

# Strategy



**2030**



**Serving All**  
[www.indianredcross.org](http://www.indianredcross.org)

### **The Red Cross**

Threads of white and red, on a tapestry,  
Did weave, not an emblem but history.

On impartial white, the neutral cross does lovingly embrace,  
To look upon colour, gender, creed with equal grace.

Those rescued, saved, healed and found,  
In love and friendship may they be bound.

Carried on a broken branch, or humbly, as an arm band worn,  
Be it man, be it nature, it will be restored, that, what is torn.

With humanity, a hundred tumultuous years, I survived, to stay,  
For a thousand more, for freedom and peace to strive, I pray.

### **© Indian Red Cross**



Photo credit: Superintendent Magazine

The emblem of a red cross – with arms of equal length on a white background – is one of the most recognised symbols in the world.

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# The Fundamental Principles of the International Red Cross and Red Crescent Movement



## Humanity

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



## Impartiality

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



## Neutrality

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



## Independence

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



## Voluntary service

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



## Unity

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



## Universality

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

# THE VALUES OF THE INDIAN RED CROSS SOCIETY

## Dignity

We believe that all people are equally entitled to respect, and to fair and just consideration at all times.

## Empathy

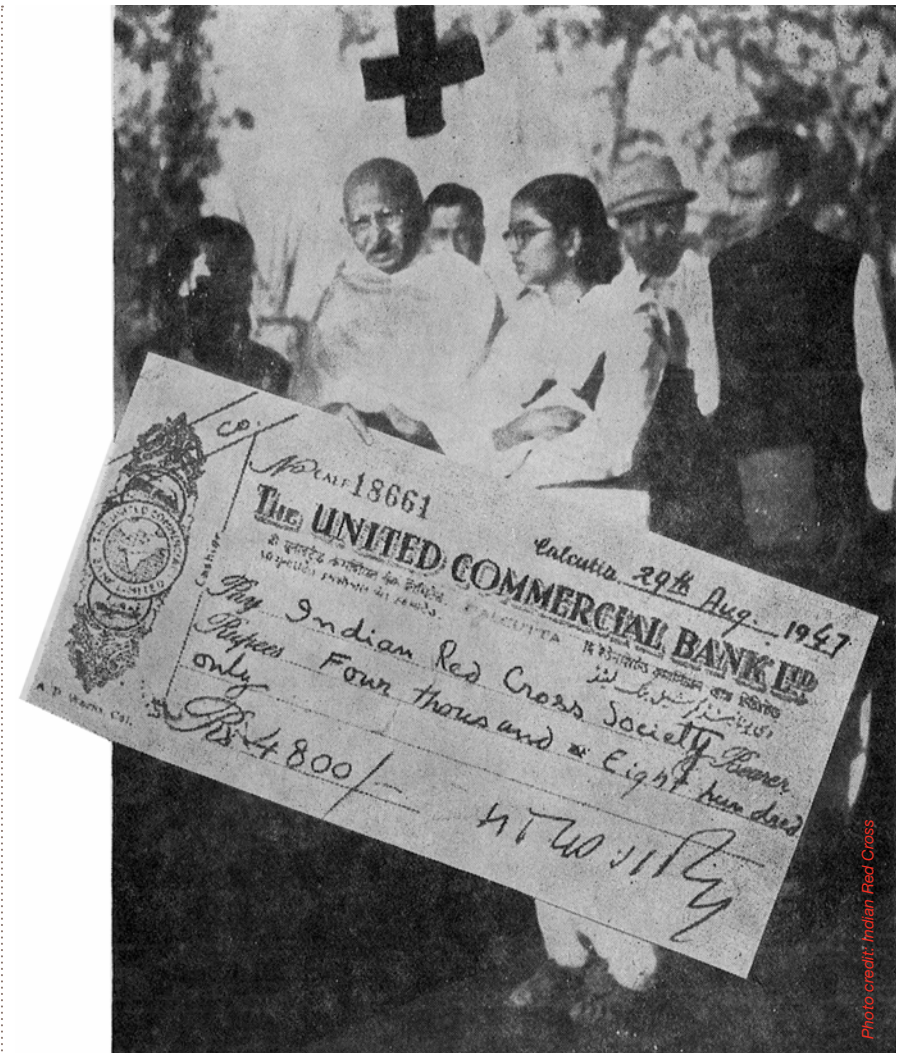
We respond with compassion and generosity to the suffering and distress of those in crisis, giving priority to the most needy and vulnerable.

## Service

We are sincere in doing our duty, base our work on knowledge and evidence, act with truthfulness and integrity, and take responsibility for continuous improvement.

## Harmony

We are committed to the non-violent and co-operative resolution of differences among people, and hold that our well-being requires a balance between our own needs and that of sustaining the environment we share.



## OVERVIEW OF OUR STRATEGY 2030 : STRATEGIC COMMITMENTS, ACTION AREAS, AND TARGETS

Commitments	Action Area	Targets 2030
Strategic commitment 1: We will do much more and better to serve those who need us	<ol style="list-style-type: none"> <li>Expand and ensure equity in the provision of core services and activities.</li> <li>Scale up inclusive volunteering at all ages.</li> <li>Provide dependable help when disasters and other crises strike, and reduce risks and vulnerabilities including adapting to and mitigating climate change.</li> <li>Promote healthy living.</li> <li>Bridge the blood gap and promote voluntary tissue and organ donation.</li> <li>Improve service quality and pursue excellence.</li> </ol>	<ol style="list-style-type: none"> <li>At least 10% of the Indian population benefit from Red Cross services when confronted by a humanitarian need or social vulnerability.</li> <li>Red Cross service beneficiaries achieve full inclusion on grounds of gender, age, disability, or class/ethnic status reflecting the specific populations needs being served.</li> <li>Our volunteering schemes engage 1% of the population as Red Cross volunteers with equal male and female participation.</li> <li>A culture of life-long Red Cross volunteering is created, along with a modernised volunteer management system, reflected in retention rates of at least 50%.</li> <li>All our regional and district branches have regularly updated disaster and crisis management plans, including the three most common hazards mapped in their areas.</li> <li>At least 20% of people affected are assisted appropriately when a disaster or crisis strikes, with an increasing proportion of them being reached through cash-based methods.</li> <li>Our standing capacity is built up so that branches meet emergency service targets: district branches are able to start meeting the emergency needs of 2,000 people within eight hours; State and Union Territory branches are able to start helping 50,000 people within two days, and national headquarters is able to start back-up provision for a further 100,000 people within one week.</li> <li>At least 3% of the population acquire basic life-saving knowledge and skills in first aid.</li> <li>At least 5% of the population are reached through priority preventive and public health promotion services.</li> <li>100% of blood is sourced from voluntary sources, and the quality and efficiency of blood processing is improved, including 100% blood component separation.</li> <li>1% of the population are motivated to become blood donors and help reduce the blood gap.</li> <li>Establish peer-reviewed and externally-validated benchmarks and standards for all our core services and business processes, along with common syllabuses and training/retraining schemes for all staff and volunteers.</li> <li>Establish reference centres of excellence for all our core services.</li> </ol>

Commitments	Action Area	Targets 2030
Strategic Commitment 2: We will champion the spirit of humanity at all times	<p>7. Advance a culture of “Humanitarian India”.</p> <p>8. Promote respect for the Red Cross emblem, and disseminate international humanitarian law.</p>	<p>7.1 At least 50% of the population become aware of Red Cross messaging for social inclusion, risk reduction, and solidarity when crises strike.</p> <p>7.2 At least 65% of educational institutions have exposure to the Red Cross through its Junior and Youth Red Cross wings.</p> <p>8.1 100% of reported Red Cross emblem abuse is countered.</p> <p>8.2 Our internal capability to disseminate and initiate dialogue on international humanitarian law is re-established and made effective.</p>
Commitments	Action Area	Targets 2030
Strategic commitment 3: We will modernise ourselves to become more responsive and accountable, and will govern and regulate ourselves responsibly	<p>9. Update the statutes of the Indian Red Cross.</p> <p>10. Strengthen our governance.</p> <p>11. Make our organisational structure and staffing fit for purpose.</p>	<p>9.1 The constitutional and legal texts of the Indian Red Cross are revised to facilitate our continued development and progress.</p> <p>9.2 Our constitutional and legal texts are subsequently reviewed and updated as necessary, every ten years.</p> <p>10.1 All State and Union Territory branches are represented in our national governance, and district branches are equitably represented in State and Union Territory branches' governing bodies.</p> <p>10.2 All board and general assembly meetings are held regularly in accordance with democratic norms and well-prepared work plans.</p> <p>10.3 There is equitable gender and age representation in all our governance structures at the national, State and Union Territory, and district levels.</p> <p>10.4 Risk registers are established and actively managed, nationally and in all branches.</p> <p>11.1 All States, Union Territories, and districts have recognised active branches.</p> <p>11.2 All branches have established minimum core capacities, including following uniform rules and staffing to be fully functional.</p> <p>11.3 The district branch network is expanded, so that there is a Red Cross sub-district unit for no more than one million population, and a Red Cross presence in all moderately-sized villages and urban neighbourhoods.</p>

Commitments	Action Area	Targets 2030
<p>Strategic commitment 3: We will modernise ourselves to become more responsive and accountable, and will govern and regulate ourselves responsibly</p>	12. Develop strong branches to deliver effective services.	<p>12.1 All State, Union Territory, and district branches have prepared their own action plans to deliver on their share of the strategic commitments and action areas indicated in Strategy 2030.</p> <p>12.2 All State, Union Territory, and district branches have formulated and progressed their own capacity development plans to become self-sustainable for their existence and day-to-day functioning.</p> <p>12.3 All our branches can be reached online; at least 90% of amenable internal business processes at national headquarters level, 80% at State and Union Territory branch level, and 70% at district branch level are digitised.</p>
	13. Value our human resources and develop leadership at all levels.	<p>13.1 A unified inclusive human resources policy and management system is designed and promoted across our network.</p> <p>13.2 The framework for a National Red Cross Service professional staff cadre is developed and progressively applied across our network.</p>
	14. Communicate and motivate more effectively.	<p>14.1 A redesigned Indian Red Cross logo that is consistently used to promote our common identity alongside a revamped website and harmonised, active online and social media presence.</p> <p>14.2 Periodic public surveys indicate progressively more favourable perceptions of the Indian Red Cross.</p> <p>14.3 A centenary history of the Indian Red Cross is produced by 2020 along with a travelling exhibition and a permanent Red Cross museum.</p>
	15. Set up an Indian Red Cross-wide Databank and Reporting System.	<p>15.1 All our activities will be routinely reported upon by all branches according to key indicators.</p>
	16. Establish arrangements for audit, evaluation, and accountability.	<p>16.1 An updated code of integrity, policies for audit and evaluation, a whistle-blower policy, and an ombudsperson function are promulgated.</p> <p>16.2 Annual reports and externally audited annual accounts of national headquarters and State and Union Territory branches are publically available and any qualifying observations fully addressed.</p> <p>16.3 All services and operations that pass a threshold size are subjected to external evaluation.</p>

Commitments	Action Area	Targets 2030
	17. Establish an Indian Red Cross think-tank.	17.1 Opportunities for pursuing Red Cross studies, research, and executive leadership are created. 17.2 A biannual 'India Humanitarian Report' is commissioned.
Commitments	Action Area	Targets 2030
Strategic Commitment 4: We will build up our own self-reliance and also demonstrate international humanitarian solidarity	18. Increase membership.	18.1 At least 1% of Indians subscribe to the Indian Red Cross via a branch where they live or work, and via digital branches. 18.2 An overseas Indian membership category is established and attracts at least 100,000 members.
	19. Achieve sustainability through strengthened management and improved resource mobilisation.	19.1 Increase the net rate of return from our available physical assets by at least 30%. 19.2 100% of necessary core financial and technical requirements are forthcoming from domestic and overseas Indian diaspora sources.
	20. Become a net contributor to international humanitarian efforts.	20.1 Provide assistance to other National Red Cross and Red Crescent Societies when requested and feasible. 20.2 Make our technical knowledge and skills available to the International Red Cross and Red Crescent Movement.

# 1. INTRODUCING OUR TRANSFORMATIVE AGENDA

The Indian Red Cross Society (Indian Red Cross) is a common public good that is a permanent pillar of our national life. Our principal purpose is to bring help and hope to all who need us in their hour of need. Our strength lies in our hundreds of thousands of community-based volunteers who are active in cities and villages. We serve all without any social or political distinction, with priority given to the poorest and most vulnerable people. We always act in consistency with our Fundamental Principles.

We commemorate our centenary in 2020. This is a timely opportunity to renew our critical role as a leading humanitarian actor that is well-adapted to the rapid changes in society and the physical environment that are together transforming India.



We recognise that a long-term vision is needed to help tackle not just the most important humanitarian challenges that face our peoples, but also to address their underlying causes, vulnerabilities, and risk factors, in a sustainable manner.

Our new Strategy 2030 takes us towards our centenary and the decade beyond. The period ahead also marks several other milestones. In 2019, India will celebrate the 150th birth anniversary of Mahatma Gandhi; 2022 marks the 75th year of independence; and in 2030, the country will have to report on progress made against the Sustainable Development Goals and the Sendai Framework for Disaster Risk Reduction.



We have a special status as auxiliary to the Indian government in the humanitarian sphere. Accordingly, our strategy is guided by India's national plans, priorities, and initiatives. It is also informed by key international frameworks supported by India, such as the Sustainable Development Goals, the Sendai Framework for Disaster Risk Reduction, the Paris Agreement on Climate Change, and the outcomes of the 2015 World Humanitarian Summit.

This strategy was developed through an extensive consultative process that included our beneficiaries, members, volunteers, donors, institutional collaborators, staff and governance, nationally and via our extensive network of State, Union Territory, and district branches. We also consulted with government authorities at central, State, Union Territory, and district levels, and with civil society and other stakeholders such as non-governmental organisations, academia, and the private sector. We have benefited from the experience of our international partners and well-wishers.

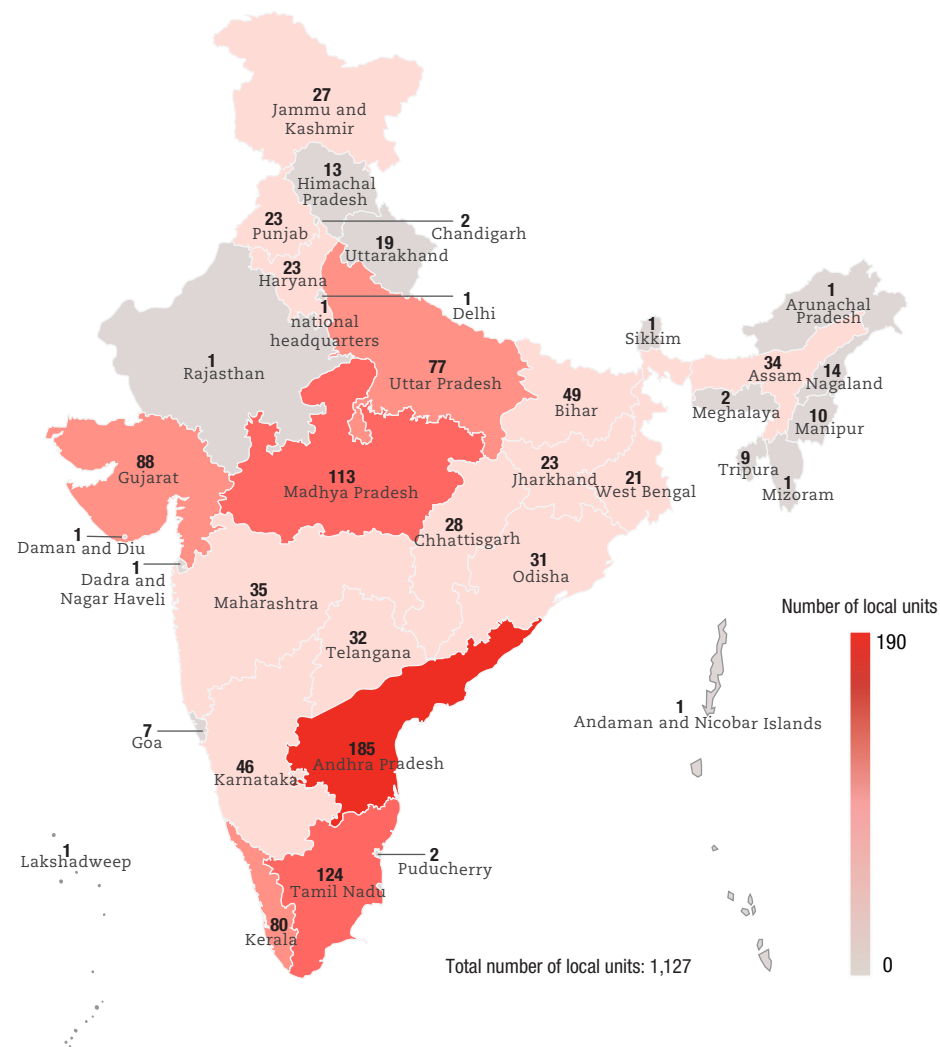
In devising our strategy, we have reviewed our current work, after conducting a nationwide data collection exercise. This was the most extensive stock-take and consultation we have ever conducted. It allowed us to better understand the services we provide and to whom, and to assess how much this benefits national life and well-being. Our critical analyses have shed light on our successes and constraints, and identified lessons for improvement. This has also served to establish a baseline against which we can be held accountable for future results.

Strategy 2030 sets out our core commitments and areas of action, along with specific targets towards which we aspire. Undoubtedly, this is an ambitious Red Cross agenda, but it is no more than what is required

by our resurgent nation and its fast-developing peoples and communities. They have a right to expect their national Red Cross to be a reliable and predictable partner in tackling needs and vulnerabilities in our core areas, across our vast nation. We can only do this by becoming strong and resilient ourselves.

As true strength comes only from within, we must modernise ourselves in all dimensions: statutes, structures, systems, and services. We must scale up our capacities, and improve the responsiveness and quality of our processes. We hope to do this through utilising domestic skills and resources, and through the systematic mobilisation of support from the extensive worldwide diaspora of Indians. Beyond that, all well-wishers who see themselves as friends of the Indian Red Cross are also invited to join hands with us in this endeavour to serve humanity.

**Figure 1.1** Local units of the Indian Red Cross spread across the whole country<sup>1</sup>  
(2017 data from 36 State and Union Territory branches, and national headquarters)



<sup>1</sup> The maps used do not imply the expression of any opinion on the part of the Indian Red Cross concerning the legal status of a territory or its authorities.

## 2. WHO WE ARE

The Indian Red Cross is present all across our vast nation. Our physical structures are familiar sights through our numerous clinics, hospitals, blood centres, warehouses, training facilities, and shelters and homes for vulnerable people. Our ambulances are visible and provide services to those in need. But even more important than such physical manifestations is the Red Cross presence in the hearts and minds of millions of people in countless neighbourhoods, villages, and towns, including in our schools, colleges, and workplaces. Thus, the Red Cross in India is not just an organisation. It is an idea to which all can subscribe.

But, ideas – however noble – have to be organised effectively if they are to make a practical difference in people's lives. Hence, the Indian Red Cross – the nation's largest statutory voluntary body – is organised through an interconnected network of State, Union Territory, and district level branches, overseen and facilitated by a national headquarters in New Delhi. The branches provide focus for the millions of members and volunteers who run day-to-day services for their own communities.

### Box 2.1 LEGAL BASE

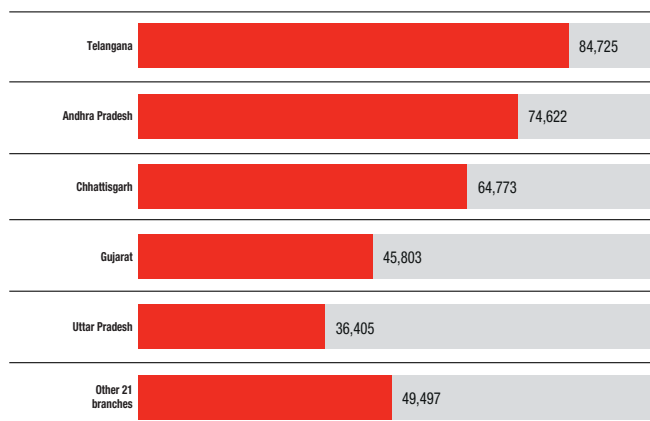
The pre-origins of the Indian Red Cross can be traced to the First World War when an Indian branch of the Joint War Committee of the British Red Cross and the Order of St. John of Jerusalem (now called St John Ambulance) provided succour for the sick and wounded. This effort was formalised into the Indian Red Cross Society by Act XV of the colonial Indian Legislative Council that received the Governor General's assent on 20th March 1920. The original founder of the Indian Red Cross was Sir Claude Hill, who subsequently went on to become Director General of the International League of Red Cross Societies, now the International Federation of Red Cross and Red Crescent Societies (IFRC).

The original Indian Red Cross Society Act of 1920 was amended by Act 22 of 1956, Adaptation of Laws Order No.4 of 1957, and Act 14 of 1992. Under the provisions of this legislation, rules have been made outlining the day-to-day management, the functions, controls and procedures of the society, as well as the functioning of our branches.

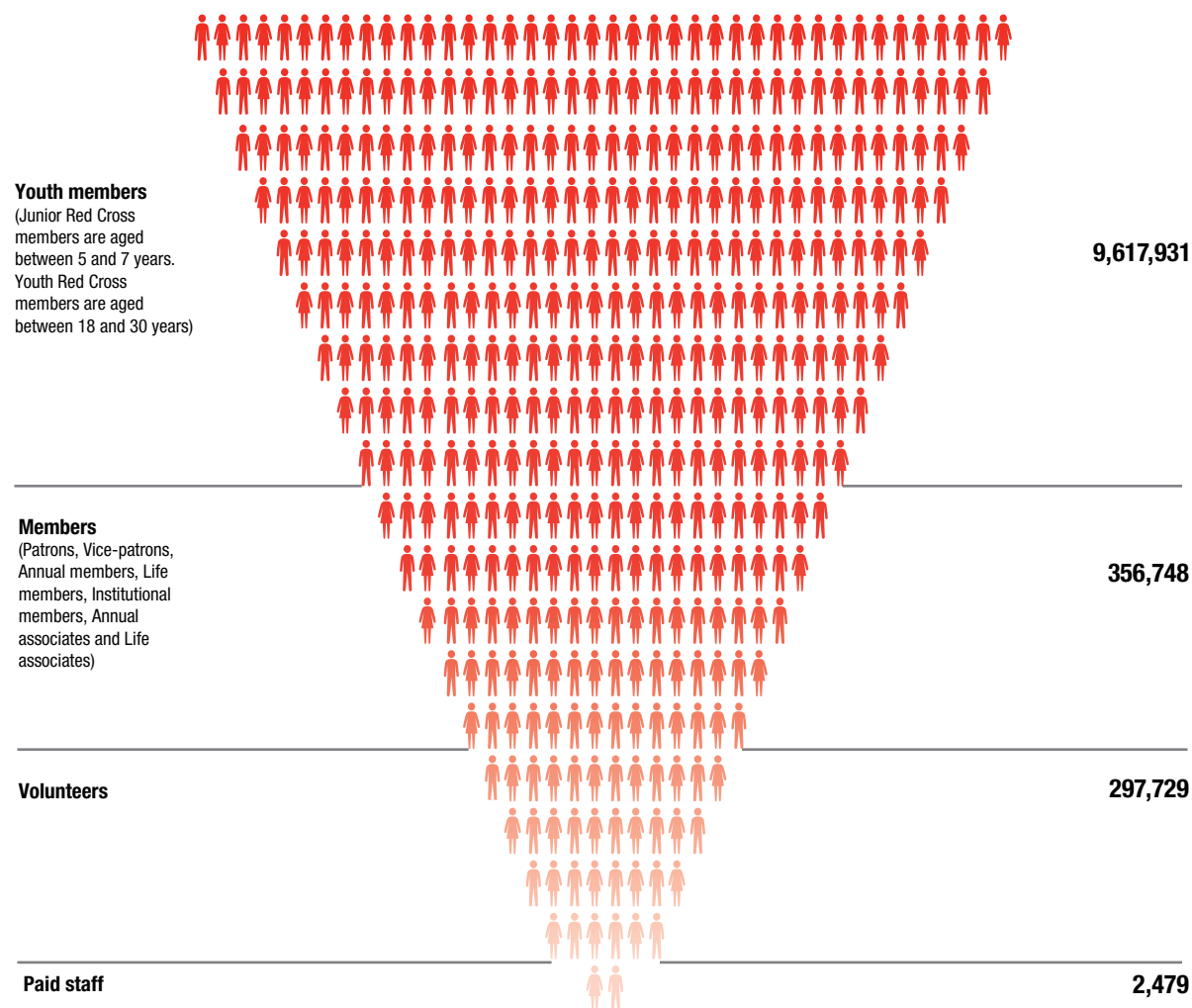


The Indian Red Cross is a membership-based and democratically-run organisation. The Society's statutes require an Annual General Meeting to be convened by the President. Membership is open to all residents of India irrespective of their nationality, race, sex, religious beliefs, language, class, or political opinions. Members must abide by the Fundamental Principles and by the rules and regulations of the Indian Red Cross. They have the right to participate in Red Cross programmes, and to vote or be elected to the Society's various assemblies. Members are enrolled at district or sub-district levels which retain 70% of their subscriptions. The balance is shared between the corresponding State and Union Territory branches (15%) and the national headquarters (15%).

**Figure 2.1** Number of members – top five State and Union Territory branches  
(2015–2017 data from 26 State and Union Territory branches)

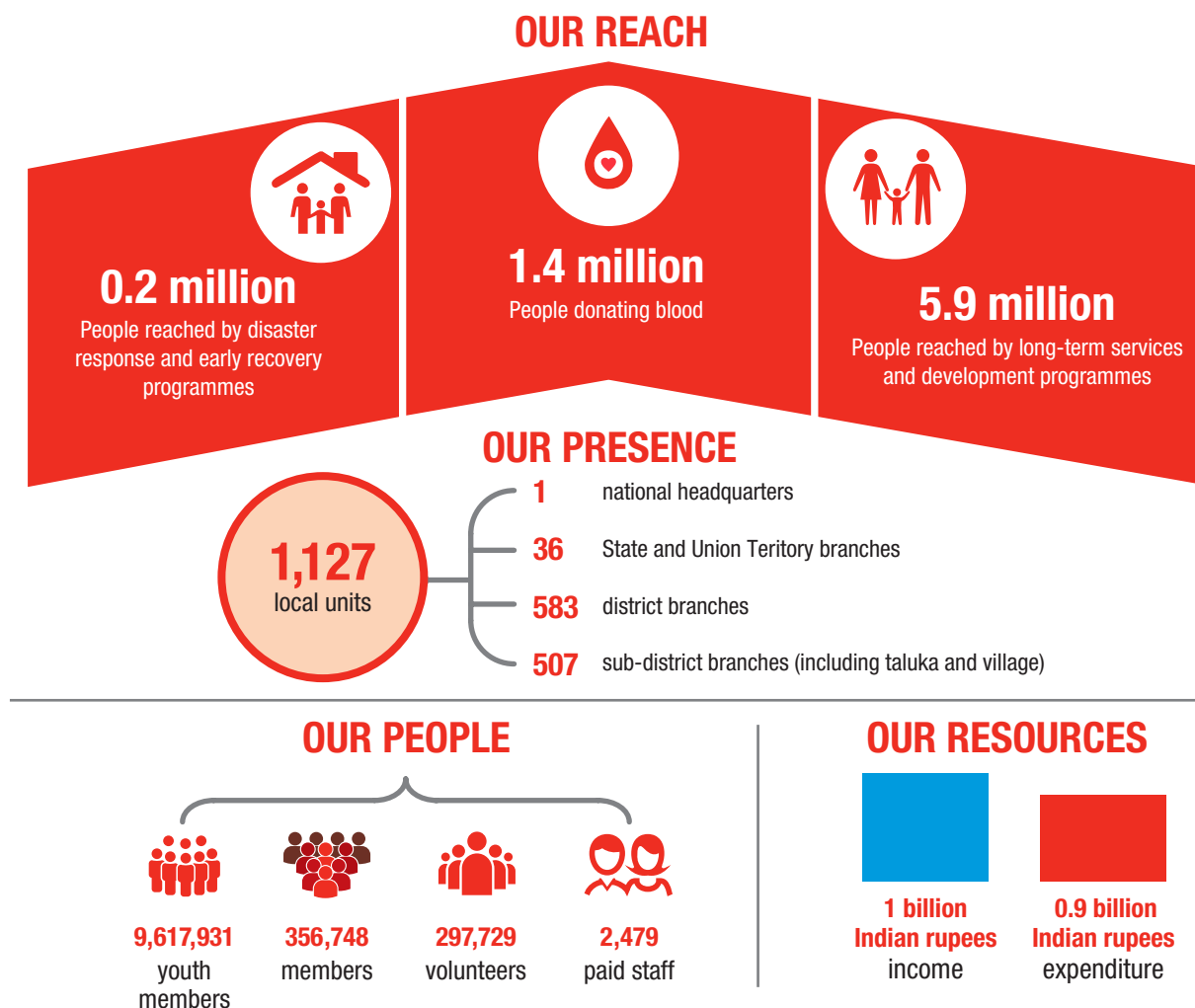


**Figure 2.2** Our people  
(2015–2017 data<sup>2</sup>)



<sup>2</sup> Number of State and Union Territory branches, and national headquarters, reporting on youth members: 18, members: 26, volunteers: 26, paid staff: 27.

**Figure 2.3** The Indian Red Cross at a glance  
(2015–2017 data from 36 State and Union Territory branches, and national headquarters<sup>3</sup>)

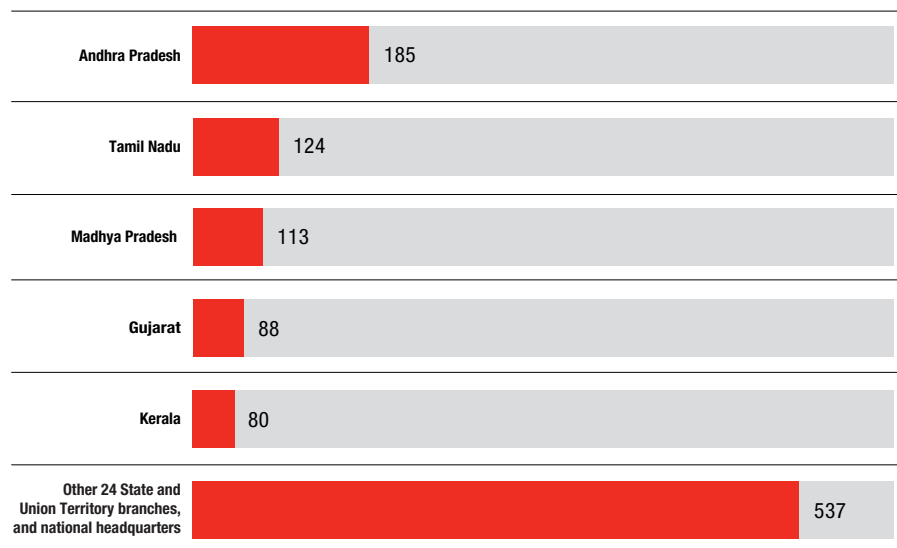


<sup>3</sup> Number of State and Union Territory branches, and national headquarters reporting on people reached by disaster response and early recovery programmes: 16, people reached by long-term services and development programmes: 24, people donating blood: 28, local units: 30, youth members: 18, members: 26, volunteers: 26, paid staff: 27, income: 27, expenses : 26.

As auxiliary to the government, the Indian Red Cross has close links with government authorities, but seeks to operate autonomously. Honourable President of India is the President of the Indian Red Cross. There is a National Managing Body of elected and nominated members, the chair of which is nominated by the President. The National Managing Body has 18 members, of whom 12 are elected by State and Union Territory branches, and the rest are nominated by the President. The National Managing Body appoints a Secretary General and a Treasurer of the Society with previous approval from the President.

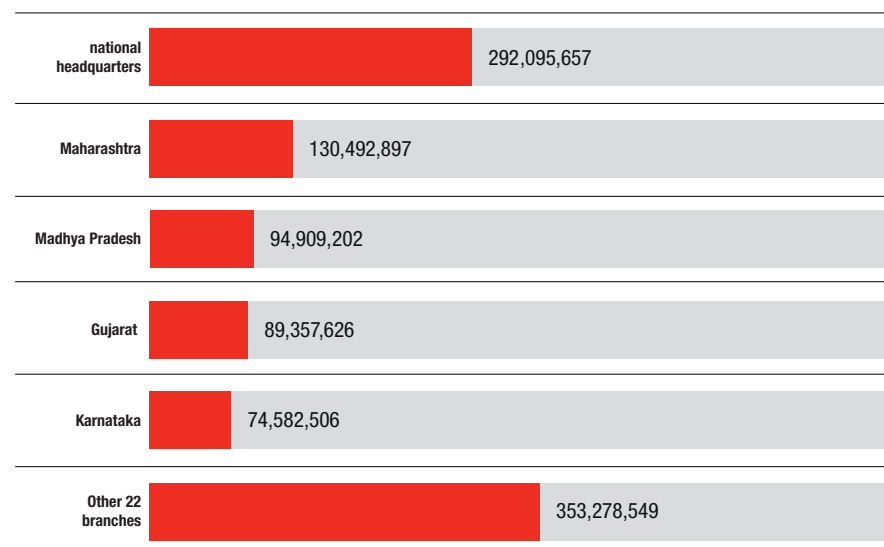
National-level governance and management arrangements are echoed at branch level. The governors of States (or the lieutenant governors/administrators of Union Territories) preside over corresponding State and Union Territory Red Cross branches. Subsidiary to them are district branches that are predominantly chaired by district collectors or equivalent senior government administrators. Each branch – at State, Union Territory, or district level – has general meetings to elect and renew their management committees.

**Figure 2.4** Number of local units – top five State and Union Territory branches  
(2015–2017 data from 29 State and Union Territory branches, and national headquarters)



**Figure 2.5** Income – top five recipients

(2015–2017 data from 26 State and Union Territory branches, and national headquarters, Indian rupees)

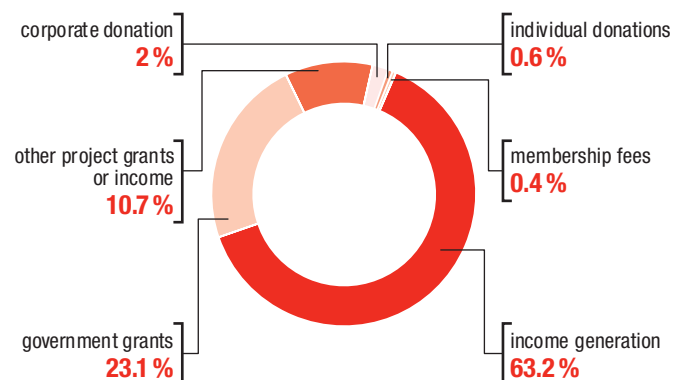


We receive valuable support from partners within India. They include the Government of India at national and at State and Union Territory levels, and district authorities, as well as government institutions, such as the National AIDS Control Organisation. Educational institutions providing support have included the Birla Institute of Technology and Science (Pilani), Indian Institute of Management (Ahmedabad), and the Indian Institute of Technology (Mandi).

Significant contributors from the public and private sectors have included Nestle, Siemens, Grindlays Bank, Vodafone, Bata, Tata, Bharat Heavy Electricals Limited, Indian Oil Corporation, Michelin India, Tamil Nadu Tyres, PVR Cinemas, Canara Bank, State Bank of India, Punjab National Bank, Suzlon Energy Ltd., The Crane Foundation, Ennovate Global, and Sant Nirankari Mandal. Many more local businesses are active in supporting their local Red Cross branches.

**Figure 2.6** Sources of funding

(2015–2017 data from 19 State and Union Territory branches, and national headquarters<sup>4</sup>)



<sup>4</sup> Number of State and Union Territory branches, and national headquarters reporting on income generation: 19, government grants: 20, other project grants or income: 13, corporate donations: 7, individual donations: 12, membership fees: 13.

Just as India is part of the global community of nations, the Indian Red Cross is part of the International Red Cross and Red Crescent Movement – the world's largest humanitarian and development network. We also abide by the decisions taken at the International Conference of the Red Cross and Red Crescent, and the General Assembly of the International Federation of Red Cross and Red Crescent Societies (IFRC).

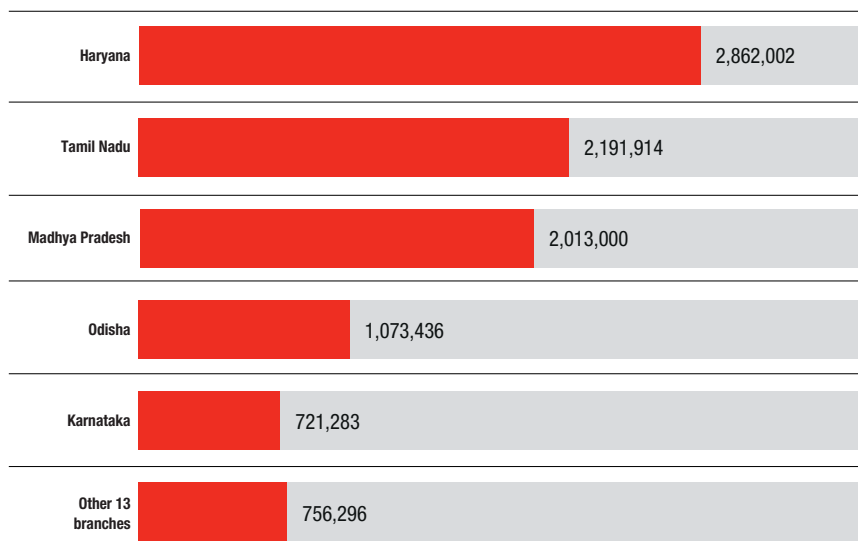
The Indian Red Cross appreciates the solidarity of our international partners. In recent years, we have received support from the IFRC, the International Committee of the Red Cross (ICRC), and the Red Cross Societies of Belgium, Canada, China (including the Hong Kong Branch), Finland, Germany, Ireland, Israel, Italy, Japan, Norway, Spain, the United Arab Emirates, the United Kingdom, and the United States of America.

Other supporters have included the governments of China, Japan, and the United Kingdom, and the Hewlett Packard Foundation, Mellon Bank, Salesforce Mondelez International Foundation, the Red Cross Red Crescent Climate Centre in the Netherlands, and the Taiwan Red Cross Organisation.

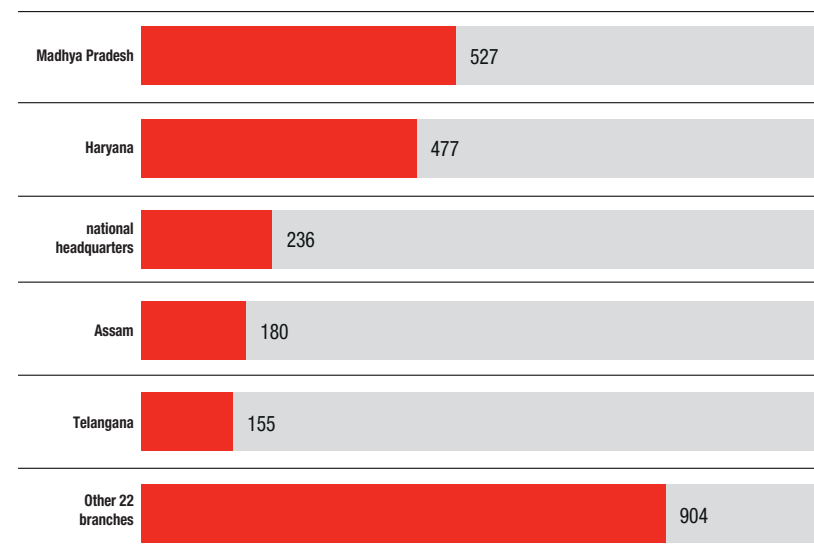
At the same time, we recognise the support we can also provide to others. For example, in partnership with the Government of India, we have been able to reach out to help our sister societies in Fiji and Nepal during crises and disasters. In the future, we anticipate an even more active international solidarity and co-operation role for the Indian Red Cross.



**Figure 2.7** Number of youth members – top five State and Union Territory branches  
(2015–2017 data from 18 State and Union Territory branches)



**Figure 2.8** Number of paid staff – top five State and Union Territory branches  
(2015–2017 data from 26 State and Union Territory branches, and national headquarters)



### 3. WHAT WE DO



Photo credit: Indian Red Cross

There are times in life when any of us could use a helping hand or appreciate a comforting word. Usually, this is when we are faced with a disaster or crisis at home or in our community. Beyond that, we also have moments when somebody's good advice can put us on the right path, or when the right training makes all the difference to our future. Encouraging mutual acts of kindness is what the work of the Red Cross in India is all about. This is hugely important as it is the sum total of these interactions that determines the well-being of the society around us and the strength of the nation to which we belong.

Governments cannot do everything and national progress requires a partnership between the authorities, civil society, and communities. The Red Cross, within its mandate, provides the interface between national policies and their practical realisation at the grass-roots. Hence, a vast range of services are provided by our branches. Each of our several hundred activities and projects is unique – designed and carried out in its own physical and social context, tailor-made for its particular beneficiaries, and carried out in specific ways that suit local cultures. Such diversity is our strength.

At the same time, a thread of common values and Fundamental Principles connects all we do, everywhere. The bulk of our service to humanity is discharged by our volunteers, supported and supplemented by professional staff.

#### Box 3.1 WHAT WE DO

**Our existing work can be clustered into five major service lines:**

- Disaster and crisis management
- Healthy living
- Social welfare
- Environmental action
- Humanitarian principles, values, and laws.

**These are underpinned by**

- Promotion of volunteering including youth mobilisation
- Provision of education and training.

## DISASTER AND CRISIS MANAGEMENT

The management of natural and man-made disasters, as well as the handling of the human impacts of violence and civil strife is a core activity of the Indian Red Cross. Much of this work is carried out by volunteers of district, State, and Union Territory branches in the communities where they live.

When the magnitude of a crisis exceeds local capacities, the national organisation of the Red Cross is mobilised. Relief materials are dispatched from pre-positioned stocks in six strategically-located regional warehouses in Assam, Gujarat, Haryana, Maharashtra, Tamil Nadu, and West Bengal. Depending on specific requirements, relief materials may include family kitchen sets, mosquito nets, tarpaulins, blankets, bedsheets, assorted clothing and sanitary napkins, chlorine tablets and bleaching powder, and solar lanterns.

In addition to providing relief materials, the Red Cross emergency response includes first aid, search and rescue, and a family news service to reconnect family members separated during an emergency. We also dispatch and install water purification units supported by our water and sanitation teams, who disseminate messages on hygiene promotion. The importance of providing psychosocial support in the aftermath of traumatic emergency events is increasingly recognised as vital for recovery.



Photo credit: Indian Red Cross

India is prone to many and recurrent hydro-meteorological disasters (e.g. droughts, heatwaves, floods, and cyclones) and geological phenomena (e.g. earthquakes and landslides). Rapid Red Cross responses have undoubtedly saved many lives. The importance of advance awareness and preparedness was recognised, for example, during the 1999 Odisha Super Cyclone where early warning and mitigation saved at least 42,000 lives.

**Figure 3.1** People reached by the Indian Red Cross disaster response and early recovery programmes – top five State and Union Territory branches, and national headquarters  
(2015–2017 data from 15 State and Union Territory branches, and national headquarters)

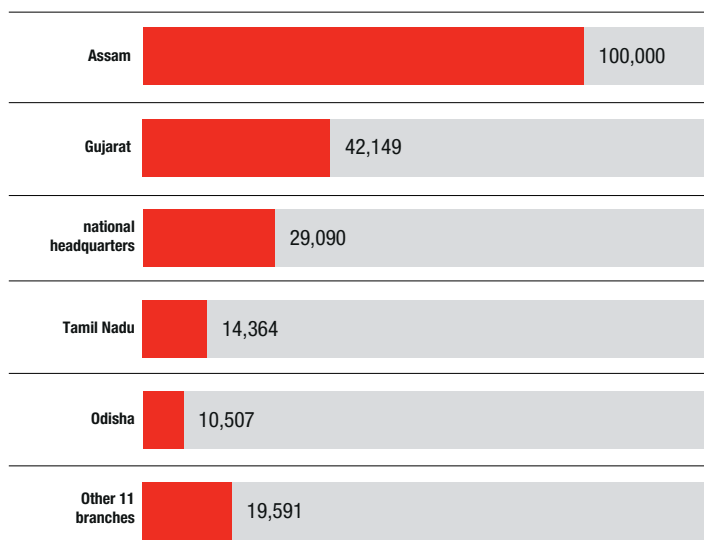


Photo credit: Indian Red Cross

The Indian Red Cross has adopted a comprehensive disaster and crisis management approach with a nation-wide community based disaster preparedness training programme. In 2000, we convened a national strategic planning workshop attended by 19 State and Union Territory branches. The outcome was our Strategic Plan for Disaster Preparedness and Disaster Response that envisioned institutional strengthening, training and knowledge sharing, and created dedicated disaster management structures at national, and State and Union Territory levels.

The Indian Red Cross is taking its responsibility for its staff and volunteers very seriously. Through the Safer Access Framework approach, the National Society enhances the safety and security of staff and volunteers, promotes the Fundamental Principles and prevents the misuse of the Red Cross emblem. The perception of the individual and the organization as a whole can determine whether the Indian Red Cross has access to the people in need or not.

The 2001 Bhuj earthquake was followed by an integrated Gujarat Earthquake Rehabilitation operation that included the earthquake-resistant rebuilding of 200 village level anganwadis and other basic health facilities, and the establishment of a 200-bed hospital. Subsequently, the Red Cross disaster management programme expanded to Andhra Pradesh, Assam, Bihar, Maharashtra, Tamil Nadu, Odisha, and West Bengal.

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

Our Family News Service is a major component of the Red Cross emergency response. When crisis events separate families, the consequences are deeply traumatising. We restore family links through tracing people who are unaccounted-for, exchange family news using all means of communication including the internet, and clarify the fate of those who remain missing. Vulnerable groups such as unaccompanied minors, detainees, and migrants get specific attention. Such work can be sensitive, but it is an essential part of our global humanitarian mandate as a neutral and impartial intermediary. Our training manual and procedural guidelines enable capacity building on restoring family links and raising awareness among affected communities.

### Box 3.2 RED CROSS MESSAGES BRING NEWS AND COMFORT

The Indian State of West Bengal shares international borders with Bangladesh, Bhutan, and Nepal. Thousands of citizens of Bangladesh and Myanmar enter the state each year for economic and other reasons. The porous borders and the general lack of awareness about boundaries and visas results in many migrants entering India irregularly.

The Red Cross visits prisons to offer a Family News Service (mostly Red Cross messages) to foreigners. Six prisons were visited in 2016 to distribute Red Cross messages, and 44 volunteers were trained. Over two years, nearly 1,300 messages were collected from detainees of Bangladeshi origin and 525 replies received from their families.

Such work keeps cross-border family contacts alive. Prisoners often have no other way to communicate with their loved ones on practical family matters. They shed happy tears whenever they receive a Red Cross message from home. The West Bengal State Branch engages closely with the prison authorities to retain this precious humanitarian access.

### Box 3.3 A YEAR OF INDIAN RED CROSS DISASTER AND CRISIS OPERATIONS

In 2016, a tragic earthquake measuring 6.7 on the Richter scale, struck the remote north-east State of Manipur on 4 January. The Manipur State branch rescued injured people from the debris, administered first aid, and provided immediate relief with tents, kitchen sets, and blankets.

In March, fire gutted many houses leaving many families homeless. The Bihar State branch responded immediately by providing families with clothes, kitchen equipment, and other household items, ensuring that a disaster was not turned into a crisis.

Floods in Uttarakhand in June led to landslides, and along with cloudbursts in many areas, killed several people, injured many more, and caused much loss to livestock and property. The Uttarakhand State branch distributed relief materials in affected villages. Incessant heavy rainfall in July caused yet more suffering and losses. A team of first medical responders joined relief efforts and provided shelter in ten districts.

Heavy rain and flooding in July affected various regions in Madhya Pradesh. With the situation particularly bad in rural areas, district government authorities turned to the Red Cross State branch to help; our pre-positioned stocks in local warehouses, especially tarpaulins, were in much demand.

During the same period, the flood situation in Assam affected 115,000 people across 1,700 villages in 21 districts. Nearly 100,000 hectares of standing crops were damaged by overflowing rivers. An assessment team was sent from the Indian Red Cross national headquarters and a major relief operation followed. Family packs and shelter kits were distributed, and provision of clean water was made for the affected population.

Simultaneously, the heavy monsoons and continuous flow of rainwater from upstream Nepal flooded 12 districts of Bihar affecting 2.75 million people. Mosquito nets were a key part of the diverse relief items supplied to hundreds of families.

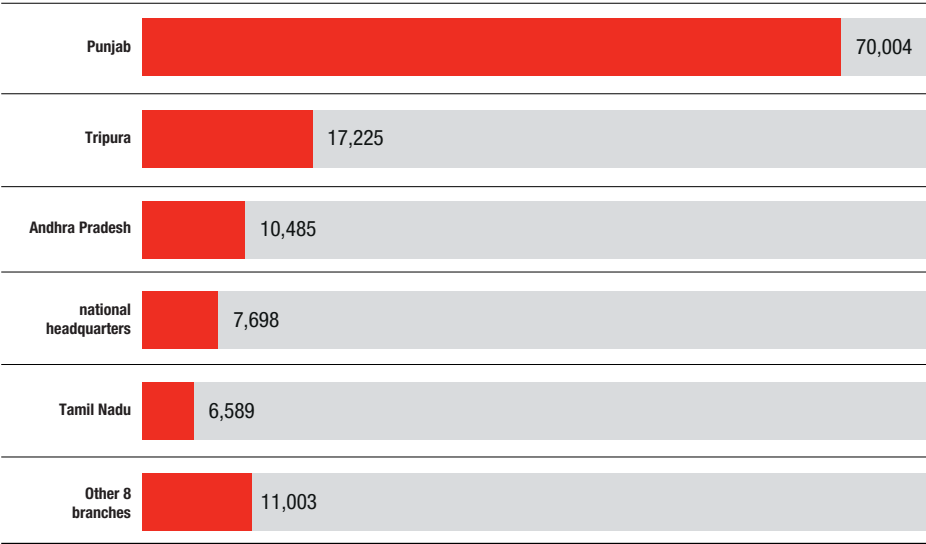
In Jammu and Kashmir, a population displacement emergency required the Red Cross to help some 5,000 people with tents, warm clothes, and household items. Neighbouring Punjab suffered from relative minor flooding in one district, which was easily managed by the local Red Cross providing family packs from their warehouse.

As the year ended, Cyclone Vardha originated off the Malay peninsula and caused havoc in Malaysia, Thailand, and Indonesia, before striking the southern Indian State of Tamil Nadu. The Indian Navy was mobilised for evacuation and rescue, medical assistance, and other relief operations. The Indian government's National Disaster Response Force mobilised several teams. As auxiliary to the government, the Red Cross was closely involved in walking the last mile to reach affected communities. Neighbouring Andhra Pradesh suffered the tail end of the cyclone with flooding and a resurgence of malaria that was quickly tackled by the State Red Cross branch.

The Indian Red Cross helped some 70,000 people in these moderate and major disasters in 2016 at a cost of approximately 47 million Indian rupees. However, these figures do not reflect the many other small scale disasters that occurred across the vast nation, which were dealt with efficiently and effectively by the local Red Cross branches and their volunteers, who mobilised local resources and demonstrated solidarity among and within our diverse communities.

The 2004 Tsunami highlighted the need for a paradigm shift through strengthening the incorporation of risk reduction in disaster strategies. In 2011, a pilot First Medical Responder Programme was rolled out in Uttrakhand with first aid training as a core component alongside other risk reduction modules. This was progressively scaled-up at district levels in the most disaster-prone parts of the country.

**Figure 3.2** People reached by the Indian Red Cross disaster risk reduction programmes – top five State and Union Territory branches, and national headquarters  
(2015–2017 data from 12 State and Union Territory branches, and national headquarters)



The First Medical Responder Programme has subsequently grown into our multi-skilled Social and Emergency Response Volunteer Programme. These trained volunteers are proving to be instrumental in raising community awareness in pre-disaster periods through community outreach programmes, and in tackling minor and major disasters, for example, the Uttrakhand flash floods (2013), Cyclone

Phialin (2013), Jammu and Kashmir Floods (2014), Chennai Floods (2015), and Gujarat, Assam and Manipur Floods (2017).

The flagship Social and Emergency Response Volunteer Programme has, so far, created a trained pool of 500 instructors and 10,000 First Medical Responder volunteers in the 18 most disaster-prone States and Union Territories across the country. The programme is imparting essential quality-tested skills to Red Cross volunteers who are then a resource for district administrations for both disaster management and developmental programmes, including health and hygiene promotion, road crashes prevention, first aid training, conducting mock drills, working on sustainable livelihoods, and climate change adaptation actions.

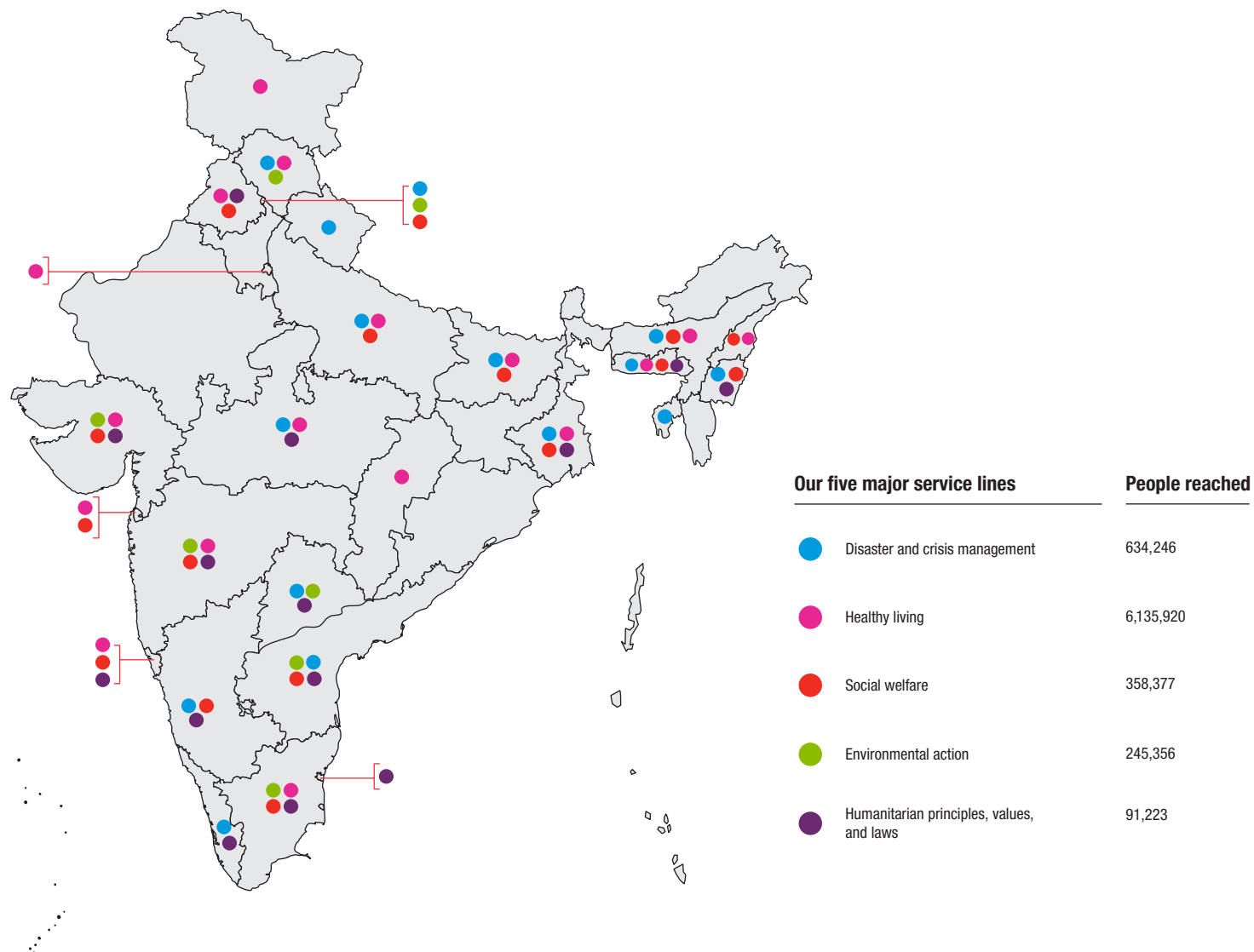
**Box 3.4 MANDI DISTRICT BRANCH RED CROSS VOLUNTEERS BRING SAFETY FOR HILL PEOPLE**

It can be an SMS, a WhatsApp message, or a telephone call. Be it a local bus accident, a landslide, a fire, or people stuck in snow. Distress calls made from anywhere in district Mandi, Himachal Pradesh, are responded to quickly by locally trained and registered Red Cross volunteers in all gram panchayats.

The Mandi District Magistrate, also the head of the local Red Cross branch, says that without the volunteers, it was difficult to know what was happening in the mountains or what the people needed. Panchayats now digitally exchange real-time information to deploy the Red Cross volunteers in the right places at the right time. They are also training more volunteers through the national Red Cross training-of-trainers programme. The advance provision of first aid kits and search and rescue tools to the Social and Emergency Response Volunteer teams has enhanced their effectiveness.

People in Mandi district face several natural and man-made disasters, made worse by the impacts of climate change. The Red Cross Social and Emergency Response Volunteers are among the first to respond, providing first aid and emergency care. They are also trained in psychosocial trauma care and removal of dead bodies. During normal times, the volunteers spread awareness about disasters, by distributing information material and disseminating early warnings.

**Figure 3.3** Range and reach of work by the Red Cross in India<sup>5</sup>  
(2015–2017 data from 27 State and Union Territory branches, and national headquarters)



<sup>5</sup> The maps used do not imply the expression of any opinion on the part of the Indian Red Cross concerning the legal status of a territory or its authorities.

We have begun to expand our preparedness work to include new climate change induced disasters, such as increased water stress, desertification, heat/cold waves, flash floods, sea-level rise, glacial lake outburst floods, and new vector-borne diseases. In recent times, we have started working more closely with the Indian Meteorological Department to reduce the impacts of hazards on vulnerable populations in cities. Following

heat stress warnings, the Red Cross has been working on heat preparedness and deploying its volunteers to undertake clear, correct, and actionable heat stress preparedness measures, especially information dissemination. Our focus is on the more exposed and vulnerable sections of the population in India's rapidly urbanising landscape.

### Box 3.5 **FLASH MOB, RED CROSS STYLE**

In sweltering Delhi during June 2017, young staff and volunteers from four State and Union Territory branches of the Indian Red Cross received hands-on training in organising flash mobs, a popular, innovative, and fun communication tool, especially for young people.

Seemingly spontaneous, flash mobs can be organised anywhere and everywhere when a group of people congregate in a public place to give their message, or just to entertain. The Red Cross used this format to advise people on the road on how to protect themselves from heatwaves when peak temperatures soared over 44°C in the capital.

Participants found flash mobs easy to plan and execute for new audiences. This is because messages were kept simple, and were communicated clearly using familiar and creative cultural formats.

At the Delhi airport cargo terminal, for instance, the flash mob opened up discussions among blue-collar workers on the need to have sufficient drinking water, shade, and time to rest. And this was just one story from the nine flash mobs they held over four days, including one that was suddenly sprung in a conference hall as participants were discussing heatwaves.

Working with others is crucial to effective and efficient disaster and crisis management. In our Partners for Resilience Programme, we collaborate with civil society organisations and district authorities to promote an integrated risk management approach. This makes our disaster work more resilient by factoring in future climate projections as well as the management of the larger ecosystem in an area.

## HEALTHY LIVING

Tackling health problems during emergencies as well as addressing public health issues has been a core role for the Red Cross everywhere since the earliest days of our formation.

The Indian Red Cross is well known for its work on blood donations as well as for its expertise in first aid. We operate ambulances and provide emergency care where necessary. We also tackle conditions of public health importance such as tuberculosis and HIV, motivate healthy lifestyle choices, and promote public health.

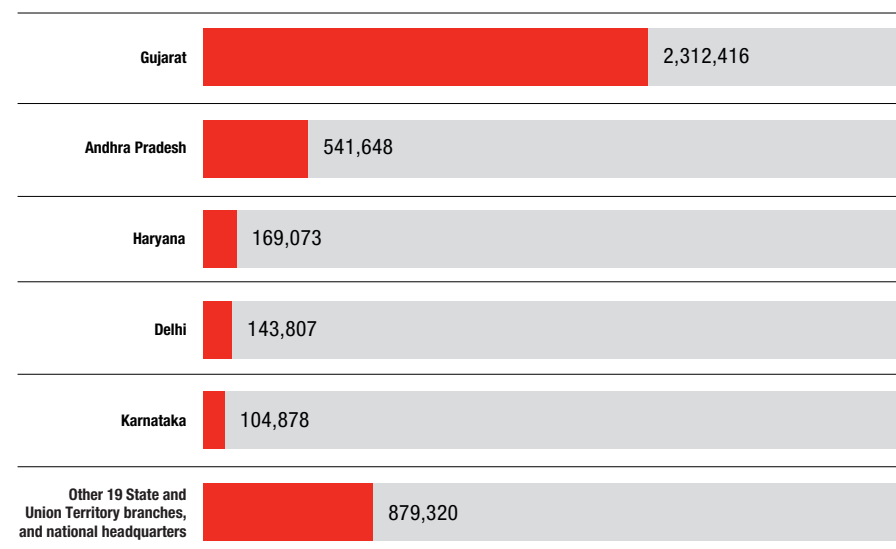
### Blood and organ / tissues services

The promotion of voluntary blood donation through many types of community mobilisation activities, including in schools, colleges, and workplaces, is a Red Cross signature activity. We operate 172 blood banks through 15 State and Union Territory branches (of a total of about 2,626 nationally licensed blood banks). Approximately 120,000 units of blood are collected annually by us, providing about 10% of the country's blood needs. Voluntary non-remunerated blood donations account for 90% of the Red Cross collection (compared to a national average of 79%).

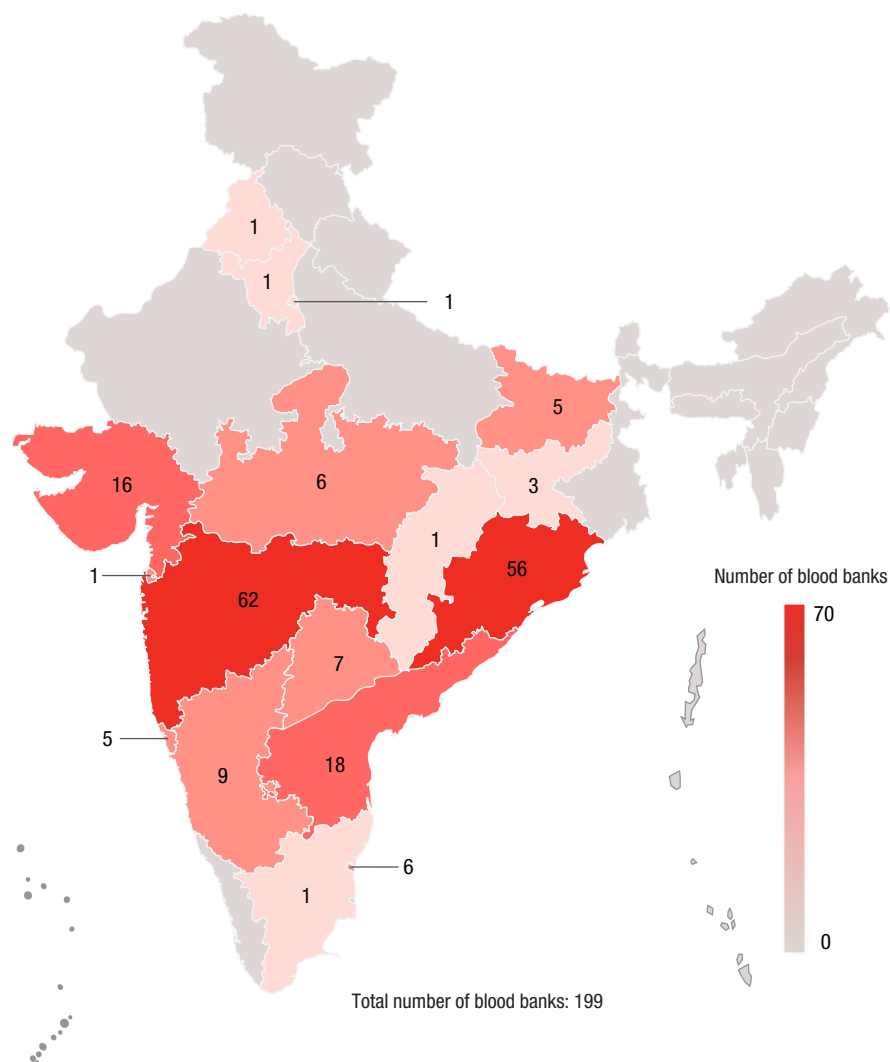
The Gujarat State Branch has been a pioneer in thalassemia prevention and treatment since 2004. Its blood bank conducts antenatal screening and prenatal diagnosis for thalassemia. It has screened approximately 2.5 million people to identify those with thalassemia (and also sickle cell) trait, in order for them to receive counselling on the prevention of potentially high-risk pregnancies. Red Cross blood banks also provide life-saving transfusions for people with thalassemia.

Several of our branches have taken up educational and motivational activities to encourage voluntary organ and tissue donations, such as kidney, cornea, and heart. When an organ or tissue becomes available and is matched to a waiting recipient whose life depends on receiving it, Red Cross drivers have been instrumental in ensuring that these reach the recipients without delay.

**Figure 3.4** People who have benefited from health programmes – top five State and Union Territory branches, and national headquarters  
(2015–2017 data from 23 State and Union Territory branches, and national headquarters)

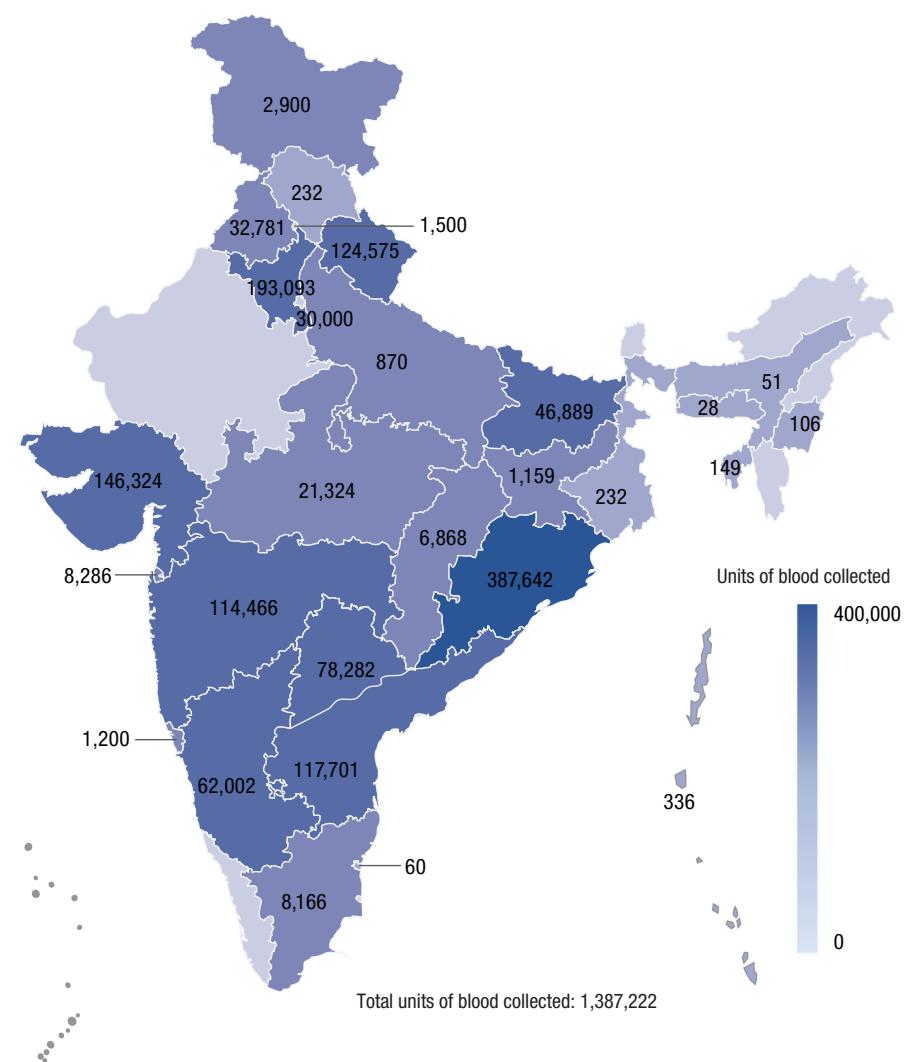


**Figure 3.5** Indian Red Cross blood banks across the country<sup>6</sup>  
(2015–2017 data from 16 State and Union Territory branches, and national headquarters)



<sup>6</sup> The maps used do not imply the expression of any opinion on the part of the Indian Red Cross concerning the legal status of a territory or its authorities.

**Figure 3.6** Volume of blood collection through the Indian Red Cross<sup>7</sup>  
(2015–2017 data from 27 State and Union Territory branches, and national headquarters)

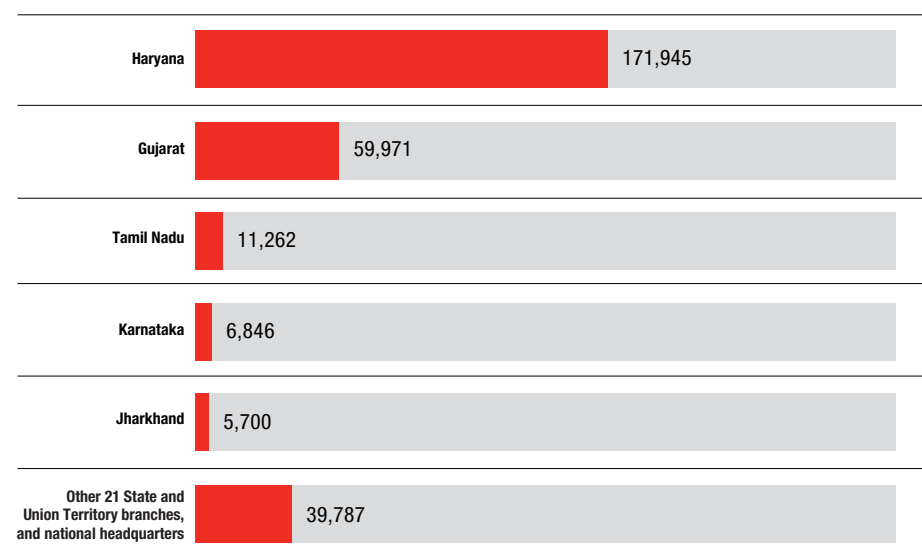


<sup>7</sup> The maps used do not imply the expression of any opinion on the part of the Indian Red Cross concerning the legal status of a territory or its authorities.

## First aid

First aid is about the basic knowledge and skills that everyone should acquire to help themselves or to attend to someone else who is suddenly taken ill or gets injured. The purpose of first aid is to save lives or to provide care to stop a patient's condition from getting worse, until they can receive full medical assistance. First aid includes measures to reduce pain and suffering, and provide psychosocial support to traumatised people. Thus, first aid is an essential competence that can save lives during disasters as well as in daily life, as accidents are so common on the road, at home, and in the workplace.

**Figure 3.7** People trained in first aid – top five State and Union Territory branches, and national headquarters  
(2015–2017 data from 25 State and Union Territory branches, and national headquarters)



Training is conducted according to a carefully-designed, evidence-based curriculum with testing and certification of students. First aid is an integral part of the training of our volunteers, and of our Youth and Junior Red Cross members. Hundreds of thousands of people from all walks of life have been trained by all branches, up and down the nation. Our first aid certificates are recognised and valued by employers, and are a pre-requisite for certain occupations and government jobs.



## General health care

Red Cross programming for maternal and child welfare originally began in 1954 to provide basic health care to people living in the under-developed and tribal areas of Uttarakhand. Over the decades, this has expanded to three more regions where health facilities have been lacking. The Red Cross has catered for reproductive, maternal and child health, basic medical care, and health and nutritional education. That has also meant helping with adult literacy and vocational training, such as sewing and tailoring, and expanding into immunisation, anaemia detection, malnutrition, prevention of communicable diseases, and water sanitation and hygiene promotion.

Nationally, the Red Cross supports the Measles Catch-Up campaign for children aged between nine

months and ten years, as part of the government's *Mission Indradhanush* to expand immunisation coverage.

The Red Cross continues to support the government's National Tuberculosis Control Programme through our Tuberculosis Project (India) that was initially launched in 2009 in six districts of three States, and has since extended to 21 districts in the following seven States: Bihar, Gujarat, Haryana, Karnataka, Maharashtra, Punjab, and Uttar Pradesh. We work in the community and with religious leaders to encourage prevention of tuberculosis through the observation of simple cough etiquettes, and by organising awareness meetings and treatment camps. Our focus is on the most vulnerable category I and II patients, i.e. those patients who have dropped out of the Directly Observed Treatment Short-course (DOTS) therapy, with the aim of motivating

them to complete their nine month long treatment. We provide them with nutrition support until they are cured. Red Cross volunteers provide personalised care to patients while they are undergoing treatment, and support them as they often face social stigma and discrimination.

Tuberculosis treatment is expensive but essential for protecting wider public health. Our interventions are particularly vital to prevent conversion to the dangerous multidrug resistant tuberculosis that can occur in 20% of untreated category II patients. Since the beginning of this programme, we have enrolled nearly 5,000 patients and cured 3,500, with treatment continuing for the others. In 2016, we achieved a 98% adherence rate with our enrolled patients.

### Box 3.6 RECOVERING FROM TUBERCULOSIS

India is a high burden country for tuberculosis and accounts for nearly a third of all global tuberculosis deaths. More than a quarter of all new worldwide tuberculosis infections are in India. Tuberculosis is highly infectious – with one untreated patient capable of infecting 10-15 others within a year. Approximately 5% of India's tuberculosis infections are multidrug resistant, and therefore difficult and expensive to treat. Four percent of tuberculosis cases also have HIV co-infection.

There is a human dimension behind each of these stark statistics. There is much public misinformation: fate, supernatural and hereditary causes, or personal 'misbehaviour' are often invoked as causes. Prejudice and stigma mean that tuberculosis patients can be turned out of their communities, lose their jobs, and leave their families destitute. Their families may abandon them, and losing contact with their loved ones may cause patients to fall into depression and even attempt suicide.

Red Cross volunteers are at the forefront of the struggle against tuberculosis. Visiting door-to-door, they spread awareness to counter fear and stigma, identify and counsel cases, ensure that patients take their medication regularly, provide nutrition and psychosocial support, and help to maintain or regain their family links and livelihoods. Many people cured of tuberculosis volunteer for the Red Cross, and become a valuable resource to help others.



## SOCIAL WELFARE

The community presence of the Red Cross means that our local branches can respond to many and diverse social needs, including those that the local populations want to mobilise themselves to address.

A large network of homes and centres for socially vulnerable people have been set up, triggered by local needs, and sustained through the mobilisation of locally available human and material resources, including district government funds. This includes homes for elderly people, orphanages, safe houses for women who are the survivors of abuse and exploitation, shelters for destitute migrants and others displaced by disaster or violence, and refugees. Temporary shelters, food, and clothing are provided for the homeless and street-dwellers, especially in the winter months. Junior and Youth Red Cross members play a very helpful role in providing comfort, company, and care, and spreading the message of our shared humanity.

Environmental clean-up campaigns, such as clearing rubbish from public places and cleaning drains are carried out as part of the national *Swachh Bharat Abhiyan* (eradicating open defecation mission). There have also been tree planting drives to contribute towards arresting deforestation around the country.

Tackling the root causes of social ills is as important as alleviating the consequences through humanitarian help. More can be done here to scale-up innovative initiatives carried out by the different branches. For example, the Srikakulam district branch in Andhra Pradesh has partnered with local government authorities and community leaders to tackle the serious problem of

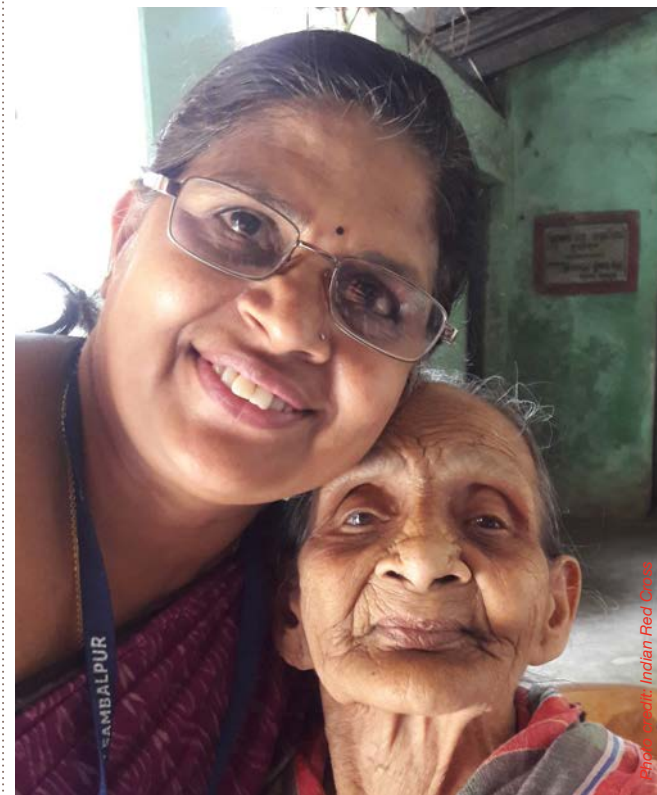
forced child marriages that are driven by the migration of young men to the cities for jobs – who then abandon their wives with appalling consequences for them.

Working with differently-enabled people is a key Red Cross activity. In Haryana, Jammu and Kashmir, and several other State branches, partnerships with local authorities, hospitals, and the business sector have enabled the creation of centres for the physically and mentally disabled. To assist people who may have lost limb function through a stroke or even suffered amputations from an accident, prosthesis such as artificial limbs, and appliances such as surgical shoes and calipers are fitted. Wheelchairs and other mobility aids are provided, accompanied by expert occupational and physiotherapy. In line with our traditional culture, yoga therapy has proved to be popular and highly beneficial.

Children with inherited disorders or birth injuries, including Down's syndrome, other mental deficits, and cerebral palsy receive educational help and family support. Accompanying this are public education and advocacy to reduce stigma and enable the full integration of people in society. We believe that a disability – for whatever reason – should not become a handicap.

In addition, education and care are provided for the blind, and where resources are available, the Red Cross also facilitates assistance for children with hearing and speech impairments, for example, by enabling cochlear implants where these are clinically recommended and could make a real difference.

Responding to the growth of alcohol and drug addiction, de-addiction clinics have been added to our portfolio of services, with referrals for treatment coming from families, or from local government, police, and judicial authorities. Several branches provide facilities for self-referring addicts to receive counselling by expert volunteers, as part of alcoholics anonymous and narcotics anonymous approaches.



Beyond mitigating hardship through social assistance, supporting the development of livelihoods is vital to build longer-term resilience. Many branches provide skills training in a number of areas, for both traditional occupations such as farming, fishing, weaving and knitting, and for the booming new Indian economy. For example, the Faridabad district branch in Haryana has engaged local businesses and the education department to sponsor a Red Cross bus – wifi – enabled and equipped with computers that travels around the disadvantaged parts of the district to engage both young and old in expanding computer literacy.

We are also working, with ICRC support, to help women-headed households in 42 drought-prone, violence-affected poor communities in Jammu and Kashmir, Maharashtra, Manipur, and Odisha. Following assessments of household incomes, the programme aims to increase this by at least 45% over three years, so as to enable beneficiaries to meet their minimum needs. This is done by providing cash, seeds, and tools, and through skills development such as in irrigation techniques, organic agriculture, pest protection, and livestock husbandry, as well as through setting up micro-businesses for the landless tailored to local market opportunities. Links with government anti-poverty schemes have also been developed such as the provision of crop insurance and soil health cards.

## DISSEMINATING INTERNATIONAL HUMANITARIAN LAW

The Geneva Conventions on international humanitarian law (IHL) go back to the very origins of the Red Cross. Creating awareness about them and propagating the humanitarian values that underlie them is an established role for the Red Cross in all countries. In India, we work with the ICRC on reaching out to the security forces to help ensure that they have the necessary knowledge and skills on putting IHL into practice.



Photo credit: Indian Red Cross

### Box 3.7 WARS HAVE LIMITS

The Red Cross, through the ICRC, regularly conducts dissemination sessions with India's five Central Armed Police Forces. This partnership has been going on for several years, especially with the Border Security Force whose mandate is to protect India's borders with Bangladesh and Pakistan, as well as to engage in internal security and counter insurgency operations when required.

In May 2017, the ICRC conducted a five-day training -of-trainers programme with the Border Security Force's Central School of Weapons and Tactics in Indore. Approximately 30 Border Security Force trainers learned about the requirements of international humanitarian law and acquired the skills needed to put this into practice. The trainers then went on to instruct other law enforcement officers on the right values and attitudes necessary to comply with IHL when using force during their policing or public order management duties, or when countering armed violence.

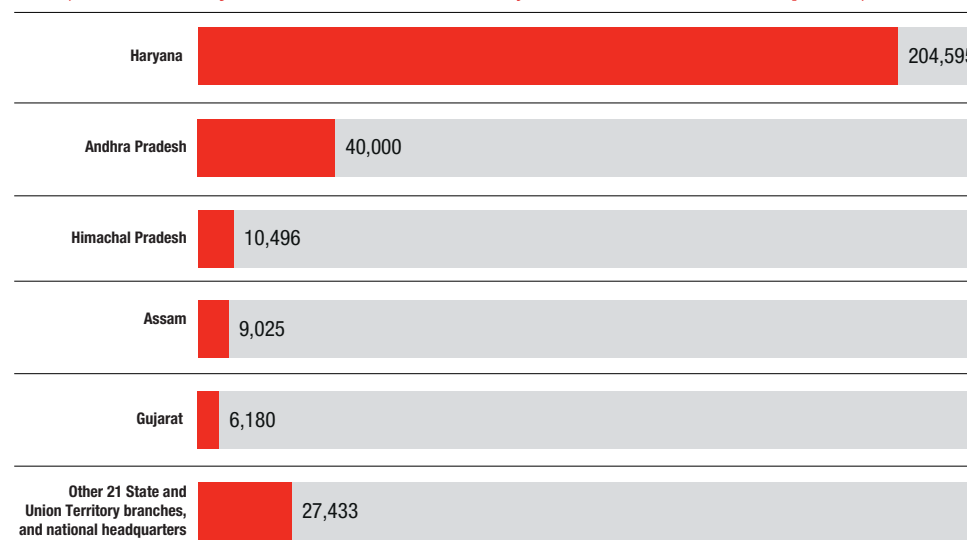
## PROMOTION OF VOLUNTEERING INCLUDING YOUTH MOBILISATION



Volunteers are the backbone of all Red Cross activities, helping branches to run successful programmes and assisting millions of vulnerable people in need. We recruit volunteers irrespective of their race, ethnicity, sex, religion, age, and disability. They receive appropriate training to undertake agreed tasks or roles and must work in accordance with our Fundamental Principles. We reward and recognise volunteers whenever possible and do our best to provide them with appropriate personal development opportunities. Volunteers are also entitled to become members of our Society.

As an integral part of all our work, Red Cross volunteers advocate for blood donation, and participate in disaster management, road safety, livelihoods generation, cleanliness drives, environmental protection, hygiene and sanitation, and many different types of health and social welfare activities. They also provide crowd control and first aid services during public gatherings, and religious and national celebrations.

**Figure 3.8** Number of volunteers – top five State and Union Territory branches, and national headquarters  
(2015–2017 data from 25 State and Union Territory branches, and national headquarters)



The Indian Red Cross realised the important role of young people in volunteering way back in 1925 when we established the Junior Red Cross in schools and the Youth Red Cross in colleges. Today, they have approximately 9.6 million members throughout the country. In our context, the terms junior and youth include those aged between 5 and 30 years old.

Currently, a sizable proportion of our 300,000 volunteers are below 30 years of age. The Indian Red Cross runs a Youth Peer Education Programme across the nation, to motivate young people to raise awareness on hygiene, sanitation, and HIV/AIDS, and to promote environmental concerns, such as climate change and global warming, and other contemporary subjects. Young people are also engaged in promoting humanitarian values and Fundamental Principles. They use the methodology of Youth as Agents of Behavioural Change (YABC), the IFRC's flagship initiative on the promotion of a culture of non-violence and peace, to become community multipliers of skills-based education.

We provide the youth with vocational training through centres in many State and Union Territory branches. For example, in Gujarat, Karnataka, and Tamil Nadu, youth are trained in home health care attendants' course. With the objective of empowering young women to become self-reliant, some branches have livelihood programmes, for example, for the fisher-women community in coastal areas. The Indian Red Cross also imparts first aid training to the

young to enable them to provide succour in times of need and crisis. They are a significant part of the Red Cross first medical responders team and the Social and Emergency Response Volunteer Programme established in many States and Union Territories.



Under the leaders of tomorrow theme, a school-level integrated programme for community development has been introduced. Red Cross State and Union Territory branches organize Junior and Youth Red Cross interstate and inter-district camps to create friendly interaction and cultural exchange. Such camps allow youth to share their experiences and learn more about the Red Cross. The Indian Red Cross also provides opportunities to young Indians to visit international camps and participate in youth exchange programmes with other countries.

### Box 3.8 VOLUNTEERING MAKES A DIFFERENCE

Ranjita, from Lakhimpur, in the State of Uttar Pradesh, was shy and introverted. Her traditionalist father had prohibited her to go out or talk to anyone. However, her mother wanted her to get educated and enrolled her in school.

In 2015, Ranjita accompanied her mother to a neighbouring village, Gyanpur, where she saw a woman addressing a large crowd. This was a Red Cross programme generating awareness about the *Beti Bachao, Beti Padhao* (save daughter, educate daughter) programme. Ranjita was fascinated by the lady speaker and mustered enough courage to ask her name. This was Arti, the local Red Cross district supervisor. The following day, Ranjita went to the Red Cross office and became a volunteer.

Ranjita never looked back. She started speaking out and addressed students in schools, colleges or other community gatherings. Always ready to help others, she worked very hard as part of the Red Cross flood relief team. During the cleanliness drive of the *Swachh Bharat Abhiyan*, Ranjita went to Lakhimpur Kheri railway station to urge people to use dustbins and keep public places clean.

At the railway station, Ranjita noticed a woman teetering on the edge of the platform while a train was fast approaching. Ranjita rushed across and caught her. The woman started crying and said that she didn't want to live anymore. Ranjita took her aside, gave her a glass of water, and comforted her. Ranjita and Arti took the woman to the local police station where a report was lodged against her husband's abuse. Following a medical examination, she was admitted to a rehabilitation centre for women.

Ranjita decided that if she could get a police job, she could help other needy and helpless women. She applied for a vacancy and got selected for a constable post in the Uttar Pradesh Police. Today, Ranjita is a fearless police officer and a role model for others – both women and men.

Ranjita says "Today whatever I am, it is because of the Red Cross".

## EDUCATION AND TRAINING

Keeping our knowledge and skills up-to-date is vital if we are to rise up to the challenges that continue to be thrown-up by our fast-changing world. The Indian Red Cross takes an inclusive approach to investing in the education and training of all our staff and volunteers, and the wider public on humanitarian issues.

All our core activities such as health care and disaster management have learning and training opportunities built into them, and a wide range of short and medium length courses are available in many locations. In addition, The Indian Red Cross has partnered with academic institutions and the private sector to provide opportunities for specialised education and continual professional development.

Our one-year part-time Post Graduate Diploma Course in Disaster Preparedness and Rehabilitation is affiliated to the Guru Gobind Singh Indraprastha University, Delhi. The curriculum includes public health in emergencies, informatics and communication technology, disaster preparedness, and management of relief operations. It focuses on leadership skills for managing emergency situations. A well-qualified and experienced faculty, supplemented by eminent visiting speakers, combine classroom teaching with field visits, and proactive project work. Over the past decade it has trained 300 people, many of whom have gone on to senior government and other public positions.

Our part-time three-month Certificate Course on Health Promotion through Ayurveda and Yoga is supported by the Ministry of Ayush (traditional Indian systems of

medicine) in collaboration with the Central Council for Research in Ayurvedic Sciences and the Morarji Desai National Institute of Yoga. More than 1,000 students have graduated since 2010.

Our Certificate Course for Home Health Care Attendants started in 2016 and supports disadvantaged people by offering practical skills development at an affordable cost. Home health care attendants assist older, sick or differently-abled adults in hospitals, other home health settings, or in a client's home. The courses cover basic nutrition, safe patient transfer techniques, infection control, basic life support, and medical terminology.

Home health care attendants act under the supervision and direction of a nurse.

Distance learning is a fast-growing trend and the Indian Red Cross Online Learning Platform supported by the IFRC, enables lifelong learning for our staff, volunteers, and lay persons. It offers academic online courses that are accredited by leading universities and a fast-growing number of self-directed online courses that are open to all.



Photo credit: Indian Red Cross

## 4. OUR EVOLVING ROLE IN A CHANGING NATION

The work of the Indian Red Cross is shaped by the realities of our country – the world's seventh-largest by area and second-most populous. The physical geography varies from high mountains to humid tropical regions, and from tropical islands to fertile valleys. Climatic conditions range from intense heat to alpine tundra, and from icy glaciers to arid deserts.

India's hallmark is its diversity. Its 1.34 billion people are composed of approximately 2,500 ethnic and tribal groups, speaking around 400 languages. All the world's major religions are represented, with four of them having originated in India.

Indian civilisation can be traced back several millennia and the spirit of those ancient endowments permeates contemporary attitudes. After achieving independence from Britain in 1947, India has rapidly advanced to become the world's largest democracy. It is a federal republic of 29 States and 7 Union Territories with a bicameral parliamentary system.

India continues to change fast, and the factors that influence the risks, vulnerabilities, and opportunities faced by its peoples across the vast nation must inevitably shape the future priorities of the Indian Red Cross. The mega trend-drivers stem from India's changing population composition and associated social, economic, and environmental factors, alongside the policy choices made by the nation's leaders.

Indian population growth rates have halved over the past thirty years with the total fertility rate reduced to 2.3 children for every woman. The replacement fertility rate of 2.1 is expected to be attained by 2025. Nevertheless, the country continues to grow at 1.2% per annum and will be the world's most populous country at about 1.4 billion by 2024. The inbuilt demographic momentum means that the Indian population will not peak till around 2061 when it will reach nearly 1.7 billion. Therefore, the pressure on public services and the environment from a rapidly growing population will continue to intensify for some time.

*As governments cannot do everything for everybody at all times, the role of the voluntary sector, including the Red Cross, will be ever-more important to fill service gaps, especially for the more exposed and vulnerable people who may be unable to navigate their way through the rapid changes happening around them.*

Indians are also living longer, thanks to the child survival revolution and later-life health improvements. Male life expectancy is now around 67 years for men and 70 years for women. At the same time, we are still a young country with a median age of 27 years, and will remain so for a further two decades. The juxtaposition of these opposing trends has two major consequences

First, India's current dependency ratio (One 'dependent' person below 15 years or above 65 years for every two people of 'working' age) will increase. Thus, the economic



Photo credit: Indian Red Cross

benefit from the demographic dividend that comes from having the world's biggest youth population will be largely over by 2040, as the 'greying' trend accelerates.

*The implication for the Red Cross is to maximise the engagement of the current youth bulge in our humanitarian work by modernising ourselves so that we appeal better to them in a competitive world in which young people have ever-increasing choices on what they can do.*

Second, as the Indian population ages, how they remain fit and well becomes a serious policy issue. As an illustration, the burden of disease is changing rapidly in

India. Non-communicable diseases (NCDs) such as cardiovascular conditions, diabetes, chronic obstructive lung diseases, and cancers have increased by a quarter since 2005, even as the traditional communicable conditions have declined by more than a third in the same period. Therefore, India must endure a double burden from rising NCDs and declining but still important communicable conditions. Trauma, such as from road traffic crashes and mental health, also make up the increasing burden of disease. Most NCDs are a consequence of lifestyle choices and are preventable. An Indian who is aged between 30 and 70 years today has more than a one in four chance of dying from an NCD – higher than in most developed and developing countries.

As health is a signature sector for the Red Cross as is social mobilisation, a greater shift towards health promotion and public health would enable the Red Cross to make more relevant impact.

The gender composition of the Indian population is abnormally skewed. Globally, the sex ratio at birth is naturally around 952 females to 1,000 males to compensate for higher male mortality later in life. However, in India, the sex ratio was around 944 females in 2016. This has improved in recent years, but the daughter deficit is much worse in some northern districts. The male preference reflects deep-rooted social attitudes. Legal and educational measures have had some impact in correcting the gender imbalance but there is some way to go yet. Meanwhile, the historical deficit of millions of missing girls means that in the current youth bulge, women will continue to be under-represented for at least a generation. Beyond that, entrenched gender inequalities will continue to extract social and development costs. Associated with this are other manifestations such as high levels of sexual and gender based violence and domestic violence.

The problem is gaining increased recognition through the Prime Minister's *Beti Bachao, Beti Padhao* programme and the commitment to gender parity articulated by the Government's NITI Aayog. These policies include greater women's workforce participation alongside a recognition of women's unpaid work in the care economy, their financial inclusion through the *Jan Dhan* scheme (financial inclusion) and a campaign to give clean fuel cooking stoves to poor women. Progress is being made: the gender gap in schools is narrowing and female enrolment in higher education is rising. In the longer term, this bodes well for higher women's participation and leadership across sectors.

The Indian Red Cross must set an example by working towards gender parity in its own governance and management structures, gender-responsive planning and resourcing for services, auditing them through a gender lens, and establishing gender-disaggregated reporting.

The other major trend is urbanisation. A third of Indians live in officially-recognised urban areas, but there is considerably more hidden urbanisation with another third of the population living in agglomerations with urban-like features. Urban resident numbers are projected to grow by 400 million by 2050. In short, India is no longer a land of villages only and will be even less so in the future.



Urbanisation in India has many positive features – the government's smart cities initiative has helped to push up innovation and economic growth, and driven social change through greater and more diverse labour force participation.

At the same time, seven of the world's 11 most polluted cities are in India. 30% of people live in slums on degraded or flood-prone lands, under marginal conditions with precarious access to water, sanitation, cooking fuel, and electricity. Women and girls tend to be most marginalised. Homelessness is set to increase along with inequalities. For example, property tax in Indian cities contributes less than 0.5% to the gross domestic product even as cities generate more than 60% of national wealth. Inevitably, publically funded common services cannot keep up with demand. The seamier side of unplanned urbanisation is reflected in raised violence and crime levels.

Disaster risk in India will be increasingly urbanised in the years ahead. Some of India's biggest cities are in high earthquake risk zones, while an estimated one-third of urban housing stock and much of urban infrastructure is assessed as sub-standard. Apart from catastrophic earthquakes, flash floods and riverine flooding, heat island effects, deforestation and dwindling green spaces, land subsidence and building collapses, fires, road traffic crashes, and industrial accidents are significant hazards. Sea-level rise, landslides, cloudbursts, and hailstorms are additional threats from changing climatic conditions.

Special attention needs to be given to road traffic accidents which kill nearly a quarter of a million people every year. Motorcyclists, pedestrians, and cyclists are the most vulnerable, and high speeds, poor vehicle conditions and unsafe road designs, as well as violation of traffic rules, and drinking and driving are all causes.

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The reduction of road traffic crashes and the management of urban disaster risks and social vulnerabilities requires the Red Cross to acquire more specialist expertise, and to adapt both the way we are organised in our urban branches and our methods of working

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Internal migration is another dimension of population dynamics. Indians are on the move in record numbers. Census statistics show that a staggering 450 million people or 37% of the population have shifted over a previous 10-year period, i.e. exercised their constitutional right "to move freely throughout the territory of India; to reside and settle in any part of the territory of India". Seventy per cent of internal migrants are women, including those relocating due to marriage, while men move for employment opportunities. Work related migrants move from the richer to the richer states, and circular or seasonal migration for employment is common.

Environmental degradation and climate change impacts often contribute to the reasons for moving away from home. So far, there is no accepted legal definition of 'climate refugees', but the growing phenomenon highlights the importance of climate change adaptation and development to arrest forced migration. In 2016, India ranked third among countries most affected by displacement due to conflict, violence, and disasters. These are both seasonal and permanent displacements, which vary from year to year, but are on the rise. The regular monsoon floods in Bihar account for a significant share of the displacements.

On the other hand, internal migration has also brought many benefits, including domestic remittances exceeding United States dollars 10 billion annually, as well as social mobility and inter-group exchanges. In contrast, the majority of migrants are from the weaker socio-economic categories and are obliged to work under difficult and insecure conditions while living in the most marginalised areas. These situations make them highly vulnerable to exploitation and abuse.

A significant subset is that of the involuntary migrants who have been trafficked. Some 20,000 women and children are reported to be trafficked each year - almost certainly a considerable under-estimate. Inward trafficking from Nepal and Bangladesh is also significant as is the external trafficking of Indians, especially to the Middle East. Estimates of Indians in forced or bonded labour varies between 20 million and 65 million people.

The vulnerabilities exposed by both voluntary and forced internal migration constitute a major, often hidden, humanitarian challenge. The movement of people is set to continue within an increasingly inter-connected nation, and has many significant implications.

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The traditional geographically-based fixed structure of Indian Red Cross branches must evolve to sustain a shifting membership, and our services may need to become more mobile, especially when seeking to help the most vulnerable migrants who may be less visible and more dispersed.

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External migration is also worthy of some consideration. India is the world's top exporter and importer of migrants. Some 28 million people of Indian origin live in other countries – with the rate of outward migration having doubled over the past 25 years. At the same time, India also received more than five million people, mostly from neighbouring countries. This includes 300,000 refugees, asylum seekers, and people of humanitarian concern, mainly from Afghanistan, Bangladesh, Myanmar, Nepal, Sri Lanka, Tibet, and some African nations. Although India is not a signatory to the 1951 United Nations Refugee Convention, nor to its 1967 Protocol, it is obliged to respect the principle of non-refoulement under other human rights domestic legislation.

While the numbers of externally-oriented migration flows make little overall difference within a billion plus population, there are significant economic implications. India is the world's top recipient of migrant remittances with overseas Indians remitting at least United States dollars 70 billion annually, equivalent to 3% of national gross domestic product. Furthermore, Indian emigrants tend to be among the most highly educated with knowledge, skills, and investment resources that have a huge impact in many sectors.

The Government of India has recognised this through its redefinition of relations with expatriate Indians via the Overseas Citizenship of India (OCI) and other schemes. It has declared 9 January (the day in 1915 that Mahatma Gandhi returned to India to commence the freedom struggle) as *Pravasi Bharatiya Divas*, an annual commemoration of the contribution of overseas Indians to the development of India. As the spirit of philanthropy deepens among the better-off Indian diaspora, contributions for humanitarian crises or development projects back home have steadily increased.

The Red Cross in India can benefit by acting as a bridge between Indians abroad and at home, for example, by creating a category for overseas members and volunteers, and developing tailored partnership opportunities with them.

Meanwhile, the overseas Indian diaspora is also linked to the corporate sector within India, as Indian businesses go global, and global Indian-led businesses invest more in the home country.

The Indian Red Cross should leverage its trusted brand and reputation to make ethically-based socially-productive partnerships that attract greater investment from the private sector and also tap its technical and managerial expertise.

With a gross domestic product of United States dollars 9.5 trillion in purchasing power parity terms, India is the third largest economy in the world, and is expected to become the second largest by 2050. Its gross domestic product per capita adjusted by purchasing power parity is around United States dollars 6,600, but this is still only 34% of the world's average. The Indian economy has been trending towards an annual growth rate of 6-7%, however this is expected to reduce towards 5-6% towards 2020. India is home to the largest number of poor people in the world, but it has also managed to lift the most number of people out of poverty. The number of people living below the national poverty line has been halved, however approximately a quarter of the population is still in deep and moderate poverty.

This mixed progress is a reflection of an unequal nation. India has the fourth largest number of billionaires in the world, yet at the same time, the gap between the rich and poor is growing. Though India is a creditable 104 in country inequality rankings, its Gini coefficient, currently at 34, is growing.

How is economic progress translating into sustainable development? India is ranked around 131 out of 188 countries on the Human Development Index with a score of around 0.624. That puts the country in the medium human development category. Its Human Development Index score is reduced significantly because of regional and gender inequalities. On the newer index that assesses the performance of countries towards achieving the recently-adopted Sustainable Development Goals, India is ranked 116 out of 157 nations. Despite the impressive progress that is undoubtedly continuing, much remains to be done.



Photo credit: Indian Red Cross

Overseen by the NITI Aayog, sectoral goals, targets, and flagship programmes have been devised to fast track development. They include, for example, *Swachh Bharat Abhiyan* along with accelerated investments in health, education, and social safety nets.

The Red Cross values of universality and non-discrimination along with our work among the most vulnerable communities, equips us well to contribute to the national development mission of *Sabka Saath Sabka Vikas* (collective effort, inclusive growth).

Overall, there is every reason to view India's future development prospects with optimism, not least because of the inventiveness of its people. India's progress in information technology is paralleled by its rise in scientific endeavour. It is among the top 10 nations in the number of scientific publications and ranks 12th in the number of patents filed. The country has created a strong enabling ecosystem for start-ups, and entrepreneurship is booming.

India ranks third worldwide among the most attractive investment destinations for technology transactions. The *Digital India* initiative has helped to turn India into the second most connected nation in the world: more than 300 million people now have access to the internet. However, mobile phone penetration is still low at 23 per 100 people and India is relatively lowly ranked with an average connectivity speed of 6.5 Mbps. But



progress is anticipated to accelerate. Smartphone usage is growing exponentially and users spend 2–3 hours a day on the mobile internet. Many government services are now offered digitally which improves both access and accountability.

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As the digital economy gets more pervasive, the Indian Red Cross must speed up our own modernisation in the way we use technology to anticipate and manage disasters, mobilise our beneficiaries, volunteers, and members, and use social media proactively to promote our humanitarian message.

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As we look forward, what are the particular risks to national progress? India's geo-climatic condition poses many disaster risks. Nearly 60% of the landmass is vulnerable to moderate and high intensity earthquakes; over 12% of land is prone to floods and river erosion; close to 5,700 kilometers of the 7,516 kilometer long coastline is prone to cyclones and tsunamis; 68% of its cultivable area is vulnerable to droughts; and its hilly areas are at risk from landslides and avalanches. India is also vulnerable to chemical, biological, radiological and nuclear emergencies, and other man-made disasters.

Disaster risks in India are further compounded by increasing vulnerabilities related to the issues discussed above: changing demographic and socio-economic conditions, unplanned urbanisation, development within high-risk zones, environmental degradation, climate change, geological hazards, epidemics and pandemics. Clearly, all these contribute to a situation where disasters seriously threaten India's economy, its population, and sustainable development.



The government's establishment of dedicated disaster management structures such as the National Institute of Disaster Management, the National and State Disaster Management Authorities, and District Disaster Management Teams (headed by the District Collector who is often also the chair of the district Red Cross branch) has helped to systematise disaster response and risk reduction at all levels, guided by the Prime Minister's ten point agenda on disaster risk reduction.

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As disaster response and risk reduction is a core Red Cross function in our auxiliary status to government, we must become more responsive and predictable partners to national and local authorities and communities, and create a culture of informed resilience, especially among the most vulnerable people.

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Although India contributes only 7% of the man-made greenhouse gases that cause global temperature rise, Indians are vulnerable to climate change in several ways. More extreme weather events, for example, would cause volatile and unpredictable monsoons, heatwaves, and droughts. Biodiversity would be reduced alongside greater environmental degradation. Higher sea levels could flood our coastal cities. Enhanced health risks could come from changes in the habitats of existing disease vectors such as mosquitoes, with new disease risks also expected. Continued dependence on fossil fuels as Indian development gathers pace would exacerbate the problem.

India has signed the 2015 Paris Agreement aimed at limiting the global temperature increase to less than 2 degrees Celsius through switching to low-carbon growth strategies, tapping non-fossil and renewable energy sources, creating additional carbon sinks, and making development resilient by incorporating climate change adaptation measures across all sectors – from agriculture to public health. In 2016, India was among the world's biggest installers of photovoltaic capacity, along with China and the United States of America.

The Red Cross must move towards greener working by reducing the carbon impact of our own organisation and operations. We must also use the climate lens to make our services resilient and sustainable. This would include programmatic interventions for climate adaptation and mitigation.

To reiterate, the Indian Red Cross is driven by the vulnerabilities of the people we serve. In our first century of existence, these have evolved continuously even as our country has changed rapidly. Along the way, we have had to confront terrible wars, tragic disasters, and other heart-breaking crises that have severely tested our means and capacities. With these experiences, and

as we renew our pledge to continue serving humanity in the decades ahead, we are strongly resolved to remain ever-adaptable to the challenges and opportunities ahead.



Photo credit: Indian Red Cross

## 5. OUR RENEWED PURPOSE

We have examined our services and programmes to identify our strengths as well as the areas where we must improve. We have consulted our stakeholders – beneficiaries, volunteers, members, staff, national and local authorities, donors, and other partners – to better understand what they expect from us.

We have also reflected on the momentous changes taking place in our country. We have analysed current and projected trends in terms of the opportunities that lie ahead as well as the risks and vulnerabilities that our people face.

We recognise the duties that arise from our status as an autonomous auxiliary of our government in the humanitarian sphere, and have considered our obligation to contribute towards the achievement of India's development plans and priorities.

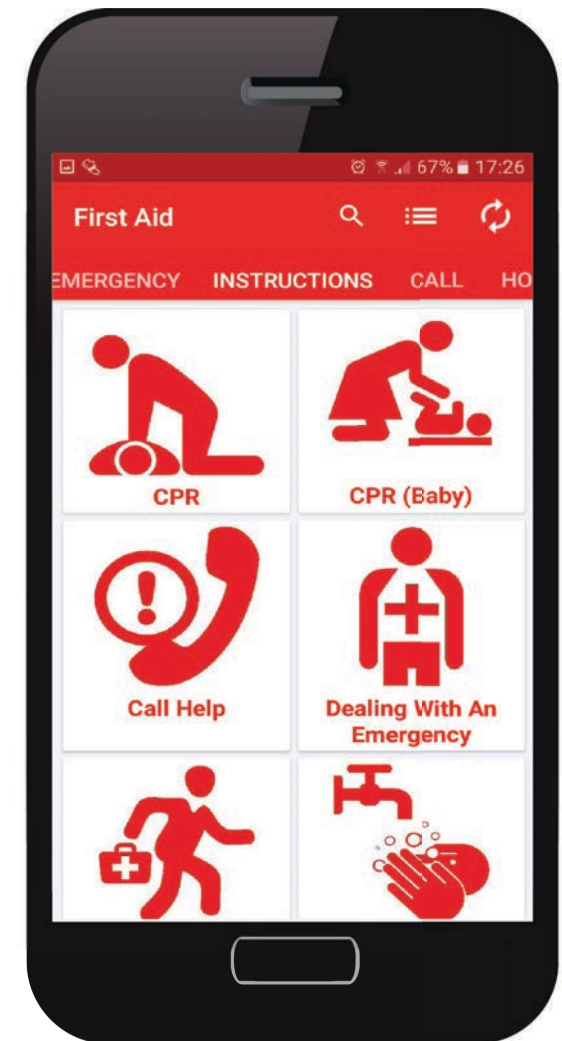
We reiterate our adherence to the Fundamental Principles that guide all we do, and are cognisant of the obligations of global solidarity that flow from our membership of the International Red Cross and Red Crescent Movement.

We are committed to our staff and volunteers and their safety while they are bringing help to the most vulnerable people.

Thus, we conclude that the Indian Red Cross must expand the relevance, scope, coverage, and quality of our services. We commit to do so, as we move forward towards our centenary year 2020, and into the decade beyond to 2030. Our four over-arching Strategic commitments are indicated here.

### Box 5.1 OUR STRATEGIC COMMITMENTS

- We will do much more and better to serve those who need us
- We will champion the spirit of humanity at all times
- We will modernise ourselves to become more responsive and accountable, and will govern and regulate ourselves responsibly
- We will build up our own self-reliance and also demonstrate international humanitarian solidarity.



Our first Strategic commitment to do more and better in serving vulnerable people recognises the scale of needs in our big country. An important point of principle for the Red Cross, as a nationwide organisation, is our universalist mindset. Therefore, we are obliged to make our best efforts – limited only by our resources and capacities – to help people everywhere when needed. At the same time, the quality and reliability of what we do is as important as how much we deliver, because it is at times of greatest vulnerability that doing the best becomes even more vital – often a matter of life and death.

However, to be able to do more and better, requires us to have the inner strength that comes only from a strong set of values and principles that shine a light on the correct path to follow. This becomes especially vital when confronted by the dilemmas that are inevitable amidst the complexity of modern humanitarian work. Hence, our second Strategic commitment is towards always giving primacy to the spirit of humanity whenever we are faced with making tough choices.

Our third Strategic commitment recognises that a strong Red Cross organisation in India is essential to deliver on our mission. There are no shortcuts to this if we are to succeed. That acknowledges the significant work ahead and the purposeful investment required to upgrade our own capabilities at every level – nationally and in branches – administratively and in our governance. We must also become sharper in integrating new knowledge and best practices, and rise higher to comply with the standards and benchmarks of the modern age.

Finally, as we are a permanent body, our fourth Strategic commitment is concerned with sustaining our progress for the long haul. That can only happen through our own efforts by recognising the vast capacities and resources that we have within our own country. We must also get more adept at mobilising support from our well-wishers, wherever they are, at home or abroad.

At the same time, no one can flourish on their own or by isolating themselves. We are part of an interconnected Red Cross and Red Crescent global family and we must recognise our obligations to reach out to help others beyond our borders whenever we have the means to do so.

**Indian Red Cross Society** **International Federation of Red Cross and Red Crescent Societies** **ICRC**

## WORLD RED CROSS DAY PHOTOGRAPHY COMPETITION 2016

**TOPIC:**  
“Volunteerism:  
Everywhere  
for Everyone”

**DEADLINE:**  
21st April, 2016  
Photographs  
(with caption)  
should be sent in  
jpeg format

**ELIGIBILITY**

- There is no entry fee and the competition is open to all Indian Nationals.
- No entries from professional photographers will be entertained
- A participant can send only one entry
- Employees and family members of office bearers of the Red Cross Movement are not eligible to participate (declaration has to be produced as may be requested by the organizers).
- The decision of the jury is final.

The **TOP THREE PHOTOGRAPHS** adjudged by the jury will be awarded certificates of appreciation and token prizes.  
Submissions to be emailed to [photographycompetition@indianredcross.org](mailto:photographycompetition@indianredcross.org)

All photographs submitted online will be evaluated by a panel of experts and results will be announced on the Indian Red Cross Society website and the New Delhi Blog of the International Committee of the Red Cross on May 1st, 2016.

[www.indianredcross.org](http://www.indianredcross.org) <http://blogs.icrc.org/new-delhi/>  
All entries become the property of the Indian Red Cross Society

Photo credit: Indian Red Cross

## 6. OUR FUTURE PRIORITIES AND TARGETS

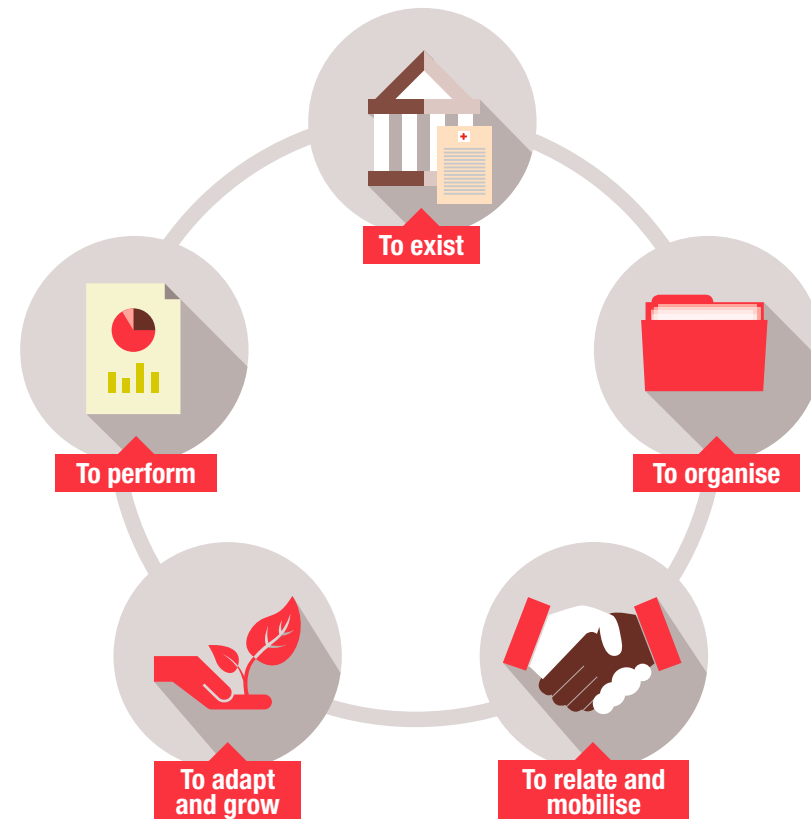
We have identified 20 Action areas with their associated specific targets for 2030, to deliver on our four Strategic commitments. These Action areas are inter-connected and mutually inter-dependent. All actions will require to be advanced in parallel, while recognising that some areas are more difficult than others.

Meaningful progress in one Action area would, of course, be facilitated by progress in other Action areas. But, conversely, it is not necessarily fully dependent or constrained by lack of progress in another area. However, the overall transformative vision cannot be fully realised unless all 20 areas make good progress. That journey will take at least a decade with significant milestones being achieved over shorter defined timescales.

### Action area 1. Expand and ensure equity in the provision of core services and activities. (Strategic commitment 1)

- Target 1.1 At least 10% of the Indian population benefit from Red Cross services when confronted by a humanitarian need or social vulnerability.
- Target 1.2 Red Cross service beneficiaries achieve full inclusion on grounds of gender, age, disability, or class/ethnic status reflecting the specific populations needs being served.

Figure 6.1 National Society/Branch core capacities



Source: Building Strong National Societies/Branches

We will scale up our services and activities, guided by national development plans, prime ministerial development initiatives, local authorities, as well as local needs and relevance, as perceived by communities. Achieving our target will mean reaching 150 million people by 2030 on the basis of the projected population of 1.52 billion population of India by then.

These will consist of core services such as various types of preventive and curative health care, disaster management and risk reduction, and the dissemination of humanitarian values that all branches must do. For these core services, we shall develop central capacities to ensure quality technical support, resourcing, and monitoring.

Additional services such as social welfare for the most vulnerable or marginalised groups, environmental improvement and protection, and other areas may also be done by branches according to their context, needs, and available resources, with due attention to quality. However, in doing so, branches should conduct structured vulnerability and risk assessments to guide their priorities more explicitly.

Scaling-up long-term daily services during times when there are no disasters is essential for providing the solid basis and experienced surge capacities that can be mobilised when a disaster strikes. This is potentially much more cost-effective and sustainable than separating emergency and development capacities.

We know that nowadays many other voluntary organisations and government departments are involved in a wide range of humanitarian and development programmes. The hallmark of Red Cross work and what sets us apart from all others is the way we work: volunteer-based, self-organised, community driven,

and always informed by the requirements of our Fundamental Principles. The dissemination of these principles and the humanitarian values that accompany them must always be included in all our programmes, of whatever nature and in all sectors. We will strive to promote a more equitable gender participation, as well as a greater involvement of youth, not just as service volunteers but also as initiators, managers, and leaders of programmes.

While we know that we need to scale up the mobilisation of resources for our work (Action area 19), we have already shown that many activities can be successfully progressed with little cash, provided that we are effective in our social mobilisation efforts and that we get more organisationally skilled.

To achieve our target, all branches will examine their existing services in their catchment areas to determine the most appropriate expansion strategies. This must include tracking the gender, age, disability status, and the social class or ethnicity of beneficiaries to monitor fuller inclusion at all levels.

**Action area 2. Scale up inclusive volunteering at all ages.  
(Strategic commitment 1)**

Target 2.1 Our volunteering schemes engage 1% of the population as Red Cross volunteers, with equal male and female participation.

Target 2.2 A culture of life-long Red Cross volunteering is created, along with a modernised volunteer management system, reflected in retention rates of at least 50%.

We define a volunteer as an individual who, occasionally or regularly, assists the Indian Red Cross, of their own free will, and without expectation or receipt of payment. The reimbursement of reasonable out-of-pocket expenses such as travel or food costs is permitted. We categorise volunteers as occasional when they provide at least four hours of service a year, and regular when they serve for at least two hours a week.

Volunteering is at the centre of all we do and without expanding and sustaining our volunteering base, the objective to scale-up services (Action area 1) will not be realised.

Our intention is to strengthen the spirit of volunteering that is, anyway, a long-standing part of Indian culture. Volunteering is an important contribution to nation-building through generating the mutual trust and reciprocity that are the basis for responsible citizenship. Volunteering opportunities are all around us, starting with our immediate neighbourhoods and communities, because such service is most relevant and acceptable when it comes from somewhere close to us. Volunteering comes in many forms, from lending a physical helping hand to providing emotional support for someone in distress. It can also involve using one's special expertise to teach or train, and manage or organise services. Digital volunteering expands horizons by reaching out even further, and we will give this particular attention.

We will review and update our national volunteering policy and apply it in all branches. The policy will be informed by best available practices at home and abroad, and revised, as necessary, every five years to ensure that it reflects a fast-changing world and provides the updated framework essential for welcoming more volunteers. This will also include investing in

the health, safety, and security of our volunteers when they are on duty, including the provision of an insurance scheme for them.

Our flagship Social and Emergency Response Volunteer Programme provides a systematic approach to scale up volunteering. This or other future schemes will provide the umbrella for expanding our reach to engage 1% of Indians in volunteering (approximately 15 million people) by 2030 on the basis of the projected 1.52 billion population of India by then. We shall ensure equitable gender participation and cover all ages from youth to senior citizens, reflecting the demographic profile of communities. Greater effort will be made to include differently-abled people.

The volunteers that would be engaged in operational service delivery will be multi-skilled, i.e. they will have the basic skills needed to respond to any crisis in their districts. When not responding to disasters, they will be progressing social development activities in their own communities, or by helping digitally.

However, we know that people have many more choices nowadays on how they spend their time. Thus, we will develop a modern inclusive volunteer management system to attract and retain them, so that they are permanently connected with Red Cross efforts from their early years to when they achieve senior status. This means building a welcoming and nurturing organisational culture, as well as motivating our volunteers by giving them responsible roles in policy-making and service design – and not just in implementation.

All operational volunteers will receive training in humanitarian principles, first aid and public health in emergencies, disaster response and crisis management, and people management skills through a cascaded training methodology using a network of

master trainers. Social media and a special Indian Red Cross Volunteering application will be used to build and sustain networking and mutual support among our volunteers.

The success of Red Cross volunteering also depends on wider public and official recognition of the social and economic value of volunteering. We will ask the Indian Red Cross think-tank (Action area 17) to conduct necessary research and to organise a national volunteering conference every 3 years to learn lessons and exchange good practices.

Links with the Government of India's National Service Scheme for young people, *Vidyanjali* (school volunteering programme), and *Digisevak* (part of the *Digital India* initiative), and compatible volunteering schemes from other social service bodies will be explored.

**Action area 3. Provide dependable help when disasters and other crises strike, and reduce risks and vulnerabilities including mitigating and adapting to mitigating climate change. (Strategic commitment 1)**

Target 3.1 All our regional and district branches will have regularly updated disaster and crisis management plans, including the three most common hazards mapped in their areas.

Target 3.2 At least 20% of people affected are assisted appropriately when a disaster or crisis strikes, with an increasing proportion of them being reached through cash-based methods.

Target 3.3 Our standing capacity is built up so that branches meet emergency service targets: district branches are able to start meeting the emergency needs of 2,000 people within eight hours; State and Union Territory branches are able to start helping 50,000 people within two days, and national headquarters is able to start back-up provision for a further 100,000 people within one week.

Our people's vulnerability and exposure to disasters is among the highest in the world, with climate change adding to the challenges. The frequency, intensity, and predictability of disasters is increasing. Furthermore, as novel risk factors collide, their impact is multiplicative and not additive. This is generating novel and complex disasters such as glacial lake outburst floods and new vector-borne diseases. Into the mix must be added rapid, unplanned urbanisation. Future disasters may cause greater devastation among bigger and more concentrated populations.

At the same time, disaster early warning and response technologies are also advancing, creating opportunities for better survivability from disasters, provided also that responders are better trained, equipped, and more nimble. Finally, we have come to realise that investment in prevention and mitigation is essential. Disasters are also the best spur to better preparedness and risk reduction, so as to reduce future damage and losses. The task of disaster response is not complete unless the survivors have also been helped to recover and rebuild their lives and livelihoods, and are made more resilient against future shocks.

Against that background and recognising that disaster and crisis management is a core function of the Indian Red Cross in its government auxiliary role, we must become a more reliable partner in disaster and crisis management. That means committing to provide a predictable level of service in disaster risk reduction, response, mitigation, and recovery everywhere there is a Red Cross presence. That is why we have adopted quantified and time-bound service targets, knowing that rapid reaction times are vital to save lives and reduce suffering.

In addition to disasters from natural hazards, man-made crises are also on the rise. They include industrial accidents, road traffic crashes, communal violence or civil strife, and conflicts over scarce resources such as water. The capacities we build for disaster response will also be used for other types of crisis response.

Accordingly, each district branch should maintain a standing capacity (trained volunteers, stocks and supplies) to be able to help up to 2,000 people within eight hours. State branches should maintain capacity to help up to 50,000 people within two days. The national headquarters should aim to mobilise itself to provide back-up for a further 100,000 people in the case of major disasters or crises.

To afford and sustain such capacities, we will revamp our logistics function with substantial reform of our systems to improve efficiency. We will introduce modern stock maintenance techniques including the use of call-down and direct transport arrangements with suppliers, rather than maintaining large stocks in our warehouses. Existing warehouses will be inter-connected with a common information system and management – so that there is better stock control and stock rotation, reduced wastage and losses, and faster transportation. More reliable transportation arrangements with Indian railways as well as with airlines and trucking companies will be negotiated.

We will overhaul all our disaster and crisis management capacities including training more volunteers in response. Timely response starts with good early warning so that the at-risk population can reduce its vulnerability to an imminent hazard, and the responders are poised to move when the disaster does strike. For climate-linked disasters, impact-based weather forecasting is more effective in persuading people to

prepare or act in advance. The Red Cross will work closely with the India Meteorological Department to create user-friendly impact warnings for local areas and actionable precautionary advice to go with them. Red Cross branches will strengthen their risk communication abilities to improve their meaning for different categories of vulnerable and exposed populations. Speed is of the essence in communicating impending risks, including through the greater use of mass and social media.

With increased digitisation, cash instead of relief goods provision has become more feasible. Cash provides people with greater choice on how to best recover from the shock of a disaster or crisis. It also speeds up relief provision while reducing costs associated with the storage and transport of relief goods. We will aim to provide more cash-based relief, wherever it is feasible to do so in an accountable manner.

We shall also create national and state rapid disaster/crisis response teams with a core capacity of trained volunteers available on a roster system to react quickly. As crisis response requires increasingly more professionalised skills, we shall also recruit people – volunteers and staff – with stronger technical and other expertise.

Restoring family links sundered by a crisis and providing a family news service for traumatised survivors will be strengthened further as part of our humanitarian mission, as the Red Cross is particularly well-positioned to do so, thanks to our nationwide network and our worldwide connections through the International Red Cross and Red Crescent Movement.

These measures will result in a substantial upgrading of our disaster and crisis response efforts to achieve better and faster results for beneficiaries at their moments of

most desperate need. To provide consistency we shall develop new standing operating procedures which will also provide a basis for monitoring our needs assessments, response effectiveness and efficiency. The Red Cross will improve its ability to utilise the many innovations that have come to the fore in disaster management. They include geographic information systems, and the use of drones to survey disaster-affected areas.

Our disaster management work will be conducted in partnership with the National Disaster Management Authority and its State, Union Territory, and district analogues, and through the systematic operationalisation of the link with district collectors/magistrates who usually chair local district Red Cross branches. Our staff and volunteers will be more active participants in the mandatory district disaster management plans and adopt clear roles and responsibilities within it.

State, Union Territory, and district branches will also build their disaster preparedness, climate adaptation, and risk reduction capacities through linking up with weather forecasters and with civil and social protection agencies to reduce risks for the most exposed and vulnerable populations. This will be part of the Red Cross contribution to India's commitments under the Sendai framework for disaster risk reduction, and the Paris agreement on climate change.

**Action area 4. Promote healthy living.  
(Strategic commitment 1)**

Target 4.1	At least 3% of the population acquire basic life-saving knowledge and skills in first aid.
Target 4.2	At least 5% of the population reached through priority preventive and public health promotion services.

Under India's commitment to the Sustainable Development Goals, the country has signed up to progressing universal health coverage, i.e. enabling everyone to have access to curative and preventive health services without financial hardship. Several important government schemes are dedicated to scaling up essential health provision through primary health care, public health protection, and specialist hospital services.

As health is already at the core of Red Cross work, we will scale up what we already do so as to contribute more fully to the national achievement of universal health coverage. The specific niche of the Red Cross is to be the bridge between the government's extensive health services and the poor and vulnerable people who are unable to access them. This means helping them to tackle barriers such as their lack of awareness and self-confidence on how to get what they have a right to receive, and also their lack of knowledge and skills to make responsible choices that affect their own health. We shall address this through four strategic approaches.

First, we will scale up first aid provision. With its long history over the centuries of war and peace, first aid has probably saved more lives than most other interventions. First aid nowadays is not just about bandages and splints. As our knowledge and tools have expanded, first aid has also grown to deal with many commonly prevalent health problems. Increasingly, this includes psychological first aid, due to the high and increasing level of mental trauma in society that extracts large personal and social costs.

We shall keep our first aid curriculum under review and ensure that the training we provide is evidence-based. As first aid can have life and death implications, maintaining the quality of our training will be a key priority.

We shall do this through refresher training, re-validation, and accreditation schemes.

First aid training will be part of the training of all our volunteers and staff, at all levels. We shall also encourage policy makers such as parliamentarians, government officials, and private sector leaders to set an example by undertaking first aid training themselves. Further scale-up would be through branches rolling out programmes in factories, offices, shops, and transport hubs so that there is a critical mass of first aid trained people in workplaces.

Our Junior and Youth Red Cross wings will undertake the same endeavour in schools and colleges. In the community, volunteer trainers will go from home to home – to encourage each household to have at least one family member trained in first aid. National, State and Union Territory, and district competitions and awards will provide incentives. A Red Cross first aid app would encourage wider knowledge dissemination alongside popularisation via broadcast and social media.

Second, we will encourage a healthy living environment. Most of the health conditions that afflict Indians are preventable or their impacts can be substantially reduced. These include the well-established communicable conditions that can be mitigated through lowering risks, for example, by providing clean water, countering open defecation and providing sanitation, imparting education around personal hygiene, and environmental actions to reduce the prevalence of vectors such as mosquitoes that transmit malaria and dengue, as well as using personal protection such as bed nets. Social mobilisation to create awareness, change public attitudes, and incentivise collective action are the key to influencing wide-scale change. The Red Cross is well positioned to do that.

Third, we will promote healthy lifestyle choices. The inexorable rise of non-communicable diseases such as diabetes, cardiovascular conditions, lung diseases, cancers, and also road traffic crashes can be stemmed only by reducing the underlying risks through choices that people are enabled to make. That includes a better diet with less sugar and fat, more physical exercise, smoking cessation, and a culture of road safety. Addictive behaviours – alcohol and substance abuse – are on the rise. Sexual and reproductive health – to prevent HIV for example – remain public health challenges. All these and many other conditions require individuals and communities to incentivise healthy lifestyle choices. We will work on that.

Fourth, we will help to expand the uptake of government services for conditions of public health importance. There are many vital national health schemes of utmost importance for everyone's health and well-being but which do not fully reach the poor, vulnerable, or marginalised groups who need them most. These are the priorities for scaled-up Red Cross action. For example, by boosting the identification and treatment of anaemia, a debilitating condition for millions of girls and women. Under-nutrition is similarly a major challenge, with a profound influence on children's health as well as on their ability to get the most out of learning in school. The government's laudable plans for expanding immunisation coverage with both traditional and new vaccines will be promoted by door-to-door motivational campaigning by Red Cross volunteers. Tuberculosis is a persistent and difficult public health problem, and we will expand our existing tuberculosis programme to cover more patients and locations.

Except in disasters and crises where volunteer doctors and other health workers come together to provide urgent clinical care under the Red Cross banner, and

the provision of emergency ambulance services where this is wanted and resourced by local communities, we do not see a major role for ourselves in the provision of direct medical care. This is especially so as, nowadays, there are many government, private, and voluntary sector clinics and hospitals. However, we also have an endowment of hospitals and medical facilities, either gifted to the Red Cross or built up in an earlier era when this was seen as a need. Where we are not able to find others to take over these facilities or services, we will ensure, through autonomous management, that they are run efficiently to the best standards as specified by health regulatory authorities.

**Action area 5. Bridge the blood gap and promote voluntary tissue and organ donation. (Strategic commitment 1)**

Target 5.1	100% of blood is sourced from voluntary sources, and the quality and efficiency of blood processing is improved, including 100% blood component separation.
Target 5.2	1% of the population are motivated to become blood donors and help reduce the blood gap.

To give of your own self – blood or a tissue or an organ – is perhaps the greatest of all humanitarian acts, and can make the difference between life and death for others. However, blood services in India face many challenges. They are run by many different providers. This fragmentation creates problems such as that of quality and consistent availability, commodity shortages, and inappropriate or wasteful use of scarce blood supplies.

We will scale up advocacy for voluntary blood donation, including through our Youth Red Cross branches,

to bridge the national gap of 0.9 million units between what is available and what is needed by a growing population. Blood shortages are particularly acute in rural areas. This has serious consequences, especially for those with thalassemia, malaria, malnutrition, trauma, women with complications in pregnancy, and others requiring emergency care or blood-intensive surgery.

We will also seek to ensure that all blood collected via the Red Cross is given voluntarily. We subscribe to the national definition of voluntary non-remunerated blood donors: they give blood, plasma or cellular components of their own free will and receive no payment, in cash or kind. This includes no time off work other than that reasonably needed for the donation and travel. Small tokens, refreshments, and reimbursements of direct travel costs are compatible with voluntary, non-remunerated donation.

We will conduct a systematic assessment of the blood needs and service requirements of individual Indian Red Cross State and Union Territory branches. We will strengthen our existing centres to provide safe and sufficient supplies by creating additional blood storage units at district level. We follow the World Health Organization and national standards, and the public already has great confidence in Red Cross blood services. However, we will invest further in upgrading quality through our national headquarters Blood Bank Committee by setting and monitoring common standard operating procedures and protocols, and by training staff. All Indian Red Cross blood banks and storage centres will seek accreditation by the National Accreditation Board for Hospitals and Healthcare Providers.

We shall also participate in haemo-vigilance programmes for systematic reviews of patient safety. We will reduce wastage by working with clinicians to

train them on the appropriate use of blood and blood products. In our own blood processing facilities, we will progress towards 100% blood component separation. This would also contribute towards the financial sustainability of our blood services as part of our efforts in cost recovery.

We will establish autonomous governance and management of blood services within the Indian Red Cross, because the specialised nature of this work and the risks involved require a very high degree of technical supervision. For the same reason, we will bring all our State level blood banks under a common umbrella while, of course, they continue to have close links with their own State and Union Territory branches. We will also strengthen the partnership between the Indian Red Cross blood service and Central and State Government Blood Transfusion Services, including on securing protection/indemnity and appropriate insurance cover.

We shall also contribute to the efforts of the National Organ and Tissue Transplant Organisation to promote the voluntary donation of organs and tissues.

**Action area 6. Improve service quality and pursue excellence.  
(Strategic commitment 1)**

- Target 6.1 Establish peer-reviewed and externally validated benchmarks and standards for all our core services and business processes, along with common syllabuses and training/re-training schemes for all staff and volunteers.
- Target 6.2 Establish reference centres of excellence for all our core services.

The credibility of Red Cross work depends on its quality, regardless of where any of our services are delivered. Thus, the pursuit of quality will be a key institutional mission for us. We define a quality service as one that is timely, consistent and reliable, and that follows high technical standards. In turn, these standards are guided by considerations of proven effectiveness and safety, and based on the latest available knowledge and technologies.

The Red Cross has a duty to ensure that those who are the most vulnerable and have least choices available to them, are given the best possible attention and care. This also implies that voluntarily-provided services require even more meticulous supervision. As a key example, all our activities will follow the *Dignity, Access, Participation and Safety framework* that ensures dignity, access, participation, and safety for women, the differently-abled and other socially excluded groups.

Quality management will require system-wide attention at all levels, including the better design of services (Action areas 1,3,4,5), better training of volunteers (Action areas 2); stronger staff development and management (Action areas 11,13), more effective governance (Action areas 10), and stronger monitoring, lesson learning, and accountability (Action areas 16).

We will establish specific benchmarks for our core services, including quality indicators that are expected to be achieved at district, state, and national level. As service delivery quality is highly dependent on administrative and management efficiency, benchmarking and speeding up our internal decision-making and executing processes will be given top attention. All service and administrative benchmarks will be peer-reviewed and externally validated against professional standards in the sectors and business areas concerned.

Consistent provision is a particular challenge for us. Accordingly, we will review and update all curricula for training courses and all frameworks for our core services, so as to establish common standards.

To facilitate our drive for quality, we will develop centres of excellence for our core Red Cross service areas in disaster management and risk reduction, specialised aspects of health care including first aid and blood services, promotion of humanitarian values, principles, and laws, as well as volunteering development and social mobilisation techniques. State and Union Territory branches will be invited to put themselves forward to host such centres of excellence. Selection would be made by our national governance (National Managing Body) based on object assessments of a State and Union Territory branches' established track record for providing quality services in designated areas, and the extent of the facilities and resources they can make available to develop a centre of excellence. These centres will have a national remit with co-accountability to national headquarters.

**Action area 7. Advance a culture of "Humanitarian India".  
(Strategic commitment 2)**

- Target 7.1 At least 50% of the general population become aware of Red Cross messaging for social inclusion, risk reduction, and solidarity when crises strike.
- Target 7.2 At least 65% of educational institutions have exposure to the Red Cross through its Junior and Youth Red Cross wings.

As a pluralistic and multi-cultural society, many faiths and belief systems flourish in India, guiding and influencing the attitudes and behaviours of our peoples. Indian culture, despite its diversity, shares many common moral perspectives. These view the individual and society in symbiotic relation with each other, mediated through mutual obligations that seek to balance the well-being of all.

Three key concepts pervade Indian moral beliefs. The concept of dharma is symbolised by the wheel in the centre of our national flag, and incorporates the notion of duty for ethical living. The concept of ahimsa implies non-violence in verbal, mental and physical terms. The concept of satya, enshrined in the national motto of Satyamev Jayata or truth alone prevails, enjoins all to conduct themselves with integrity. Derived from these and other traditional Indian values, the spirit of humanitarianism manifests itself in many small and large acts of kindness across our nation.

However, despite such noble traditions, a progressive Constitution and a good legal framework to protect basic human rights, contemporary Indian society is also very troubled by many social ills. Discrimination is commonly prevalent – based on caste, gender, religion, sexual orientation, stigmatising diseases, poverty, education level, migrant status, occupation, and other factors. This often manifests itself in myriad exclusions in the home, community or workplace and, only too often, in unfairness, indignity, domestic and communal violence.

The Red Cross is a secular organisation guided by a set of Fundamental Principles which are the bedrock of who we are, and what we stand for. Simultaneously, how we work to put our Principles into practice, must take into consideration our own culture and context. For that

to be meaningful, we have adopted some clearly articulated values: Dignity, Empathy, Harmony, and Service.

The best way to energise a culture of Humanitarian India is through continuous awareness and education, and by setting a daily practical example through our work. To inculcate the right values, it is important to start at an early age.

Accordingly, we will focus, in particular, on educational outreach through schools and colleges and build up our Junior and Youth Red Cross wings. We will also expand our engagement with the general public utilising mass, and social media, as well as online and people-to-people approaches. Indian history and culture provide many examples of inspirational humanitarians whose experiences will be used to motivate current and future generations. On the professional front, we will develop practical learning materials and courses concerned with our values and principles including contextualised examples of how they are put into practice.

All our training courses, such as in disaster management and health care will incorporate compulsory modules on humanitarian principles and values.

We will also seek to have a visible presence at major public events through tableaux and parades, for example, on Republic and Independence Day, in the capital as well as in States, Union Territories, and districts, so that people recognise our contribution and get inspired.

## Action area 8. Promote respect for the Red Cross emblem, and disseminate international humanitarian law. (Strategic commitment 2)

Target 8.1	100% of reported Red Cross emblem abuse is countered.
Target 8.2	Our internal capability to disseminate and initiate dialogue on international humanitarian law is re-established and made effective.

## The Red Cross emblem

The Red Cross emblem is a key aspect of our endowment. Over the decades, it has come to signify hope and succor in times of war and peace. Safeguarding its lawful use and respecting the work that it signifies is most vital.

The use of the Red Cross (and Red Crescent and Red Crystal) emblems is internationally governed by the Geneva Conventions of 1949, their Additional Protocols I and II of 1977, as well as Additional Protocol III of 2005. To give effect to the Geneva Conventions of 1949, the Parliament of India enacted the Geneva Conventions Act of 1960. Chapter IV of this Act contains specific provisions to protect the Red Cross emblem.

There are two main uses of the emblems: protective use and indicative use. When used protectively, the Red Cross emblem is a visible sign in armed conflict, of the protection given to the medical services, equipment and buildings of the Indian armed forces under international law. That protection extends to the Indian Red Cross working alongside the military to relieve the suffering of the wounded, prisoners and civilians.

A deliberate attack on a person, equipment, vehicle, or a building carrying such a protective emblem is a war crime under international and domestic law. Conversely, the use of the Red Cross to hide or shelter combatants or military equipment during armed conflict (i.e. perfidious use) is also a war crime.

In peacetime, the Indian Red Cross uses the same emblem as a logo to identify our buildings, vehicles, other structures and activities. No other agency can use this emblem; to do so is illegal.

Unfortunately, misuse of the Red Cross emblem is common in India, for example, by clinics, hospitals, and pharmacies that are not operated by the Indian Red Cross. Other misuse is by manufacturers who may use the Red Cross emblem to ascribe health-giving properties to certain products. Such misuse is misleading, and it devalues the protective power of the emblem and the impartial humanitarian assistance provided by the Red Cross to those who desperately need our help.

Accordingly, we wish to see a strengthening of national legislation governing the use and protection of our emblem. That will mean revisiting the Geneva Conventions Act, 1960, to strengthen the penalties against misuse of the emblem and re-affirming prohibitions on all forms of improper use, including imitations. It would include increasing the size of the fine of 500 Indian Rupees set in 1960 to its present-day monetary value, and keeping this updated. This could be included in the overall revision of the Indian Red Cross Society Act, 1920 (Action area 9).

We will set up an online tracking system to record patterns of emblem misuse, and encourage everyone to report examples of misuse digitally, including by social media. We will also establish capacities at our

National headquarters and in State and Union Territory branches, and train our staff and volunteers on the importance of recognising emblem misuse, and in educating those who may be doing so, to stop and prevent future misuse.

Government institutions – such as hospitals and clinics – that may also inadvertently misuse the Red Cross symbol will be advised and persuaded not to do so.

Persistent misuse will be pursued vigorously through legal action when all other voluntary and educational measures have failed to obtain correction. We will work with government and judicial authorities to clarify the institutional responsibility for pursuing prosecutions under the set law of the land.

## International humanitarian law

The Geneva Conventions in force today date from 1949. The First Convention protects wounded and sick soldiers on land during war. The Second Convention protects wounded, sick, and shipwrecked military personnel at sea during war. The Third Convention concerns the treatment of prisoners of war. The Fourth Convention affords protection to civilians caught up in hostilities. Common to all these Conventions is Article 3 that covers non-international conflicts and establishes fundamental rules for the humane treatment of all who are not directly taking part in hostilities. Two additional protocols were agreed in 1977, to strengthen the protection of victims in international conflicts (Additional Protocol I), and non-international conflicts (Additional Protocol II).

India has incorporated the Geneva Conventions of 1949 through domestic legislation. But public and policy-maker awareness on issues concerned with IHL

are limited, even though there are many academic and legal experts in India who have in-depth knowledge of IHL. We will develop a new programme to address this. With ICRC support, we shall first build up our own internal expertise to do so, including creating a cadre of IHL master trainers. We shall also include the topic in the many humanitarian courses we run, and in public information messaging and in dialogue with law and policy makers.

Humanitarian laws must continue to evolve as new vulnerabilities emerge and social norms and circumstances change. For laws to enjoy popular consent and command respect in our democratic nation, they must draw not just on global norms but also India's own long history and traditional legal norms. As new humanitarian threats arise, for example, violence from environmental and climate change challenges, water and other resources shortages or migration, humanitarian laws may need to evolve. With ICRC support, we will conduct dialogue with academics and law schools in India on humanitarianism-related legal issues. This would be a possible topic for attention by the planned Indian Red Cross think-tank (Action area 17).

Finally, as auxiliary to our government in the humanitarian sphere and, in conjunction with the ICRC, we will seek to re-establish and further develop our own capacity to provide IHL dissemination and training to Indian security forces, including those who go overseas on UN peacekeeping missions.

**Action area 9. Update the statutes of the Indian Red Cross.**  
(Strategic commitment 3)

Target 9.1 The constitutional and legal texts of the Indian Red Cross are revised to facilitate our continued development and progress.

Target 9.2 Our constitutional and legal texts are subsequently reviewed and updated as necessary, every ten years.

The existing Indian Red Cross Society Act XV of 1920 and its partial amendments in 1956, 1957, and 1992 have facilitated and accompanied the development of the Indian Red Cross over an eventful century. But, as with all other spheres of national endeavour, times and circumstances have changed a great deal, and our forthcoming centenary is an opportune moment to revisit the provisions of our founding Act.

The main reason for this is that the current statutes are outdated and not in compliance with the principles as agreed by the Government of India itself as part of the International Conference of the Red Cross and Red Crescent. The International Red Cross and Red Crescent Movement has provided guidance on statutes to all National Societies, as well as a Model Law. These provide the basis for redrafting the legal and constitutional texts that govern the Indian Red Cross, and we will work with our government and with legal experts to do so.

The Indian Red Cross is not itself properly defined in the founding Act and that causes misunderstandings on its rightful role and position in national life. Hence, the principal elements of revision would start with an explicit definition of the Indian Red Cross as a voluntary

aid society, auxiliary to the public authorities in the humanitarian field.

The main proposed revision would clarify that the National Society has autonomy of action and decision making over its own internal structures, governance, managerial appointments, and modes of operation while, of course, maintaining close consultation with the authorities. This would allow the Indian Red Cross greater flexibility to adjust its structures, activities, and administration according to its working needs and circumstances, and to define its own internal regulations including for elections, without the need to go back to parliament for every operational change.

The model statutes also recommend that the roles of government officials such as president and chairman be honorary and advisory, with decisions concerning the Indian Red Cross being made by its own Managing Body. Such alteration is important for progressing other changes such as modernising our governance (Action area 10) and making our organisational structure fit for purpose (Action area 11). Complementary changes would need to be made in the constitutions of State, Union Territory, and district branches. That would also mean that the Indian Red Cross would be able to better respect the Fundamental Principle of independence, and its own image as a neutral and impartial humanitarian body.

Other associated revisions would include clarifying the Indian Red Cross role in relation to the Indian armed forces. Additional provisions would confirm the Indian Red Cross authority to own and administer its own property, as well as to benefit from tax and duty exemptions. New sections would confirm the Indian Red Cross obligations and prerogatives as a component of the International Red Cross and Red Crescent Movement.

That would facilitate the rising Indian State's ability to reach out to help sister countries in humanitarian need (Action area 20).

The revised Act will reflect current needs and circumstances, but the world is bound to continue to change. Thus, it should also contain provision for automatic revisions every ten years as required by the model Red Cross and Red Crescent statutes.

We shall appoint a committee including those with legal expertise and international Red Cross and Red Crescent experience to develop the new model Indian Red Cross Act and discuss further with our government.

**Action area 10. Strengthen our governance.**  
(Strategic commitment 3)

Target 10.1 All State and Union Territory branches are represented in our national governance, and district branches are equitably represented in State and Union Territory branches' governing bodies.

Target 10.2 All board and general assembly meetings are held regularly in accordance with democratic norms and well-prepared workplans.

Target 10.3 There is equitable gender and age representation in all our governance structures at national, State, Union Territory, and district level.

Target 10.4 Risk registers are established and actively managed nationally and in all branches.

Even if the revision of the statutes of the Indian Red Cross (Action area 9) that specify our governance arrangements take some time to effect, modernising the Red Cross in fast-changing contemporary India requires more timely adaptation.

Accordingly, we shall seek pragmatic working solutions for enhanced governance while the statutes are being updated. At the heart of this will be a strengthening of our internal democracy by giving voice to all 36 States and Union Territory branches, in our national governing body. This is called the National Managing Body as indicated in our current statutes. However, it is noted that this name causes misunderstanding, as its role is in governing the Indian Red Cross, and not in managing its day-to-day business, which is the responsibility of the appointed secretary general who is accountable to the board. The terminology can be updated when the statutes are revised (Action area 9).

Fundamental to a trusted governance is that its members are elected from the membership consisting of State and Union Territory branches. In turn, the board will elect its own executive chair, vice chair, and treasurer. The secretary general will be an ex-officio but non-voting member, and act as its secretary. The board will meet regularly at pre-set intervals, and have its own workplan, agendas, and minutes. As the Red Cross is a public body, the records of its governing body must be in the public domain, except for a limited number of confidential issues. A governance page on the Indian Red Cross website will be set-up for this purpose.

Minimum qualifications, standards of expertise, and criteria for those aspiring to governance roles will be developed, to ensure that key skills are represented. Some expert members may be co-opted if there is a lack of essential expertise amongst elected members. As this

will be a working board, membership should be seen not as a recognition or reward for some other public service but for the diligent pursuit of the professional business of the Red Cross only.

Our strengthened board arrangements will be accompanied by an updated code of conduct for governance members to ensure that any conflicts of interest are recognised and mitigated. Adequate training, induction, and support for governance members will be developed. Regular board attendance will be expected, with persistent non-attendance resulting in disqualification. A modest secretariat of one or two officers dedicated to board business will be instituted.

Parallel reformed governance practices will be pursued at State, Union Territory, and district levels. In addition, we will work towards equitable gender representation in all governance bodies. We also aim to see at least 25% of the National Society's membership, volunteers, and governance coming from people aged below 40 years, reflecting the youthful population of the country.

Underpinning our approach to governance is the democratic involvement of our members, through annual general assemblies at the relevant levels: national, State, Union Territory, and district.

A crucial role for governance is to identify, manage, and mitigate any perceived risks to the well-functioning of the Red Cross. Accordingly, national, State, Union Territory, and district level risk registers will be developed to make explicit any organisational risks, including financial and reputational risks, along with plans to mitigate them. These risk registers will be reviewed and updated on an annual basis.

Following the revision of statutes, the current arrangements whereby national resources available to the Red Cross are shared between State, Union Territory, and district branches will be reviewed and revised, if necessary, to reflect prevalent needs and circumstances. That also means clarifying the relative roles of the national level governance body and State, Union Territory, and district level governance bodies.

**Action area 11. Make our organisational structure and staffing fit for purpose. (Strategic commitment 3)**

Target 11.1	All States, Union Territories, and districts have recognised active branches.
Target 11.2	All branches have established minimum core capacities including staffing so as to be fully functional, and follow uniform rules.
Target 11.3	The district branch network is expanded, so that there is a Red Cross sub-district unit for no more than one million population, and a Red Cross presence is all moderately-sized villages and urban neighbourhoods.

The Red Cross is obligated to create and sustain a nationwide presence. This starts at State and Union Territory level, and efforts will be redoubled to help those of them that do not have a recognised active presence. Similarly, we will ensure that there is a functioning Red Cross branch in all administrative districts of our country.

Our district branches must be as local as possible so as to be close to the communities they serve. This is essential to maintain their relevance and maximise the

participation of local people in Red Cross work. With the greatly expanded population size in many districts, and especially in urban areas, the concept of one branch unit per administrative district is no longer adequate. We will expand our district branch network by creating sub-district units, each serving a population of no more than one million. We shall also seek to appoint a volunteer Red Cross focal point in every moderately sized village or urban neighbourhood.

We will restructure our national headquarters, State, and Union Territory branches so that we have common standardised organisational arrangements. Our restructuring will be based on the principle of subsidiarity, i.e. all functions are best located closest to where they are most needed and add most value. Functions should be centralised only when this provides value for money, for example, in the provision of highly specialised or low-volume common services that need not be replicated in every branch, or when statutory accountability requires.

All services are provided through our branches. It is the role of headquarters to back up those services when needed, provide training and related branch development support, and set and monitor norms and standards to ensure overall consistency, quality, and accountability. It follows that National headquarters should not provide services directly, except in emergency circumstances where a branch is incapable of doing so, and there is concern about the collective Red Cross image or reputation.

The following core capacities will be built up at State and Union Territory branch level:

- Membership and volunteering development
- Services and operations management (including the core services such as

- disaster management, health, and dissemination of values and principles)
- Youth and Junior Red Cross management
- General management and administration, including estates management (as the Red Cross has a number of valuable properties around the country)
- Financial management
- An autonomous internal audit function
- Human resources management and training
- Information and communications including for emblem protection.
- Partnerships development and resource mobilisation
- Monitoring, evaluation, and reporting.

The core capacities at national headquarters level will mirror the above capacities and have, in addition,

- Legal expertise to advise all branches
- Information technology support – to serve all branches
- A new International Humanitarian Principles, Values, and Laws Unit
- An autonomous ombudsperson function.

While these core capacities will be encouraged to expand themselves, and extend their outreach in their own designated areas through utilising expert volunteers, they cannot be expected to provide a predictable level of service without some managerially-accountable and paid professional staff.

Staff positions will be re-styled with easily understood designations that reflect their specific responsibilities, replacing traditional civil service designations. Essential capacities at district level should include the following, as a minimum:

- Membership and volunteering development
- Services and operations management and monitoring
- Youth and Junior Red Cross management
- General and financial management
- Information and communications including for Emblem protection
- Partnerships development and resource mobilisation.

We shall review the current uniform rules to bring them in line with the proposed revised statutes and ensure that all State, Union Territory, and district branches follow them to facilitate their organisation and service delivery in a consistent manner. For the sub-branches at sub-district level, the rules will be kept as simple as possible.

**Action area 12. Develop strong branches to deliver effective services. (Strategic commitment 3)**

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|-------------|--|
| Target 12.1 | All State and Union Territory branches have prepared their own action plans to deliver on their share of the Strategic commitments and Action areas indicated in Strategy 2030.                                      |
| Target 12.2 | All State, Union Territory, and district branches have formulated and progressed their own capacity development plans to become self-sustainable for their existence and day-to-day functioning.                     |
| Target 12.3 | All our branches can be reached online; at least 90% of amenable internal business processes at national headquarters level, 80% at State and Union Territory branch level, and 70% at district level are digitised. |



Strategy 2030 is predicated on all branches committing to strengthen themselves through the guidance and directions provided here. That will require the formulation of branch action plans to do so. A standardised format will be offered to facilitate that and make it easier to track and compare progress.

Strong branches are the key to a strong Indian Red Cross as they are the indispensable organisational base for all our activities. They have the best understanding of local needs and priorities, as well as direct connections with those we serve.

We will develop common core criteria for assessing the strength of State, Union Territory, and district level branches through a wide consultative process aimed at generating a shared understanding of the extent of services they should provide, the constraints that usually limit their ability to achieve their full potential, the

specific capacities that they must build to address this, and their own suggestions and innovations for doing it.

Drawing upon tools such as the IFRC's Branch Organisational Capacity Assessment and the ICRC's Safer Access Framework, adapted to our own circumstances and involving training, self-assessment, and peer review, branch development plans will be tailor-made for each branch to help it to reach new levels of strength.

A principal criterion for strong branches is that their basic existence and day-to-day services should be sustainable through the mobilisation of resources and capacities available within their own catchment areas, supplemented by resources from outside only when a capital investment is envisaged or when they are required to scale up disaster and crisis response. Scaling up membership (Action area 18) and resource mobilisation (Action area 19) will be important to achieving this intent.

Well-functioning branch governance (Action area 10) is essential to earning the confidence and support of partners and prospects for resource mobilisation. However, from time to time, things can go wrong. This will require systems for acknowledging when this may be happening and taking quick action to solve any institutional problems before a whole branch gets mired in crisis (Action area 16).

The Indian economy is fast digitising and smartphones are ubiquitous even as connectivity speeds are increasing across the country. There is also a data revolution occurring in the humanitarian world, with digital tools helping to improve needs assessments, measure results, and better manage operations. The Red Cross will harness this progress to modernise and enhance the way

we work including, in particular, how we share information and knowledge to keep all our stakeholders on board. Correcting our internal digital divide will, therefore, be a priority requiring substantial investment in information technology at all levels so that all our branches are digitally connected. This will make it possible to move as many as possible of our business processes online, and help to reduce our transaction costs, improve our responsiveness, efficiency and accountability, while reducing our carbon footprint.

We will also create an intranet to enable online access to our policies and procedures as well as training resources, to encourage self-learning.

The privilege of membership of a network where individual branches share a common identity also brings mutual responsibility and obligation. Because of substantive risks for the collective reputation of the Red Cross in India, and India's reputation overseas, a system will be devised for recognising and incentivising strongly-performing branches and, conversely, for placing poorly-performing branches under special watch. The possibility of temporarily de-recognising a branch or installing new governance or management will be kept open.

An autonomous branch inspection service will be created to ensure that all branches are in compliance with their agreed obligations and set standards of reporting and accountability, with management help provided for those who are lagging behind.

**Action area 13. Value our human resources and develop leadership at all levels. (Strategic commitment 3)**

**Target 13.1** A unified inclusive human resources policy and management system is designed and promoted across our network.

**Target 13.2** The framework for a National Red Cross Service professional staff cadre is developed and progressively applied across our network.

Our greatest assets are our volunteers, members, and staff. To enable them to deliver the best, we must cherish them. Accordingly, we will develop and apply a strong human resources policy that values social inclusion and diversity, practices non-discrimination, and promotes gender equality. To be able to monitor this commitment, we shall ensure that the data we collect on our human resources are disaggregated by sex, age, disability status, and social background.

Our overall vision is to create the elements of the framework for a professionalised National Red Cross Service staff cadre. This would allow senior managers at National headquarters, State, and Union Territory levels to be exchanged and rotated, enabling the sharing of knowledge and expertise, as well as fostering better team working.

Our humanitarian work needs well qualified people, and they are often required to work long hours under stressful conditions and difficult operational circumstances. We will revise and keep updated the salary structure of our staff after benchmarking with comparable voluntary sector organisations and market trends.

We will also integrate a safer access framework in all our activities, especially in emergency response work, to ensure the safety and security of our staff and volunteers.

A revised staff code of conduct will be instituted alongside these commitments as well as a revised performance appraisal system. This will be complemented with training opportunities made available to all staff, so that they are able to keep their knowledge and skills up to date, diversify their experience, and refresh their motivation by periodically serving in the field. We will also manage our people fairly, invest in their development, listen openly, and tackle any grievances with transparency.

For these improvements to be effected, the Red Cross must make its own staff appointments on merit at all levels, starting with the national secretary general and senior headquarters staff, through a transparent and competitive process. This should draw on the talent available around the country including from the private sector and other civil society groups and extend beyond what is available in the civil service.

All positions of branch secretaries at State, Union Territory, and district levels will be full-time remunerated staff positions, filled through open public competition. This will enable drawing down from a wider talent pool beyond retired older people volunteering for such roles. Such an approach will also encourage younger managers and leaders to emerge, i.e. those who have not yet built up their own financial means to serve without remuneration. That will also enable greater opportunities to be provided to women, differently-abled, minority, and other economically and socially disadvantaged groups.

Forward human resources planning is essential to attract and retain the best available staff, and ensure that skills-gaps in critical areas do not arise. Thus, we will invest in strengthening leadership at all levels including youth engagement in leadership roles. A mentoring and coaching scheme for younger staff and, in particular, women will be developed, to position them better for future leadership roles.

**Action area 14. Communicate and motivate more effectively. (Strategic commitment 3)**

**Target 14.1** A redesigned Indian Red Cross logo that is consistently used to promote our common identity alongside a revamped website and harmonised, consistent online and social media presence.

**Target 14.2** Periodic public surveys indicate progressively more favourable perceptions of the Indian Red Cross.

**Target 14.3** A centenary history of the Indian Red Cross is produced by 2020 along with a travelling exhibition and a permanent Red Cross museum.

Creating a better understanding of who we are and how we work is an essential underpinning to all we do. It is also at the heart of our accountability to our stakeholders, and our ambition to encourage millions of people to join us in our humanitarian mission.

We will start by promoting a redesigned common identity through standardising the way that the Red Cross emblem and accompanying logo are used by headquarters and branches in our written communications

and when marking our premises, vehicles, uniforms, materials, and services.

We will invest in improving our communication capabilities using all forms of media and target our messages appropriately to all segments of the public. We will need a better online presence, which makes it easier for people to contact us and enrol as members and volunteers. Our use of social media – including Twitter and Facebook – will be enhanced. We will encourage blogs around our work.

Staff who are most likely to face the media will benefit from communications training. We will also give emphasis to voices from the frontline of humanitarian action – crisis survivors, beneficiaries, volunteers – and encourage them to speak up.

We will continue to use [www.indianredcross.org](http://www.indianredcross.org) as our principal domain. Staff will be encouraged to use professional and well-secured email addresses based on this domain, for their official communications. We will revamp our website to make it more user-friendly, and give it greater functionality. Branches will be encouraged to harmonise their own web presence through sub-pages under this common domain.

In addition, we will commission a history of the Indian Red Cross, to be published in its centenary year of 2020. This retrospective on the First 100 Years will seek to inspire a new generation of the Red Cross in India. The history would be sourced from the archives of the Indian Red Cross, the national archives of India as well as the archives of the British Red Cross, the British India Office, and the International Museum of the Red Cross and Red Crescent in Geneva. It will draw on the memories and voices of those who have been associated with our work – as beneficiaries, volunteers, or staff.

A travelling exhibition to showcase branch activities across the country will accompany the history, concluding with a permanent repository of historical records and artefacts in a new Indian Red Cross Museum to which future school children, scholars, and researchers can come.

We will commission independent surveys at periodic intervals to gauge the way in which the public perceive the Indian Red Cross and its work.

**Action area 15. Set up an Indian Red Cross-wide Databank and Reporting System. (Strategic commitment 3)**

Target 15.1 All our activities will be routinely reported upon by all branches according to key indicators.

The timely reporting of results from all branches is fundamental to assessing performance, learning lessons, ensuring accountability, and conducting analyses that helps position and promote the collective Red Cross with the public, government authorities, members and volunteers, donors, and other stakeholders.

We will establish an Indian Red Cross-wide Databank and Reporting System that will enable all branches to report online on their activities in key areas. That will require the building of their own capacities to collect, validate, and synthesise necessary data.

We will use the IFRC's Federation-wide Databank and Reporting System, including their key indicators, as a model but adapt this to our realities. This will be accompanied by checks to ensure the integrity of the data being reported. An annual analysis and commentary on the data will be released, as part of our annual report.

In time, this system will be the basis for monitoring trends and impact, including the implementation status of this Strategy 2030.

**Action area 16. Establish arrangements for audit, evaluation, and accountability. (Strategic commitment 3)**

Target 16.1 An updated code of integrity, policies for audit and evaluation, a whistle-blower policy, and an ombudsperson function are promulgated.

Target 16.2 Annual reports and externally audited annual accounts of National headquarters and State and Union Territory branches are publically available and any qualifying observations fully addressed.

Target 16.3 All services and operations that pass a threshold size are subjected to external evaluation.

Good governance demands that there be full transparency and accountability in how we work. That requires specific arrangements for assessing the quality of our programmes, their compliance with principles and policies, and the probity of financial management. There is also need for a mechanism for receiving any complaints and concerns that may merit investigation. A revised code of integrity and a whistle-blower policy will be developed.

State and Union Territory branches, and national headquarters must produce their annual reports and externally audited accounts within four months of the end of a financial year. State and Union Territory branches will consolidate the work of districts in their

overall reports. These will be formally considered by the respective governing bodies along with written management responses to any qualifying observations by external auditors including a speedy timetable to fully address any identified issues.

District branches will also produce annual reports and audited accounts, and State and Union Territory branches will establish a cycle for verifying them, so that all district branches have been inspected at least once every three years.

We will establish an office for Internal Audit, Evaluations, and Accountability that will serve both headquarters and branches. This will be an autonomous function reporting directly to the Chair of our national governing body. It would have two areas of responsibility.

First, it would oversee the evaluations of projects and services. An evaluations policy will be developed so that any project above a certain size will be automatically subject to evaluation when it has been completed. Similarly, any ongoing programme that has passed a certain size threshold would be subject to evaluation every four years. This is intended to ensure that activities do not remain static but adapt to evolving knowledge and integrate any new or improved methods of working.

Second, this office will house an Internal Audit Unit that can examine any activity to test the integrity of financial control systems, and identify any gaps and weaknesses that must be addressed.

The national governing body would determine a rolling work programme for the office and consider its reports and recommendations, along with the management response to them, as a standing item in its meetings.

Except for some confidential aspects, all evaluation reports will be made publically available on the Indian Red Cross website.

The National Governing Body will create an ombudsperson function, i.e. an independent person who can receive, investigate, and address complaints of maladministration, misuse of resources, other misconduct, or rights violations, which have been received internally or externally. The ombudsperson would usually seek to resolve complaints and concerns through binding recommendations or mediation. The annual reports of the ombudsperson would be made public while anonymising personal or confidential information.

**Action area 17. Establish an Indian Red Cross think-tank.  
(Strategic commitment 3)**

Target 17.1 Opportunities for pursuing Red Cross studies, research, and executive leadership are created.

Target 17.2 A biannual *India Humanitarian Report* is initiated.

We aspire to thought leadership on the humanitarian area in India. We will establish a think-tank, perhaps in co-operation with an Indian university. This would focus on Red Cross studies (as there is no such centre in Asia at present) and could then extend to the wider humanitarian sphere.

It would increase capacity, with the involvement of academics and practicing humanitarians (including through virtual networking) to undertake collaborative research on contemporary humanitarian issues, and

debate policies as appropriate. In particular, it would provide commentary on Red Cross issues.

Scholar and study exchanges with other humanitarian think-tanks will be promoted. It would also seek to build up a centre for executive earning and leadership development, aimed at mid-career professionals and emerging leaders in the International Red Cross and Red Crescent Movement, and beyond. The think-tank would seek to attract eminent policy researchers and academics to develop humanitarian policy thinking relevant to our prevailing contexts and emerging trends, and to promote innovation, research, and knowledge-sharing.

Short courses and expert seminars would be held. Digital modes of learning will be encouraged to enable wider access, including the design of a Mobile Learning Network for our members and volunteers. Through its university link, accredited diploma and degree courses will be considered. A new graduate degree in Red Cross and Red Crescent studies will be explored.

The Indian Red Cross think-tank would be charged with the responsibility to produce a biannual *India Humanitarian Report* to showcase challenges and responses to the humanitarian issues of the age, and to stimulate awareness and constructive debate in our national context.

**Action area 18. Increase membership.  
(Strategic commitment 4)**

Target 18.1 At least 1% of Indians subscribe to the Indian Red Cross via a branch near where they live or work and via digital branches.

Target 18.2 An overseas Indian membership category is established to attract at least 100,000 members.

Members are at the foundation of our democratic organisation. They provide the legitimacy for what we do and we must be accountable to them. Our members are also our bridge to the wider community and advocate for Red Cross values and programmes. Our members can also occupy other roles in the Red Cross as volunteers or beneficiaries, and as staff or in governance.

As a mass public body, we welcome members from all walks of life and without regard to any aspects of their personal characteristics or social status. At the same time, membership cannot be entered into lightly as it carries with it the obligation to uphold and act in accordance with the values of the Red Cross and Fundamental Principles, at all times. We will review our membership criteria so that it is seen as more meaningful. Infringement of the criteria – including conduct incompatible with the values of the Red Cross – would be grounds for removal of membership privileges.

To enable members to feel more welcome and engaged in our work, we will upgrade our capacity to support them by, for example, regular communications, and invitations to attend specific events, or come to their local branches to learn more. So as to be more responsive, we will develop an online membership support system including a membership register, and a portal specifically for them so that they get in touch with us more easily. That will also enable us to have a better understanding of their background or skills that could be utilised in our outreach efforts to involve them more deeply, including as volunteers.

Our membership categories will be simplified and perhaps linked to factors such as whether they are employed or retired or students. Current membership fees will be reviewed and harmonised to bring them up to a level that includes the expenses incurred in

providing meaningful support to them. Criteria for life membership will be strengthened. Membership fees will be revised every five years to ensure that they retain their economic value.

People are on the move as never before, and may often switch their place of work or residence. Thus, their link to the physical branch that they had first joined may weaken and, in consequence, so might their commitment to the Red Cross. To mitigate this, we will explore the concept of portable membership that can transfer from place to place – so that we do not lose touch with our members.

Nowadays, people identify themselves as much by their professional identities, e.g. as teachers or nurses or farmers, as the physical location of their homes. Professional and trade networks constitute new and very active communities in their own right. Accordingly, we will consider how we can attract members from particular trades and professions who may constitute themselves into professional branches of the Red Cross, alongside our geographical branches.

There is a large India diaspora scattered worldwide, and very many of them want to support humanitarian and development endeavours back in India. We will create a special category of membership for overseas Indians, and invite them to channel their support through the International Friends of the Indian Red Cross group that we plan to set up (Action area 19).

## **Action area 19 Achieve sustainability through strengthened resources management and improved resource mobilisation. (Strategic commitment 4)**

Target 19.1 Increase the net rate of return from our available physical assets by at least 30%.

Target 19.2 100% of necessary core financial and technical requirements are forthcoming from domestic and overseas Indian diaspora sources.

This is an ambitious Strategy and requires us to scale up our resource mobilisation efforts considerably. At the same time, the Indian Red Cross is also committed to becoming self-sustainable. In other words, we must generate, through our own efforts, all the resources we need for our existence and services.

While we welcome the support of others, we must not become dependent on them. We will also not accept any funds from unethical sources nor accept any funding conditionality that contradicts our policies and principles, or dictates terms that poses an excessive and unreasonable administrative burden.

India has no paucity of resources and we will redouble our resource mobilisation efforts to reach out to all who want to support our mission including the general public, our members, national, State and Union Territory authorities, and the private sector. Wherever possible, we will seek Indian solutions for Indian Red Cross issues, while being fully open to knowledge, good practices, and innovations from other countries.

With these considerations in mind, we will intensify our efforts to diversify our sources and channels of support

through several approaches that will be pursued in parallel as part of an overarching long-term resource expansion strategy.

First, we cannot credibly seek more resources if we are not transparent in how we use and account for current resources. Several Action areas of this Strategy are geared towards that through strengthening our governance (Action area 10), and improving our monitoring, reporting, and accountability (Action areas 15,16).

Second, we are committed to making the best use of resources by becoming more efficient. This will happen through improving the quality of our services (Action area 6). Alongside this, we are committed to examining all our services and business functions to ensure that they run efficiently and any wastage is eliminated. Digitisation (Action area 12) is further expected to improve efficiency.

Third, we will review the business models that underpin all our services and see how their funding can be optimised. This may require right-sizing or restructuring if that will improve effectiveness and efficiency. That could involve refreshing our positioning, branding and marketing strategies to improve sustainability, and exploring social entrepreneurship approaches to attract more resources. Finding more co-financing from government and private sources will be explored. We will also examine fuller cost-recovery models where government resources are available (e.g. blood services and certain health programmes), and consider income generation from services where that is possible (e.g. commercial first aid and other training courses) without compromising on our principal mandate to help poor and vulnerable people.

Fourth, we will optimise the returns from the many buildings, lands, and other assets that we have acquired nationwide, over the century of our existence. We will create a central assets register, and seek professional expertise to advise us on where we are under-utilising our assets, for example, where our rented properties are not keeping up with market rates or land is left unused. The revised statutes (Action area 9) would make it easier to dispose of assets whose upkeep is too costly for us or which are generating a negative rate of return.

Fifth, we will review all our existing financial reserves, held in National headquarters, and State and Union Territory branches. We will, through our national managing body, determine a new policy on reserves that will include what would be a sustainable core cost ratio, and the appropriate ratio of reserves to meet liabilities, underpin investments, and facilitate risk-informed entrepreneurial investments to strengthen sustainability. Excessive reserves will be shifted to a new permanent endowment or investment fund that can be used to provide for new infrastructure or progress implementation that is considered necessary to advance this Strategy.

Sixth, we will expand membership considerably, as indicated in Action area 18. Realistically-set membership fees will allow us to secure income that can be used for core staff and functions. Branches will be encouraged to hold regular membership drives, for example, on World Red Cross and Red Crescent Day.

Members would also be encouraged to become part of regular giving schemes, either for overall institutional development or specific services and activities. Donations made to the Society are exempt from tax under section 80G of the Indian Income Tax Act, 1961. We will set up an online giving platform, as a matter of

urgency, to facilitate contributions using all available digital modalities.

Seventh, we will take stock of the grants-in-aid that we receive in our headquarters from our central government, and any similar grants given by State, Union Territory, and district authorities directly to branches, in our role as auxiliary to the authorities in the humanitarian sphere. We will consider how we may negotiate increases to reflect the increase in size and scope of the services that we will be scaling up under this Strategy. At the same time, we would not wish to be totally government-funded, either as an institution or in any of our programmes. As a voluntary body that is autonomous in terms of the decisions we make on how we serve our beneficiaries according to our own values and Fundamental Principles, we wish to mobilise at least a proportion of the cost of all our activities and services.

Eight, we will seek private sector partnerships more actively. Under India's Companies Act, 2013, a certain class of profitable companies are required to spend at least 2% each year of their three-year annual average net profit towards corporate social responsibility. The Red Cross will offer opportunities for doing this preferably through long-term strategic partnerships that are more likely to be sustainable. Such partnerships have to be ethically-based; we will develop a transparent code of good partnership to inform our decisions on accepting private sector funding.

Nine, we will discuss with the IFRC, the ICRC, and other National Societies who wish to demonstrate solidarity with us, to do so by investing collectively in our strategic development and not through bilateral earmarked project funding. As our goods and services are purchased on a competitive basis for what is best value for us, we cannot accept financial assistance that is linked

by conditionality to the obligation to purchase from the donating country or entity. Even if technical expert services are offered freely, we would wish to assess for ourselves if they are appropriate for our context and requirements.

An annual Movement Partnership meeting will be held where the Indian Red Cross will hold strategic talks on the progress we have made, our forward plans, and upcoming needs and priorities, and consider the advice and potential contributions from our partners.

Ten, we will create a Permanent Endowment Fund, where excess reserves that are not being used for immediate investments in infrastructure or organisational strengthening may be deposited. We will also examine and develop innovative sources of financing such as the Humanitarian Impact Bond, initiated by the ICRC, where investment is linked to results.

Eleven, we recognise that when major crises strike, the funding that is normally available to us may not be sufficient, especially when rapid scale-up is required. Thus, we will consider launching Emergency Appeals and establish rapid procedures to do that. To kick start a large-scale emergency operation that is beyond the capacity of district, State, and Union Territory branches to manage, and where waiting for funds to be raised would cause undue loss of life and suffering, we need a rapid financing mechanism. That will be a Central Emergency Response Fund, 50% of which will be a grant window, and 50% will be a revolving window, i.e. this proportion will have to be reimbursed on receipt of the new appeal funds.

Twelve, we welcome the greater involvement of the extensive worldwide Indian diaspora. Many of them retain their links with India, facilitated by the

government's policies for the engagement of people of Indian origin. We will establish a Friends of the Indian Red Cross International Foundation – with membership from both Indian and non-Indian well-wishers of India. This will allow tax-exempt contributions to be made from many countries. Working with Indian diplomatic missions abroad, we will seek financial and practical support for the Indian Red Cross, through this Foundation. The Indian Red Cross is registered to receive foreign funds under the Foreign Contribution (Regulation) Act, 2010. Non-Resident Indians who may be paying taxes in India are also entitled to claim tax benefits against donations, under the 1961 Income Tax Act.

Thirteen, we recognise the importance of internal solidarity within the network of branches of the Indian Red Cross. Our country is diverse, and different States, Union Territories, and districts enjoy different levels of development. Financial and technical or human resource that may be limited in one part may be in abundance elsewhere. That is especially so in a disaster when one branch may be overwhelmed while a neighbouring branch may be able to easily lend a helping hand. We will foster this spirit of internal solidarity and resource-sharing in the spirit of one Indian Red Cross.

**Action area 20. Become a net contributor to international humanitarian efforts. (Strategic commitment 4)**

Target 20.1	Provide assistance to other National Red Cross and Red Crescent Societies when requested and feasible.
Target 20.2	Make our technical knowledge and skills available to the International Red Cross and Red Crescent Movement.

The Indian Red Cross is a constituent member of the International Red Cross and Red Crescent Movement and has benefited considerably from its support, just as India itself has benefited from past official development assistance.

It is now appropriate that we should reach out to poor and vulnerable people in other countries affected by disasters and crises, in the spirit of our common humanity, and in recognition that such catastrophes often know no boundaries. Any assistance to other countries would need to be coordinated with Indian government authorities. We will seek to position ourselves as their partner of choice when the government decides to assist other countries.

Meanwhile, India is already a dominant supplier of relief goods and service, with a significant proportion of materials sourced by the UN and other agencies coming from India. The potential exists to expand goods and services provision to Movement partners and other humanitarian agencies, under the *Make in India* initiative.

This is not just about providing financial help or business opportunities. Of equal importance is our hard-won experience and knowledge, acquired along the long road we have travelled so far, and with the prospect of going further. If this can be of benefit to others, we will gladly make it available. We will also endeavour to play a fuller role in the governance and other co-operation fora of the Movement to help shape the Red Cross and Red Crescent of the future.

A strong Indian Red Cross within a strong International Red Cross and Red Crescent Movement can only be a force for good in serving a global humanity.

## 7. HOW WE WILL MOVE FORWARD

In adopting this comprehensive and ambitious agenda, the Indian Red Cross recognises that any successful change must be internally owned, and come from our own leadership and efforts. A consequence of our voluntary business model is that change must also involve everyone, at all levels.

A results-focused approach is envisaged. To move forward, we will create a dedicated Strategy Implementation and Review Team (SIRT). This will be drawn from members of our national governing body as well as expert senior staff from headquarters and branches. We will also co-opt external expertise, and invited friends of the Indian Red Cross, including the IFRC and the ICRC. The head of SIRT will report to the Vice Chair of our national governing body under current arrangements (and to the Executive Chair after the statutes have been revised). A small number of temporary full-time and part-time expert staff will be needed to facilitate the day-to-day work of SIRT. Task teams for particular work areas will be formed as necessary and disbanded when their job is done.

A detailed National Implementation Action Plan outlining the specific steps to be taken under each of the 20 Action areas will be prepared by SIRT and put up to the national governing body for endorsement. The National Implementation Action Plan will be cascaded to branch level action plans (Action area 12). This will be accompanied by a costed investment budget for executing the proposed changes.

Periodic reports at bi-monthly intervals will track progress and suggest mid-term corrections and solutions to problems as necessary. The new Indian Red Cross-wide Databank and Reporting System (Action area 15) will provide the metrics by which to judge the true impact of Red Cross work in terms of expanded, better quality services. The baseline status of key indicators as reported by our State and Union Territory branches against which progress will be compared is at the annex.

Progressing change will need additional technical and financial resources. By and large, these will be found from within the Indian Red Cross, including our reserves. Progressing our plans will also involve a considerable amount of voluntary endeavour from our internal and

external well-wishers including our governance, staff, and volunteers drawn from National headquarters and branches. We welcome support by our Movement partners, and external experts. Wherever possible, pro bono advice and assistance will be sought.

This is a living strategy, the roll-out of which is bound to be influenced by our changing circumstances over the coming years. Appropriate amendments will be made to the national headquarters, State and Union Territory branch implementation plans, to ensure that we remain headed in the right direction.

An independently-conducted mid-term review of this Strategy will be carried out in 2025.



# METHODOLOGY AND ACKNOWLEDGEMENTS

This strategy represents the collective aspirations of the Indian Red Cross. We are grateful to the many staff, members, and volunteers who contributed so actively from State, Union Territory, and district branches, and from our national headquarters, through several regional and national consultations, branch visits, and written submissions.

We have analysed major reports published in recent years by different parts of the Indian Red Cross. The photographs included here come from the archives of the Indian Red Cross, the IFRC, and the ICRC. The special poem that is quoted at the beginning of this strategy has been received from Meghalaya State Branch.

All statistics quoted here come from data published by the Government of India and international sources, principally the agencies of the United Nations system and the World Bank, as well as some researcher reports. Where data from different sources have differed, we have prioritised Indian sources and then exercised our own professional and technical judgement. The forward projections and estimates here are made by us based on historic data.

The data on Indian Red Cross services included here were self-reported by National headquarters and State and Union Territory branches. They are not complete because of understandable gaps in our reporting system but what has been made available is of sufficient

scale and scope to allow a robust and representative overview of the work of the Indian Red Cross as at the end of 2017. We have also tried our best to validate available data. We followed the global indicators list of the Federation-wide Databank and Reporting System. Only minor adjustments were needed to suit the Indian context. A detailed technical note on the definitions, validity and limitations of the indicators used can be found in the *Everyone Counts: Progress 2015* report of the IFRC, available at <http://data.ifrc.org/fdrs/report>.

The strategy development process was initiated in 2017. We are grateful to the Managing Body, and leadership of the Indian Red Cross at the State, Union Territory, district, and sub-district branches, and national headquarters for providing their valuable guidance and support. We are confident that their foresight in commissioning this process will be greatly appreciated by their successors and future generations of Indian Red Cross volunteers, staff and members.

We benefited greatly from the high-level encouragement provided by the Government of India and by the friends of the Indian Red Cross, at home and abroad, who accompanied us along this journey. We are grateful to our partners in the International Red Cross and Red Crescent Movement and, in particular, the support provided by the IFRC Country Cluster Office and the ICRC Regional Delegation in New Delhi.

The Indian Red Cross expresses its sincere appreciation and gratitude to Dr. Mukesh Kapila and Mr. Mukul Bhola for their significant contributions and support in the development of this strategy. Dr. Kapila and Mr. Bhola are committed life members of the Indian Red Cross who have volunteered their time and efforts in accompanying this strategic planning process.

## ANNEX: KEY PERFORMANCE INDICATORS AS REPORTED BY THE STATE AND UNION TERRITORY BRANCHES OF THE INDIAN RED CROSS

## 2015–2017 Data

No.	State and Union Territory branch	#Local units	Total income	Total expenditures	#People volunteering their time	#Paid staff	#Members	#Youth	#People donating blood	#People trained in first aid	#People reached by type of programme				
											Disaster response and early recovery	Disaster risk reduction	Health	Water, sanitation and hygiene	Social inclusion and culture of non-violence and peace
1	Andaman & Nicobar Islands	1	100,000	-	-	-	76	-	336	-	-	-	-	-	-
2	Andhra Pradesh	185	16,568,377	15,959,077	40,000	40	74,622	68,064	117,701	5,616	1,022	10,485	541,648	4,321	940
3	Arunachal Pradesh	1	-	-	-	-	-	-	-	-	-	-	-	-	-
4	Assam	34	7,890,457	584,067	9,025	180	4,704	5,700	51	3,202	100,000	3,500	45,095	8,000	3,880
5	Bihar	49	16,257,424	13,642,784	2,000	45	3,573	3,100	46,889	1,367	6,332	-	14,715	-	600
6	Chandigarh	2	-	-	-	-	-	-	1,500	1,878	-	-	12,354	-	12,569
7	Chhattisgarh	28	3,336,037	4,672,076	170	11	64,773	-	6,868	1,350	-	-	-	-	-
8	Dadra and Nagar Haveli	1	27,283,254	35,926,932	250	67	-	-	8,286	472	-	2,460	20,818	-	1,923
9	Daman and Diu	1	-	-	-	-	-	-	-	-	-	-	-	-	-
10	Delhi	1	-	-	-	-	-	-	-	-	-	-	143,807	-	-
11	Goa	7	2,050,009	2,050,009	3,924	6	1,207	5,000	1,200	-	-	-	7,871	-	39
12	Gujarat	88	89,357,626	60,645,245	6,180	122	45,803	36,316	146,324	59,971	42,149	3,600	2,312,416	625	350,900
13	Haryana	23	33,620,131	24,413,487	204,595	477	10,845	2,862,002	193,093	171,945	-	-	169,073	500,000	25,895
14	Himachal Pradesh	13	7,152,735	7,149,030	10,496	10	383	-	232	172	500	-	16,890	-	1,000
15	Jammu and Kashmir	27	12,245,148	10,663,496	945	71	2,453	-	2,900	2,275	-	-	29,830	-	-
16	Jharkhand	23	-	-	-	-	3,600	-	1,159	5,700	-	-	14,165	-	-
17	Karnataka	46	74,582,506	65,123,742	3,150	57	2,483	721,283	62,002	6,846	55	435	104,878	-	1,225
18	Kerala	80	-	-	150	23	-	200,680	-	1,200	-	-	-	-	-
19	Lakshadweep	1	-	-	-	-	-	-	-	-	-	-	-	-	-
20	Madhya Pradesh	113	94,909,202	87,711,031	914	527	715	2,013,000	21,324	2,672	-	-	287,875	-	-
21	Maharashtra	35	130,492,897	141,213,783	1,033	85	10,687	125,100	114,466	4,565	5,025	100	84,348	2,594	19,753
22	Manipur	10	4,264,690	2,474,253	200	6	197	200	106	15	-	68	-	2,313	2,500
23	Meghalaya	2	4,347,453	1,823,971	200	11	602	884	28	392	133	-	760	114	820
24	Mizoram	1	-	-	-	-	-	-	-	-	-	-	-	-	-
25	Nagaland	14	6,330,346	6,330,346	-	35	109	-	-	-	570	-	2,295	700	1,155
26	Orissa	31	31,802,333	18,259,547	2,382	33	923	1,073,436	387,642	1,097	10,507	-	27,018	505	2,307
27	Puducherry	2	77,742	143,463	15	1	422	1,175	60	-	-	-	-	-	-
28	Punjab	23	46,551,265	42,287,530	674	49	698	288,339	32,781	2,649	-	70,004	18,417	-	1,331
29	Rajasthan	1	-	-	-	-	-	-	-	-	-	-	-	-	-
30	Sikkim	1	-	-	-	-	-	-	-	-	-	-	-	-	-
31	Tamil Nadu	124	56,423,287	44,994,609	4,318	91	3,832	2,191,914	8,166	11,262	14,364	6,589	218,790	200	16,908
32	Telangana	32	58,201,284	59,496,274	872	155	84,725	20,266	78,282	2,823	-	-	36,199	7,896	750
33	Tripura	9	83,332	1,070,582	131	10	2,189	-	149	1,031	145	17,225	-	-	-
34	Uttar Pradesh	77	3,767,072	3,767,072	2,000	19	36,405	-	870	4,948	1,912	402	940	450	4,440
35	Uttarakhand	19	5,090,173	2,797,315	474	6	135	-	124,575	920	1,580	468	-	2,163	595
36	West Bengal	21	9,836,000	11,418,000	1,253	106	587	1,472	232	1,054	2,317	-	39,965	-	70
37	national headquarters	1	292,095,657	189,060,382	2,378	236	-	-	30,000	89	29,090	7,698	975	67,675	-
Total		1,127	1,034,716,437	853,678,102	297,729	2,479	356,748	9,617,931	1,387,222	295,511	215,701	123,034	4,151,142	597,556	449,600

- "Not reported or not available"

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