

INFORMATION BULLETIN



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: COMMUNAL UNREST IN GUJARAT

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Disaster Relief Emergency Fund (DREF) Allocated: CHF 56,180

This Bulletin is being issued as a further update on the activities of the Indian Red Cross Society (IRCS) in support of camp populations that have sprung up since the start of the unrest in Gujarat. A DREF allocation of CHF56,180 has been released, and while the need for further resources currently is not anticipated, unearmarked funds to reimburse the Federation's grant would be much appreciated. This operation will be reported on through the quarterly DREF update and, as circumstances demand, information bulletins and/or the regular updates on the India earthquake rehabilitation operation (appeal no 20/01).

The Situation

Since 27 February, India's western state of Gujarat has been subjected to serious communal unrest and violence after an attack on an Ahmedabad bound passenger train at Godhra railway station, resulting in significant death and injury. More than 800 people have died and 100,000 people are reported homeless.

Camps have been set up in schools, mosques, shopping centres and the premises of private businesses. According to latest reports, 71,000 people are still living in an estimated 53 camps scattered around Ahmedabad.

Two months since the communal riots began, tensions continue to simmer. A peace march led by India's Defence Minister and the Chief Minister of Gujarat took place yesterday (Sunday). In spite of that there were violent incidents reported in Vadodara and parts of Ahmedabad city. More people have been killed as a result of the violence and police action to control the violence. A strict curfew has been imposed in many parts of the city, however, most parts of Gujarat seem to conduct business as usual. Families who have lost their homes or fear to return to their neighbourhoods are seeking refuge in the camps. Health and sanitation problems in the camps - exacerbated by overcrowding and escalating temperatures - remain a major concern. The Federation and ICRC continue to liaise on support to the Indian Red Cross Society (IRCS).

Red Cross/Red Crescent Action

Since 1 March 2002, senior officials of the IRCS Gujarat state branch have visited the camps and liaised with the authorities to assess the needs and priorities of the affected population. Volunteers from the IRCS Gujarat state and district branches were among the first to provide food and medical assistance to the victims of the violence.

The Federation released CHF 56,180 from the Disaster Relief Emergency Fund (DREF) in early March after the IRCS requested assistance to provide 8,000 beneficiaries in Ahmedabad with relief items and basic health care. The IRCS was then quickly into action, mobilising volunteers from the Gujarat state branch and the district branches to provide food, clothing, cooking utensils and medical care to 8,000 victims in 11 selected camps. Due to the continuing communal unrest, the number of relief camps in Ahmedabad continued to grow, with the result that the IRCS had to extend its relief activities, beyond the originally projected end date of 16 March as well as to a wider number of beneficiaries in different camps. The emergency phase of the operation, implemented with the DREF resources effectively concluded around 20 March.



Children gather for play time, organised by the IRCS, at one of the camps

Tasked by the government, the IRCS continued the operation through a grant of Rps 10 million (CHF 370,000) from the prime minister's office (PMO). Having met the immediate needs in the camps and with the government focus now more on rehabilitation, the IRCS formally closed the first phase of the relief operation on 19 April.

Needs

Since the start of the crisis, IRCS national headquarters and Gujarat state branch personnel have visited all the camps in Ahmedabad to assess needs. The overall quality of the camps has varied and the number of residents fluctuates on a daily basis. The IRCS assessment teams, comprising Red Cross volunteers, have been responsible for gathering information about health and relief needs prior to and during the distribution of relief items.

The main problems in most of the relief camps have centred on access to adequate latrines and washing facilities, medical assistance for the treatment of burns and normal diseases. Many came to the camps without food and clothing, while the immediate health needs of the affected population also included training in hygiene knowledge and practices, and psychosocial support. .

Relief/Distribution

To date, more than 10,000 families have benefited from IRCS distributions of relief, shelter, clothing and medical/hygiene/household items including food, tea, tents, tarpaulins, blankets, plastic buckets, tubing, pitchers and mugs, rope, salt, soap, first aid kits kitchen sets, sarees, cloth sheeting, bed sheets, hygiene kits and medicines. Throughout the distributions, IRCS staff and volunteers have been actively involved in Red Cross Red Crescent dissemination activities.

Decisions on what should be distributed and where distributions should take place have been based on discussions with the camp organisers, affected people and personal observations. The leaders are responsible for compiling the beneficiary lists, which were presented to the IRCS prior to the handing over of relief items. Distribution was then made in collaboration with the camp organisers and the IRCS volunteers in the camps. Upon receipt of the relief items, the beneficiaries presented their relief cards, which had been registered and issued by the government collector's office.

Twenty field workers under the earthquake rehabilitation programmes from Bhuj, Rajkot and Patan have volunteered to assist in the relief operation and community based health training in the camps. Almost 150 volunteers, drawn from within the camps, have benefited from the training and are now putting their knowledge into practice. Two traditional birth attendants (TBA) have been deployed from the rehabilitation programmes and conducted training for six TBAs in the camps. TBA kits have also been distributed.



An Indian Red Cross library at one of the camps

Though the government provided water and toilet facilities, the maintenance of these is of great concern and hence the IRCS has made available materials such as phenol and bleaching powder to the various camps. Dust bin drums have been provided in various camps according to their needs.

A team of Red Cross doctors in cooperation of the government doctors has been providing medical facilities to the occupants of the camps, with daily visits arranged for the two largest camps. Deployment of female doctors was also undertaken to cater for special needs of the communities concerned. The IRCS have also organised counselling services for traumatised people in the camps. In addition, a tracing cell has been established to help identify and locate misplaced persons.

Classes for school going children have been organised in the big camps and some recreational facilities also arranged. Small libraries with magazines and newspapers and books in the local language have been established and are well used by the camp residents. In view of the lack of entertainment in the camps for more than 30 days, the IRCS have organised magic shows, dramas and dances as part of diversionary therapy in all the camps.

A table detailing IRCS relief and health distributions to beneficiaries from 5 through 20 March (relief operation beyond this date has continued with the support of the government funding) is shown below:

Date	Location	Number of beneficiaries	Number of Families	Goods Distributed
5/3	Daruiapur Bahawir Hall	650	112	Food, medical supplies, clothes, blankets, household items
	Dariyakhan School	4,700	900	Food, medical supplies, clothes, blankets, household items
6/3	Shah Alam	6,500	1,100	Food, medical supplies, clothes, blankets, household items
	Vatwa Village	2,000	400	Food, medical supplies, clothes, blankets, household items
	Vatwa Mosque	750	150	Food, medical supplies, clothes, blankets, household items
7/3	Vatva Kutb-e-Alam	750	150	Food, medical supplies, clothes, blankets, household items
	Vatva al Ziya	2,000	400	Food, medical supplies, clothes, blankets, household items
	Near Vatwa Canal	500	100	Food, medical supplies, clothes, blankets, household items
	Dani Limda, Kishen Nagar	500	100	Food, medical supplies, clothes, blankets, household items
8/3	Bapunagar school	850	170	Food, medical supplies, clothes, blankets, household items
	Bapunagar centre	8,000	1,500	Food, medical supplies, clothes, blankets, household items
9/3	Geeta Mandhir	500	100	Food, medical supplies, clothes, blankets, household items

	Parikhchit Lalnagar	400	50	Food, medical supplies, clothes, blankets, household items
10/3	Vatwa Canal	981	196	Food, medical supplies, clothes, blankets, household items
	Vatwa Ziya Masjid	1200-1500	240-300	Food, medical supplies, clothes, blankets, household items
	Vatwa Qutab-e-alam	622	124	Food, medical supplies, clothes, blankets, household items
	Idgah Asarwa	500	100	Food, medical supplies, clothes, blankets, household items
	Dariyapur	800	100	Food, medical supplies, clothes, blankets, household items
12/3	Parikhshit Nagar Area	1,700	360	Food, medical supplies, clothes, blankets, household items
	Kalupur Saryu Mandir	500	100	Food, medical supplies, clothes, blankets, bed sheets, household items
13/3	Vatwa Mosque	750	150	Food, medical supplies, clothes, blankets, bed sheets, household items
	Jahangir Nagar	2,000	400	Food, medical supplies, clothes, blankets, bed sheets, household items
	Qutbe Alam Dargah, Vatva	1,460	292	Food, medical supplies, clothes, blankets, bed sheets
	Al-kuba Camp	700	140	Food, medical supplies, clothes, blankets, household items
	Sifee Society Camp	290	48	Food, medical supplies, clothes, blankets, bed sheets
	Nagrik Seva Jiya Masjid	1,200	245	Food, medical supplies, clothes, blankets, household items
14/3	Idgah	500	100	Food, medical supplies, clothes, blankets, household items
15/3	Sifee Society Camp	290	48	Food, medical supplies, clothes, blankets, household items
	Dariyakhan School	5,200	950	Food, medical supplies, household items
16/3	Saryadas	471	94	Food, medical supplies, household items
	Kankaria school	625	125	Food, medical supplies, clothes, household items
	Nagrik Seva	1200	245	Food, medical supplies, clothes, household items
	Kishannagar	1,120	224	Food, medical supplies, clothes, household items
17/3	Kankaria School	625	125	Food, medical supplies, clothes, tent, household items
	Shahalam	9500	1900	Food, medical supplies, clothes, tent, household items
	Juhapura	1890	378	Food, medical supplies, clothes, tent, household items
	Amanchowk	9205	1841	Food, medical supplies, clothes, tent, household items
	Chartoda Kabrastan	3,055	611	Food, medical supplies, clothes, tent, household items
18/3	Dariakhan Gummat	4415	883	Food, medical supplies, clothes, tents, household items
	Bhogilal ni Chali, school,	755	151	Food, medical supplies, clothes, household items
19/3	Latibazar	255	51	Food, medical supplies, clothes, household items
	Kishannagar	224	45	Food, medical supplies, tent, bedsheets, household items
20/3	Shah Alam Roza	9500	1900	Food, medical supplies, clothes, household items
	Kishannagar	1120	224	Food, medical supplies, household items
	Jahangir	1940	388	Food, tent, clothes

Procurement

The IRCS Gujarat state branch has been able to procure goods for distribution in Ahmedabad and also relied on its previous stocks in various disaster preparedness warehouses. Selections for procurement from government run agencies, cooperation stores, reputed wholesale dealers were made in cases where new suppliers had to be sought. The procurement for the replenishment of the warehouse stock is almost complete.

Coordination

During the course of the relief operation, the IRCS has been coordinating its activities with the government and other NGOs in the area to ensure that resources are used to their maximum potential and that there is no duplication of effort. There has been regular contact and dialogue between the IRCS, the Federation and ICRC since the start of the crisis. The Society's secretary-general has made several visits to the camps in Ahmedabad, the most recent accompanied by senior officials of the Federation on 11 April. When requested, the Federation has supported the IRCS with technical assistance on the management of emergencies throughout the operation.

An IRCS programme implementation committee, including national headquarters and state branch officials, has been established to oversee all activities, including liaison with the government authorities and compliance with the Society's procurement procedures.

The Society is in the process of compiling the financial report on the utilisation of the DREF grant with detailed costs of relief items, logistics, personnel and volunteer training expenses incurred during the emergency phase of the relief operation. The report will be available on receipt of the necessary paperwork (bills and vouchers) from the state branch, which is stretched at present by the implementation of the relief programme with the funds received from the prime minister's office (PMO). Meanwhile, in the past week, the PMO has confirmed it is

making further funds available to the IRCS for the continuation of relief distributions in camps in the rural areas, pressing the administrative and operational capacity of the state branch still further.

Conclusion

Timely assistance from the Federation's Disaster Relief Emergency Fund, coupled with the Society's perceived and practised adherence to the Fundamental Principles of Impartiality and Neutrality, has placed the IRCS in a unique position to cater for the immediate needs of victims of the unrest in extremely stressful circumstances. Also benefiting from the experience gained in the post-earthquake recovery programmes, the Society has shown enhanced capacity in mobilising volunteers, community participation and programme coordination both at the national and branch level. The opportunity has also been taken to expand the potential of the trained volunteers in the camps linked to future branch development efforts. At the same time, the wide media attention on the relief operation has resulted in significant enhancement of the IRCS' public image.

For a full description of the National Society profile, see www.ifrc.org

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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 support to or for further information concerning Federation operations in this or other countries, please access the Federation website [at http://www.ifrc.org](http://www.ifrc.org)

For longer-term programmes, please refer to the Federation's Annual Appeal.

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