

OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

INDIA: GUJARAT EARTHQUAKE RECOVERY AND REHABILITATION

27 June 2002

Gujarat Earthquake Recovery and Rehabilitation Appeal No. 20/01

Preliminary Appeal Launched on 9 July 2001 for CHF 60.6 million for three years; this Operations Update presents a revised Plan of Action and a corresponding revised budget for CHF 29,526,970 (USD 19.7m/EUR 20.1m) for three years. The revised budget is attached herein. Revisions to the plan of action are described in detail within this Operations Update.

Operations Update No. 9 Period covered: 1 May - 7 June 2002; Next Ops Update No. 10 expected July/August 2002

"At a Glance"

Appeals coverage: 74.6 %

Related Appeals: South Asia Regional Programmes 01.24/2002

Outstanding needs (for three year post-earthquake rehabilitation programme): CHF 7,485,206 (USD 5,016,590/EUR 5,098,039)

Summary: Based on lessons learned from working in Gujarat, a reshaping process has taken place and the preliminary appeal launched 9 July 2001 is being replaced by this revised Plan of Action and budget for the Federation funded programmes. Changes to the operation's budget reflect the amount of funding required for Indian Red Cross Society (IRCS)/Federation programmes.

The Federation is working in coordination with several bilateral programmes to support the IRCS with capacity building and recovery projects. Financial information regarding bilateral programmes is included in the financial annex. The respective budgets for the Federation coordinated bilateral projects, which are integral part of the Rehabilitation Appeal, have not been confirmed yet, pending signing of the Tripartite Memorandum of Understanding between the IRCS, Participating National Societies and the Federation.

Operational Developments

Recovery efforts have been slower than originally anticipated due to a number of operational complexities, in particular, the outbreak of communal unrest across Gujarat State at the close of February 2002, and recent cross-border tensions between India and Pakistan. A detailed description of the impact of these events on the programmes, and the response of the Red Cross Red Crescent operation will be reported in the next operations update.

The threat to public health in Gujarat remains high due to factors such as extensive damage to health facilities and the water-sanitation systems. With significant components of health, disaster preparedness and capacity

building, the India Red Cross Society (IRCS) initiated recovery and rehabilitation programmes aim to contribute, over a three-year period, to the recovery of basic living standards of the affected population in selected districts in Gujarat, as well as to the development of a well-functioning national society with competent structures and adequate resources at the headquarters and branch levels to ensure effective implementation of the programmes.

The IRCS and the Federation have worked together on reshaping the plan and budget to take into account the operational developments and lessons learned since the launch of the preliminary appeal in July 2001, as well as input received from the Participating National Societies (PNS) during the second partnership meeting held on 6 December 2001 and the first rehabilitation consultative committee meeting on 23 April in Delhi. The needs identified during the March 2001 assessment mission remain the same but the activities have been adjusted to reflect the experience of the past twelve months in Gujarat and India as a whole.

This document describes the revised plan and budget for the recovery and rehabilitation programmes balancing against the current financial and resourcing realities. Bilateral PNS activities in the country which are not included in the revised budget, but who operate under the framework of the Federation operation as an integral part of the India Earthquake Rehabilitation Appeal, are also reported here. Pending the signing of the Tripartite Memorandum of Understanding between the IRCS, Federation and the PNS, and the subsequent submission of the bilateral PNS respective programme budgets for India (the so called “declared budgets”), the full value to the India rehabilitation operation is reported in addition to the Federation’s budget, aiming to provide an overview of collective efforts of the Red Cross Red Crescent Movement in support of the IRCS.

Red Cross/Red Crescent Action

1. Integrated Health Programme

- Community Based Health (Gujarat)
- Water and Sanitation (Gujarat)
- Reconstruction of Health Facilities (Gujarat)
- Prosthesis Workshop Project (Gujarat)
- Psychological Support (Gujarat/National)
- National Health

• Community Based Health

Background: The community based health project is intended to increase the capacity of the IRCS Gujarat state, district and local branches by developing their role in public health. The project is designed to address basic health needs of some 1,500,000 people living in approximately 1,500 villages in the districts of Kutch, Surendranagar, Rajkot and Jamnagar. The activities and objectives of the community based health project in Gujarat will essentially remain the same as envisioned in the 9 July 2001 preliminary appeal. The fundamental change to the project will, as with most of the operation, be a reshaping and scaling down of project personnel. Two health delegates are currently deployed in the programme with the support of IRCS and locally recruited staff.

Objective 1: Training of IRCS Field Workers

Achievements to date: A curriculum for a two week training module developed for IRCS field workers covering key subjects such as information about the IRCS, the Red Cross Red Crescent movement and principles, community based first aid (CBFA), basic hygiene and information on how to effectively approach communities and involve them in health related activities. Since July 2001, three training courses for a total of 93 IRCS field workers from Kutch, Rajkot and Jamnagar have been organized. The trained field workers were assigned 20 villages which they visit on a regular basis engaging the communities in the decision making process as to what is the best course of action to take to improve the community’s health through discussions about health problems and threats, and the possible solutions with them. They also keep regular contact with government health authorities such as primary health care centres (PHCs), assisting with dissemination of health related information, identifying cases of malnutrition and house to house immunisation campaigns.

Nearly 1,000 villages are visited every month and some 100,000 people benefited from participating in the project activities. Weekly meetings facilitated by IRCS health professionals and Federation health delegates are held in Kutch, Rajkot and Jamnagar with the respective field workers. The meetings are a forum for sharing information among the field workers and for monitoring of their activities. 30 IRCS field workers under Federation and Spanish Red Cross (SRC) supported programmes were trained in a pilot community based disaster preparedness workshop on 15-17 May in Gandhidham. The knowledge and experience acquired by the IRCS field workers over the six month training period is preparation for their role as training supervisors. In April 2002, 323 volunteers were selected from the villages and trained in a total of 12 CBFA training courses in five talukas of Kutch by IRCS field workers. Trained volunteers receive a first aid kit for their village, and are visited and supported regularly by the field workers. The volunteer training is a first step towards creating a village based network of health related disaster preparedness in Gujarat, and the trained volunteers will gradually take over the current responsibilities of the IRCS field workers in the villages. Meanwhile, the CBFA manual for volunteers has been translated into the Gujarati language and 10,000 copies will soon be printed. Work to ensure the sustainability of the programmes has been ongoing in close collaboration with the IRCS branches and government health authorities.

Outlook for 2002-2004: The plan is to train 750 volunteers during 2002 and the same number during 2003 in Kutch, Jamnagar, Surendranagar and Rajkot. The number of IRCS field workers in Kutch will be gradually reduced to 30 by June 2002 as the number of trained volunteers is increased.

Based on the success of the community based health project, bilateral PNS such as the American and Spanish Red Cross (SRC) Societies have started to replicate these training modules in Gujarat. The American Red Cross (AmCross) has established an office in Patan and has been working closely with the IRCS branch in Patan to implement community based health activities in Patan, Banaskantha and Mehsana. The SRC is also working with the local branches replicating the IRCS/Federation health initiatives in Bhachau, Gandhidham and Rapar. Work has started in Bhachau and Gandhidham with the support of nine field workers who were previously trained by and working under the supervision of the IRCS and the Federation. Twenty-one volunteers were trained in Gandhidham.

Objective 2: Training of Traditional Birth Attendants (TBAs)

Achievements to date: Addressing the high infant and maternal mortality rate in Gujarat mostly related to misconceptions about deliveries and traditional practices of deliveries in the homes by untrained birth attendants, the IRCS in cooperation with the Federation and the principal of the local nursing school in Kutch developed a three week TBA training course. The TBAs learn how to check and advise pregnant women, to refer high risk patients for delivery in hospital, to take care of normal deliveries in a safe and hygienic way, and how to take care of the newborn child and the mother after delivery. They also learn how to advise about family planning and HIV. At the end of the three week training each of the successfully trained TBAs receives a delivery kit containing basic equipment such as a scale and gloves which are used for the deliveries. Two local Gujarati nurses have been employed to conduct the training and four female IRCS field workers were selected from the group to support this training initiative.

Since October 2001, six courses have been completed in various parts of Kutch training a total of 152 TBAs. TBAs are given tests to gauge the extent of their knowledge prior to and after the training. Results to date have been very positive. TBA training manuals have been revised with the assistance from AmCross and are being printed in Delhi.

Outlook for 2002-2004: Based on the amount of available funding and needs assessed within the community, the plan is to conduct nine training courses for a targeted number of 225 TBAs in Kutch during 2002 and the same amount during 2003, four courses for 100 TBAs in Rajkot during 2002 and nine others for 225 TBAs during 2003. For Jamnagar and Surendranagar six training courses each are planned for 2003, targeting 300 TBAs. The total target for the TBA programme until the end of 2003 is to train 1,150 TBAs.

Objective 3: Child-to-child health initiative; to increase the knowledge of health and hygiene issues in primary school aged children.

Achievements to date: Eleven trained IRCS field workers in Kutch were selected to participate in a pilot study of the child-to-child health initiative in 12 selected primary schools. Since January 2002, the field workers have made weekly visits to the schools activating some 700 students on health topics with role plays, drawings,

songs, games, etc. The students have participated actively in the programme. Each student was given a hygiene pack. The pilot study completed in April and based on the success of the initiative, it was decided to integrate the initiative into the IRCS field worker activities.

Outlook for 2002-2004: A training of trainers workshop will be implemented for all the other IRCS field workers to expand the programme to all parts of Kutch, as well as to other districts of Gujarat. The school activities will restart once the summer holiday is finished. An extensive manual has been developed by one of the Federation's health delegates detailing criteria for the project.

Objective 4: Training of Integrated Child Development Service (ICDS) workers functioning at the grass roots level. This group includes Anganwadi Workers (AWWs), Anganwadi Helpers (AWH) and Auxiliary Nurse Midwives (ANMs).

Achievements to date: The IRCS and the Federation in cooperation with Save the Children, UNICEF and WFP have made an agreement with the government of Gujarat to give additional training to anganwadi workers and support to the anganwadis (government run health care centres for children under five and pregnant and lactating women). After six months of planning, a needs assessment workshop was arranged in October 2001 and a curriculum was subsequently developed. Since December 2001, four training of trainer workshops have been arranged for 30 IRCS field workers to be trainers of the AWWs. The responsibility to train the grass-root level workers after the training of trainers workshop has been divided between the participating organisations. The IRCS and the Federation will be responsible for training in Abdasa, Lakhpat, Mandvi, Mundra and Nakhtrana talukas. An agreement is under way with the Centre for Health Education, Training and Nutrition Awareness (CHETNA) to facilitate the training and follow-up of the initiative.

Outlook for 2002-2004: The plan, due to start in July 2002, is to train 400 AWWs, 400 AWHs and 200 ANMs during 2002.

Objective 5: Conduct a baseline survey on knowledge, attitudes and health practices of anganwadi workers and users.

Achievements to date: A baseline survey on knowledge, attitudes and health practices of randomly selected mothers with children under five years in villages with anganwadis has been planned for a long time. The Social and Rural Research Institute in New Delhi has been selected to carry out the survey in Kutch, Rajkot and Jamnagar districts for the Federation and in Banashkanta, Patan and Mehsana for the AmCross. The survey started in May 2002 and is expected to finish shortly.

Outlook for 2002-2004: Data collected from the baseline survey will be used to assess the effectiveness of community based health activities. Another survey will be conducted at the end of the operation. Results of the survey will be used to chart the project's progress and narrow down the specific needs of the respective communities.

Objective 6: Coordinate health related recovery and rehabilitation activities in Gujarat with government and NGOs.

Achievements to date: Representatives from the IRCS and the Federation have been attending monthly meetings of the WHO-chaired health sector coordination group for Kutch. Representatives from international organisations, such as UNICEF, Save the Children, Care and Oxfam share information about ongoing health activities and needs. Regular contacts are also maintained with the AmCross health programmes in Kutch (psycho-social), Patan (where IRCS field worker training started on 1 February 2002) and Gujarat (baseline survey). There is also regular coordination with the SRC and the Consortium.

Outlook for 2002-2004: The IRCS and the Federation have profited from the exchange of information and the development of relations with other agencies, and will continue to sponsor and participate these types of activities throughout the course of the operation.

- **Water and Sanitation**

Background: Almost from the start of the operation, a key component of the Red Cross Red Crescent response was an extensive water-sanitation programme, which many came to regard as the flagship of the IRCS/Federation operation. In total, some 300 dams were completed, 43 wells constructed, 76 tanks rehabilitated/built; 74 toilet cubicles and 34 washrooms constructed and over 150 garbage bins emptied daily

in Bhuj. Towards the end of 2001, it became clear that the project had become over stretched financially and a temporary halt was called. Meanwhile a request to PNS in January 2002 for further indications of funding levels for water-sanitation has drawn a very limited response. A small crew of national staff have assumed complete responsibility for running the project in Kutch and Rajkot up to April 2002 when the whole project had to be closed entirely.

Outlook for 2002-2004: A revised plan of action and budget for the Federation water-sanitation project was shared in early April 2002 with nine PNS which have previously supported the activities. Restarting the project will depend on donor interest and funding availability.

AmCross which had sent a water-sanitation team to assess the needs in Gujarat last May, was aware of the need for assistance and funded the IRCS/Federation activities in these districts until assuming total responsibility in January 2002 with a few modifications namely the introduction of check dams. Since October 2001, 20 ponds have been rehabilitated in the district of Banaskantha and 15 ponds in Patan. Community response to the projects has been positive and construction work has been followed up with community awareness activities.

- **Reconstruction of Health Facilities**

Background: The earthquake of 26 January 2001 destroyed a significant part of Gujarat's network of health care facilities. Over 1,000 health facilities including anganwadis, primary health centres (PHCs), sub centres, dispensaries and hospitals were lost, overwhelming the state's health care system. The hospital for Kutch district, serving 1.5 million people and located in the city of Bhuj, was completely destroyed along with two others during the earthquake, leaving the district without a referral hospital. The integrated health programme has taken into account the immediate needs of the affected population for suitable facilities to house medical care, as well as recognizing the potential these facilities have for increasing IRCS visibility and providing a base for developing the community health project activities.

Objective 1: To contribute to the restoration of the health infrastructure in Gujarat by reconstructing permanent health care facilities destroyed during the earthquake in the talukas (districts) of Kutch, Rajkot and Surendranagar.

Achievements to date: In response to the request of the Government of Gujarat (GoG) at the close of the relief operation to reconstruct the health facilities, the IRCS and the Federation carried out an assessment in the earthquake affected areas of Gujarat of approximately 650 damaged and destroyed buildings listed by the GoG, to see which buildings needed to be completely reconstructed. A list of sites was confirmed in January 2002 with the support of IRCS field workers and taking into consideration donor interest and feedback from the GoG. Currently the IRCS and the Federation plan to rehabilitate some 160 health facilities - most of which are anganwadis - in Kutch, Rajkot and Surendranagar.

The IRCS has contracted a Delhi based project management firm to oversee the project. Over the past few months the IRCS Gujarat State Branch (GSB) has taken the lead role in obtaining government permissions while IRCS and Federation construction/engineering professionals are responsible for reviewing sites, consulting on designs and other technical matters. Following full observation of Federation tendering and procurement procedures, the IRCS has awarded and signed contracts for the construction of 50 anganwadis and a two week mobilisation period followed by 14 week construction time is under way. Fourteen anganwadi sites have been mobilized in Rajkot and 20 in Kutch. The construction works in Kutch are, however, currently suspended due to the poor performance of the contractor and a decision to terminate the contract is being taken. A few months delay to the work is expected. Meanwhile, the contract for the construction of 11 sub-health centers has also been awarded, and the tendering process for dispensaries and primary health centres will start shortly. Construction field units have been established in Mandvi (Kutch), Surendranagar and Morbi (Rajkot) for more effective monitoring of the project.

In January 2002, a workshop was held for IRCS, Spanish Red Cross (SRC) and the Federation construction team, where participants were provided with computer software to facilitate their work and a manual outlining strict detailed guidelines for project implementation.

The Federation has cooperated with and provided technical advice to PNS working on construction projects. IRCS/Federation assessments and negotiations initiated with the government beginning in August 2001 have facilitated the ability of PNS to initiate construction projects in Kutch.

Outlook for 2002-2003: Based on the current number of sites, and providing there are no unusual incidents, the IRCS/Federation construction project of health facilities is expected to complete in 15-18 months.

In Jamnagar, the British Red Cross (BRC) is working with the IRCS Gujarat state and Jamnagar district branches to build two PHCs and 68 anganwadis in the district during 2002. Two anganwadis have been completed while 29 others and two PHCs are under construction. The BRC has also started community development activities in the communities. Discussions have also been held with IRCS and Federation on the possibility of integrating the project into IRCS/Federation health programmes.

In Bhachau, the SRC is assuming in partnership with the IRCS for rebuilding 42 selected anganwadis. All the sites have been identified and the construction works are now subject to government approval.

Objective 2: Construct a temporary prefabricated hospital to replace the tented hospital in Bhuj.

Achievements to date: With all three main hospitals in the Kutch district severely damaged, the IRCS and the Federation were asked to extend the mandate of the field hospital, to become the district's main referral hospital available to all, until such time when replacement facilities could be put in place. A plan was subsequently drawn up by the IRCS, the Federation and local authorities to integrate the hospital into Kutch health infrastructure by gradually handing over hospital equipment, management and responsibilities for staffing to the district.

The IRCS and the Federation, as part of the integrated health programme, undertook to construct a temporary prefabricated hospital on the same site as the field hospital in Bhuj, which remains the town's only public hospital. After a seven-month construction period, on 2 April, the 204-bed hospital was handed over by IRCS to the Civil Surgeon and the health authorities of Gujarat together with the equipment handed over from the ECHO funded emergency referral hospital. A large room has been assigned to the IRCS for training and other activities. The GoG has assumed full managerial, operational and financial responsibility for the hospital until the construction of a 350-bed government teaching hospital in the next three years. At present, the hospital is fully functional and an official ceremonial opening of the hospital is planned to take place in the near future.

- ***Prosthesis Project***

Background: Over the last 30 years the IRCS orthopaedic centre in Ahmedabad has been providing artificial limbs and physiotherapy to patients using basic tools and equipment. The increased need for artificial limbs as a result of earthquake made the capacity building of the orthopaedic clinic a high priority for the IRCS. The building which had fallen into disrepair prior to the earthquake suffered more damage in the earthquake. The German Red Cross (GRC) is completely overhauling the building's layout, surrounding grounds, system of limb production and physiotherapy equipment. The programme includes rehabilitation of the workshop, office space, the hostel and provision of new equipment for a capacity of 100 prosthesis per month.

Objective: Rehabilitate and expand the IRCS orthopaedic workshop in Ahmedabad.

Achievements to date: A GRC project manager has established a base in Ahmedabad and renovations began on the workshop in November 2001. The reconstruction work of the building is complete despite some weeks delay due to the communal unrest. The fitting of the orthopaedic equipment has started and the whole refurbishment project is due to finish in July.

Outlook for 2002-2004: After the construction work is finished, the programme envisages training of technicians and part of the workshop building will be used as an office space for the IRCS.

- ***Psychosocial Support***

Background: During the relief operation, delegates from AmCross and the Federation conducted a rapid assessment of psychosocial needs within earthquake affected communities. Three of the most compelling discoveries presented in the report were: 1) the lack of mental health service delivery infrastructure in the district of Kutch and mostly rural areas of Gujarat; 2) the IRCS lacking in capacity to respond independently to

the enormous disaster generated psychosocial needs; and, 3) the emotional and spiritual hardiness of the affected population underpinning their resilience in recovery. The goal of the psychosocial programme is that disaster affected communities are able to meet their own psychosocial needs.

Objective 1: The IRCS is established as a resource in the Kutch district for defining beneficiary needs and linking these needs with appropriate community resources, providing opportunities to enhance self-help.

Achievements to date: IRCS and AmCross are a part of the Gujarat provider collaborative ('the Collaborative') comprised of all NGOs, government agencies and other organizations delivering supportive psychological services to the earthquake affected areas in Gujarat. The IRCS in partnership with AmCross have been acknowledged as the coordinating agency for psychosocial programming. The Collaborative has met twice weekly since June 2001 and will continue to meet regularly addressing issues such as the assessment of beneficiary needs, identifying resources to meet needs and creating new opportunities for support.

Outlook for 2002-2004: The AmCross psychosocial delegate ended her mission in April 2002 and a replacement is being assigned. The new delegate will work with IRCS to develop and implement psycho educational training curricula for specific populations.

Objective 2: Creation of an IRCS integrated resources community centre in Bhuj.

Achievements to date: The development of the centre is intended to have a positive impact on beneficiary identification and service delivery as well as creating a context for IRCS disaster preparedness in the psychosocial subsector. Work on the IRCS integrated resources community centre has continued, but it was decided to delay formal implementation of the centre project until the new delegate arrives and the situation in Gujarat is assessed.

Outlook for 2002-2004: The IRCS will, as part of the capacity building element of the project, develop strategies to assume full financial responsibility for the operations of the centre by 2004 including necessary staff.

Objective 3: Provide relief worker related support and stress management.

Outlook for 2002-2004: The IRCS will develop a core training curriculum for occupational stress management for humanitarian workers and volunteers as part of IRCS capacity building in the area. AmCross will provide the IRCS with a consultant to assist in developing the project.

Objective 4: Improve the IRCS capacity to deliver psychosocial services in future disasters.

Outlook for 2002-2004: The programme development in Gujarat will create models that will become part of the overall IRCS psychosocial support disaster preparedness capacity building initiative. The development of an IRCS PSP counterpart and advisory group shall identify the goals, objectives and interests of the IRCS in the area of programme development.

- ***National Health***

Background: Originally envisioned as part of the capacity building programme, the main emphasis of the national health project will be on improving the capacity of the IRCS in health (disaster preparedness) and to increase the IRCS ability to provide relief health (disaster response). The core activities for the programme include promoting public awareness of HIV/AIDS and improving the quality of reproductive and child health. The national health component of the integrated health programme started in September 2001.

Objective 1: Conduct a national health review assessing IRCS countrywide capacity for health related activities, threats to public health, capacity for health disaster response and health related disaster preparedness and current HIV awareness activities currently being conducted by the IRCS, the government and NGOs.

Background: The IRCS faces a major challenge in developing a comprehensive national health policy for India because the policy and the society's national health strategy must encompass and address the broad range of interests and existing needs of 31 state and union territory branches and 675 district branches. In order for the IRCS national headquarters (NHQ) to best address the nation's health related needs, it is important to find out what are the current health problems and priorities; how problems are being addressed; what types of activities and programmes are currently being implemented; and finally who is responsible for implementing or addressing specific health related activities.

Achievements to date: The Federation health delegate in Delhi is working closely with the IRCS deputy secretary - medical on the planning and development of the review. The national health review follows up on the branch mapping exercise with specific attention to the society's work in health. A first draft of the questionnaire has been created incorporating questions used in ARCHI and delving further into information obtained from and responses given during the mapping exercise. Results from the branch mapping survey have been available.

Outlook for 2002-2004: A more comprehensive national health survey will be launched using the results of the survey as well as the data published from the latest census.

Objective 2: Create a health database containing information about topics such as the IRCS health structure, government and NGO health structures which are useful for cooperation; IRCS health programmes over the past ten years; disease and disaster patterns and HIV/AIDS related IRCS activities.

Background: The database which will also contain an index covering studies/surveys conducted by the government and other organizations over the past ten years and a list of health programme reviews will serve as a focal point for IRCS role in knowledge sharing to improve the IRCS capacity for health disaster preparedness. The database will incorporate information from the branch mapping exercise. Other sources to update the database and collect information of government and NGO activities are being explored

Outlook for 2002-2004: The database is expected to be created in four to six months. Once instituted the IRCS will be responsible for continuous updating and maintenance of the database.

Objective 3: Support the development of an IRCS core health and HIV policy.

Achievements to date: The IRCS has defined the priorities for nation wide health activities as being: CBFA, emergency health and HIV prevention. The main components of the national health projects include training of community health workers, emergency health training, establishing a health database and carrying out the national health review.

Outlook for 2002-2004: The society's policies will evolve and be refined based on lessons learned during the national health review and will be developed employing a participatory approach. To this end, three workshops have been budgeted for IRCS state branch secretaries to support the IRCS with the development of an HIV policy.

Objective 4: Develop the capacity of IRCS health coordination at NHQ level and the state level.

Achievements to date: Building on a partnership which commenced during the earthquake relief operation, the Federation health delegate maintains close contact through regularly scheduled meetings with the IRCS deputy secretary - medical. The health delegate is responsible for promoting standardisation and best practices in health care as well as ensuring that the the Federation's policies, strategies and operational standards in the field of health are well disseminated and implemented by IRCS.

Outlook for 2002-2004: IRCS/Federation initiated community based field workers training in Gujarat will be replicated in three other states identified by the IRCS. The initiative will start with the participation of IRCS Tamil Nadu and Bihar branch in the forthcoming CBFA training in Rajkot.

Objective 5: Assist the IRCS to further develop national and international collaboration and coordination serving the IRCS' aims at running health and DP/health programmes.

Achievements to date: Sectoral meetings have been regularly held in Delhi and contacts concentrating on health maintained with PNS and other international organizations such as Médecins Sans Frontières, WHO, UNICEF, Save the Children, etc.

Outlook for 2002-2004: Regular contacts will continue throughout the course of the operation.

Objective 6: Support creation and publication of IRCS training manuals in the area of health.

Achievements to date: Manuals developed in Gujarat for health related training initiatives such as TBA training, CBFA, etc, are being translated and used for national training as well. In addition, the Federation is working closely with WHO and UNICEF on the training manual for anganwadi workers.

Objective 7: Assist the IRCS with the development and implementation of IRCS nationwide health programmes and DP/health.

Achievements to date: Technical input and support is currently being provided for IRCS projects such as:

- Bhopal Shanty Town health and hygiene project;
- HIV cartoon competition;
- CBFA training in Assam (the Federation will carry out two other programme reviews of currently running IRCS health projects);
- Support to IRCS in emergency assessments, monitoring and evaluation of health programmes and emergency health programmes;
- Coordination and responsibility of medivacs and health procedures for India earthquake operation and PNS;
- Tamil Nadu nutrition project initially proposed almost two years ago funded by the Canadian Red Cross;
- Uttar Pradesh hills midwife training;
- India Floods/Orissa 2001.

The Federation through the India Operations Centre (IOC) and the South Asia Regional Delegation (SARD) is also working with the IRCS to assure that projects are in line with regional health initiatives. Key areas of mutual interest include HIV/AIDS prevention, CBFA and emergency health preparedness and response which will not only incorporate into IRCS/IOC strategy but also into the overall regional strategy for disaster preparedness and disaster response. The Federation health delegate in Delhi is working closely with the IRCS on implementing, participating in and following up on health related regional initiatives and activities.

National programme support is also being provided to the IRCS through the AmCross. The society received a three year grant to participate in the Global AIDS Project a joint CDC/IRCS/AmCross HIV/AIDS project which aims at reducing HIV transmissions through the blood transfusion route. In March 2002, the AmCross in cooperation with IRCS conducted a pilot study of six IRCS blood banks, namely those in Chennai, Mumbai, Solapur district in Maharashtra and Delhi. The project log frame, timeline, and blood bank assessment tools were revised and finalized. AmCross is planning to run HIV awareness programmes in seven states, starting with Tamil Nadu, Karnataka and Andhra Pradesh.

Other national IRCS partnerships include health initiatives in Orissa with the SRC and German Red Cross (GRC). The GRC community mobilisation programme has been running in selected districts in association with the cyclone shelters for six years. The SRC in cooperation with the Orissa state branch is working on a number of health-related activities until December 2002 such as first aid training, community based health and TBA training, and HIV/AIDS awareness campaign. Initiatives to strengthen the medical facilities of IRCS Orissa and Tamil Nadu state branches are also being planned.

In addition, the Italian Red Cross is working with IRCS on developing a community based project addressing issues such as HIV awareness and DP project in the Nagaland state. The Italian Red Cross assisted the IRCS Punjab state branch with an orthopaedic surgeon for three months to give technical support to the branch orthopaedic rehabilitation clinic.

Outlook for 2002 -2004: Technical support to the IRCS from the Federation will be provided according to the society's needs and priorities over the next two years.

Objective 8: Improve the capacity of the IRCS in health disaster preparedness (DP).

Achievements to date: Work has been carried out between the IRCS and the Federation health, organizational development (OD) and DP/DR teams to outline a preliminary strategy for improving IRCS capacity for health DP and a platform for inter-agency meeting was created for information sharing and coordination in the area of health preparedness between WHO, NGOs and the ICRC. Activities such as initiation of the creation of the health database, planned training of IRCS field health workers, coordination with key health players and supporting the development of the IRCS deputy secretary - medical contribute to the IRCS ability to respond quickly and efficiently in the event of an emergency. In addition, technical input was provided by the Federation regarding appropriate equipment for a mobile medical unit boat in Assam in coordination with the regional DR delegate. In Orissa, following the floods 2001 relief operation, the Federation health staff assisted with re-organising emergency medical stocks at the Orissa state branch and conducted a first aid training

course for national staff. The IRCS deputy secretary - medical was also sponsored by the German Red Cross to participate in an Emergency Response Unit (ERU) training.

Outlook for 2002-2004: The planned activities include developing IRCS system for medical logistics to ensure good maintenance of emergency reserves and quality of urgently needed medical supplies. The composition of the emergency medical kits will be newly designed with IRCS based on the needs in the region and experience gained from the Gujarat earthquake emergency phase. In addition, remaining ERU equipment donated to the IRCS during the emergency relief operation will be used to create national emergency health units. One workshop for emergency health will be held in July 2002.

Objective 9: Improve the capacity of the IRCS in health disaster response (relief health).

Achievements to date: Coordinated planning and regular sharing of information has been ongoing since October 2001 between IRCS and Federation DP/DR, OD and health teams. As with health DP information gathered during the national health review, the health database will facilitate the IRCS capacity to efficiently provide urgently needed medical care and profit from lessons learned in prior operations. The Federation health delegate contributed to the one week regional disaster assessment and response course held in April in Delhi in which six IRCS staff participated together with 30 other RC representatives from the region.

Outlook for 2002-2004: The core activities to improve the IRCS capacity in providing relief health include:

- Emergency assessments (using the database information as baseline data);
- ERU assessments/FACT assessments (applied to a larger regional context);
- Assist with setting up early phase of health interventions (especially in large scale disasters);
- Establish links between DR delegates and Regional delegates;
- Support the creation of a broad network of IRCS field workers and volunteers in the three identified states and assist in the development of health activities during times of emergency.

2. Rehabilitation/ Shelter Programme

- Private Housing Reconstruction
- Reconstruction of Primary Schools

• *Private Housing Reconstruction*

Background: In addition to the earthquake damage throughout Kutch villages, some parts of the districts of Surendranagar, Jamnagar and Rajkot were severely affected. These districts did not receive the same media coverage as the Kutch district and have, therefore, received much less attention and aid. Hence the project intends to focus on the Surendranagar district, a district outside the core area, which nevertheless has been heavily damaged. In March 2001, the IRCS together with the Federation, carried out an assessment which resulted in five basic lines of activities proposed for recovery and rehabilitation, including reconstruction of private housing. At the March 2001 partnership meeting in New Delhi, it was decided that a consortium of Red Cross partners from Austria, Belgium and Germany (the consortium) would undertake the private housing project. A joint assessment was conducted and based on the findings, the consortium developed a detailed proposal and implementation strategy.

Objective: Work in partnership with families who have lost their homes to reconstruct basic housing for 1,300 affected families in Surendranagar district

Achievements to date: The main target group are the villagers whose houses have collapsed or have suffered irreparable damage. The project is intended to provide each selected family with a basic earthquake resistant housing unit (a one-room plus verandah structure of approximately 26 m² constructed area) through technical and material support for reconstruction of houses by and for themselves. From the start of the project in July 2001, the consortium has been working closely with the IRCS branch in Surendranagar. The positive results of the pilot phase in Muli taluka led to the start of the first phase of the project in September 2001. Currently, 422 houses are under construction in 21 sites located in 17 villages in the talukas of Wadhwan, Dhangadra, Muli, Laktar and Limbdi. Discussions have been held with IRCS Surendranagar branch and the Federation health and OD delegates to explore the potential for developing capacity building activities in Surendranagar.

Outlook 2002 –2003: Construction surveys in the whole Surendranagar district is still on going in the villages that require the project support. The target is to construct in the first phase 650 houses by the end of June 2002 and another 650 in the second phase, constructing a total number of 1,300 houses by the end of 2002.

- **Primary Schools**

Background: As was noted in the March 2001 report by the India Earthquake Recovery and Rehabilitation mission, the social infrastructure of Gujarat suffered considerable damage. Following the earthquake, schools ceased to function and, to date, many schools still remain in a state of disrepair with classes conducted in tents or under the shade of trees.

Achievements to date: While the Federation eventually elected to concentrate on reconstruction of health facilities, the Italian Red Cross undertook the responsibility to construct three primary schools. The schools which were completed and handed over to the government during the second week of February 2002 range in size from two to six rooms. The newly constructed schools are located in Bhuj taluka in the villages of:

- Gadiyalo (35 students) - 3 classrooms
- Pirwadi (30 students) - 2 classrooms
- Rathiya (125 students) - 6 classrooms

The IRCS and the Federation have supplemented the project by initiating child-to-child health care activities in the villages where the school children live and where the schools are being built.

3. Capacity Building Programme

- Organisational and Resource Development
- IRCS Branch Development
- Human Resource Development
- Finance Development
- Information Development
- IRCS Central Training Institute (CTI)
- Disaster Preparedness and Response (DP/DR)
- Capacity Building Programme Co-ordination

Background: The IRCS capacity building (CB) programme addresses a combination of specific needs identified following the Gujarat earthquake and activities identified during the IRCS strategic planning exercise conducted in August 2000. At the partnership meetings in March and December 2001, it was agreed that it is important to move from event driven investments to a long-term CB strategy harnessing resources to enhance the performance of NHQ and key state branches. Gujarat has then been regarded as a 'nursery' from which development initiatives in disaster preparedness, health and organisational needs are to be transplanted to key state branches within an integrated framework and then extended, with reduced international support, throughout the society. Given the size of the IRCS and wide scope of any modernization, the process will require a long-time and committed set of resources from the Federation and Red Cross Red Crescent partners.

The December 2001 partnership meeting has not generated further funding for the programme. The budget and the strategy had to be revised consequently during January 2002, aiming to facilitate IRCS on further development of the society's management and human resource skills as well as systems and procedures for effective implementation of all programmes. The first six months of the operation have demonstrated that an integrated approach is critical to the successful implementation of any of the described programmes, particularly in the case of branch development where, for example, OD support will be needed to strengthen the branch to ensure health or DP projects can continue to progress to their maximum potential.

- **Organizational and Resource Development**

Objective 1: Establish the appropriate structure and resources within the IRCS to better respond to the needs of affected communities and improve coordination mechanisms between the National Headquarters and branches.

Achievements to date: A mapping exercise of the national headquarters structure, staffing, resources, programmes and steering tools was initiated. The initiative was followed by a national branch mapping exercise in order to create a knowledge base of all programs undertaken at all levels of the society for future development initiatives. Preliminary reports were submitted in December 2001 by the consultant engaged to conduct the survey. The final reports were delivered in April 2002 and are being analysed. The survey generated baseline data on the branches and it contains all relevant indicators for the branches set against the Federation 'Characteristics of a Well-Functioning National Society'. The results and findings of the mapping exercise recorded in CD-Rom were distributed and presented by the IRCS secretary-general in Geneva in June.

The OD project team has been coordinating the society's investment in computer hardware and software at the NHQ and the Disaster Management Centre (DMC) to ensure that the society benefits from this core investment to its maximum potential. The establishment of an intra net and Internet access will be implemented in two phases, initially targeting 50 to 60 users/workstations across the different departments and increasing accordingly by 50 or more users in the coming years. Some of the branches are also expected to be incorporated into the set-up of the IT infrastructure. Selected departments of IRCS NHQ were asked to present plans of actions in relation to their areas of responsibility with budget and constraints. Two IRCS departments, information and youth, has produced plans of action and budget.

Outlook for 2002-2004: Planned activities to meet this objective:

1. Revise the society's constitution based on the current policies within the Red Cross Red Crescent Movement;
2. Produce a governance and management handbook and circulate it to all levels;
3. Hold regular programme and management planning meetings between all state branch secretaries and the NHQ;
4. Develop and implement a resource development strategy and plan;
5. Facilitate the development and implementation of the IRCS development plan; and,
6. Provide necessary equipment and training to support the departments dealing with organizational resource development at NHQ level.

- ***IRCS Branch Development***

Objective 1: Improved national branch development policy and strategy with integrated volunteer development, mobilization and maintenance components.

Achievements to date: The need to recruit two branch development officers, one in the NHQ and one in Gujarat, was addressed in the capacity building coordination meeting on 1 February 2002. The recruitment of the branch development officer in Gujarat has been processed and IRCS has approved the introduction of a new department for organizational and resource development issues in the NHQ. The regional office as a model for state branch development and programme development was discussed in detail, particularly in regard to disaster preparedness. A concept paper will be developed for discussion in the next CB Meeting.

Outlook for 2002-2004: Planned activities to meet this objective:

1. Conduct refresher orientation for state branches;
2. Develop a national branch development policy and strategy;
3. Organize state level workshops to introduce the new branch development policy and strategy;
4. Facilitate the development and implementation of state branch development plans;and,
5. Provide necessary resources and training to support the departments dealing with branch development at national headquarters and in particular at Gujarat state branch.

Objective 2: To strengthen the capacity of the IRCS Gujarat state, district and local branches to respond to disasters and provide essential services to the state's most vulnerable communities.

Achievements to date: There have been ongoing works with the IRCS Gujarat state branch on the plan of action for OD activities in Gujarat. During January 2001, four Red Cross induction courses were held in Kutch, Rajkot, Surendranagar and Ahmedabad where the Federation and PNS are currently implementing earthquake rehabilitation activities. A total of 163 IRCS members, volunteers and medical personnel from other nearby district branches participated in these courses. A basic Red Cross training material for induction courses is being developed based on the experience. Ideally the material will be utilized in various kinds of training courses as it covers all the basic knowledge about the Red Cross Red Crescent. This material will

prepared in English and then translated into respective local languages, starting with Gujarati, so that in time it can be utilized all over India.

A fundraising workshop was held 27-30 May with an aim to strengthen the fundraising capacity at state and district level were finalized. Four representatives from each state, one from state branch and three from district branches participated.

Outlook for 2002-2004: As agreed with the IRCS GSB, activities to be implemented in Gujarat include:

1. Organizational and human resource development;
2. Clarify the role of paid staff within the GSB;
3. Formulate a branch development plan in Gujarat: institutional analysis at GSB and key district and sub-district branches through a three-day workshop, inter-branch visits, SWOT analysis, setting objectives and designing a plan of action;
4. Conduct further training and workshops for branches according to their needs;
5. Implement regular IRCS induction courses;
6. Create an IRCS information centre;
7. Develop the state Youth Red Cross.
8. Financial resource mobilization: diversify the organisational sources of income.
9. Strengthen the branch network:
10. Appoint one staff as a liaison officer in charge of maintaining regular contact with district branches;
11. Appoint one member in each district branch who will be in charge of maintaining regular contact with sub-district branches; and,
12. Publish a quarterly newsletter of GSB.

- **Human Resource Development**

Objective 1: Improved systems for recruitment, development and maintenance of staff and volunteers at IRCS National Headquarters and in the branches.

Achievements to date: Comprehensive investment in IRCS governance, staff and volunteers is required in order to build the capacity to respond more effectively to disasters and enable and facilitate OD activities of the society, including enhanced management capacities, better skills and more effective systems and procedures at all levels. In December 2001, representatives from five IRCS state branches attended the South Asia regional human resources development workshop. The participants pledged to submit a report to the IRCS secretary-general and the board recommending the adoption of the Federation policy on volunteering and gender policy.

An induction course for national staff from the Federation, SRC and AmCross was organized on 26-27 February 2002. A planning and budgeting workshop for 10 IRCS NHQ staff was done on 9 March 2002. In addition, three IRCS staff attended the regional change management workshop in Sri Lanka 26-28 March 2002.

Outlook for 2002-2004: Planned activities to meet this objective are:

1. Conduct a comprehensive review of the efficiency and effectiveness and optimum use of human resources at NHQ and at branch level to determine areas for improvements;
2. Develop a comprehensive human resource development policy, plan and system for staff as well as a national volunteer policy and plan;
3. Develop a volunteer recruitment and management system that meet the need of disaster preparedness and response activities;
4. Develop appropriate curricula identified in the overall human resource development plan of the IRCS;
5. Undertake a phased training programme for governance, managers, staff and volunteers;
6. Undertake a phased training programme for programme managers, other relevant staff and volunteers in Gujarat state and district branches to improve the branch capacity to implement programmes;
7. Conduct a phased programme of management development training for managers; and,
8. Provide necessary equipment and training to support the departments dealing with human resource development at NHQ.

- **Finance Development**

Objective 1: Develop the capacity for financial planning, management and reporting.

Achievements to date: In January 2002 there were several meetings between the Federation OD delegate based in Delhi and the IRCS finance director. Since the appointment of a new director in 2000 there have been considerable improvements in the IRCS finance department. However, as pointed out during the December partnership meeting, due to the financial management required for this operation alone the IRCS recognises the necessity to strengthen the IRCS capacity for financial planning, monitoring and reporting. The IRCS finance department has put on trial a new financial system and is also working on developing a project document on a new project cell to deal with the working advances provided by PNS, the Federation and other external donors.

Outlook for 2002-2004: Planned activities to meet this objective are:

1. Review the existing financial planning and management systems in the National Headquarters (NHQ) with recommendations for future improvements and agree on a forward finance development action plan;
2. Develop a common IT policy as well as the IT hardware and software platform and standards;
3. Establish a project section within the finance department with the main task to handle working advances provided by the Federation and other National Societies;
4. Establish and use the software SCALA or similar, with the aim to be fully operational in mid 2002;
5. Conduct financial training for management and other staff in the NHQ during 2002 and state branches on an accounting manual updated procedures, basic accounting, budgeting techniques and reporting skills;
6. Review the existing financial planning and management systems in the state branches with recommendations for future improvements;
7. Facilitate the development and implementation of the branch finance development plan tender for software development in selected branches to pilot a new accounts system; and,
8. Provide necessary equipment and training to support the finance department at NHQ.

• **Information Development**

Objective: Develop and improve the internal and external communications strategy of the Indian Red Cross, and enhance the strategic relationship between the society and the media.

Background: Currently the IRCS lacks a national communications strategy leading to inconsistent and uncoordinated information activities. A national communications strategy, consistency and coordination in information activities are therefore needed. This approach will result in better understanding of the Society's role in India in general and improve fundraising opportunities at all levels.

Achievements to date: In commemoration of the earthquake, the IRCS and the Federation worked together on a media campaign highlighting the contributions made by the society during the relief and recovery phases: an IRCS/Federation jointly hosted press conference in Bhuj on 24 January 2002, a press release circulated by the Federation to local, national and international media on 26 January from Bhuj, Delhi, Geneva, and PNS, and a separate news conference by the IRCS secretary-general in Delhi on 29 January. The information department has also produced a development plan and budget for 2002-2003. The society's publicity efforts have received wide media coverage in the events of relief operation in Ahmedabad during the communal riots in Gujarat as well as a national campaign against misuse of Red Cross emblem on the World Red Cross Day. The Society has also launched a new web site <www.indianredcross.org>.

Outlook for 2002-2004: Planned activities to meet this objective are:

1. Develop and support the implementation of the IRCS communications policy, strategy and plan of action for information activities;
2. Develop a communication training module for integration in other training;
3. Support the recruitment of a reporting officer at NHQ;
4. Conduct a media training for key governance and staff in the society;
5. Conduct a national information training workshop to strengthen the skills of the IRCS information staff;
6. Publish a general brochure on the activities of the IRCS in English and Hindi;
7. Establish an integrated database of media contacts and a photo archive within the NHQ;
8. Provide media contacts at national and state levels with regular information on the activities of the IRCS;
9. Plan and implement, at national and state levels, media activities linked to the International Red Cross Red Crescent public relations campaigns;and,
10. Provide necessary equipment and training to support the information department at NHQ.

- **IRCS Central Training Institute (CTI)**

Objective: Rehabilitate the IRCS Central Training Institute.

Background: The IRCS Central Training Institute (CTI) located at Bhabadurgarh, approximately 30 km away from New Delhi, was built in 1986 but has rarely been used for training purposes due to lack of funds. The complex comprises a training centre with several meeting rooms and accompanying dormitories. The Bhabadurgarh warehouse complex is located on the adjacent site.

Achievements to date: The initial assessment of the complex showed that due to the lack of maintenance the whole complex is in a dilapidated state and without major improvements the buildings are unfit for use. Following a thorough technical assessment, basic repair and renovation work was initiated on the main auditorium hall to activate training programmes in the facilities. Two training workshops have been held at the facility since March 2002. A draft plan for the entire rehabilitation of the CTI will soon be presented.

Outlook for 2002-2004: Planned activities to meet this objective are:

1. Assess the quality of the existing structure and prepare a budget for its successful rehabilitation;
2. Rehabilitate the CTI according to the prepared plan and to the standards that allow IRCS to save long-term costs in the provision of residential training accommodation;
3. Determine the exact business needs to turn the institute into a manageable and sustainable component of IRCS; and,
4. Develop a business plan including a feasibility study on the cost recovery potential of CTI.

- **Disaster Preparedness and Response (DP/DR)**

Background: The goal of the capacity building disaster preparedness and response (DP/DR) project is to enable the IRCS to become a leading disaster management agency in India. Improvement of IRCS DP/DR capacities will allow the society from NHQ through its extensive network of branches to respond to disasters and where appropriate, help communities in disaster prone areas prepare for disasters. The project has been adapted in line with the limited funds pledged, reduced time frame, capacity constraints in the IRCS NHQ and decision not to place a DP delegate in Gujarat. The result is that up to eight disaster prone states will receive DP/DR assistance and support for limited community based disaster preparedness (CBDP) on a need basis. The approach to training will be to fully utilise existing IRCS expertise, draw in external expertise in India and build regional training teams to meet regional needs within the country rather than a centralised and mobile team approach. Three of six regional warehouses will be prioritised for rehabilitation, three of the four planned mobile disaster units (MDU) established and a contribution made towards the costs for the DMC.

Objective 1: Establish a functional IRCS disaster management network.

Achievements to date: A DP delegate was appointed in July 2001 (and coordinated the India floods 2001 operation for two months) and, has been working closely with a small DP team at IRCS NHQ which comprises a senior disaster management adviser seconded from the Ministry of Agriculture's disaster management department, and the IRCS junior relief coordinator who was later reassigned as DP officer having completed disaster management training in Bangkok. A disaster coordinator and staff have been recruited in Assam. In addition, a DP sectoral group has been established since October 2001 and is now coordinating IRCS DP projects in India. Networks have been established with SPHERE pilot agencies, Government of India-NGO Disaster Preparedness and Response committee and UNDP. Meanwhile, a DP officer is being sought for the IRCS Gujarat state branch.

IRCS have secured local funding for the rehabilitation and modification of a warehouse in the IRCS compound in central Delhi to a disaster management centre. Retrofitting has been completed to the inside to render the building earthquake proof with the assistance of technical experts from the department of earthquake engineering at Roorke University. Planning for the second phase to equip the centre has been completed with the assistance of the AmCross disaster response unit. Internal refurbishment, fittings of partitions and modular furniture have been completed. The entire renovation work is due to complete in the first week of July.

Outlook for 2002-2004: Remaining activities to achieve this objective are:

1. Establish criteria for the selection of disaster prone states;
2. Orientate the state branch DP officer to strengthen DP/DR capacity in the state and district branches;

3. Identify and transfer IRCS personnel for the DM department at NHQ in order to strengthen DP/DR capacity;
4. Identify and equip a disaster coordinator in two other states;
5. Review the role of the IRCS national DM committee;
6. Review the function and role of existing state branch disaster relief committees and develop committees for the oversight and where necessary management of DP/DR activities;
7. Conduct two conferences per year for disaster management and coordination for key NHQ and state branch staff; and,
8. Identify and equip where necessary disaster coordinators in up to four states.

Objective 2: Establish an operational IRCS Disaster Response Team and Mobile Disaster Units (MDUs) facilitating disaster coordination and information management in India's most disaster-prone zones.

Achievements to date: The concept of air portable MDUs has been developed and an equipment list defined with reference to the Federation FACT (field assessment coordination team). An experimental MDU has been set up for consultation with IRCS logistics staff.

Outlook for 2002-2004: Remaining activities to achieve this objective are:

1. Further design and equip three fully resourced air portable units;
2. Identify national disaster response team;
3. Participate in regional disaster assessment and response training courses;
4. Write standard operational procedures for the deployment of the units and disaster coordination and information management;
5. Deploy two units in preparation for forthcoming disasters; and,
6. Use the units for training and exercise the deployment of each unit through a disaster simulation revising equipment levels and SOPs where necessary.

Objective 3: Initiated disaster preparedness and response pilot projects and community based disaster preparedness (CBDP).

Achievements to date: A pilot project for disaster reduction (part of a wider regional partnership with Britain's Department for International Development - DFID) has operated since July 2001. DP stocks for 10,000 families have been prepositioned in the Gawahati warehouse and extension of storage capacity initiated. A lesson learning review of 2000 floods has been held, staff recruited and state and district offices equipped. A training of trainers workshop has also been held for staff and 40 volunteers in community based disaster preparedness and mitigation. Training materials have been translated into Assamese. Two first aid and DP workshops have been held in two pilot districts and the mobile health teams fully involved in the CBDP process. Four pilot communities have been selected in two districts according to agreed criteria. In addition, four community workshops have been convened and community plans developed. Disaster mitigation activities have been planned and work commenced to raise flood platforms and install water and sanitation facilities at flood evacuation sites.

The time frame of the Assam disaster reduction programme (DFID) project has been extended by six months to the end of 2002 and a new budget prepared with IRCS. The Assam branch facilitated a DP workshop in Arunachal Pradesh (with training material from disaster reduction project) at the request of the state government for government officers and NGOs which was reported to be a great success. Detailed community DP plans have also been initiated. Discussions were held by the DP delegate and Regional Delegation with ICRC to prepare for meetings with DFID (India) concerning the possibilities of long-term integrated risk reduction funding for DP/DR focusing on states in tension or conflict. A concept paper was subsequently developed for presentation to DFID (India) in early April.

A CBDP training has been held 15-17 May in Gandhidham for IRCS field health workers in Kutch. A visit will be arranged to Ahmedabad to discuss Gujarat DP/DR programme, especially the logistics and DR training aspects.

Outlook for 2002-2004: Remaining activities to achieve this objective are:

1. Design and implement community risk reduction measures in the targeted communities;
2. Conduct training for IRCS Assam branch staff and volunteers in disaster management;

3. Design and equip a mobile disaster unit;
4. Use MDU for training and exercise the deployment through simulation;
5. Conduct second lessons learned and planning exercises and develop these as case studies for future training and for sharing with others;
6. Produce a video documentary on CBDP project in one community and use it for learning and sharing experience;
7. Coordinate with government and NGOs for training and knowledge sharing.

Objective 4: Establish a functional intra net system to connect the disaster management department at national headquarters with state branch disaster coordinators and zonal warehouses.

Achievements to date: Funding for the intranet system for IRCS NHQ is provided for in the OD budget. Planning for the intranet has been initiated with the design of the DMC including incorporation of the Federation new disaster management information system (DMIS).

Outlook for 2002-2004: Remaining activities to achieve this objective are:

1. Clearly define an IT strategy and intranet system requirements for IRCS DP/DR;
2. Facilitate the connection to the state branches;
3. Link intranet system with other institutes and DM agencies and work out the possible modalities for IRCS contribution to DMIS.

Objective 5: Develop and disseminate IRCS disaster preparedness and disaster response policies and disaster management plans at national and branch level.

Achievements to date: Contacts have been made with disaster management authorities of Gujarat, Assam and Orissa states and a close relationship made with UNDP for the support of disaster management planning in key disaster prone states. IRCS, in close coordination with partner societies in India through the DP sectoral group, have committed themselves to the application of SPHERE standards to the development of a new procurement policy and to the dissemination of SPHERE throughout the organization, the resourcing of manuals and use in evaluation of disaster response operations. The much awaited high powered committee report on disaster management has now been released, timely for IRCS to review its role in disaster management.

Outlook for 2002-2004: Remaining activities to achieve this objective are:

1. Using the 'Well Prepared National Society' model and in close cooperation with government, UN and NGOs active in DM, clearly define IRCS role and sectors of intervention in DP/DR and promote IRCS into the position of leading DM agency in India;
2. Review existing IRCS operational DP/DR practices and procedures, draw from best practice identified in IRCS DM programmes, develop and authorise new practices and procedures where necessary and share operational policies with other agencies involved in DM to contribute to development of interagency policy;
3. Incorporate India's market norms into SPHERE Standards in close cooperation of Pilot Agency working group;
4. Promote DP/DR policies to state and district branches;
5. Initiate a pilot DP/DR planning exercise in Gujarat in close cooperation with government, UN and other agencies;
6. Develop and write DP/DR plans for Assam and Andhra Pradesh in 2002 and remaining period of the operation.

Objective 6: provide proper training to key staff and committees in disaster preparedness and disaster response.

Achievements to date: A DP training module has been developed and trialed in Assam. Training materials for Red Cross societies in South Asia have been reviewed. A disaster assessment and response training programme was completed on 15-24 April with Federation input and will be replicated. The IRCS DP Officer has received disaster management training at ADC Bangkok and a disaster preparedness logistics training module has been designed and implemented at a workshop which was held successfully at the CTI 4-8 March. Technical sessions on procurement, storage, warehouse security, transport, telecommunication and power generating were addressed. As a result of the workshop, work on the draft of a procurement manual was

initiated and finalised. The IRCS senior DM adviser completed the disaster assessment and response training of trainers in Hungary and the junior relief coordinator contributed to the regional workshop on best practice initiative and SPHERE in Sri Lanka 17 to 21 March.

Outlook for 2002-2004: Remaining activities to achieve this objective are:

1. Review previous DP training initiatives and in close cooperation with other agencies and experts involved in disaster management, revise and develop a standard national IRCS training curriculum;
2. Develop training modules and materials;
3. Map the existing trained human resources within and outside IRCS which lead to national training team;
4. Regionalise training teams according to needs;
5. Conduct annual training of trainer workshops in effective skill building techniques and two logistics management workshops;
6. Execute training programmes in state branches ensuring a high degree of coverage on key areas; and,
7. Widen courses for staff of other agencies involved in DM including other sister societies in South Asia.

Objective 7: Establish a functional IRCS disaster preparedness and disaster response knowledge sharing unit based in New Delhi.

Achievements to date: A policy of learning from major disasters has been implemented with lessons learning reviews conducted for floods 2000 in Assam during August 2001 and floods 2001 in Orissa October 2001. IRCS actively participated in the regional DP workshop in October 2001. Lessons learned from cyclone preparedness projects have been shared by IRCS and PNS operating in India at the DP sectoral meeting in November 2001 leading to the planning of the Andhra Pradesh project. Links have been established with the National Centre for Disaster Management and the Disaster Management Institute in Ahmedabad.

Meetings were held with the German National Committee for Global Change concerning the use of remote sensing in disaster preparedness and with the new USAID humanitarian adviser. Assistance was given to Tearfund UK and NEICORD (local disaster mitigation NGO based in Meghalaya) for the preparation of their regional disaster management consultation and field visit in Assam. The DP delegate and IRCS Assam branch contributed to this consultation held 10-12 April.

Outlook for 2002-2004: Remaining activities to achieve this objective are:

1. Establish an IRCS knowledge sharing unit at the DMC for evaluation and lessons learned from DP activities and response operations to be built into training courses and revision of operational policies;
2. Recruit resource coordinator and assistant;
3. Identify disaster management institutes in India and define strategic alliances;
4. Conduct a learning review with IRCS and promote the lessons learnt from Gujarat earthquake operation;
5. Review previously produced material by IRCS and other organizations involved in disaster management and define requirements for information, education and communication (IEC) materials;
6. Produce written IEC materials in the form of leaflets and quality DP videos;
7. Share the knowledge and IEC materials with other agencies involved in disaster management including other sister societies in South Asia and conduct exposure visits elsewhere in the region.

Objective 8: Ensure sustainability of all existing Red Cross cyclone programmes and expansion to selected states.

Achievements to date: More detailed planning has taken place with German Red Cross based on the Orissa disaster management programme (ODMP). Progress awaits further resourcing although IRCS have now given their authorisation for this project to proceed.

Outlook for 2002-2004: Remaining activities to achieve this objective are:

1. Assess present and potential future capacity and interests of the IRCS state and district branches in Andhra Pradesh to launch a community based DP programme for cyclones;
2. Social and engineering assessment of the condition of a targeted group of existing Red Cross cyclone shelters in Andhra Pradesh with local consultants;
3. Preliminary selection of promising sites for a community based cyclone preparedness programme as per selection criteria to be developed;

4. Bring together Orissa state branch and other branches, NGOs and government to review training modules and recommend key aspects of a Red Cross CBDP training module;
5. Assist the Federation and IRCS in initiating and introducing CBDP training in prioritised states; and,
6. Based on lessons learnt from ODMP, review the situation of the Federation funded 10 cyclone shelters in Orissa and make recommendations for Orissa state branch to improve social mobilisation and training programmes for increased sustainability of these shelters.

Objective 9: Establish a logistics management system in strategically sited and rehabilitated warehouses.

Achievements to date: A logistics delegate was recruited and is working closely with IRCS relief and stores department since October 2001. DP stock rationalisation has progressed with DP stocks donated to the IRCS transferred to the Delhi warehouse. Five of six warehouses have been inspected and a training course for warehouse managers has been designed. 10,000 metres of cloth sheeting and 2,658 towels for India 2001 Flood appeal have been procured. An initiative to harmonise international and Indian procurement standards is underway starting with the floods 2001 procurement.

Outlook for 2002-2004: Remaining activities to achieve this objective are:

1. Continue and complete development of the database of suppliers;
2. Conduct a logistics management review, considering previous surveys and hazard mapping exercises to evaluate appropriate options for a IRCS DP/DR logistics management system considering procurement, pre-positioning, warehouse location, contracted supply and transportation and design new system;
3. Develop a nationwide procurement policy;
4. Procure trucks and warehouse equipment (in addition to those donated by AmCross) and position in appropriate locations;
5. When funding is available, carry out essential rehabilitation of selected warehouses, starting with Gujarat and then other states and zones, and review stock levels, types, pre-positioning requirements and procure appropriate levels of DP stocks.

- ***Capacity Building Programme Coordination***

The capacity building coordination group focuses on long term policy making and coordination of the IRCS capacity building efforts and, since February 2002, has met on the first day of each month. The group comprises the Federation's health, OD and DP delegates in Delhi and the IRCS deputy secretary - medical, senior disaster management advisor and special officer to the secretary-general, with standing invitations to the IRCS secretary-general and the Federation's head of delegation of the India Operations Centre to attend as observers.

The plans developed by the CB group is implemented by the OD Group comprising the Federation's OD delegates in Delhi and Gujarat and IRCS special officer to the secretary-general, IRCS information officer, finance officer and the head of youth. The group meets monthly at the end of the month in Delhi and makes a report to the subsequent CB Meeting.

4. Programme Management and Coordination

Background: A team of Federation delegates and national staff are supporting the implementation of Gujarat earthquake recovery and rehabilitation programmes, working in conjunction with the managerial and technical teams in the South Asia Regional Delegation and maintaining regular interaction with the ICRC office in Delhi. Services and support available to the IRCS and PNS offices in India include programme/project coordination, finance, human resources, telecommunications, logistics, reporting, security and public relations. Programmes are coordinated from the Federation IOC within the IRCS NHQ complex in Delhi and through field offices in Bhuj and Rajkot. In addition, temporary IRCS/Federation site offices are established in Mandvi, Rajkot and Surendranagar to ensure effective monitoring of reconstruction activities. IRCS projects implemented in partnership with American, British, Spanish Red Cross and the consortium are being supported from PNS offices in the IOC and field offices in Patan, Ghandhidam, Surendranagar and Jamnagar.

Achievements to date: Following the December partnership meeting, significant savings and reductions of budgets are being achieved through cuts and reallocations, with the new overall figure for a three year operation less than CHF 3 million compared with nearly CHF 7 million in the previous budget. The

complement of the Federation delegation is being downsized mainly through combined duties or national replacement except in cases where replacement by expatriates is considered critical to ongoing programme and service delivery.

The IOC has been working closely with the desk officers and other technical departments in Geneva, PNS and the IRCS to develop memorandums of understanding and cooperation agreements, and on the operation reshaping process to reach the balanced budget for the three year post-earthquake rehabilitation.

Coordination efforts in issuing regular security updates and advices during the communal riots and heightened period of cross-border tensions have been greatly appreciated by the PNS.

Budget

See Annex 1 for details. Appeal coverage stands at 74.6 percent. Further contributions are required in order to ensure successful implementation of the operation.

For further details please contact: Tatjana Tosic, Phone : 41 22 4429; Fax: 41 22 733 03 95; email: <tosic@ifrc.org>.

All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

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INDIA EARTHQUAKE REHABILITATION OPERATION**Calendar of key events for June/July 2002**

Date	Event	Location	Organiser
Mondays Tuesdays Saturdays	RC field workers weekly meeting	Rajkot Jamnagar Kutch	IRCS/Fed
Jun 3-21	TBA training	Nakhatrana, Kutch	IRCS/Fed
Jun 6-8	CBFA training for RC volunteers	Jodiya, Jamnagar	IRCS/Fed
Jun 11-13	CBFA training for RC volunteers	Bhuj, Kutch	IRCS/Fed
Jun 12-14	CBFA training for RC volunteers	Abdasa, Kutch	IRCS/Fed
Jun 19	OD meeting	Delhi	IRCS/Fed
Jun 24	Health sectoral meeting	Delhi	IRCS/Fed/AmCross/SRC
Jun 24	Interagency Health Meeting	Delhi	IRCS/Fed/UN/WHO/NG O
Jun 27-29	CBFA training for RC volunteers	Wankaner, Rajkot	IRCS/Fed
Jun 28-30	Dissemination course for IRCS	Delhi	IRCS/ICRC/ Fed
Jun 30 (tbc)	Handover of the RC orthopaedic centre	Ahmedabad	IRCS/GRC
Jun/Jul (tbc)	ICDS training for anganwadi workers	5 talukas, Kutch	IRCS/Fed/ICDS workers
Jun/Jul	Meeting of district branches for health mapping	Delhi	IRCS/Fed
Jul 2-4	CBFA training for RC volunteers	Padadhari, Rajkot	IRCS/Fed
Jul 3-5	CBFA training for RC volunteers	Dhrol, Jamnagar	IRCS/Fed
Jul 5	Planning Processing & Budgeting workshop	DMC, Delhi	IRCS/Fed
Jul 7	Opening of IRCS Disaster Management Centre	Delhi	IRCS/Fed
Jul 21-26	Health emergency workshop	CTI, Delhi	IRCS/Fed
Jul 24-26	CBFA training for RC volunteers	Tankara, Rajkot	IRCS/Fed
Jul (tbc)	CBDP training for RC field workers from Rajkot and Jamnagar	Rajkot	IRCS/Fed
Jul/Aug (tbc)	TBA Trainers workshop for government Primary Health Centre staff	Rajkot	IRCS/Fed/ CDHO (Rajkot)
Jul/Aug (tbc)	CBFA training for new RC field workers from Rajkot, Jamnagar, Surendranagar, and IRCS Tamil Nadu and Bihar branch representatives	Rajkot	IRCS/Fed
Aug 16	OD Meeting	Delhi	IRCS/Fed
Aug (26-29 tbc)	2nd Rehabilitation Consultative Committee meeting	Delhi	IRCS/Fed/PNS
tbc	Official handover ceremony of Bhuj general hospital	Bhuj, Kutch	IRCS/Fed
tbc	CB meeting	Delhi	IRCS/Fed

India earthquake rehabilitation						ANNEX 1
APPEAL No. 20/2001		PLEDGES RECEIVED			27.06.2002	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				29'526'970		TOTAL COVERAGE 74.6%
AUSTRALIAN - RC		14'763	AUD	13'731	06.06.2001	DISASTER RESPONSE
AUSTRALIAN - RC		400'000	AUD	334'720	08.11.2001	WATER & SANITATION, C B HEALTH PROJECT
AUSTRIAN - RC		139'452	EUR	210'782	25.07.2001	PRIVATE HOUSING RECONSTRUCTION, DIRECT
AUSTRIAN - RC		145'000	EUR	219'168	03.07.2001	WATER PROJECT
BRITISH - RC		224'719	GBP	537'078	06.08.2001	HOSPITAL
BRITISH - RC		214'830	GBP	513'444	06.08.2001	DAM/WATER CATCHMENT & VILLAGE WATSAN EDUCATION
BRITISH - RC		50'000	GBP	120'000	22.11.2001	DP/DR PROJECT
CANADIAN - RC		250'000	CAD	262'375	10.12.2001	COMMUNITY BASED HEALTH
CANADIAN - RC		250'000	CAD	260'325	22.03.2002	COMMUNITY BASED HEALTH, RECONSTRUCTION & ORGANISATIONAL DEVELOPMENT
FINNISH - GOVT		336'376	EUR	496'087	04.12.2001	BHUJ TEMPORARY HOSPITAL
FRENCH - RC				462'000	29.01.2002	CONSTRUCTION HEALTH FACILITIES
FRENCH RC, GUADELOUPE BRANCH		18'000	USD	29'011	02.01.2002	INTEGRATED HEALTH
GERMAN - RC				19'296	31.08.2001	
GERMAN - RC				176'500	31.08.2001	
CHINA/HONG KONG - RC				821'000	24.04.2002	INTEGRATED HEALTH
INDIA - PRIVATE DONOR		500'000	INR	17'100	20.12.2001	RECEIVED BY DELEGATION
INDIA - PRIVATE DONOR		1'000	USD	1'679	14.09.2001	RECEIVED BY DELEGATION
INDIA - PRIVATE DONOR		10'425	INR	399	31.12.2001	RECEIVED BY DELEGATION
INDIA - PRIVATE DONOR		459'837	INR	16'085	26.02.2002	RECEIVED BY DELEGATION
PRIVATE DONORS				222	26.02.2002	
JAPANESE - RC		704'850'000	JPY	9'617'678	03.12.2001	C B HEALTH, HEALTH FACILITIES, WATSAN, DP AND RESPONSE, MGT & COORD.
KOREA, REPUBLIC - RC		34'026'511	WON	46'616	19.07.2001	
MACAU - RC		13'770	USD	24'442	20.08.2001	DEVELOPMENT
MALTESE - RC				6'254	08.01.2002	
MONACO - RC		488'570	FRF	112'096	23.07.2001	
NETHERLANDS - RC		1'450'000	NLG	989'552	14.08.2001	INTEGRATED HEALTH
NEW ZEALAND - RC		54'220	NZD	37'889	07.12.2001	
NORWEGIAN - GOVT/RC		3'236'246	NOK	600'230	19.10.2001	PREFABRICATED HOSPITAL
NORWEGIAN - GOVT/RC		350'246	NOK	64'620	18.12.2001	DP & DR
PRIVATE DONORS				981	01.11.2001	
PRIVATE DONORS				494	23.10.2001	
PRIVATE DONOR				990	18.02.2002	
SINGAPORE - RC				2'416'000	23.01.2002	2 UNITS OF PHC & 46 UNITS OF ANGANWADIS
SOUTH AFRICAN - GOVT		100'000	INR	3'420	12.09.2001	RECEIVED BY DELEGATION
SPANISH - RC		66'110	EUR	97'770	14.01.2002	PROGRAMME MANAGEMENT & CO-ORDINATION BUDGET
SWEDISH GOVT/RC		10'000'000	SEK	1'700'000	30.01.2001	REALLOCATION FROM E.A. 04/01, CAPACITY BUILDING
SWEDISH - RC		6'000'000	SEK	932'400	12.11.2001	HEALTH PROGRAMME
TAIWAN - RC		2'305	USD	3'772	19.12.2001	
SUB/TOTAL RECEIVED IN CASH				21'166'206	CHF	71.7%

KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
Austria	Delegate(s)			39'753		
Australia	Delegate(s)			88'213		
Canada	Delegate(s)			48'624		
Denmark	Delegate(s)			59'959		
Finland	Delegate(s)			59'794		
Germany	Delegate(s)			90'184		
Great Britain	Delegate(s)			219'793		
Japan	Delegate(s)			59'959		
Netherlands	Delegate(s)			98'233		
Sweden	Delegate(s)			111'046		
SUB/TOTAL RECEIVED IN KIND/SERVICES				875'558	CHF	3.0%
ADDITIONAL TO FEDERATION BUDGET (BILATERAL PROGRAMMES)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
AMERICAN RED CROSS				9'771'580		
CANADIAN RC				2'407'500		
ITALIAN RC				294'960		
BRITISH RC				3'837'000		
SPANISH RC				2'000'000		
GERMAN RC				2'055'000		
CONSORTIUM (AUSTRIA / BELGIUM / GERMANY)				3'697'000		
SUB/TOTAL RECEIVED				24'063'040	CHF	

**Appeal 20/2001
India earthquake rehabilitation
Revised budget**

Years 2001 to 2003	2001	2002	2003	Total
Shelter & constructions	1,559,039	890,150	140,000	2,589,189
Clothing & textiles		3,300		3,300
Food & seeds	64,157	18,650		82,807
Water & sanitation	5,983	12,360		18,343
Medical & first aid	9,711	113,733	92,447	215,891
Teaching materials	1,974	133,150	1,200	136,324
Utensils & tools	6,799	700		7,499
Other relief supplies	5,626	114,495		120,121
Sub-total	1,653,289	1,286,538	233,647	3,173,474
Buildings	990,355	6,862,925	1,483,055	9,336,335
Vehicles	7,621	28,000		35,621
Computers & telecom. equipment	50,338	384,150	36,000	470,488
Medical equipment				
Other equipment	58,491	104,635		163,126
Sub-total	1,106,805	7,379,710	1,519,055	10,005,570
Programme management	400,154	1,097,789	445,612	1,943,555
Technical support	119,806	328,620	133,392	581,818
Professional services	132,904	364,438	147,932	645,274
Sub-total	652,864	1,790,847	726,936	3,170,647
Warehousing and storage, logistics support	16,617	15,460	4,350	36,427
Vehicle costs	53,784	193,520	140,830	388,134
Sub-total	70,401	208,980	145,180	424,561
Expatriate staff and operational support	1,865,864	1,582,132	977,460	4,425,456
National staff	472,941	1,339,979	1,087,264	2,900,184
Sub-total	2,338,805	2,922,111	2,064,724	7,325,640
Travel & related expenses	158,840	389,125	262,890	810,855
Information expenses	20,491	159,235	107,255	286,981
Administrative & general expenses	528,614	1,515,289	998,207	3,042,110
Ops support admin costs		-80,436	-48,754	-129,190
External workshops & seminars		688,419	578,753	1,267,172
Provisions	107,950	20,600	20,600	149,150
Sub-total	815,895	2,692,232	1,918,951	5,427,078
Total	6,638,059	16,280,418	6,608,493	29,526,970

