

EMERGENCY APPEAL



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: EARTHQUAKE REHABILITATION

**Appeal no: 20/01
9 July 2001**

***THIS PRELIMINARY APPEAL SEEKS CHF 60.6 MILLION IN
CASH, KIND AND SERVICES TO ASSIST IN THE
RECOVERY AND REHABILITATION PHASE FOR THREE
YEARS***

The Situation

On Friday, 26 January, a series of powerful earthquakes struck Gujarat state (estimated population 50.6 million) in western India, peaking at a massive 7.9 on the Richter scale, with tremors being felt across several states as well as in Delhi and Mumbai (Bombay) and in neighbouring Pakistan. The epicentre of the quake was 30 km north of the town of Bhuj, in Gujarat's Kutch district (estimated population around 1.6 million), while, at the same time, seriously affecting all the area within a range of 100 km from the epicentre. Infrastructure was severely damaged, resulting in large scale collapse of buildings, mine cave-ins, train derailments and power failure, cutting off the water supply. A series (more than 400) of aftershocks kept the population and the authorities on constant alert for quite a while. India is divided into five seismic zones with respect to severity of earthquakes. The entire Kutch area lies close to the western margin of the Indian plate and falls into zone five. It is thus very prone to earthquakes.

The International Federation launched a preliminary appeal on the very day of the disaster seeking CHF two million to assist 50,000 beneficiaries with immediate relief. Based on the first assessment and coordination team (FACT) reports, however, the revised appeal launched on 30 January sought CHF 25.6 million to assist 300,000 beneficiaries for four months. Around 50 Red Cross and Red Crescent Societies, governments, international organizations, the European Community Humanitarian Office (ECHO) and private enterprises responded to the appeal in cash, kind and services. During the emergency relief phase, the main objective was to support the Indian Red Cross Society (IRCS) in providing the beneficiaries with essential shelter, health and medical services, safe water and other urgently needed relief items.

Within a month after the disaster, however, the authorities started planning recovery and rehabilitation indicating their wish to make the affected population active participants rather than passive beneficiaries as fast as possible.

In March, a comprehensive assessment of the situation and of potential further action was conducted by a Federation mission resulting in a report containing recommendations for possible further involvement of the Red Cross and Red Crescent partners in Gujarat. On 22-23 March 2001, a partnership meeting was held in New Delhi, confirming the recommendations from the Federation's assessment report. Some 20 donor national societies committed to further support the Indian Red Cross Society in its efforts to alleviate the suffering of the affected population.

From that point onward, the transition to recovery and rehabilitation started developing in parallel with the ongoing relief operation. Resourcing various Red Cross and Red Crescent project proposal teams has proved, however, to be a considerable challenge for the Federation membership and their deployment lasted longer than initially envisaged. By mid-June projects proposed for the continued Red Cross and Red Crescent operation were completed.

This request for assistance is based on recommendations from all collected project proposals focusing on the needs in three major areas: health, reconstruction and capacity building. In the period from July to September 2001, the project teams will develop a detailed plan of action for each project as well as detailed budgets.

The Needs

Immediate Needs w

In March 2001, the Federation's assessment team travelled extensively in the affected area and, together with the Indian Red Cross Society, identified the need for a consolidated and comprehensive framework for the Red Cross and Red Crescent action in the medium and long term.

A comprehensive and definitive assessment and survey conducted in April and May within this framework by the project proposal teams, in and outside the district of Kutch, addressed the outstanding relief needs, longer term shelter and social infrastructure needs, clean water and basic sanitation, water collection and harvesting, community level

Programme	Project
Integrated Health Programme	
	1) Community based health
	2) Reconstruction of health facilities
	3) Water and sanitation
	4) Psychological support
	5) Prosthesis project
Rehabilitation/Shelter Programme	
	1) Private housing reconstruction
Capacity Building Programme	
	1) Organizational development
	2) Finance development
	3) Information development
	4) IRCS Central Training Institute
	5) Disaster preparedness and response
	6) Programme technical support
Programme Management and Coordination	
	1) Delhi, Ahmadabad, field offices
	2) Renovation of field offices IRCS/Fed

health education and awareness, need for prosthesis, psychological support and capacity building of local communities and the IRCS.

The outstanding needs were presented in programme profiles, including relief, health, reconstruction, water/sanitation and disaster preparedness and response. Their assessments within the fast changing environment showed that:

1. there were no further basic earthquake-related emergency relief needs in the affected areas as all outstanding needs were being covered by the efforts of the IRCS/Federation relief team and other local and international agencies during these two months and the authorities were eager to see the economy work again;
2. the authorities themselves and some local and international NGOs were already in the initial phase of reconstruction and, therefore, the Red Cross and Red Crescent reconstruction plans and locations had to be

renegotiated and re-adjusted, while the construction of schools and larger earthquake-damaged water system facilities was cancelled altogether.

Individual programmes and their respective projects were developed by the assessment teams in the field during the transition phase. The Federation consolidated these into draft proposals which were discussed with the IRCS and thereafter shared with donor national societies for their information and input in mid-June. These respective programmes and project proposals are available upon request.

The Proposed Operation

Objectives and Activities planned w

Through the above-mentioned programmes and projects, the IRCS supported by the Red Cross and Red Crescent Movement's partners aims at contributing to the speedy recovery of basic living standards of the affected population of a selected number of districts in Gujarat as well as to the overall capacity building of the national society, including disaster preparedness and response.

Integrated health programme w

In order to reduce degree of vulnerability of people affected by the earthquake, the IRCS/Federation will assist Gujarat authorities in safeguarding the long-term health of over 500,000 people in approximately 400 villages in the districts of Kutch, Surendranagar, Rajkot and Jamnagar as well as in the town of Bhuj with a specific emphasis on the most vulnerable (i.e. maternal and child health in the affected area to reduce the infant and maternal mortality rates).

In order to achieve the above, it will be necessary to fully restore the community-based health structures; a number of permanent sub-health centres (26) and *anganwadis*¹ (600) together with water/sanitation facilities, proper equipment and Red Cross rooms (100).

The IRCS supported by the Federation will continue restoring the water harvesting system (dams and ponds in 120 villages were already rehabilitated in the relief phase) and sanitation facilities in the same number of villages.

To decrease the overall morbidity and mortality rates in the targeted population, workshops will be organized for the primary health centre medical officers, female health supervisors, village nurses (auxiliary midwives) and child development project officers. *Anganwadi* workers and traditional birth attendants will also receive training and will be provided with traditional birth attendant and disposable delivery kits. The health situation of vulnerable population groups will be monitored and primary health care education and first aid campaigns intensified. The government's mobile health clinics will be supported. The role of *anganwadis* will be explained and adequate facilities and educational material provided. Primary health care education and first aid will be intensified through *anganwadi* workers (Red Cross community health volunteers) and will include a child-to-child health programme for primary schools and training of trainers and teachers who will, in turn, provide health education for school children.

Blood facilities in Bhuj hospital will be restored in parallel with a non-remunerated blood donation campaign. Psychological support at different levels and to selected target groups will be provided through consultation, supervision and relevant material. Occupational stress management services to IRCS personnel and volunteers represent an integral part of this programme component.

Iron, folic acid, vitamin A and de-worming tablets will be provided to the target population (mothers/children). Diarrhoea and acute respiratory infections in children under 59 months of age will be controlled. Vector control and other basic health care issues will be discussed through sub-health centres. The trained IRCS personnel from other regions will be included in launching this component of the programme which will, at the same time, strengthen linkage between *anganwadi* centres, primary health centres and sub-health centres and promote nutritional surveillance and management of malnourished children.

¹ *Anganwadis*: community-based, government-run integrated child development scheme

A strategy for an IRCS membership drive will be developed and volunteers recruited among targeted professional groups and among community health volunteers to support the programme on health related issues, including disaster preparedness and community based first aid.

Reconstruction of health facilities project w

In order to safe-guard long-term health indicators of the population in the affected areas, destroyed or damaged health care facilities in the above-mentioned areas will be rehabilitated.

At the initial stage it will be important to establish the technical infrastructure for detailed verification assessments of targeted areas, to deploy technical infrastructure (engineering consulting/project management firm, technical delegates and national staff) and to verify and identify priority geographical areas for health infrastructure reconstruction. Logistical and supervisory support will be needed for construction of the identified health facilities, to make new permanent health facilities seismically resistant and constructed to the best practical construction practices and local regulatory requirements including necessary utilities and secondary facilities.

A total of 600 *anganwadis* with a minimum of 100 Red Cross rooms and 26 sub-health centres (with one staff house for each centre) will be constructed including 100 such rooms attached to *anganwadis* in selected villages. In Bhuj, a temporary structured hospital will replace the tented Red Cross hospital with 250 beds established in the emergency phase. The hospital will be operated by the government during the reconstruction of the permanent government-run hospital.

Water-sanitation project w

Another important factor influencing long-term health indicators of the population is water/sanitation. It is necessary to restore, improve or rehabilitate the water and sanitation environment and support the alternative water source as a supplement to the existing system. In this way, safe and functional water supply will be provided in 400 villages (500,000 beneficiaries) and health care facilities restored by the Red Cross including 600 *anganwadis* and 26 sub-health centres in the districts of Kutch, Surendranagar, Jamnagar and Rajkot.

The water/sanitation team will be focused on: rehabilitation of traditional rain water harvesting structures; increase of water storage capacity and recharge of the ground water table; provision of a reliable long-term alternative to the piped network; improvement of awareness of the relationship between safe water, sanitation and health; reduction of soil erosion around the water harvesting structures; and improvement of safe water supply and adequate sewerage facilities for local communities and health facilities.

The work on the water/sanitation project started already in the relief phase, based on the assessment of urgent needs resulting from the three-year drought in that area and full dependence of the population on governmental water supplies shipped in by truck. In the last ten weeks, ponds and dams in around 120 villages were rehabilitated.

The IRCS/Federation support to local communities will provide an entry point for recruitment of new volunteers and an opportunity for capacity building of the national society.

Psychological support project w

In order to improve the long-term mental health of earthquake victims, a range of measures will be taken to help those suffering from psychological problems to recover. Training will be provided to project staff, mental health professionals and outreach workers in counselling beneficiaries and communities. Consultations, supervision and materials will be available to outreach workers in order to refine their skills and effectiveness and to support them in their work. A referral system for outreach workers and their service recipients will enable them to identify those in need of more intensive care.

It is also necessary to increase the capacity of the IRCS to offer psychological support to the survivors of the earthquake and to meet the occupational stress management needs of its staff and volunteers. A psychological support department will be established at the IRCS which will develop a national project of psycho-social response to disasters as a part of the national disaster management programme. With an increase in the number of trained and practising

staff and volunteers in psycho-social support, a database of experienced Red Cross people will be created to respond to future disasters.

Prosthesis project w

The Red Cross' orthopaedic workshop in Ahmedabad will be rehabilitated and extended. The project proposal still under development by the IRCS will include rehabilitation of the facilities as well as prosthesis production. Amputees and persons with other disabilities will be located and mapped and adequate services will be provided for them.

Private housing reconstruction project w

With support provided through the Federation, the IRCS will assist the government of Gujarat in reconstruction of private houses in the earthquake affected areas in order to provide, as soon as possible, permanent basic housing (400 reconstructed and 300 repaired houses) for affected families.

Reconstructed houses will be safe and sufficient to fulfil basic needs of the beneficiaries and will provide shelter and security for the owners of unsafe and unusable houses. Beneficiaries will acquire basic knowledge about earthquake-resistant building technologies as training will be organized in order to enable them to participate in the construction using the material banks to be established in selected villages. At the same time, the reconstruction activities will represent an opportunity for the IRCS capacity building and recruitment of new skilled staff and volunteers.

The housing project will consist of several phases: the preparatory phase, the pilot project phase and the expansion phase. The preparatory phase will include preparation of necessary project infrastructure, selection of villages for material and tool banks and deployment of technical teams (delegates, IRCS project counterparts, national staff) to villages in order to guide and supervise the implementation of the project.

Work will start in one to two villages with a total of not more than 400 houses. The villages of Tidalala (170 houses with severe structural damage and 10 collapsed houses) and Nalia (50 houses with severe structural damage and 150 collapsed houses) located in the district of Surendranagar, Muli taluka (sub-district), will be taken into account, as they were already visited and made subject to a general survey by the assessment team.

Counterparts to the technical team will be established at the village level (Panchayat, village committee, representatives of different groups or castes, assembly of all families) to discuss and sort out relevant issues. A list of families willing to participate in the project will be prepared. Families that agree to participate in the project will sign a formal commitment defining the scope of support, the conditions and the required input from the beneficiary. An assessment on a house-to-house basis will be carried out prior to starting the project including the degree of destruction and the most appropriate solution for each individual case. The owners/users of the house will be included at all times in this process.

The government of Gujarat has categorized the damage as: non-structural (outside the scope of the project); structural (re-enforcement against earthquakes needed); and collapsed houses (buildings have to be reconstructed). Together with a village committee, the amount of material every family is entitled to and the methodology of distribution will be defined in line with the above-mentioned categories and already received subsidies from the authorities or/and other sources.

The pilot project will introduce reinforced concrete construction technology to local masons. Minimum standards will be established for construction that will have to be followed by beneficiaries in order to be granted all instalments of materials. Once the pilot project is well under way, additional villages will be assessed and selected for further projects. The experiences gained in the pilot phase will be taken into account for the next stage.

Capacity building programme w

In order to enable the IRCS to substantially reduce the degree of vulnerability of the affected population it is important to strengthen its capacity. Appropriate set-up will be established in the Indian Red Cross society in order to better respond to the needs of the affected communities. Institutional, financial and information development, rehabilitation of the society's central training institute and a comprehensive disaster preparedness and response project will contribute to

improving capacity of the IRCS to reduce vulnerability of communities affected by disasters and to strengthen public understanding of the national society.

Organizational development project w

To strengthen the capacity of the Indian Red Cross Society to address the needs of most vulnerable it is necessary to establish appropriate organization in the IRCS.

The national society's constitution will be strengthened on the basis of the current policies of the Red Cross and Red Crescent Movement. Coordination mechanisms between the IRCS headquarters and the branches will be improved and the management and administration systems of the IRCS will be reviewed and improved. Further on, the IRCS staff and existing volunteers in the Gujarat state and relevant district branches will be trained in volunteer mobilization and training, project and programme management, budgeting and team management. The existing systems for recruitment, development and maintenance of staff and volunteers at national headquarters and in the branches will be improved within the overall national and branch development policy.

In order to achieve the above, refresher orientation courses will be organized, publications on governance and management will be printed and committees will be established to oversee programme consolidation and coordinate policy and management guidance. A comprehensive organizational audit and review of the existing national headquarters' structures and management systems will be conducted followed by management development training for managers at the national headquarters and in state branches and by preparation of a comprehensive human resource development policy.

Finance development project w

Modern financial planning, management and reporting systems represent an important precondition for a stronger national society. Therefore, a finance development project is an integral part of the overall capacity building of the Indian Red Cross, including its selected state branches.

A computerized accounting system will be established and maintained based on a developed computerization policy. Financial management will be improved based on the phased training of the relevant staff and introduction of an appropriate software package at national and state levels.

Information development project w

Increased public understanding of the IRCS represents another important factor contributing to building a stronger national society. The main precondition for achieving better understanding by the general public is a national society communications strategy and improved internal and external communications capacity of the national society and its selected state branches as well as an improved strategic relationship between the IRCS and the media.

In order to be able to prepare a draft communication strategy and plan of action for information activities, it is necessary to establish the communication capacity at the state branch level and define communications priorities within the IRCS. In parallel with this, technical support (computers, e-mail and internet access, photo cameras, etc.) will be provided to the information unit together with training in computer software. The skills of the IRCS information staff and information officers and/or selected branch secretaries at state level will be improved by providing structured training in practical and theoretical aspects of communications management techniques.

A monthly national newsletter will be published by the national headquarters' information department for distribution to internal and external audiences as well as a general brochure on the activities of the IRCS in English, Hindi and other official languages as relevant in different states. A quarterly circular will be prepared by the secretary general on strategic issues, policy developments and other institutional issues for distribution to IRCS branch secretaries at state and district levels. Regular articles will be contributed for the Federation's publicity outlets including the *Asia Pacific FOCUS* magazine, the *Weekly News* and the Federation's web site.

An integrated database of media contacts within print and electronic media will be established at national and state branch levels. Media contacts at national and state levels will be provided with regular information materials and briefings on the activities of the IRCS. Media activities linked to the international Red Cross public relations campaigns on World Red Cross/Red Crescent Day, the *World Disasters Report*, the Red Cross emblem and

volunteering will be planned and implemented. Seminars based on the activities of the IRCS and the fundamental principles and structure of the Movement will be organized for students of journalism at national colleges including the Asian Media Institute and the Indian Institute of Mass Communications.

Project on rehabilitation of the IRCS central training institute w

By rehabilitating the Central Training Institute (CTI) of the IRCS and making it fully operational, the expenditure for other training establishments over the next few years will be drastically reduced. A manageable and sustainable CTI with the potential to generate sufficient funds to cover maintenance and running costs will provide residential training and accommodation based on cost-effective training infrastructure. The exact business needs will be determined by the IRCS and a business plan will be developed, including a feasibility study on the income generation potential and possible curricula of the CTI. The institute will be primarily used to upgrade the skills and build the capacity of the Indian Red Cross staff and volunteers from the national headquarters and branches in line with the training proposed within the integrated capacity building programme and its individual organizational development and disaster response and preparedness projects.

Disaster preparedness and response project (DP/DR) w

In order to improve the capacity of the IRCS to reduce the vulnerability of communities to disasters, it is important to establish a functional IRCS disaster management network and operational mobile units facilitating disaster coordination and information management in each of India's four most disaster-prone zones. Disaster response pilot projects with a functional intranet system will be initiated to connect the disaster management department at the national headquarters with state branch disaster coordinators and zonal warehouses.

The IRCS, supported by the Federation, will develop disaster preparedness and disaster response policies and disaster management plans at national and branch levels and train key staff and DP/DR committee members starting with Gujarat state branch. For dissemination purposes, an IRCS disaster preparedness and disaster response knowledge sharing unit will be established in New Delhi while a logistics management system will be established in strategically sited and rehabilitated warehouses in Gujarat and Delhi.

The project will also contribute to increased Federation capacity to prepare for and respond to disasters in South Asia. A number of DP/DR delegates will be working in Gujarat and India in the coming period establishing standard operational procedures for disaster coordination and management and improving facilities and equipment.

Coordination w

In recent years, the proliferation of players in the humanitarian aid arena has highlighted the importance of a coordinated approach in meeting the needs of victims following a large-scale disaster. In the case of the operation in Gujarat, the coordination between the government and international and national NGOs was initially very good but has not managed to keep pace with the changing operating environment. The recovery and rehabilitation operation, however, requires structured and concerted action of all involved humanitarian and government actors.

A determined attempt was made by the authorities and main humanitarian actors to improve coordination and liaising efforts. A number of UN agencies (the World Health Organization, World Food Programme and UNICEF) and international (Oxfam, SCF, CRS) and national (CARE India, World Vision, ActionAid, EFICOR, CASA, SEWA) NGOs, including Abhiyan as a coordinator of a number of smaller but very active national NGOs, represent major players vis-a-vis the government of Gujarat in their reconstruction package.

Sectoral coordination meetings initiated in Bhuj during the relief phase will continue at state and local levels primarily in the field of community-based health and reconstruction. While national NGOs are basically involved in reconstruction, international organizations are mainly active in the field of community based water/sanitation and water harvesting.

The Indian Red Cross Society, supported by the Federation, has been negotiating and coordinating health and reconstruction activities with all major parties, including the state government, the state Red Cross branch and UN agencies and NGOs involved in this field. Therefore, minimum overlapping in activities and locations is expected.

Monitoring and Evaluation w

In general, monitoring will be carried out through the following: 1) reports available from local authorities and statistics/information provided by other relevant organizations; 2) regular Federation operational updates (formerly known as situation reports); and 3) annual evaluation reports.

It has to be noted though that monitoring will also largely depend on individual projects and programmes. Therefore, monitoring will be done by project through the IRCS and Federation project teams while the reconstruction will be monitored and evaluated by the IRCS and the Federation project teams and participating national societies with the support of an independent consultancy firm.

Implementation and Timetable w

In the period from July to September 2001, the project teams will develop a detailed plan of action for each project and activity as well as detailed budget lines. The plans of action will define in detail the responsibilities of each party involved. The table below sets out the implementation timeframe for projects and programmes by the year and quarter.

Timetable Year 2001-2004														
Programmes and projects	2001				2002				2003				2004	
	1	2	3	4	1	2	3	4	1	2	3	4	1	2
1. Integrated health programme/community based health project		X	X	X	X	X	X	X	X	X	X	X	X	X
2. Reconstruction of health facilities project			X	X	X	X	X	X	X	X				
3. Water and sanitation project		X	X	X	X	X	X	X	X					
4. Psychological support project			X	X	X	X	X	X	X	X				
5. Prosthesis project				X	X	X	X	X	X	X	X	X		
6. Private housing reconstruction project			X	X	X	X								
7. Capacity building programme*			X	X	X	X	X	X	X	X	X	X	X	X
8. Organizational development project			X	X	X	X	X	X	X	X	X	X	X	X
9. Finance development project			X	X	X	X	X	X	X	X	X	X	X	X
10. Information development project			X	X	X	X	X	X	X	X	X	X	X	X
11. IRCS Central Training Institute project			X	X	X	X	X	X	X	X	X	X	X	X
12. Disaster preparedness and response project*			X	X	X	X	X	X	X	X	X	X	X	X
Assessment, Monitoring and Evaluation														
Operational monitoring		X	X	X	X	X	X	X	X	X	X	X	X	X
Programme evaluation								X						X

* Could be extended to five years.

Capacity of the National Society w

With over 650 branches and 12 million registered members, the Indian Red Cross Society is one of the largest indigenous organizations in the country. It has a generally positive image as a credible Indian humanitarian organization predominantly linked to its work in relief, health and blood collection and blood donor motivation.

While having the scope and reach of a national institution, the IRCS leadership is faced with the urgent need to modernize and upgrade its large organizational capacity in order to ensure that it maintains its relevance and effectiveness. Virtually no organizational development work was carried out within the Indian Red Cross Society over many years. It is clear that the national headquarters must be strengthened in order to be able to engage the whole of the society in a change process that will be key to the quality of its service delivery. The new management appointed in 2000 wishes to address clear areas of institutional reorganization and capacity building.

The relief operation in Gujarat was carried out in cooperation with the state branch there. Although the branch has a number of sub-branches (district and sub-district branches) that appear to conduct a range of activities, the state branch has minimum capacity and depends on a few very committed volunteer members. A continued recovery and rehabilitation operation in Gujarat will offer an opportunity for a coherent strengthening of the state branch.

The IRCS presence in Kutch and other selected districts (Surendranagar, Rajkot and Jamnagar) is not very strong. Although it varies from one district to another, it will require substantial assistance to increase its capacities and volunteer base.

Present Capacity of the Federation w

Prior to the earthquake, the only Federation representation in India was the regional delegation for South Asia which is responsible predominantly for development work and organizational support to seven South Asian national societies.

Having in mind the magnitude of the disaster and time needed for response and rehabilitation, it was deemed appropriate to establish a separate unit taking care only of the earthquake operation. In order to support the Indian Red Cross Society in management, coordination and implementation of the operation, the Federation established the India operations centre in the IRCS headquarters in New Delhi at the early part of the relief phase.

In Gujarat (i.e. Kutch district), all activities were coordinated from the Red Cross compound in Bhuj, which was the focal point of the Federation/Red Cross and Red Crescent partners coordinated relief operation.

In the forthcoming recovery and rehabilitation phase, the IRCS and Federation network will be further extended in line with the comprehensive recovery and rehabilitation plan. While the India operations centre in New Delhi will be giving global support to the operation, the main Federation office in charge of the operation in Gujarat will be located in Ahmadabad which is the seat of the Gujarat state's Red Cross branch. This office will represent a focal point for programme and project coordination. Field offices in charge of implementing individual project activities are planned to be located in Gandhidham, Rajkot and Jamnagar.

Presently, the Federation is in the process of recruiting delegates for the recovery and rehabilitation phase. While a number of technical delegates were already deployed (community-based health, water/sanitation and construction of health facilities), other positions are in the process of being filled. During the first year, between 35 and 40 delegates will be deployed. This number is expected to drop to 25-30 delegates in the second year, in line with the timetable and schedule of the programmes and projects.

The year 2001 Annual Appeal for India, with the programmes already being implemented by the Indian Red Cross Society with the support of the South Asia Regional Delegation, will be harmonised with the programmes and activities under this Gujarat Earthquake Rehabilitation Appeal. Donors are kindly reminded of the need to support both appeals.

Budget summary

See Annex 1 for budget details.

For further details please contact: Tatjana Tomic, Federation Programme Officer, Phone: 41 22 730 4429; Fax: 41 22 733 0395; email: tosic@ifrc.org.

All International Federation Assistance 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.

The first operations update on this appeal will be issued within 30 days of the launch. The following operational updates will be issued on a monthly basis. A final narrative and financial report will be issued no later than 90 days after the end of the operation.

This operation seeks to administer to recovery and rehabilitation requirements of the victims of this disaster and to promote sustainable development and longer-term capacity building. These programmes are outlined on the Federation website.

For support to or 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 Gujarat recovery and rehabilitation operation				
Preliminary 3 year budget summary				
				CHF
Integrated health programme				35,527,000
	Community based health project		4,200,000	
	Construction of health facilities		23,536,000	
	Anganwadis - 600	19,630,000		
	Medical sub centers - 26	1,906,000		
	Hospital in Bhuj	2,000,000		
	Water and sanitation project		5,241,000	
	Psychological support project		1,700,000	
	Prosthesis project		850,000	
Private housing rehabilitation programme				2,000,000
Capacity building programme				10,121,000
	Organizational development		963,000	
	Finance development		464,000	
	Information development		378,000	
	Training center renovation		322,000	
	Disaster preparedness and response		6,794,000	
	Indian Red Cross DP department	1,733,000		
	Mobile disaster response units	240,000		
	Training of staff and volunteers	655,000		
	Cyclone shelter rehab. & CBDP	1,441,000		
	Logistics management systems	1,019,000		
	Other projects and developments, knowledge sharing	446,000		
	Strengthening regional capacity	1,260,000		
	Programme implementation and coordination		1,200,000	
Federation delegation, sub delegation and field offices (3 years)				6,300,000
Total programmes				53,948,000
	Programme management		4,087,000	
	Technical support		1,224,000	
	Professional services		1,357,000	
Grand total				60,616,000