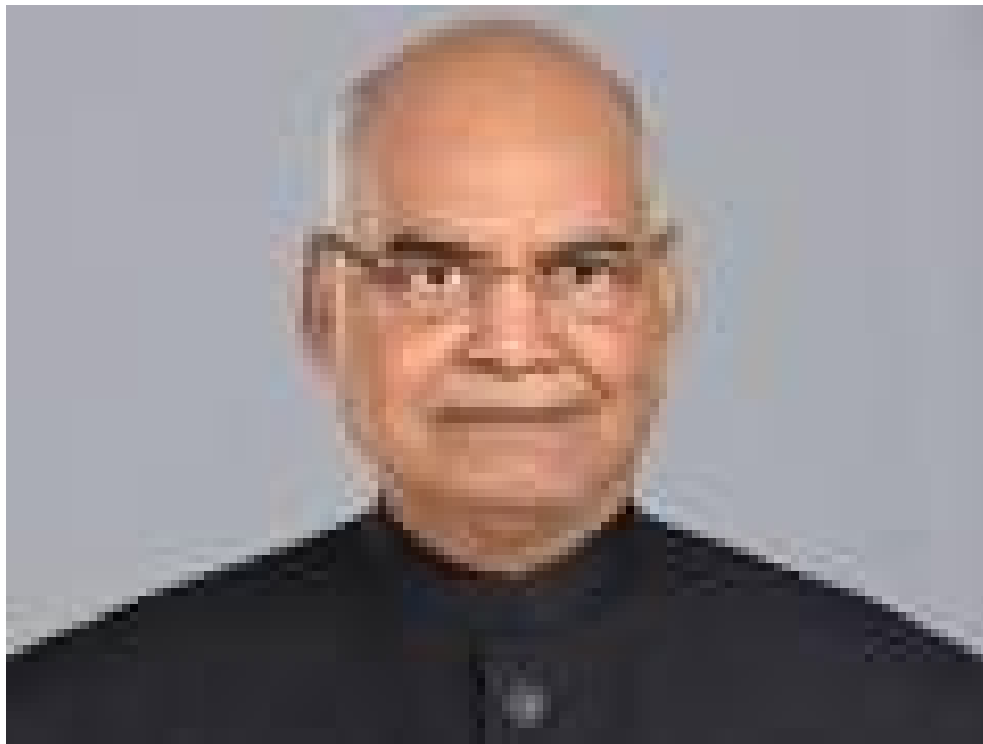




INDIAN RED CROSS SOCIETY

ANNUAL REPORT 2016-17

Indian Red Cross Society
is a National Federation
of over 700 Red Cross Branches.
Neither the Headquarters
nor the branches
are by themselves the Society.
It is their collectivity
inter-woven together
that makes up the
Indian Red Cross Society.
They inspire, encourage and initiate
at all times, all forms
of humanitarian activities
so that
human suffering
be minimized, alleviated
even prevented
.... and thus contribute to creating
a more congenial climate for peace.



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Our President

Indian Red Cross Society

Shri J P Nadda, Chairman



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Dr. Veer Bhushan

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Disaster Management

Assam Floods June 2016

Disaster: Heavy rains and floods in different places of Assam such as Barpeta, Sonitpur, Dhemaji, Lakhimpur, Golaghat, Sivsagar, Kokrajah, Tinsukia, Chirang, Dhubri, Darrang, Morigaon, Biswanath, Golapara, Jorhat, Dibrugarh, Nagaon, Sought Kamrup, Karbi, and Bongaigaon were reported by IRCS District branches and Assam State disaster management authority.

Assessment: An assessment team constituting of ICRC representative Mr. Bal Bhujel and IRCS volunteer and NDWRT Member Dr. VLS Kumar visited Assam state branch on 9th August for assessment and for starting the relief operation. ODK and mega 5 tool were also used during the relief distribution.

NFI Released: 3500 family packs, 3 water purification units.

Value: INR 1,02,37,188/-

Uttarakhand Floods, June 2016

During the month of June 2016 in District Tehri, Dhansai block, landslide and cloudburst in many areas resulted in 06 people losing their lives, many were injured and loss of property livestock was also reported. Uttarakhand state branch distributed relief material in the affected villages. Indian Red Cross Society, NHQ had dispatched 200 family packs for distribution among affected people.

Since July 1, 2016, due to incessant and heavy rainfall, the region suffered from massive landslides and flash floods which resulted in loss of life and loss of property and livestock. DDMA Uttarakhand reported that 38 people have lost their lives in Pithoragarh and Chamoli and many were reported missing. DP Supervisor and the FMRs visited the landslide area. The Uttarakhand state had sent relief to the Pithoragarh and Chamoli for the affected population. The Uttarakhand state branch had also alerted the District branches and the First Medical Responders in all the ten Districts. IRCS, NHQ further dispatched 1000 woolen blankets for distribution to the affected people in the region. It has been informed in the report that Red Cross tents were used as Disaster Relief Camp at Govt. Inter College Singali, Tehsil Didihat, District Pithoragarh.

400 family packs were released along with 1000 woolen blankets for the affected population in Uttarakhand. 1400 blankets and 400 each of bed sheets, saris, gents' dhotis, mosquito nets, kitchen sets, towels, plastic buckets & tarpaulin sheets were sent to state branch for further distribution. The

items were dispatched from Bahadurgarh warehouse. The approximate cost of the items was **INR 15,44,200/-**

Bihar Floods

Disaster: As a result of continuous flow of rainwater from upstream terrain of Nepal along and heavy monsoon rains resulted in flooding of 12 districts of Bihar . Purnea, Kishanganj, Araria, Darbhanga, Madhepura, Bhagalpur, Katihar, Saharsa, Muzaffarpur, Supaul, Khagaria and Gopalganj. 12 districts with about 2.75 million people were affected.

NFIs Released: 500 tarpaulins, 2240 mosquito nets, 2930 plastic buckets, 4000 blankets, 1500 bed sheets, ladies sari, gents dhotis, towel, kitchen sets, 1000 solar lanterns. Nestle also sent food items costing approximately one crore to Bihar. An aqua plus water purification unit was also sent to Bihar (the cost of Rs. 102896)

Value: **INR 63,54,700/-**.

Madhya Pradesh Floo, July 2016

Heavy rains and flooding took place in various regions of Madhya Pradesh. It was informed that the condition of floods was worsening, especially in the rural areas following heavy rainfall in the first week of July 2016. More than 5000 families were reported to be affected in Satna. As a response relief material consisting of 500 each of blankets, towels, kitchen sets and tarpaulins were sent to the state branch for further distribution. The approximate cost of the items was **INR 13,59000/-**

Jammu & Kashmir

Disaster: Migration from Borders

NFIs Released: 1000 each of bed sheets, buckets, towels, 1980 woolen blankets, 500 tarpaulins, 200 mats and 500 family tents.

Value: **INR 13,5,59,220**

Punjab

Disaster: Replenishment and flood response.

NFIs Released: 50 nos. Non food items dispatched from Bahadurarah warehouse.

Value INR: **176900/-**

Tamil Nadu:

Disaster: Cyclone Vardha affected various regions in Tamil Nadu.

NFIs Released: 500 each of ladies saris, towel, dhotis and cotton blankets from Arakkonam warehouse.

Value: INR 2,63,000/-

Andhra Pradesh:

Disaster: flood/cyclone in Andhra Pradesh.

NFIs Released: 500 mosquito nets from Vikroli warehouse

Value: INR122500/-

Sri Lanka Cyclone Roane May 2016

Disaster: On 15 of May 2016, Sri Lanka was hit by a severe tropical storm Roane that caused widespread flooding/cyclone in 22 out of 25 districts in the country, destroying homes and submerging entire villages. At least 104 people died and 99 people went missing due to a landslide in Aranyake, Kegalle district, which devastated three villages. An estimated 301602 people were affected by this disaster, including at least 21484, who were displaced.

NFI Released: 1000 nos. Tarpaulin from Arakonam warehouse.

Value: INR 8,70,000/-

Asian Ministerial Conference on DRR



Asian Ministerial Conference on Disaster Risk Reduction (AMCDRR) was established in 2005. It is a biennial conference jointly organized by different Asian countries and the United Nations Office for Disaster Risk Reduction. (UNISDR). The last conference was held in New Delhi from 3 to 5 November, 2016 at Vigyan Bhawan. Hosted by the Indian government, in collaboration with the UNISDR, the AMCDRR set the direction for the implementation of the

Sendai Framework within Asia-Pacific, a region that is the world's most disaster-affected, as nearly 43% of the world's natural hazards happen in this region, affecting 80% of all those impacted globally. This is also where 67% of all disaster-induced deaths occur.

Dr Veer Bhushan, Joint Secretary of IRCS, other officers and volunteers participated in the conference and the side meetings.



Along with the conference an exhibition was also run by the organisers. IRCS had been allotted 3 stalls in hall no 2. The stall attracted attention of visitors as posters of IRCS history & activities, water treatment plant, family tent, solar lantern, family packs etc were displayed. Demonstration of first-aid by IRCS volunteers had become very popular which was also arranged there.

New Delhi Declaration

The 2016 Asian Ministerial Conference on Disaster Risk Reduction (AMCDRR) adopted the New Delhi Declaration and the Asian Regional Plan for Implementation of the Sendai Framework. It was the first AMCDRR to be held after the advent of the Sendai Framework for DRR (SFDRR) 2015-2030. The next AMCDRR will be held in Mongolia in 2018.

The conference also commemorated the first World Tsunami Awareness Day (observed on 5 November) to spread awareness on tsunami.

New Delhi Declaration of AMCDRR is a political commitment of participating governments towards preventing and reducing disaster risk in the Asian region. It also committed for strengthening the resilience of communities, nations and the Asian region for Disaster Risk Reduction. It commits to a people-centred and whole-of-society approach towards DRR in order to accelerate the implementation of global frameworks. It also emphasises the need to enhance the capacity of communities and ensure participation of all stakeholder groups towards achieving resilience.

Asian Regional Plan

The Asian Regional Plan for Implementation of the Sendai Framework focuses on the How to reduce disaster risk at national and local levels. It has arrived at a longer term road map of cooperation and collaboration, spanning the 15-year horizon of the Sendai Framework, as well as a two-year action plan to further disaster risk reduction with specific, actionable activities.

With disasters becoming more frequent, intense and unpredictable, partly due to climate change, this AMCDRR is also significant because it is the first after nations signed up to the global Sendai Framework for Disaster Risk Reduction in Sendai, Japan, in March last year. The Sendai Framework identifies targets and priority actions for governments to reduce loss of lives and assets from disasters.

India had also hosted the 2007 AMCDRR.

WAREHOUSE MAINTENANCE

There are six Zonal and regional disaster relief warehouses strategically located at Bahadurgarh (near Delhi), Salt Lake (Kolkata), Arakkonam (near Chennai), Viramgam (near Ahmedabad), Vikhroli (near Mumbai) and Guwahati. Essential relief items are kept in these warehouses for movement of stores. These warehouses have large storage space and have proved very useful in times of disaster in the past and therefore needs to be maintained well.

These warehouses were constructed twenty years back and after the construction no repair/maintenance work was done. The warehouse needs extensive repair and renovation and thus huge funds. NHq decided to undertake the repair of the warehouse in phases.

Construction of internal roads and boundary wall at Bahadurgarh Warehouse

The Bahadurgarh IRCS warehouse is close to the National Headquarters. This relief centre is located in an area of about 12 acres of land constructed in the year 1979. It has several buildings within its premises. The warehouse has 17 Godowns/Sheds, 30 Garages, Central Training Institute, Vocational Training Centre, Hostel building, Office building and about 50 staff quarters.

The Bahadurgarh warehouse among other things houses complex machinery including water purification units, SETA unit, LMS units, NOMAD units and NORIT units.



The Managing Body approved the need for construction work at Bahadurgarh warehouse including that of boundary wall and engaging an architect and an engineer for a total cost of Rs.45.00 lacs.

An estimate for Rs.23.19 lacs 05.11.15 was obtained from PWD, Haryana for the construction of internal road and boundary wall around campus of IRCS warehouse in Bahdurgarh. The work has been completed in scheduled time.



Construction of complete protection wall at Viramgam Warehouse

Viramgam Warehouse of the Society was constructed in 1980 in a plot area measuring 25 acres near Ahmedabad in Gujarat. The warehouse comprises of 3 godowns, 10 staff quarters and an office

block constructed in an area of about 5 acres of land. This has been provided with boundary wall. However, rest of the plot area has barbed wire fencing which is not properly maintained and the cattle and people often trespass into the Red Cross land.

It was proposed by the Gujarat State Branch that there is a need to cover the whole warehouse premises with a protection wall which would cost around Rs.54,31,250/- .

The Managing Body approved the proposal for construction of boundary wall of 645 meter length. The construction of wall has been completed.

Vocational Training Centers



Indian Red Cross Society, National Headquarters is conducting Vocational Training Courses at its warehouses at Kolkata, Arakkonam and Bahadurgarh in Tailoring, Needlework and Dress Making. The training is being provided free of cost to help the women belonging to economically weaker sections of the community of the nearby areas to help them become self reliant.

Arakkonam Warehouses enrolled and trained 27 women during the one year course. Twenty six participants underwent training at Bahadurgarh Warehouse. Here the classes are held for duration of 6 months and in two shifts i.e. from 10 am to 1 pm and 2pm to 5 pm.

During the year 2016-17 following trainings were conducted:

Arakkonam VTC: 27 participants received training between February, 2016 and January, 2017. The permission for starting a new batch has also been granted.

Bahadurgarh VTC: 26 participants received training between January to June, 2016 and in July to December 2016. New batches are undergoing the course.



Apart from the materials required for the training all other expenses on running the course were provided by the Indian Red Cross Society, National Headquarters.

HEALTH PROGRAMMES

Training of Master Trainers

IRCS National Headquarters hosted a training to train the Red Cross & St John Master Trainers at its premises from 9 . 12 August 2016. The course participants were already proficient and qualified to train people in their respective territories. Talking about the training Dr Veer Bhushan, Joint Secretary said, "This training was necessitated as the



updated %Evidence based Indian First Aid Manual+approved by St John Ambulance (India) and the Indian Red Cross has been launched and we are soon going to start the first State of Art Centre of Excellence in First Aid Training at Bahadurgarh, on the out skirts of Delhi. Also, the refresher for Master trainers will update them on current international training methodologies and will enable large numbers of Lay lecturers to receive regular up gradation.+



There were 22 participants representing both the St John Centres and Red Cross from across the country. There was a lot of emphasis on practical training. Hence the trainers watchful eyes were regularly monitoring the performance of the participants. The correct and latest methodology was shared for imparting techniques used in teaching emergency first aid.

The key faculty trainers included Ms. Felicity Gapes, Regional Health Coordinator, ICRC who specializes in Community Based First Aid and Mr Chaim Rafalowsky, FA Coordinator (EU) and Ms Ortal Yablonka, from Israel's Magen David Adom which is Israel's national emergency medical, disaster, ambulance and blood bank service provider. It is also and a member of the global Red Cross family. The name means "Red Star of David".



The faculty from All India Institute of Medical Sciences, New Delhi who are partnering with the IRCS and SJA, included Dr Maneesh Singhal, Dr Rakesh Garg, Dr Pawan Sharma, Mr Suresh Chand Sangi, Mr Tulsi Ram Gupta, Ms Sonia Chauhan, from AIIMS, who are the leaders in training of emergency medicine in India.

Home Health Care Attendant Course

On the 5th May 2016 IRCS and All India Women's Conference (AIWC) signed a Memorandum of Understanding. The two organizations came together to jointly train young men and women as Home Health Care Attendants.



On 14 May 2017, IRCS and Sir Ganga Ram Hospital signed a Memorandum of Understanding towards imparting internship training to the students of the Home Health Care Attendant.

The objective of the course is to create a cadre of professionals who would be trustworthy and provide

efficient help to the elderly, terminally ill and other people who need assistance in their daily lives in home environment.

Both the organizations showed enthusiasm about the project. The organizations declared, "through our network and reach at community level we would get the requisite number of course participants and shall work hand in hand for its success". Both the organization felt that there is a great need of Home Health Care Attendants in the society and it would be a boon for the needy.

The course duration was three and half months. It has a part-time module. Accordingly, the course curriculum was designed. In addition to the theoretical training at All India Women's Conference, a practical internship of about 15 days was organized at Sir Ganga Ram Hospital. A total of 5 students participated in first batch, which commenced from 25 Oct 2016 and concluded on 9th March 2017. All five students successfully completed the three and half month course and finally certificates were awarded them on 31 March 2017.

TB Project Supported by Irish Red Cross

Tuberculosis (TB) is one of India's major public health problems. According to WHO estimates, India has the world's largest tuberculosis epidemic. Indian Red Cross Society (IRCS) is playing an increasingly important role in ensuring that TB cases are treated successfully. With the aim to reduce the raising burden of MDR TB, IRCS addresses vulnerable category to retreatment patients and the patients who are most likely to default. Their treatment is being followed and supported to enable full adherence to DOTs.

Since 2009, IRCS has been working for TB patient in different state at the community level. In 2016 January to December Indian Red Cross Society targeted 400 cat I & cat II default patients in Punjab. The project covered awareness meetings, care and support, patients counselling, IEC activities,

screening camps, nukkad natak and discussion sessions at the government health facility within the designated TB units.

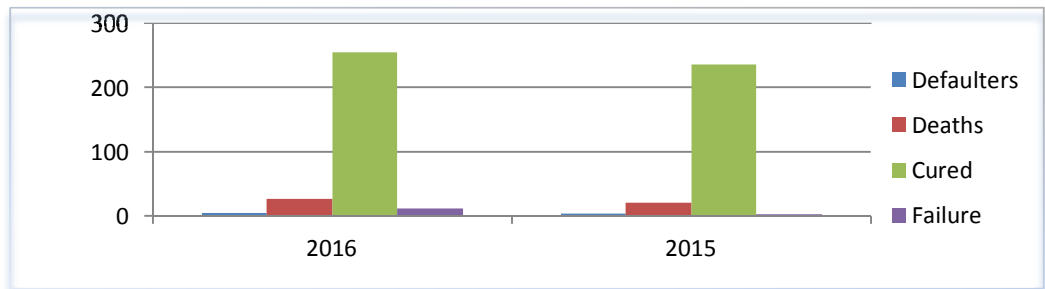
Status of TB care in India vide TB India 2016 RNTCP Annual Status Report:

Worldwide, 9.6 million people are estimated to have fallen ill with TB in 2014. India, Indonesia and China had the largest number of cases: 23%, 10% and 10% of the global total, respectively. India is implementing WHO endorsed DOTS strategy under a national programme-RNTCP. National coverage of DOTS strategy was achieved in the year 2006 and RNTCP is currently the world’s largest DOTs programme. Since inception RNTCP has treated more than 19 million TB patients under DOTS by utilizing a network of over 4 lakh DOT providers. This has resulted in saving more than 3.5 million additional lives. The **success rate of >85%** has been accomplished by the use of standardized treatment regimens, delivered in an uninterrupted manner in patient-wise boxes, provided to patients free of cost under direct observation of a DOT provider.

2016

Outcomes: Indian RNTCP is the world’s largest DOTS programme achieving global targets of case finding and treatment success rate but the same success has not been achieved with PMDT. The treatment success rates under the programme are well below 50% (46%) with ~ 20% each death and lost to follow up. The HIV rates among Drug sensitive and Drug resistant TB are comparable at 4%-5%. Cumulative outcomes of 31365 MDR TB patients have been reported till date out of which 14632 (47%) have been successfully treated whereas 6811 (22%) and 6229 (20%) died and defaulted respectively.

IRCS Success Chart (2015 & 2016)



Goal and Objectives:

- To ensure that 400 (cat-I/cat-II defaulters) TB patients, i.e. those who have stopped DOTs treatment without completion, are put back on treatment until they complete the course of treatment.
- To ensure effectiveness of treatment by providing care and nutritional support to the most vulnerable TB cases.
- To screen minimum 2500 suspected missing cases of TB from most vulnerable communities and bring them back to RNTCP treatment umbrella by intensive social mobilization and advocacy work in the vulnerable clusters of Urban and rural areas of Amritsar and Jalandhar by intensified case-finding (ICF)
- To carry out community awareness outreach activities for bringing awareness about TB and impacts of discontinuation of treatment.
- To reduce the stigma and discrimination around TB through behaviour change communication campaign and inclusion of TB patients in important forums.

Target Geographical Areas & Patient:

State	Districts	Patient
Puniab	Amritsar & Jalandhar	400

Patient Adherence to TB Treatment:

Adherence to treatment means that a patient is following the recommended course of treatment by taking all the prescribed medications for the entire length of time necessary. Adherence is important because TB is nearly always curable if patients adhere to their TB treatment regimen.

Brief Summary of 2016:

The TB Programme 2016 targeted in Amritsar & Jalandhar districts of Indian Red Cross Society Punjab State Branch with 400 (cat-I/cat-II defaulters) TB patients (85 patients carried forward from the year 2015 and 372 patients enrolled in 2016). 27 volunteers are working under TB programme 2016. All the 457 patients who were under treatment during the reporting period were given care and support services by the Red Cross volunteers. 92 advocacy meetings were held on TB and 39500 nos. IEC materials (hand bills) were distributed. Through the DOT centres and home visits almost 5234 counselling and follow up provided by the Project staff and volunteers to TB patients. The annual year of TB Project in Punjab witnessed 26 deaths, 12 in Amritsar & 14 in Jalandhar. 11 patients were MDR, 06 in Amritsar & 05 in Jalandhar and 04 default patients, 02 in Amritsar & 02 in Jalandhar.

Care & Support services were based on nutritional support (high protein nutritional supplement such as Chickpea(Chana), Broken Wheat(Daliya), Soya bean & Nutri) were provided to all the vulnerable TB cases under treatment as per funds sanctioned under the project. The nutritional care support service was provided by the Red Cross volunteers under the direct supervision of the District Coordinator. It is mentioned here that the State Coordinator got direct feedback from TB patients through telephone about the nutritional supplement being provided through Red Cross volunteers under the project.

The Punjab State branch expended Rs.18,86,937/- in the period of January to Dec 2016 under the TB Project. The salary head Rs.7,10,581/-, administrative expenditure Rs.94,151/-, activity cost Rs.7,53,605/- and volunteers honorarium Rs.3,28,600/-. Following are the expenditure details:

		State Coordinator Salary	2,37,600	
	Salary part	State finance & admin salary	1,98,000	7,10,581
		District coordinators salary	2,74,981	
Punjab	Admin cost	General admin state & Dist. level	94,151	94,151
		Community advocacy meetings	3,275	
		Community Mobilization Nukkad Natak	28,580	7,53,605
		Screening Camp	3,71,198	
		Care and support --Districts.	3,50,552	
	Volunteers	Districts Volunteers honorarium	3,28,600	3,28,600
		Total (Jan-Dec-2016)		18,86,937

Achievements:-

1. Till 31st Dec - 2016, 457 (85 old and 372 new) TB patients were given by the concerned District TB Control Officers (Jalandhar & Amritsar) and the programme achieved a success rate of 99%. Details at **Annexure A**.

2. **Social mobilization**- Social mobilization & awareness activities were also organized in both districts. In this regard, the major activities are mentioned as under: -

- Nukkad Natak (Street plays) shows = 11
- Group awareness meetings = 92

The total no. of people reached during the above activities was 2,20,701. Details at **Annexure B**.

3. Screening of minimum 2500 suspected missing cases of TB from most vulnerable communities:-

There was a target to organize 8 Health check. up and screening camps to identify 2500 suspected TB cases. During the year 2016, 6 camps were organized (4 in Amritsar & 2 in Jalandhar districts) with the support of District Health Department, and 1558 people were screened. 72 TB patients were diagnosed and were sent to DOTS centre for treatment. Details are at **Annexure C**.

4. **Money saved by roll back of CAT II cases to complete adherence preventing MDR TB.** The estimated cost of medication of MDR is approx. INR 200,000 per patient. IRCS had total 457 Cat II patients in the year 2015 & 2016. The total money saved is INR 91,400,000 (Euro 1250,428 approx.)

Year	No. Of Cat II Patients	Estimated cost of MDR medication per patient	Total money saved (INR)	Total money saved (Euro)
2015	278	200,000	55,600,000	760,654
2016	179	200,000	35,800,000	489,774
Total	457		91,400,000	1250,428

Comparison of Activities done in the year 2015 & 2016

Sr. No.	Activity	Target- 2015	Achievements	Target- 2016	Achievements
1	Enrolment of TB patients	400	353	400	457
2	Holding of Screening camp	6	6	8	6
3	Tracing out of suspected TB cases	1000	1584	2500	1558
4	Holding of advocacy awareness meetings	32	84	80	92
5	Nukkad Natak shows on TB	8	7	20	11

Annexure A

Patient's Adherence to DOTS treatment under Prevention & Management of Tuberculosis including MDR-TB in Punjab (2016)

(As on 31st December – 2016)

District	Total Patients enrolled					I.P.	C.P	Cured	No. of Deaths	Not Traceable	Transferred out	Failure	Defaulted Treatment	Patients under treatment					Number and % of TB patientsq adherence (without default)	HIV Pos.	Diab etic
	CAT-I	CAT-II	MDR	2 nd time cat-II	Total									MDR (A)	Cat-I (B)	Cat-II (C)	2 nd time Cat-II (D)	Total under treatment (A+B+C+D)			
c/f from 2015 Amritsar	8	35	1	1	45	-	-	34	1	1	3	2	2	2	-	-	-	2	43	3	7
2016 Amritsar	-	171	-	-	171	-	55	98	11	-	1	1	-	4	-	52	3	59	171	1	8
c/f from 2015 Jalandhar	-	35	5	-	40	-	1	30	3	-	1	3	-	2	-	-	1	3	40	3	5
2016 Jalandhar	18	179	4	-	201	9	68	93	11	4	5	5	2	3	1	73	4	81	199	2	4
TOTAL	26	420	10	1	457	9	124	255	26	5	10	11	4	11	1	125	8	145	453 (99%)	9	24

Annexure B

	People reached during reporting period 2015 & 2016						Indirect recipients	Total people reached	Total people covered
	Direct recipients								
Year	Male		Female		Total				
	Planned	Actual	Planned	Actual	Planned	Actual			
2015	12000	21578	12000	20134	24000	41712	90000	131712	131712
2016	20,000	23,720	20000	21,981	40,000	45,701	175,000	220,701	220,701

Annexure C

Status of patients visited the camp	Camp1	Camp2	Camp3	Camp4	Camp5	Camp6	TOTAL	Extra efforts done by RCVs	GRAND TOTAL
	20/3/16	6/4/16	1/5/16	18/9/16	6/11/16	29/11/16			
	ASR	JLD	ASR	ASR	ASR	JLD			
Total Patients visited	704	827	765	742	623	693	4354	-	4354
TB suspects examined	190	277	335	271	275	210	1558	115	1673
Referred for sputum microscopy	85	51	30	94	70	58	388	115	503
Referred for X-Ray	-	38	66	71	83	21	279	-	279
Positive TB Patients	9	28	5	9	10	11	72	10	82

Financial status of the TB project till December 2016

Summary of TB project 2016 supported by Irish RC till December 2016		
Particular	Amount in INR	Amount in Euro
Opening balance as on 01.01.2016	15,07,660	20,626.03
Total Fund received on 20.09.2016	22,38,314	30,000.00
Total fund available (A)	37,45,974	51,248.01
Total Bills/vouchers sent to Irish RC	24,51,416	33,537.40
Bills/vouchers under process at NHQ	24,898	340.63
Total Expenditure of 2016 (B)	24,76,314	33,878.03
Balance in hand (A-B)	12,69,660	17,370 (approx.)

In 2016, IRCS NHQ has received INR 22,38,314 (Euro 30,000) from Irish RC. IRCS NHQ has sent bills/vouchers of INR 2451,416 to the Irish RC and bills/vouchers of INR 24,898 are under process at IRCS NHQ.

After ended December 2016, the balance on account of TB project 2016 is INR 12,69,660/- (INR 11,15,166 with NHQ and INR 1,54,494 with Punjab state branch).

Proposal:

To sanction the project for the year 2017, kindly approve initially the utilisation of the balance money on the under treatment patients of 2016, till further extension of the programme %Prevention and Management of Tuberculosis including MDR+is approved.

The draft budget for the year 2017 is below at **Annexure D**

Irish Red Cross and Indian Red Cross Cooperation Budget for TB Project 2017 (Annexure-D)

“Prevention and Management of Tuberculosis including MDR-TB in Amritsar and Jalandhar districts in the state of Punjab , India

Benefitting 400 (category I defaulters& Cat II defaulters) TB patients, screening of minimum of 2500 TB suspect for Intensified case finding infection , their families and communities at large and preventing further infections and MDR/ XDR cases

Punjab

Sr. No	Activity	Unit	No. of Units	Unit price	Unit definition	Frequen cy	Total INR	Total Euro	% of total budget
1	Identification and listing of 400 Cat-I+ Cat II defaulter cases	Community level exercise	400	50	Rs. 50 per patient identification	1	20,000	282	0.36%
2	Screening of TB suspect by community mobilization- (2500 suspects)5 banners per distt. Coordinators (@ 300 per banner)	2500 TB suspect with symptoms	20	300	Rs. 300 for 5 banner	1	6,000	85	0.11%
3	Community advocacy meetings/awareness campaigns (2 meeting per month)per district coordinator	Advocacy meeting	16	500	Rs. 500 per meeting * 2 meeting per month *8 months * 20 locations each district	40	320,000	4507	5.70%
4	Community Mobilization . Nukkad Natak	Nukkad Natak	10	5000	Nukkad Natak @5000	2	100,000	1408	1.78%
5	Intensified Screening camp along with DTO and State coordinator in area of each Dist. Coordinator alternate month besides WTB Day, world AIDS day & other important days	Community level exercise and Advocacy	8	75000	4 camps per district in 8 months * Rs. 75000 per camp(Honorarium of peon of INR 6000 included & INR 500 to 5 volunteers in each camp for campaigning)	1	600,000	8451	10.69%
6	Care & Support activities (nutritional support and travel expense) 60 visits(biweekly) in 8 months for each CAT II patient during treatment	Nutrition and Travel	60	40	Nutrition (Rs. 20) and travel (Rs. 20) cost per patient per vist / (3 days per week * 12 intensive phase) + (2 days per week * 20 continuous phase) = 76 visits	400	960,000	13521	17.10%
7	Adoption of existing MoH IEC material and printing stickers (with Red Cross Logo)	IEC/ BCC	1	26000	For printing of stickers with IRCS logo	1	26,000	366	0.46%
8	Visibility materials for the volunteers and staffs (not prepared in 2016)	Visibility materials	40	500	Set of T-shirts, caps, protective gears (like set of large handkerchiefs) etc.	1	20,000	282	0.36%

9	Salary State Consultant (in case of fresh appointment may not exceed 18000 per month ; maximum increment 10% per annum of service)	Salary	1	21780	Per Month cost for Program Coordinator's salary	12	261,360	3681	4.66%
10	State Finance and Administrative Assistant (in case of fresh appointment may not exceed 15000 per month ; maximum increment 10% per annum of service)	Salary	1	18150	Per Month cost for State Finance and Administrative Assistant Salary	12	217,800	3068	3.88%
11	District Coordinators (in case of fresh appointment may not exceed 12000 per month ; maximum increment 10% per annum of service)	Salary	2	14520	Per Month cost for District Coordinators' salary * 2 Units	12	348,480	4908	6.21%
12	District general administration (Travel, Stationery, communication, Internet, office maintenance, printing, photocopy, Xerox, courier etc.)	Office maintenance & Travel	2	3000	Per month cost of general admin exp. Including travel of district coordinator (Rs. 3000 for a month* 2 district)	12	72,000	1014	1.28%
13	Honorarium for Volunteers	Honorarium	40	1300	Rs. 1300 for a month * 12months *40 volunteers	12	624,000	8789	11.11%
14	State general administration (Travel, Perdiem, Stationery, communication, Internet, office maintenance, printing, photocopy, Xerox, courier etc.)	Office maintenance & Travel	1	14000	Per month cost of general admin exp. Including travel & Perdiem @ INR 500 of state Consultant	12	168,000	2366	2.99%
Total cost for Punjab (A)							3,743,640	52727	66.68%
IRCS NHQ									
1	End term review and lessons learnt of TB programme 2016 at NHQ (State Secretaries, State Consultant, Finance Coordinator , District coordinators, DTO's , DDG TB, NHQ officials), Media	TB Project orientation	1	155500	(Rs.500 Food * 35 participants)+ (Rs. 200 stationary *30 participants)+(Rs. 7500/- multipurpose conference hall charges)+ (Rs. 3000 TA * 2 State Sec)+ (Rs. 2500 TA *11 participants)+ (Rs.500 perdiem * 13 participants)+ (Rs. 2500 local transportation *13 participants) + (Rs. 4000 accommodation * 13 participants)	1	155,500	2190	2.77%

2	Travel - visit for joint review of programme districts with Representative of Irish Red Cross (National Headquarters participation with Irish RC)	Travel	1	74,700	(3 staff * Rs. 13000 for transportation) + (4 staff * Rs. 2000 for Accommodation * 3 days)+ (4 staff * Rs. 600 for food and refreshments) + Rs. 1000 for Misc. + Cab for 3days 3500 etc.	1	74,700	1052	1.33%
3	Salary of National Project Coordinator	Salary	1	25410	Per Month cost for National Coordinator's salary	12	304,920	4295	5.43%
4	Salary of National Finance Coordinator	Salary	1	24200	Per Month cost for National Finance and Administrative Assistant Salary	12	290,400	4090	5.17%
5	Salary for information officer	Salary	1	38500	per month salary of information officer	12	462,000	6507	8.23%
6	Travel - M & E . NHQ	Travel	1	37400	2 staff * Rs. 12000 for transportation) + (2 staff * Rs. 2000 for Accommodation * 2 days) + (2 staff * Rs. 600 for food and refreshments) + Rs. 1000 for Misc. and Cab fare for 2 days 2000etc.	4	149,600	2107	2.66%
7	Endline cost including peer reviewed journal article for publication	Evaluation	1	270000	One time give away cost for conducting endline in 2 case and 2 control sites	1	270,000	3803	4.81%
Total cost for IRCS NHQ (B)							1,707,120	24044	30.41 %
Total cost of Project (A+B)							5,450,760	76771	97.09 %
	IRCS NHQ Administration cost	Admin cost	1	5,450,760		1	163,523	2303	2.91%
Grand Total							5,614,283	79074	100.0 0%

Currency	Rate	Total Budget
In Euro	71	79,074

In USD	68	82,563
In CHF	66	85,065

PICTURES SHOWING ACTIVITIES OF SCREENING CAMPS





NUTRITIONAL CARE SUPPORT GIVEN TO TB PATIENTS UNDER TREATMENT



COUNSELLING TO TB PATIENTS DURING HOME VISITS



COUNSELLING TO TB PATIENTS & THEIR FAMILY MEMBERS





VOLUNTEERS REACHING THE UNREACHED



TB Project India Supported by IFRC

Tuberculosis (TB) is one of India's major public health problems. According to WHO estimates, India has the world's largest tuberculosis epidemic. Indian Red Cross Society (IRCS) is playing an increasingly important role in ensuring that TB cases are treated successfully and introducing stigma and discrimination against them. With the aim to reduce the raising burden of MDR TB, IRCS address vulnerable Category to retreatment patients and the patients who are most likely to default. Their treatment is being followed and supported to enable full adherence to DOTs.

Since 2009, IRCS has been working for TB patient in different state at community level. In 2016 January to December Indian Red Cross society targeted 650 cat II patients in Haryana, Uttar Pradesh, Karnataka and Gujarat. The project carried over through awareness meetings, care and support, patients counseling, IEC activities and discussion sessions at the government health facility within the designated TB units.

Goal and Objectives:

- To ensure that Catt II TB patients, i.e. those who have stopped DOTs treatment are put back on treatment until they complete the course of treatment.
- To ensure effectiveness of treatment by providing care and nutritional support to the most vulnerable TB cases.
- To reduce the stigma and discrimination around TB through behavior change communication campaign and inclusion of TB patients in important forums.
- To carry out community awareness outreach activities for bringing awareness about TB and impacts of discontinuation of treatment.

Target Geographical areas & Patient

Sl. No.	State	Districts	Patient
1	Haryana	Faridabad	100
2	U. P	Amethi, Varanasi and Lucknow	150
3	Karnataka	Bangalore, Tumkur and Mandya	150
4	Gujarat	Ahmedabad district, Ahmedabad Urban & AMC	250
		Total	650

1. Haryana

The TB Programme 2016 targeted in Faridabad 136 Cat.II patients (19 patients carried forward from the year 2015 and 117 patients enrolled in year 2016). Eight volunteers are working under the programme. All the 136 patients who were under treatment during the reporting period were given care and support services by the Red Cross volunteers. 25 advocacy meetings and 132 mohalla meetings were held. 4150 nos IEC materials (hand bills) were distributed in the community. Through the DOT centers and home visits almost 2841 counseling and follow up services given by the project staff and volunteers.

The State branch expended Rs.5,81,876/- in the period of January to December 2016 under the TB Project. The salary head Rs.2,72,400/-, administration expenditure Rs.25,307/-, activity cost Rs.1,78,569/- and volunteers incentive was Rs.1,05,600/-. Following are the expenditure details:

Haryana	Salary part	State Coordinator Salary	66,000	
		State liaison assistant salary	-	2,72,400
		State finance & admin salary	48,000	
		District coordinator salary	1,58,400	
Haryana	Admin cost	General admin State & Dist. Level	25,307	25,307
		Identification of Patients- Dist.	-	
	Activity cost	Refresher training	-	
		Workshop	-	
		Community advocacy - Dist.	14,720	1,78,569
		Care and support -- Dist.	1,28,460	
		Travel for monitoring -State	23,389	
		Travel for district coordinators	12,000	
	Volunteers incentive	Volunteers honorarium-Dist.	1,05,600	1,05,600
Total (Jan-Dec-2016)				5,81,876

The adherence report of the Haryana State branch shows that, the number of cat II patients and adherence rate is 97%. Following are the adherence report;

Adherence report Jan-Dec 2016

State	No. of CAT II Patient enrolled	No. of cured	No. of Ongoing Treatment	Death	Any other disease	Default	Failure	Shifted to MDR	No. of CAT II Patient adherence (without default)	% of Adherence Ensured
Haryana	136	76	51 Including MDR & Failure Pts.	5	HIV- 2 Diabet.- 1	4	3	6	132	97%

Haryana Activities Photos



2. Uttar Pradesh

The TB Programme 2016 targeted in Amethi, Varanasi and sub urban area of Lucknow district of the Indian Red Cross Society with 150 Cat-II patients. 50 in Amethi, 50 in Varanasi and 50 in Lucknow district respectively. 15 volunteers are working under TB programme 2016. Nutritional support is also being given to the entire identified 150 Cat II patients along with transport facility. Through the DOT centers and home visits 680 counseling and follow up services given by the project staff and volunteers. Around 14000 nos IEC materials distributed in the project area.

Care & Support services were being rendered to 150 Cat-II pts. District Coordinator along with the volunteers made home visits of the Cat-II patients in the districts. During

their visits they counseled the Cat-II patient & their family members and also motivated them to ensure that the Cat II patients should adhere to the DOTS treatment. TB is curable and adherence to DOTS treatment with proper diet would cure them. The annual year of TB Project in Uttar Pradesh witnessed 06 deaths, 03 in Amethi, 02 in Lucknow & 01 in Varanasi. 10 patients are MDR, 05 in Amethi, 03 in Lucknow & 02 in Varanasi and 10 patients default, 01 in Varanasi, 04 in Amethi & 05 in Lucknow.

The State branch expended Rs.14,88,414/- in the period of January to Dec 2016 under the TB Project. The salary head Rs.7,93,691/-, administration expenditure is Rs.57,205/-, activity cost is Rs.4,21,518/-and volunteers incentive is Rs.2,16,000/-. Following are the expenditure details:

		State Coordinator Salary	2,11,200	
	Salary part	State liaison assistant salary	1,29,433	
		State finance & admin salary	1,58,400	7,93,691
		District coordinators salary	2,94,658	
Uttar Pradesh	Admin cost	General admin state &Dist. level	57,205	57,205
		Identification and listing-State & Dist.	5,500	
		Refresher training	-	
	Activity cost	Workshop	-	
		Community advocacy - State & Dist.	1,01,636	4,21,518
		Care and support -- State & Dist.	2,55,340	
		Travel for monitoring -State	37,542	
		Travel for district coordinators	21,500	
	Volunteers incentive	Volunteers honorarium- - State & Dist.	2,16,000	2,16,000
		Total (Jan-Dec-2016)		14,88,414

The adherence report of the Uttar Pradesh State branch shows that, the number of cat II patients adherence rate is 93%. Following are the adherence report

Adherence report Jan-Dec 2016

State	No. of CAT II Patient enrolled	No. of cured	No. of Ongoing Treatment	Death	Default	Shifted to MDR	Failure	No. of CAT II Patient adherence (without default)	% of CAT II Patient adherence (without default)
UP	150	121	13 including MDR & Failure-Pts.	6	10	10	3	140	93%

3. Karnataka

The Karnataka State branch has enrolled 100 Cat II patients for the TB Programme 2016 from, Tumkur and Mandya district, 50 Cat-II patients in Tumkur, 50 in Mandya district respectively. After the identification of patients, the Red Cross staff and volunteers met those patients in their houses and collected all the information about family back ground, economic condition and also past history of treatment etc.

During the visits, counseling and moral support were provided to patients and family members. In 2016 around 402 counseling & follow up and 5630 IEC materials distributed to the patients and the community members. 10 volunteers are working under TB programme.

The State branch has expended Rs.8,52,875 /- in the period of January to Dec 2016 under the TB Project. The salary head Rs.4,55,128/-, administration expenditure is Rs.33,040/-, activity cost is Rs.2,32,707/-and volunteers incentive is Rs.1,32,000/-. Following are the expenditure details:

Karnataka	Salary part	State Coordinator Salary	64,134		
		State liaison assistant salary	-		
		State finance & admin salary	74,194	4,55,128	
			District coordinators salary	3,16,800	
	Admin cost	General admin state & Dist. level	33,040	33,040	
		Identification of Patients-Dist.	2,500		
		Refresher training	-	2,32,707	

	Workshop	-	
Activity cost	Community advocacy - Dist.	37,650	
	Care and support --Dist.	1,68,000	
	Travel for monitoring -State	557	
	Travel for district coordinators	24,000	
Volunteers incentive	Volunteers honorarium- - Dist.	1,32,000	1,32,000
Total (Jan-Dec-2016)			8,52,875

The adherence report of the Karnataka State branch shows that, the number of cat II patients and adherence rate is 95%. Following are the adherence report,

Adherence report Jan-Dec 2016

State	No of CAT II Patient enrolled	No. of Ongoing Treatment	No. of cured	Default	Death	Failure	Shifted to MDR	Not Traceable	No. of CAT II Patient adherence (without default)	% of Adherence Ensured
Karnataka	100	9 including MDR-Pts	77	5	8	8	1	1	95	95%

4. Gujarat

The branch has identified 250 Cat II patients, i.e. 100 from Ahmedabad district, 50 from AMC (Ahmedabad Municipal Corporation) and 100 from Ahmedabad urban areas respectively. 25 volunteers are working under TB programme 2016.

Gujarat has organized 58 awareness camps. About 4500 people participated. This activity helped in early diagnosis, reduction of stigma and decreased transmission of TB by increased awareness. *The main purpose of awareness campaign is to spread awareness in community that this disease is now totally curable and drugs are being distributed free of cost in all hospitals all over in India. This event also conveys some important message to community as how to protect ourselves from TB and which is the correct treatment of TB etc.*

On 24th March 2016, state branch organized a street play on "Unite to End TB". The aim and objectives were to actively unit people to end Tuberculosis in the society. About 70 community people participated.

All the cat II patients benefited from the Care and Support activity of the TB Programme. Around 5000 nos IEC materials distributed in the project area where 25 volunteers are rendering services. Through the DOT centers and home visits 18000 counseling and follow up services were given by the Project staff and volunteers.

The State branch has expended Rs.19,95,659/- in the period of January to December 2016 under the TB Project. The salary head Rs.7,78,800/-, administration expenditure was Rs.56,796/-, activity cost was Rs.8,00,063/- and volunteers incentive Rs.3,60,000/-. Following are the expenditure details:

Gujarat	Salary part	State Coordinator Salary	2,11,200	
		State liaison assistant salary	1,32,000	
		State finance & admin salary	1,58,400	7,78,800
		District coordinators salary	2,77,200	
	Admin cost	General admin state & Dist. Level	56,796	56,796
		Identification of Patients- State & Dist.	5,500	
		Refresher & PMER training-State & Dist.	10,925	
	Activity cost	Workshop	49,475	
		Community advocacy - State & Dist.	1,07,584	8,00,063
		Care and support -- State & Dist.	5,11,680	
		Travel for monitoring -State	90,949	
		Travel for district coordinators	23,950	
	Volunteers incentive	Volunteers honorarium- - State & Dist.	3,60,000	3,60,000
Total (Jan to Dec-2016)			19,95,659	

The adherence report of the Gujarat State branch shows that, the number of cat II patients adherence rate is 100%. Following are the adherence report,

Adherence report Jan-Dec 2016

State	No of CAT II Patient enrolled	No. of cured	No. of Ongoing Treatment	Death	Shifted to MDR	Failure	No. of CAT II Patient adherence (without default)	% of Adherence ensured
Gujarat	250	113	133 Including MDR& Failure-Pts	4	1	8	250	100%

Gujarat Activities Photos



Patient's Adherence to DOTS treatment enrolled under TB Project Year 2016

As on 31st December 2016

State	No. of CAT-II patients enrolled for the project	No. & % cured	No. of Deaths	Defaulted Treatment	Not Traceable	Failure	Patients under treatment				Number and % of CAT II patients' adherence (without default)	HIV Pos .	Diabetic
							Shifted to MDR (A)	2 nd time Cat-II re-treatment (B)	Patients Under Cat-II treatment (C)	Total number of patient under treatment (A+B+C)			
HAR	136	76	5	4	-	3	6	3	41	51	132 (97%)	2	1
UP	150	121	6	10	-	3	10	3	-	13	140 (93%)	-	-
KAR	100	77	8	5	1	8	1	8	-	9	95 (95%)	-	-
GUJ	250	113	4	-	-	8	1	8	124	133	250 (100%)	-	-
Total	636	387	23	19	1	22	18	22	165	206	617 (97%)	2	1

BLOOD SERVICES

Transfusion of blood is an essential part of modern health care management. The first Blood Bank was started in India by Indian Red Cross Society (IRCS) in 1942 at All India Institute of Hygiene & Public Health, Calcutta (West Bengal). The IRCS has 35 State/Union Territories branches with more than 700 districts/sub district branches and is running 166 blood banks across 14 States, which contributes approx. 10% of total collection of blood in India.

In 1977, the blood bank started operating from the Indian Red Cross Society, National Headquarters (IRCS, NHQ). It was designated as Regional Blood Centre by State Govt. in 1996 and has been designated as Model Blood Bank in 2010 by National AIDS Control Organization, Ministry of Health and Family Welfare, Govt of India and is certified by the BIS for ISO 9001:2008 and accredited by NABH &NABL.

The IRCS (NHQ) Blood Bank is fully equipped to collect blood at its premises and also has mobile teams, which go out frequently to hold Blood Donation Camps. The blood after collection is tested for HIV I & II, HBs Ag, HCV, VDRL & Malaria. And Blood grouping with Rh D and Antibodies Testing (three cell panel) is tested by fully automated advance technology. To ensure effective utilization of blood, besides supplying whole blood, Red Cross also has the facility of component separation that provides different components of blood, like Fresh frozen plasma, Platelet rich plasma, Platelet Concentrate, Packed Cells, Cryoprecipitate and platelet Aphaeresis.

Highlights of major camps:-

- A massive Blood Donation Camp was conducted on 24th April, 2016 by Sant Nirankari Mandal on the occasion of ~~Manav~~ Ekta Diwas where 1727 devotees donated blood voluntarily. A total 3213 numbers of donors were provided by Sant Nirankari Mandal in 12 camps organized by them.
- A total number of 731 units were collected from the volunteers in a camp conducted in BITS, Pilani, Rajasthan, from 5th Feb. 2016 to 8th Feb. 2016.
- Blood Donation Camp was organized in Parliament House on 13th December, 2016 on the occasion of the function held to mark the 13th Commemoration Day of the supreme sacrifice made by Security Personnel on the altar of duty while thwarting the attack of terrorists on Parliament House on 13-12-2001. Ministers of Lok Sabha and Raj Sabha attended the function for floral tribute to the martyrs. 70 people paid homage to the departed souls and saluted their martyrdom by donating blood voluntarily including their family members.

In the year 2016-17, Indian Red Cross Society, Blood Bank collected a total of **27295 units** of blood out of which **24654** units were collected from voluntary blood donors. A total of **349 Blood Donation Camps** were conducted in various places like Educational Institutions, Corporate Sectors, Religious, Social Organizations, and other Services etc.

Table Shows - Total No. of Camps including No. of Blood Units (2012-2013 to 2016-17)

S.No.	Organization	No. of blood units collected (in camps)				
		2012-13	2013-14	2014-15	2015-16	2016-17
a.	Colleges	3760(38)	4570(40)	4333(34)	3182(35)	3903(42)
b.	Schools	551(14)	453(10)	742(14)	249(8)	336(18)
c.	Social Organization	7866(91)	7183(85)	7212(89)	2394(111)	8411(89)
d.	Commercial Organization	6361(103)	5503(108)	5214(106)	4564 (111)	6138(133)
e.	Political Organization	314(5)	199(3)	551(03)	715(14)	1279(21)

f.	Lions Club	34(1)	147(2)	43(02)	22(1)	0
g.	Services	364(3)	137(3)	412(07)	816(9)	0
h.	Red Cross State Branch	618(4)	154(3)	46(01)	Nil	191(2)
i.	Banks	910(17)	819(18)	1130(15)	668(16)	622(9)
j.	Hotels	505(12)	297(12)	177(06)	469(14)	359(9)
K.	Blood Mobile Van in Public Places	447(15)	847(27)	644(26)	1145(39)	597(22)
	Total	21761(304)	20354(312)	20504(303)	20224(358)	21836(349)

S.No		2012-13	2013-14	2014-15	2015-16	2016-17
a.	Voluntary Donors in Red Cross	2182	3270	3125	2866	2818
b.	Voluntary Donors in Camps	21761	20354	20504	20224	21836
c.	Replacement Donor in Red Cross	4397	6210	2218	3157	2641

	Total	28340	29834	25847	26247	27295
a + b.	% of Vol. Blood Collection	85%	80%	91.41%	88.97%	90.32%
c.	% of Replacement Donor	15%	20%	8.59	12.02%	9.67%
	Total Number of Camps	304	312	303	358	349

Blood Donor Screening & Processing & Storage of Blood

Donor blood is tested for infectious diseases (TTIs) such as HIV, HBs Ag, VDRL

& HCV and blood group serology. The screening of Transfusion Transmitted Infectious Marker (TTIs) is done by ELISA Method.

A. Testing report of infectious marker lab

Changes in Blood Screening Statistic during 2016-17:

- Total **HIV Positive Blood Donors is nearly same** 0.11% (2015-16) to 0.12%
- Total **HBs Ag positive Blood Donors decreased from** 0.75% (2015-16) to 0.64%
- Total **HCV positive blood is same** 0.44% (2015-16) to 0.44%
- Total **VDRL Positive Blood Donors decreased from** 0.28% to 0.20%
- Total **Malaria Positive Blood Donors is 0.007%**

B. Report of Component lab.

To ensure effective utilization of blood, besides supplying whole blood, Red Cross also provides its users with the facility of component separation like FFP, PRP, Platelet Concentrate, Packed Cells and Cryoprecipitate.

Total Blood Components Preparation:

Year	Blood Components Prepared	Total Blood Component

							Prepared
	FFP	Plasma	Platelet Concentrate	PRP	Red Cell	Aphaeresis	
2016-17	5225	13914	4406	982	20121	0	44648

Total Blood Components/Whole Blood/Red Cell Issues:

S. No.	Blood Component /Whole Blood/Red Cell Issued	Free A	Paid B	Total (A + B)
1	Blood Component	5840	938	6778
2	Whole Blood/Red Cell	25618	1370	26988
	Total Issued (1+2)	31458	2308	33766

Blood Distribution (2016-17)

- A.** In the year 2016-17, **44648** Blood/Blood components were prepared. **31458** units of blood components were issued free of cost to the patients admitted in Government Hospitals, Thalassaemic and Hemophilic Patients and **2308** (5.1%) units of blood issued against Processing Charges to the patients admitted in Private Hospitals/ Nursing Homes.

In the year 2016-17, IRCS (NHQ), Blood Bank has issued about **32200** units of surplus plasma/FFP. (approx. 5796 liters) to National Plasma Fractionation Centre (NPFC)

- B. Thalassaemia:** In Delhi, there are about 2000 registered thalassaemics patients who are receiving blood from various Regional Blood Centres like AIIMS, RML Hospital, Hindu Rao Hospital, LNJP Hospital, GTB Hospital and other blood banks. Out of which 975 patients are registered with Red Cross Blood Bank and more than 200 registered patients are from outside Delhi.
- C. Support to National Plasma Fractionation Centre (NPFC):** IRCS (NHQ) Blood Bank has a NACO supported blood component Separation Unit. As per NACO guidelines IRCS, Blood Bank has largely supported the National Plasma Fractionation Centre (NPFC) by sending the surplus Plasma/FFP for Fractionation. In the year 2016-17, IRCS (NHQ), Blood Bank issued about 32200 units of surplus plasma/FFP (approx. 5796 liters) to NPFC.

External Quality Assurance Programme (EQAS):

IRCS (NHQ) Blood Bank has been enrolled with SDMH, Jaipur (BEQAS), CMC Vellore, AIIMS and Bombay Red Cross for proficiency for infectious marker and serology testing.

Visit to Model Blood Bank, IRCS by Trainees from National Institute of Biologicals (NIB) / Universities/ Blood Bank Officials from various States

The participants visit Indian Red Cross Society Blood Bank, New Delhi to enrich the knowledge on overview of procedures for testing in blood services and safety parameters. The visit facilitates the Blood Banks in strengthening the standards of Blood Services which were learnt during the training period and spreads awareness while enlightening the students for blood donations. The Training was imparted on: Automated Cell counter, Automated Blood grouping technique, transfusion transmitted infections (TTIs), ADR monitoring, blood component preparation, Plasma Components and documentation of processes.

Training at Model Blood Bank, IRCS (2016-17)



Support for IRCS (NHQ) Blood Bank, Model Blood Bank:-

S. No	Fund Raised through	Total Amount Rs.
1.	<p><u>NACO Support through DSACS (2016-17)</u></p> <ul style="list-style-type: none"> • <u>Blood Transport Van</u> <ol style="list-style-type: none"> 1. Manpower support-Driver, Attendant 2. POL for Blood Transport van • <u>Blood Mobile Van</u> <ol style="list-style-type: none"> 1. Manpower support- Driver, Attendant and Cleaner. 2. POL, replacement of type and window glass of Blood Mobile Van. • Manpower support for Model Blood Bank - Four Lab. Technicians, one Lab Attendant and one Counselor. • Housekeeping Manpower support • 30,000 Blood Bags (single, double, triple and quad bags. • Infectious Marker Kits (HIV, Hepatitis B and Hepatitis C). • Refresher Training for Blood Bank Staff. 	<p>70,000/-</p> <p>3,28,000/-</p> <p>1,92,000/-</p>
2.	<p><u>State Blood Transfusion Council (SBTC)</u></p> <ul style="list-style-type: none"> • Refreshment of Blood Donor @ Rs. 25/- per donor • Blood Donation Camp Organisers @ Rs. 2500/- for 75 blood units and above in a camp towards the financial implication. 	<p>6,00,000/-</p> <p>6,00,000/-</p>
3.	<p><u>Fund Raised</u></p> <p>Donation from SBIC South Asia & ANZ for the purchase of Refrigerated Centrifuge Machine for</p>	<p>32,00,000/-</p>

	Blood Bank	
4.	<u>Fund Raised</u> Donation from various Companies under CSR i.e. Rs.25,26,500/- for IRCS, blood bank use.	25,26,500/-
5.	<u>Processing Charges of blood /blood components</u> Amount collected from Processing Charges for issue of blood /blood components to the patients admitted in Private Hospitals/ Autonomous Body/ Nursing Home/Private Ward of Govt. Hospitals/Private Wards of Govt. Blood Bank & Govt. Hospitals.	28,05,420/-
6.	<u>Security Deposit against replacement donors</u> Amount collected from Security Deposit against replacement donors for issue of blood /blood components.	8,20,800/-
	Total	1,11,42,720/-

First Medical Responder

BACKGROUND

- ❑ The Indian Red Cross Society, with the support of its partners (ICRC and IFRC), has embarked on a programme to develop a cadre of First Medical Responders (FMRs) at district level in the most disaster prone states of the country.
- ❑ The First Medical Responders (FMRs) are IRCS volunteers who through a series of training programmes are empowered to respond at the times of disasters and other public health emergencies till expert help arrives. They belong to the community which they serve thereby enhancing the capacity of these communities to respond to emergency situations.
- ❑ Through consultation with key stakeholders, IRCS has identified a key set of skills which volunteers must possess in order to act as FMRs in times of disaster and emergency. The programme is designed to build capacity locally, throughout India, with the logic applied being that communities themselves will always be best placed to respond to local emergencies.
- ❑ The major skill sets being transferred to volunteers is through 9 modules on multiple aspects of disaster management like Public health in emergencies **PHIE**, First Aid, search and rescue, psychosocial support etc.
- ❑ The FMR programme was first piloted by the IRCS, NHQ in the state of Uttarakhand in 2011, where with the funding support of the Govt. of Uttarakhand, more than 4000 FMRs and 150 FMR instructors, volunteers of the Indian Red Cross from all the 13 districts, were extensively trained by Master trainers from the IRCS, NHQ and partners.

FMR Program 2016



Continuation of programme in 15 states with the focus on WASH and VCA. Inclusion of Telengana state branch and creation of FMRs and other experts primarily focussed on VCA and needs assessment to guide programme planning in 2016.

Activities conducted in the programme:

1. Refresher Training of Master Trainers/ instructors including elements of CCA/EMR/PRP/VCA/ Livelihood.
2. Refresher for FMRs.
3. Piloting along with Partners for Resilience a programme based on Integrated Risk Management approach and including climate change, EM & R, sustainable Livelihood in addition to WASH activities.
4. Include Information centre in Uttarakhand, Himachal Pradesh and Gujarat
5. Verification of data by IIT Mandi and IIM Ahmedabad and preparation of projection models by the two premier institutes.
6. Inclusion of study of impact Bio digester toilets on community and environment etc.
7. Identification of innovators in community and proposal for promotion of inclusion of ideas after verification by technical bodies into actionable devices and promotion of cooperative formation for livelihood support.
8. Advocacy of Solid waste management inclusion as an activity towards Swachh Bharat Abhiyan, promotion of green energy sources, promotion of Jandhanyojana/ health insurance/ crop insurance/ pension yojana/ CBRN awareness/and other needs as per VCA.
9. Impact analysis to be prepared for each action and for future planning and budgetary allocation in next year.
10. Promotion of first aid training as per St.John Ambulance and IRCS regulation.



Objectives:

~ Activities for 2016, broadly included Refresher Trainings, Mock Drills, Water Sanitation and Hygiene (WASH), Vulnerability Capacity Analysis (VCA), Monitoring & Evaluation and Capacity Building of State and District branches.

Percentage Distribution of Spent Amount of states for FMR Prog.2016

S. No.	DM States and Approved budget	WA sent to states	Amount of Bills forwarded by states	Percentage Distribution of SPENT amount		
				Activities	Admn.	Salary
1.	Andaman & Nic.	516400	612153	34.6%	14.59%	50.77%
2.	Andhra Pradesh	648250	658122	27.4%	8.72%	63.8%
3.	Assam	481750	254923	47.9%	0.056%	52.03%
4.	Bihar	584200	386643	22.9%	22.9%	77.04%
5.	Chattisgarh	Nil	278050	96.4%	3.5%	0
6.	Gujarat	871200	881060	21.25%	19.9%	58.78%
7.	Himachal Pradesh	982300	672537	23.75%	5.15%	71.08%
8.	Manipur	541150	598413	42.12%	5.76%	52.1%
9.	Odisha	628000	468924	18.82%	23.78%	57.39%
10.	Tamil Nadu	632500	559617	22.74%	9.2%	68%
11.	Tripura	640150	740966	46.3%	8.89%	44.8%
12.	Uttarakhand	860650	852609	39.6%	6.8%	53%

13.	Uttar Pradesh	717550	652972	26%	12.6%	60.9%
14.	West Bengal	674800	674686	36.59%	3.66%	59.74
15.	Telangana	562000	370042	To be calculated	To be calculated	To be calculated
	TOTAL	93,40,900	86,61,717			

IMPLEMENTATION STATUS OF FMR PROG. 2016 – STATE/UT BRANCHES LEVEL					
State/UT	3 day FMR Instructors Refresher Training -1	VCA 6	MOCK DRILLS 6	WASH activities 27	Follow up with school for WASH activities conducted in 2015- 3
Andaman & Nic.	1	2	4	Nil	Nil
Andhra Pradesh	1	3	3	6	Nil
Assam	1	2	2	4	Nil
Bihar	1	Nil	Nil	Nil	Nil
Chattisgarh	1	6	6	27	NA
Manipur	1	2	3	12	Nil
Odisha	1	Nil	Nil	1	1
Tamil Nadu	1	1	2	17	Nil
Tripura	1	6	6	27	Nil

Uttar Pradesh	1	6	3	9	Nil
West Bengal	1	6	6	21	Nil
Telangana	Induction Program for FMRs Done	Induction of Instructors done	8 mock drills	6 Wash activities	NA

Status of activities in PFR states

Activity Name	Gujarat	Uttarakhand	Himachal Pradesh
2 day refresher training of FMR volunteers-5	5	5	5
3 day FMR Instructors Refresher Training - 1	1	1	1
House to house survey -3	0	3	3
VCA and risk assessment and wetland restoration/GLOF . 4	6 (VCA)	3	0
Mock Drill- 6	4	6	6

Formation & strengthen of WASH committee -3	0	3	4
IHHL and school toilet programme-24	27	24	0
Follow up with school for WASH - 3	0	3	9
Verification of models -2	0	0	0
Segregation of Solid waste materials-2	0	2	0
Tree plantation drive-8	8	8	8
Red Cross Information centre -3	0	0	1
Training focused on identified hazard involving school children	0	24	0

Special Initiative by Himachal Pradesh State branch

Scale up of the First Medical Responders (FMR) programme being implemented by Mandi District RC branch:

Under this programme, to increase community resilience to handle disasters and to connect the community with the government's social programmes, an ambitious programme to train at least ten volunteers from each Panchayat as First Medical Responders had been embarked upon. Mandi district RC organized training for 161 Volunteers as FMR instructors drawn from the panchayats in Mandi district during 19 -27 June 2016. The training was supported by the instructors from the IRCS, NHQ, International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of Red Cross (ICRC) and St John Ambulance (India).

Social Emergency Response Volunteers (SERV) PROGRAM 2017

The concept of SERV Programme, erstwhile FMR Programme, is premised upon the principles of community based disaster risk reduction. It recognizes that 1) communities understand their problems and opportunities than anyone else, 2) community is more interested to understand their problems than anyone else, 3) community is the key stakeholder for development of the country, hence it has to participate for their own development, 4) local communities are capable of initiating and sustaining their own community development.

SERV volunteers who are based in their own communities are key to this community-based approach. The aim of developing SERV volunteers is to reduce disaster risks and build resilient communities as envisaged in Sendai framework for action. To contribute to this aim, SERV volunteers will 1) provide immediate relief and response to the affected communities before additional support from the government and other agencies arrives, 2) reduce vulnerabilities of the communities by training the communities on first-aid, hygiene promotion, etc., 3) conduct vulnerability and capacity assessment of their own communities, 4) support any other identified social issues that contribute to the development of the communities.

In the previous years DM Programme under the name FMR Programme has been implemented in the most disaster prone states and districts across the country and is being expanded every year. New states and districts are added this year making a total of 16 states based on their risk profile and availability of funds.

Main components of SERV Programme

There are four main components in SERV project in the cascading model of training. 1) Master Trainers, 2) Instructors, 3) Social and Emergency Response Volunteers 4) Community outreach activities.

The volunteers are trained in different aspects of disaster preparedness using the following nine modules developed by experts from IRCS, ICRC and IFRC:

1. Introduction of RCRC Movement
2. Emergency first aid
3. Public health in emergencies
4. Water, sanitation and hygiene promotion
5. Psychosocial support
6. Restoring family links
7. Management of dead bodies
8. Crisis management
9. Planning monitoring, reporting & volunteer management

Modules being added are:

10. Climate Change
11. Integrated Risk Management
12. Safer Access
13. Care of persons with disabilities during disasters

Health Promotion through Ayurveda and Yoga



duration of three months. The course is being run since Feb, 2010. So far 22 batches (Total 1056 Students . 610 Males & 446 Females) have completed the course. During the 22nd batch 38 participants attended the course.

The Indian Red Cross Society, with the support of Department of AYUSH, M/o H & F.W, Government of India, and in collaboration with Central Council of for Research in Ayurvedic Sciences (CCRAS) & Morarji Desai National Institute of Yoga (MDNIY) is conducting a certificate course on %Health Promotion through Ayurveda & Yoga+(50 hours, part time certificate course) in English medium.

The classes are held twice a week, on Tuesdays & Thursdays from 6-8 PM, for



The course participants celebrated the 2nd International day for Yoga by performing Yoga at the National HQ under the close supervision of faculties from Morarji Desia National Institute of Yoga.

Post Graduate Diploma in Disaster Preparedness & Rehabilitation

The IRCS strives to protect engaged in Disaster Response, care and Blood services in the Disaster Management Centre at which serves as the hub for activities.

students of 11th batch (2016-17) of PGDDP&R



human life and is actively Relief, Preparedness, Health community. It has developed a its National Headquarters, Disaster Management

Dr. Veer Bhushan, Course Director addressing

Since 2006, the Indian Red Cross Society is running a part time Post Graduate Diploma Course in Disaster Preparedness and Rehabilitation for working professionals and others. The course focuses on the development of skills and abilities of human resources that match the best practices available in the field today. The course is affiliated to the Guru Gobind Singh Indraprastha University, Delhi and is being conducted at the Disaster Management Centre, IRCS (NHQ), 1- Red Cross Road, New Delhi . 110001 from 6:00 PM . 8:00 PM on Mondays, Wednesdays and Fridays and 10:00 AM . 1:00 PM on Saturdays. During the last 10 years, it has trained more than 300 managers who in turn can empower the community in planning, managing and coping with disasters in a planned, scientific and systematic manner.

In 11th batch (2016-17) 20 students were admitted.

INFORMATION AND PUBLIC RELATIONS

Communication unit of the Society portrays profiles and disseminates the humanitarian services of the Indian Red Cross Society. The task includes maintenance of the website for the furtherance of humanitarian cause of the Red Cross movement. The website of the Society contains information regarding activities and services rendered by it and other statutory requirements. The unit uploaded the activities of the organisation on the website. Some of them are listed below.

The news about the Annual General Meeting of the Indian Red Cross Society and St John Ambulance India held in September 2016 for the year 2015-16 was posted with photographs that included felicitation of awardees.

All relief measures for the floods, cold wave, landslides and other disasters in the country and some relief measures taken for such disasters outside India, training programmes and workshops, celebrations of Blood Donor day, World Red Cross Day, visit of the dignitaries etc were adequately covered.

The branches were informed about the themes of World Red Cross Day, Blood Donor Day and World Health Day.

Winners of online Competition Awarded on Red Cross Day



On the occasion of World Red Cross Day observed on 8th of May every year to commemorate the birth anniversary of the founder of the Red Cross, Mr. Jean Henry Dunant the Indian Red Cross Society, together with its partners, i.e. the ICRC and the IFRC held online painting, photography and essay competitions. The essay and photography competitions were open to all but the painting competition was meant only for students. In painting, students till class 8 and those from class 9 to 12 were placed in separate categories. The entries were judged by a panel of judges and three winners were selected from each group.

- a) Topic for painting competition
Volunteerism: Everywhere for Everyone
- b) Topic for photography competition
Volunteerism: Everywhere for Everyone
- c) Topic for essay competition
Volunteerism as a force for positive change in human behavior (max 500 words)

Essays

A total of 182 mails containing over 200 essays were received till last date. Entries received late were not considered. As the number of entries was high, it was decided by the leaders of the three Red Cross partners to have a preliminary screening of all entries by the IRCS, IFRC and ICRC officials. The officials of the IRCS, ICRC and the IFRC shortlisted 41 entries which were subsequently evaluated by 2 senior professors from English department of two different colleges of Delhi University; Dr Gitanjali Chawla, Agrasen College and Dr C S Dubey from Shaheed Bhagat Singh College. Seven entries getting maximum marks were then submitted to the ICRC for final selection of the three top entries. The final three entries were as under

1. Ms Khushi Jain, Aruna Asaf Ali Kendriya Vidyalay, Delhi; 2. Ms Astha Sharma, Wishwa Bharti Public School, Dwarka, Delhi; and 3. Ms Mehakpreet Kaur, GGSVM Sr. Sec. School Ratwara Sahib, Punjab.

Paintings & Photography
A total of 170 mails of scanned entries were received under paintings. The total paintings received by all routes were 220.

Similarly for photography a total of 29 mails were received and the total number of entries was 50.

In these groups as well preliminary screening of the entries was done by a team of officials from the IRCS, ICRC and IFRC and it shortlisted following

a)Photographs	:	12
b)Painting up to class 8	:	14
c)Painting up to class 12	:	18

For photography and painting the final judges, Prof S N Lahiri Principal, College of Art, Delhi University and Prof Rajeev Lochan, Director, National Gallery of Modern Art, decided that instead of first, second, best three would be selected for award. The best three entries selected by them in photography were 1. Mr Anish Kumar, SDSVM Talwara, Punjab; 2. Mr Tapes Kaundal, SDSVM Talwara, Punjab; and 3. Ms Manasi Mahajan

The best three entries in painting up to class 8 category were 1. Ms Siddhi Ajay Kumar Mane, Pune; 2. Ms Nisha Barman, Guwahati Public School, Assam and 3. Ms Swapna Jyoti Swain, SKV School, Delhi. The best three adjudged entries in painting in the category class 9-12 were 1. Pavi Beniwal, 2. Ms Snehal Jain, Lancers Convent, Rohini, Delhi and 3. Ms Anchal Soni, Little Flowers School, Delhi.

The award function was held on 9th May at IRCS National Headquarters in which Mrs Mallika Nadda, founding President of NGO Chetna gave away the prizes to the winners in the presence of Sri Avinash Rai Khanna, Vice Chairman, IRCS, Sri Rajeev Gupta, Secretary to the Government of India, Ministry of Youth & Sports, Dr Veer Bhushan, Acting Secretary General, IRCS, Ms Mary Wertz, Head of the Regional Delegation, ICRC, and Mr Leon Prop, Head Country Cluster, IFRC.

Bust of Red Cross Founder Unveiled on Red Cross Day



The IRCS National Headquarters complex wore a festive look on 9th May 2016. Several activities were planned to celebrate the birth anniversary of the founder of the Red Cross movement, Jean Henry Dunant. The first step towards celebration was unveiling of the bust of Henry Dunant in the front lawns of the Red Cross premises. The Vice Chairman of the Society, Sri Avinash Rai Khanna, was joined by officials and members of the Red Cross Red Crescent movement and many others for the occasion. With this the front lawns look even more attractive. The bust has been donated by the ICRC Regional Delegation.

Indian Red Cross Society, National headquarters felicitated winners of the online essay, painting and photography competitions held on the occasion. In the function held at the multipurpose hall at the IRCS National Headquarters, Dr (Mrs) Mallika Nadda, founder president of a leading nongovernmental organization, %Ghetna+ working in Himachal Pradesh was joined by the Vice Chairman of the Society, Mr Avinash Rai Khanna, who gave away the prizes. From the same platform Dr (Mrs) Nadda also released the updated Evidence Based First Aid Manual of the IRCS & St John Ambulance (India). This project has been supported by the Belgian Red Cross Flanders.



The Vice Chairman of the Society, Sri Avinash Rai Khanna, who was the chief guest for the occasion in his address said, %People who live and die for the society are remembered for a long-long time.He also recalled the humanitarian services offered by Bhai Ghanaiya, a legend and a synonym of selfless service in Punjab, who is remembered for his non-discriminatory humanitarian work during a Sikh- Mughal war on the soil of Punjab. Speaking in the function, Dr Veer Bhushan, Acting Secretary General of IRCS, informed, %It is the first time when online nationwide competitions have taken place+. He added that despite short notice there was very good response to the event.

Mr Rajeev Gupta, Secretary, Ministry of Youth Affairs & Sports in his special address emphasized on the importance of youth which constitute 29 % of India's population. We value the partnership with IRCS as it has huge youth membership. It is one of the priority areas of the Government to take this segment of our population along in national programmes, Mr Gupta added.

Ms Mary Werntz, Head of the Regional Delegation, ICRC and Mr Leon Prop, Head, IFRC Cluster Societies also spoke on the occasion.

During the function video conferencing was also arranged in which some state branches interacted with the IRCS Nhq on Red Cross Day celebrations and their other activities. IRCS Mandi district branch and IIT Mandi were also on line during the time.

Red Cross Day Celebrations on 8th May

On 8th May movement partners were joined by several representatives of diplomatic enclave, Indian bureaucracy and others in an evening celebration to observe the birthday of Henry Dunant. Here, the Acting Secretary General of IRCS, Dr Veer Bhushan, Head of the Regional Delegation of ICRC, Ms Mary Werntz, and Head IFRC Country Cluster, Mr Leon Prop, made addresses on the occasion. Dr Bhushan read out the message of Sri J P Nadda, Hon'ble Chairman and Minister for Health & Family Welfare as well.

International Day of Yoga



Indian Red Cross Society, National Headquarters, observed International Day of Yoga at the precincts of its office complex. A number of people from IRCS, IFRC, CMSS, DHR & IDBI office staff took part in the Yoga Shivir. Several of the alumni of the 19 past batches of the IRCS run course %ealth Promotion through Ayurveda & Yoga+also participated in the yogic exercises at the Yoga Shivir. The session was conducted by the Yoga Teachers of the Moraraji Desai Institute under the Ministry of Ayush.

GENERAL BODY MEETING



Indian Red Cross Society and St John Ambulance (India) held the Annual General Body meeting on 30 August 2016 in two sessions. The Ceremonial session was held at the Auditorium of the Rashtrapati Bhawan in the afternoon between 1 and 2 pm. It was presided over by the President of the two organizations and the President of India Hon^{ble} Mr. Pranab Mukherjee. The dais was shared by Mr J P Nadda, Hon^{ble} Chairman of the two organizations and Minister for Health & Family Welfare, Government of India, Vice Chairmen of Indian Red Cross and that of St John (India) respectively, Mr Avinash Rai Khanna and Mr S C Goyal and Dr Veer Bhushan, Joint Secretary, IRCS. Lauding the work of the two organizations the President in his presidential address said, "With regard to the new projects that have been mentioned, I am delighted to note that over the last two years, the Indian Red Cross Society and St John Ambulance have trained almost seven and a half lakh volunteers in first aid. I am also glad to learn that they now have plans to create a world class centre of excellence in First Aid near Delhi"

In his address Hon^{ble} chairman provided the highlights of the work done by the two organizations during the last two years. Hon^{ble} President gave away the prizes to individuals and branches for their good work during the period. The details of the prizes

are as under:-

RED CROSS GOLD MEDAL

for the year 2014-15

- | | | |
|----|---------------------------|----------------|
| 1. | Dr. A. Sridhar Reddy | Andhra Pradesh |
| 2. | Dr. Atul Vinayakant Desai | Gujarat |

For the year 2015-16

- | | | |
|----|--------------------------|---------------|
| 1. | Mr. Gopal Krushna Mishra | Odisha |
| 2. | Mr. Sanjeev Mehrotra | Uttar Pradesh |

Shields presented at Rashtrapati Bhawan by Hon'ble President

INDIAN RED CROSS FUND RAISING AND MEMBERSHIP SHIELDS

For the year 2014-15

(1st position)

ODISHA STATE BRANCH & DADRA & NAGAR HAVELI- U.T BRANCH

(IInd position)

NAGALAND

For the year 2015-16

(1st position)

ODISHA STATE BRANCH & CHANDIGARH U.T. BRANCH

(11nd position)
HIMACHAL PRDESH

HIGHEST NUMBER OF VOLUNTARY BLOOD COLLECTION SHIELD

For the year 2014-15 & 2015-16 ODISHA STATE BRANCH

HIGHEST NUMBER OF BLOOD COLLECTION SHIELD – ONE

Vis-à-vis Population

For the year 2014-15 & 2015-16 Dadra & Nagar Haveli

ST. JOHN AMBULANCE (INDIA)

Medals/Shields presented at Rashtrapati Bhawan

RAJKUMARI AMRIT KAUR GOLD MEDAL

FOR THE YEAR 2104-15 Shri Ashim Nath

II West Bengal

FOR THE YEAR 2015-16 Shri G. ;Manikandan

No. 20 Southern Railway

ST. JOHN GOLD MEDAL

FOR THE YEAR 2014-15 Dr. Anwar I. Mansuri

Gujarat State Centre

FOR THE YEAR 2015-16 Shri Gobinda Chandra Satapathy Odisha State Centre

JIV RAKSHA MEDAL

FOR THE YEAR 2014-15 Master Beedhovan Kerala, Pallithura PO, Trivandrum

FOR THE YEAR 2015-16 Dr. Arun Gupta Delhi Brigade

MEMBERSHIP SHIELD

FOR THE YEAR 2014-15 Maharashtra State Centre

FOR THE YEAR 2015-16 West Bengal State Centre

TRAINING SHIELD

FOR THE YEAR 2014-15 & 2015-16 Haryana State Centre

The Business session was presided over by Mr J P Nadda, Honble Chairman of the two organizations and the Minister of Health & Family Welfare. It was held in the afternoon at DRDO Bhawan.

Honble Chairman in his address talked about the achievements of the two organizations. He also asked members of the Red Cross Society to actively participate in Govt's Mission Indradhanush+programme and Deworming Initiative. He appealed the volunteers of Red Cross and, St John, Junior and Youth Red Cross members to contribute in making a Swasth Bharat+in true letter and spirit and stressed on the need to enhance the quality of first aid training for strengthening service delivery.

Hon'ble Chairman also launched [First Aid App](#) and [Facebook](#) page during the AGM. Launching the Facebook page he wrote, "It gives me great pleasure to launch the Facebook page of the Indian Red Cross Society (IRCS). I congratulate IRCS for this initiative and request all of you to get connected with the Indian Red Cross Society and make it a more vibrant organization."

The Chairman also launched Red Cross First Aid App. Now credible information is available on Google Play Store from where the App can be downloaded on any android smart phone. The user friendly App empowers one to take care of some of the basic medical emergencies. It also has facilities to guide the user to the nearby hospitals in times of need. Gradually, Red Cross shall keep updating it and make it more meaningful and useful for the community.

Certificates presented at DRDO Bhawan by Hon'ble Chairman

AWARD OF MERIT CERTIFICATE **NAME OF AWARDEES**

For the year 2014 -15

1.	Mr. Asgar Ali Sheikh	Jammu & Kashmir
2.	Mrs. Amory Caroline Warr	Meghalaya
3.	Mr. Uday Shankar Prasad Singh	Bihar
4.	Mr. Apurba Kumar Ghosh	West Bengal
5.	Dr. Vikram Dinkar Phatak	Maharashtra
6.	Mr. T. Rajashekar	Telangana

For the year 2015 -16

- | | | |
|----|-----------------------------------|-----------------------|
| 1. | Dr. Nandini Rangaswamy | Tamil Nadu |
| 2. | Mr. Raja Singh Jhinjer | Gujarat |
| 3. | Mr. Rajeev Nayan Tiwari | Madhya Pradesh |
| 4. | Mr. S.S. Saini | Chandigarh |
| 5. | Mr. Umakanta Nag | Odisha |
| 6. | Mr. Sumit Ajaybhai Thakkar | Gujarat |

The key points of the accounts and budget of the two organizations was presented by the Hony Treasurer. All the statutory work, including appointment of auditors, adoption and passing of the accounts, reports and proceedings was completed.

The delegates interacted with the Honble Chairman on tax benefits, blood services, activities and sought his assistance in strengthening Red Cross & St John in the country.

The media also covered the day's proceedings which were on television news channels, news papers and several news web portals.

INTERNATIONAL COOPERATION

Federation SG calls on Chairman



The Secretary General of the International Federation of Red Cross & Red Crescent Societies Mr Elhadj As Sy accompanied by Mr Jagan Chapagain, Chief of Staff and Mr Xavier Castellanos, Regional Director, Asia Pacific was on a one day whirlwind tour of Delhi on 20 March, 2017.

He, together with his team and Shri Avinash Rai Khanna, Vice Chairman & Dr Veer Bhushan, Joint Secretary called on Shri J P Nadda, Chairman IRCS and Hon'ble Minister of Health & Family Welfare, Government of India. They discussed matter relating to the Red Cross work in India and in other parts of the world. Mr Elhadj informed the Chairman about his participation in India Today conclave in Mumbai on 18 March.

In the morning the Secretary General was received at IRCS where he saw the activities of the society. He was given a formal



welcome in which Vice Chairman Shri Khanna said, "Disaster Management should reach door steps of every house in India. All people in public life, including the ministers, must be trained in first - aid so that lives are saved by utilization of the golden period. +

Dr Veer Bhushan, Joint Secretary in his welcome address shared the Mandi model of SERV (Social Emergency Response Volunteer) programme. He said that this flagship activity with the Mandi district in Himachal Pradesh replica is scheduled to be duplicated in some districts in the states of Andhra Pradesh, Odisha, Uttarakhand. He also dealt with the priorities and strategic directions of the IRCS for the coming years.

Mr Elhadj in his address spoke about the global refugee problem which is affecting even Europe. He also warned that climate change is threatening the human civilization in a big way leading to more complex population movement.

Mr Jagan Chapagain, Mr Xavier and Dr Rajeev Sardana of ICRC also spoke on the occasion.



In the afternoon Indian Red Cross Society hosted a round table on the topic, "Building local capacity for disaster risk reduction. + Along with the Secretary General Mr Elhadj, Vice Chairman Mr Avinash Rai Khanna and Joint Secretary Dr Veer Bhushan prominent among those who joined were, Mr Kamal Kishor, member NDMA, Dr Abhay Kumar,

Member TAC, IAPPD, Anshu Sharma, SEEDS Technical Services, Anil K Bhola & Lars Barud, UNICEF, G Padmanabhan UNDP, Jeremy England, ICRC, Mrs Roma Wani & Brig (Retd) Dr B D Mishra, Dr Priyanka Singh & Ms Rupa Kapoor, NCPCR, Mr Veerendra Mishra, NYKS.

Vice Chairman in his intervention said about the non ownership of infrastructure and establishments by local bodies and necessity to train maximum number of people in first-aid. Offering his comments Mr Kamal Kishore said, %Responsibilities are highest but the resources are lowest at local level.+The participants talked about need to work on behavioral change of the communities, learning from the grassroots level the prevailing practices, cultural & social influences etc.

SG of Afghan Red Crescent Visits IRCS



The Secretary General of the Afghanistan Red Crescent Society, Mr Mohammed Naim DINDAR, visited Indian Red Cross Society on 4th February 2016. He was accompanied by two senior colleagues of the national society on the tour.

Joint Secretary of the Indian Red Cross Society, Dr Veer Bhushan welcomed Mr DINDAR and his team. He recalled the long friendly relations between the two national societies and the previous dialogues with each other in the recent past. The IRCS offered ARCS the services of the Central Training Institute, Bahadurgarh, Haryana and opportunities to include ARCS staff and volunteers for its training programmes.



Bid Adieu to ICRC HoRD

Ms Mary Werntz, Head of the Regional Delegation of the ICRC, New Delhi has finished her stint in the region. IRCS, Nhq organized a farewell function on the

occasion on 27th of July 2016. Delegates, officers and staff of the IRCS, ICRC & IFRC attended the function.



Dr Veer Bhushan, Acting Secretary General, IRCS, in his address thanked the outgoing Head of the Regional Delegation for her excellent work and interpersonal skills by which the relations of the two organizations have improved a great deal. He also mentioned that due to her earlier assignment in the country, she was familiar with the Indian culture, social ethos and behavioral characteristics that helped her shoulder the responsibilities efficiently. While extending a warm welcome to Ms Werntz's successor, Mr Jeremy England, Dr Bhushan expressed his confidence in the continued cooperation between IRCS & ICRC.

IRCS - University College Dublin Join Hands



On 10 May 2016 a new chapter was added to the glorious history of the Indian Red Cross. The President of the University College of Dublin, Ireland, Prof Andrew Deeks, Head, International Affairs, Irish Red Cross, Mr John Roche and the Acting Secretary General of the Indian Red Cross Society, Dr Veer Bhushan signed a Memorandum of Understanding. As per the MoU the three partners have decided to, among other things, to use technology for crowd sourcing for the existing TB control programme being implemented in Punjab. It also proposes to work on development of first aid mobile app as well as study & evaluation of projects being implemented by IRCS.

The President of the College, Prof Deeks, talked about the glorious history of the college which is 152 years old. He said that the strong desire to bring technology and new ideas in the field of humanitarian work are path breaking.

He was accompanied by a team of senior professors, including a computer science professor Dr Elemi Mangina. Citing the lessons learnt from the Haiti earthquake she said, "The future of engineering belongs to digital humanitarianism. As after Haiti earthquake, volunteers could be mobilized through online initiatives".

Mr John Roche from the Ireland Red Cross in his address mentioned, Irish Red Cross and the University College of Dublin have been working at community level programmes in Ireland. This venture shall strengthen IRCS programme monitoring and evaluation system+. He added that initial work shall take place at the University College.

The ambassador of Ireland, H.E. Mr Brain Mceldff was also present on the occasion. He mentioned that Ireland contributes 2.5 million Euros to the core funding of IFRC. He also shared the contribution of Ireland in several activities and health projects in India and said, it is a well thought out project and the collaboration shall be meaningful and result oriented+.

IIT Mandi was live streaming during the entire function. Prof Varun Dutta from the institute talked about the work that they are doing with IRCS and what they contemplate to do with the IRCS Mandi branch and IRCS Nhq.

YOUTH PROGRAMME

The IRCS-ICRC youth program by 12 State Branches (Assam, Andhra Pradesh, Chhattisgarh, Gujarat, Jammu and Kashmir, Maharashtra, Manipur, Meghalaya, Nagaland, Odisha, West Bengal and Tamil Nadu) have made some progress in terms of strengthening J/YRC units in selected schools, increased volunteer base of IRCS, increased awareness of Red Cross Emblem & Fundamental Principles and improving capacity of students for community activities. IRCS-ICRC youth program is special considering an intensive - youth led community based interventions - component added to the J/YRC level activities. The program has three key objectives:-

- To enhance the understanding about the Red Cross Red Crescent Movement & its Fundamental Principles and Promote peace and harmony among the youth and the selected communities.
- To strengthen the capacity of the YRC in the area of Hygiene Promotion, Household Water treatment, basic First Aid and Promoting peace and harmony.
- To contribute towards increasing the awareness of and behavioural changes in the selected communities on Hygiene Promotion, Household Water Treatment and basic First Aid.

Key activities under youth program

- Orientation sessions on youth program for government & school/college level authorities as well as selected community members and approvals from headmasters/principals for students to be involved in community level activities.
- Trainings to selected teachers and students on Red Cross, Youth program activities as well as on Hygiene Promotion, Water and Sanitation and First Aid.
- *Gram sabha* to finalize the schedule of Red Cross activities in the villages.
- Initiation of health promotion sessions (watsan, FA) by youth volunteers.
- Initiation of discussions with various government departments so as to link project communities to various government schemes, e.g. . household toilet construction.
- Initiation of preparation of IEC material such as booklets, handouts, banners etc.
- Celebration of special days in schools/colleges e.g. . World Red Cross Day, World Health Day

International Youth Exchange Programme:

International Youth Exchange Programme was held in Japan from 28th October to 7th November 2016. Mr. Shlok Vijay Machchhar from Maharashtra and Miss. Muskan Puri from Punjab represented the IRCS. The objective of this programme is to promote international understanding and friendship amongst Junior/Youth Red Cross/Red Crescent members in Asia-Pacific region. They also get an opportunity to generate discussion on the topics %Disaster prevention/disaster response against natural disasters+.

Participants visited Disaster Preparedness Centre, where they learnt how to be safe while earthquake happens and experienced artificial earthquake. Indian participants gave presentations about disaster programmes in the country and J/YRC activities. Exposure to Japanese education system was arranged by taking the participants to the Japanese schools.

FAMILY NEWS SERVICES (RFL)

Restoring family links means carrying out, in those situations, a range of activities that aim to prevent separation and disappearance, restore and maintain contact between family members, and clarify the fate of persons reported missing. It also involves tracing persons unaccounted for, organizing the exchange of family news and the transmission of documents when normal means of communication have broken down, organizing family reunifications and repatriations.

Respect for the family's unity goes hand in hand with respect for human dignity. Every year, Indian Red Cross and ICRC help hundreds of people (displaced persons, refugees, detainees and missing persons) to restore family links and to clarify the fate of missing relatives.

These services are offered to:

- Family members separated due to conflicts, disaster or any other situation of Humanitarian crisis.
- Refugees and asylum seekers
- Migrants
- Unaccompanied children
- Migrants and their families

FNS Activity Report

In the year 2016-17, Indian Red Cross Society National Headquarters (IRCS NHQ) supported Tamil Nadu & West Bengal state branches and assessment visits to Assam & Manipur for the Family News Service Programme with the help of International Committee of Red Cross (ICRC). Beneficiaries are Sri Lankan Tamil refugees in Tamil Nadu, migrants in West Bengal and people separated from families in disasters. Following major activities were carried out during the period 2016-17.

- Project Coordinator along with three FNS Trained Volunteers visited Berhampore Central Correctional Home, West Bengal in July 2016 for RCM service.
- Visited Raiganj District Correctional Home, Balurghat District Correctional Home, Dumdum Central Correctional Home and Bongaon Subsidiary Correctional Home, West Bengal in the month of August 2016.
- One day Orientation Training for FNS volunteers on 28th September 2016.
- Tamil Nadu tracing officer visited Sri Lankan Repatriates Colony in Gudalur and Kothagiri taluks and about 20 Tracing Requests were collected from the family members who lost contact with their loved ones due to war.

- Ms. Debarati Misra, West Bengal, FNS coordinator attended, RFL regional meeting at Kuala Lumpur, Malaysia from 19-21 October 2016.
- Tracing case and RCMs time line: During the period 2016-17, many tracing cases were closed as under -:
 - 2012 : 9 tracing cases closed
 - 2013 : 11 tracing cases closed
 - 2014 : 12 tracing cases and 1 RCM closed
 - 2015 : 3 Tracing cases and 43 RCM closed

Following are the FNS tracing cases and RCMs details under 2016-17.

Details of Cases 2016-17

TRACING CASES 2016& 2017				
A	B	E	F	G
Year	Total Tracing cases	Total closed	Active cases	Success rate in percentage
2016	165	50	115	30.3%
2017	2	1	1	50%
Total	167	51	116	
RED CROSS MESSAGES 2016 & 2017				
A	B	E	F	G
Year	Total RCMs	Total closed	Active	Success rate in percentage
2016	535	318	217	59.43%
2017	9	7	2	77.8%
Total	544	325	219	

IRCS-ICRC COOPERATION ACTIVITIES

Background:

The IRCS-ICRC Cooperation programme is supported by International Committee of the Red Cross (ICRC).

The ICRC supports the Indian Red Cross Society to conduct programmes and activities to disseminate correct and proper use of Red Cross Emblem to minimise its misuse; awareness programmes on Fundamental Principles and Geneva Conventions, Safer Access, Social Emergency Response Volunteer (SERV) Programme, First Aid programmes, Youth programmes, livelihood programme and Family News Service. The activities planned under the sector are awarded to the branches for implementation in form of annual plan of action.

In the year 2016 the IRCS-ICRC cooperation activity has covered fourteen states which were assigned to conduct the following activities:-

- (A) Social Emergency Response Volunteer (SERV) Programme,
- (B) Youth programme
- (C) Livelihood programme
- (D) Family News Service.
- (E) Safer Access Framework (SAF)
- (F) Physical Rehabilitation
- (G) International Humanitarian Law (IHL)
- (H) Communications:

Status of the Programme: January 2016 to December 2016.

The programme states are (14) : Assam, Andhra Pradesh, Chhattisgarh, Gujarat, Jammu & Kashmir, Jharkhand, Maharashtra, Manipur, Meghalaya ,Nagaland, Odisha, Tamil Nadu, Uttar Pradesh, West Bengal and National Headquarter.

Budget :Total budget for the ICRC supported programme of 2016 ₹ 2,41,24,596/-

Total Utilization of budget : ₹2,10,67,271/-

Budget Livelihood : ₹5,28,36,190/- (Three year budget 2016-2019)

Total Utilization of budget : ₹48,00,000/- (in 2016)

Activities at glance- 2016

Social & Emergency Response Volunteer (SERV) Programme -- The name and acronym for First Medical Responder (FMR) has now been changed to Social Emergency Response Volunteers (SERV). It is envisaged that the SERVs will:

1. Act as First Responders in times of emergencies,
2. Educate the community to make them more resilient to disasters to which the community is vulnerable, and
3. Bridge the gap between the community and the Government programmes.

The concept of SERV is premised upon the principles of community based disaster risk reduction. It recognizes that 1) communities understands their problems and opportunities than anyone else, 2) community is more interested to understand their problems than anyone else, 3) community is the key stakeholder for development of the country, hence it has to participate for their own development, 4) local communities are capable of initiating and sustaining their own community development.

Livelihood programme: - A multi year partnership on livelihood projects has been started in 2016 aimed at addressing the livelihood needs in identified vulnerable households/communities in the selected IRCS State Branches (Manipur, Maharashtra, Odisha & J&K). The main approach of implementing livelihood programs is need-based, identified through participatory needs assessment in each State (women headed households in Manipur and J&K, vulnerable communities in Odisha and Maharashtra).



Safer Access Framework (SAF) -- Since 2015, a number of SAF awareness sessions were undertaken and 9 State Branches have SAF Assessment & planning workshops. The SAF Action plans, developed during the workshops.

Physical Rehabilitation:- Support strengthening of existing physical rehabilitation centre & capacity building of Orthopaedic and Physiotherapy units etc. The project is meant to identify people with disability, make referrals, and provide assistive devices service and follow up. ICRC will also continue to support IRCS in developing and delivering training module on mainstreaming disability during disasters+for specific IRCS training programmes as jointly deemed suitable.

