

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 Operations Update no. 2

23 October 2001

Appeal No. 20/01

Launched on 9 July 2001 for CHF 60.6 million for three years.

Operations Update No. 2 Period covered: 9 August - 9 September 2001

“At a Glance”

Appeal coverage: 9.7%

Related Appeals: 01.36/2001 India; 01.33/2001 South Asia regional programmes

Outstanding needs: CHF 55,103,544

The Disaster/Situation: On 26 January 2001 a series of powerful earthquakes peaking at a massive 7.9 on the Richter Scale hit Gujarat. Approximately 15.9 million people were affected by the earthquake which left 20,005 dead, 166,000 injured and 247 missing. A total estimated loss of INR 21,262 crores (approx USD 5 billion) was sustained by the region due to earthquake related damage.

Operational Developments:

Plans of action for recovery and rehabilitation programmes in capacity building, integrated health and programme management and coordination are being finalised and will soon be available. The Norwegian Red Cross evaluation team and a representative of the Canadian Red Cross arrived in Delhi in September. In addition the American Red Cross health coordinator is in Ahmedabad. Work has commenced to build the pre-fabricated hospital in Bhuj, while water dam construction has expanded into the northern districts of Banaskatha, Patan and Mahesa and the southern districts of Jamnagar, Rajkot and Surendranagar. Forty six more people have been selected for community-based health care training.

Red Cross Red Crescent action w

Integrated Health Programme w

The integrated health programme is intended to support the IRCS and Gujarat authorities in safeguarding the long-term health of 500,000 people in approximately 400 villages in the districts of Kutch, Surendranagar, Rajkot and Jamnagar as well as in the town of Bhuj.

Objective 1: Community based health project - create a community based health programme with a specific emphasis on the most vulnerable i.e. maternal and child health in the affected region, in order to reduce the infant mortality rate (IMR) and maternal mortality rate (MMR).

The Community Based Health Project is made up of four different training projects.

• *Training of Trainers for Red Cross Volunteers*

The aim of this is to give representatives, from each of the ten talukas in Kutch district, the knowledge and ability to approach villagers, mobilise them to solve various health related problems and, to train Red Cross volunteers. The first group of 20 trainers have continued to visit the 20 villages, for which they have been given the responsibility. They discuss health problems with village leaders and try to work out solutions. The trainers produce weekly reports and are supervised by the Indian Red Cross trainer and the Federation health delegate.

The nine best trainers from the first group, together with seven members from the Federation's water and sanitation health awareness team, received five days of additional training at the Centre for Environment Education in Ahmedabad. The training concentrated on techniques for community participation and communication. The facilitators at the Education Centre were impressed by the group and want to follow up on this training.

There are over 900 villages in Kutch. This first group of trainers are only able to cover 400 of the villages. Forty six additional people, divided into two groups, have been selected for training. They come mainly from those talukas that are not covered by the first group. Training of the second group started on 27 August 2001 and will last for two weeks followed by practical training in the talukas. The third group will start its training after one month. Master trainers from the first group are assisting in this thus releasing the health delegate to concentrate on planning.

After finishing the training of the second and third group, 30 additional trainers will be selected making a total of 50 to cover Kutch.

• *Training of traditional birth attendants (TBA)*

Most of the deliveries in Kutch take place in the homes supported by TBAs, usually trained only by their older colleagues. Maternal and infant mortality is still high in this district and could be reduced by proper training of the TBAs. IRCS/Federation in cooperation with the UNFPA, is planning a three-week training for TBAs. Two local public health nurses have been selected for this task. They will first receive some Red Cross orientation together with the Red Cross trainers. After that they will, with the support from the health delegate, plan the three week curriculum for the TBA training and start the first group of 25 TBAs at the end of September.

• *Training of grass-roots level workers of integrated child development service (ICDS)*

This group includes anganwadi workers and auxiliary nurse midwives. IRCS and the Federation, in cooperation with Care, Save the Children, World Food Programme and UNICEF, is planning and funding a five-day training programme run by the National Institute of Public Cooperation & Child Development (NIPCCD). Participants will include medical officers, child development project officers, female health supervisors, Mukhya sevikas and Red Cross trainers, who will then train grass-root level workers for three days in their talukas (sub-districts). Negotiations are still going on concerning the module and the training institute to be used for this training.

• *Child-to-Child health programme for primary schools*

This programme will need development in cooperation with the Department of Education.

• *Hospital*

Most of the negotiations with the government's Civil Surgeon and the hospital authorities are now maintained by the Federation construction delegates, the main topic being construction of prefabricated buildings which will replace the current tent hospital. The Federation is still maintaining a medical warehouse in Bhuj, housing locally-purchased supplies or donations that were not part of the ECHO-funded Norwegian and Finnish ERU supplies. Some of these will be transferred to the relief operation in Orissa, others to the IRCS disaster preparedness stock. The rest will be donated to the Government of Gujarat.

Obstacles and Constraints

There have been problems to reach agreement with the Government authorities on which manual and which training institute to be used for the ICDS grass-root workers training. Due to other obligations and constraints the IRCS coordinator has not had time to participate in the activities in Bhuj as previously. A planned survey of knowledge, attitudes and practices among Anganwadi workers and randomly selected families was postponed due to the temporary transfer of one of the health delegates who is assisting with the Orissa floods operation.

Indian Red Cross Society w

On Sunday, 19 August the Indian Red Cross Society in cooperation with the American Red Cross conducted their fifth eyeglass clinic in the village of Netra in Nakhatrana taluka. To date the Indian Red Cross Society and the American Red Cross have distributed 1,760 pairs of eyeglasses. Villagers line up to be examined by the optometrist. Those with simple prescriptions receive eyeglasses on the same day while those requiring more complicated prescriptions receive the eyeglasses within a week. Those attending the clinic are able to choose from a large selection of new frames provided by members of the IRCS branch in Ahmedabad.

The IRCS/ American Red Cross eye glass clinics began at the end of March to assist villages that cannot afford to maintain a facility where people can obtain corrective eyewear and have their sight checked.

The majority of beneficiaries are elderly and unable to afford eyeglasses. Distributions take place in centrally located villages to make the services available to as many people as possible. A total of 540 beneficiaries were examined and 400 pairs of eyeglasses were distributed in Entree.

The IRCS deputy secretary for medical services will be attending the week long German Red Cross ERU workshop beginning 7 September.

Objective 2: Reconstruction of health facilities - Safeguard long-term health for 500,000 people by rehabilitating permanent health care facilities such as primary health care centres, sub-centres, anganwadis, and dispensaries in 400 locations in the talukas of Kutch, Surendranagar, Jamnagar and Rajkot; and construct a temporary prefabricated hospital to replace the tent hospital in Bhuj.

The original objective for the programme was to reconstruct health facilities in approximately 400 villages serving 500,000 people. In line with this objective and based on information from the government of Gujarat, the Federation was prepared to rebuild 600 anganwadis; 121 sub-centres; 23 primary health care centres; 11 dispensaries; and 100 Red Cross rooms.

Due to a change in plans by the government of Gujarat, the current working figures are about 500 anganwadis; 16 sub-centres; 20 primary health care centres; 11 dispensaries and 100 Red Cross rooms.

In addition, construction has begun on the prefabricated hospital in Bhuj. The design has been accepted by IRCS and hospital authorities. The relevant authorities have agreed with the plans.

After the earthquake, the government of Gujarat provided aid agencies with lists of buildings in need of repair. The Federation conducted rapid surveys to see what type of work was needed. The delays in selecting a civil engineering and project management firm was due to a difference in opinion between Federation and IRCS. The Federation was considering using an international consultant but IRCS preferred to use a national firm. An Indian firm with international standing is to be selected for the management of the public building reconstruction project in Gujarat.

The Federation's construction programme coordinator arrived in the country mid-August to help identify and select a project management firm. One delay will be caused by the review and approval of tenders. Once construction begins the priority will be the quality of ongoing work, which will be exclusively carried out by the firm and monitored by the Federation and IRCS construction team in the field. All the public buildings need to be designed and approved by the Ministry of Health in Gandhinagar. It is expected that each anganwadi will take between 8-10 weeks to construct. The final phase of the process will be handing over facilities to the Government of Gujarat.

Objective 3: Water and sanitation - rehabilitate traditional rain water harvesting structures; increase the water storage capacity and recharge of the ground water table; provision of a reliable long-term alternative to the piped network; and, improve 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 for local communities and health facilities.

The main focus of the Federation's water and sanitation (watsan) programme during August was to expand the dam construction component into the remaining areas of Gujarat where water shortages are critical. These two severely drought-affected areas are known as the 'north', which encompasses the districts of Banaskatha, Patan and Mahesa and the 'south', comprised of Jamnagar, Rajkot and Surendranagar. Currently, 15 excavators and 15 bulldozers are working at 15 sites, each requiring an average of ten days to complete. A total of 212 dams have been completed: 203 in Kutch; and four in the northern and five in the southern regions. Stone pitching of dam walls and associated stone construction work related to spillways is ongoing.

Repair to concrete storage tanks is ongoing with a total of 63 tanks completed. Two contractors are currently employed and each completes two tanks per week. Both are working in Kutch, the main area of damage to foundations.

Foundations have been established for the first windmill as a pilot project in the village of Dharampar in North Bhuj which is due to be completed by the middle of September. The windmill will facilitate in the creation of an alternative water source for village residents from a newly-constructed well one kilometre from the village.

Eleven wells have been completed in Kutch. While five of these wells were worked on by contractors the remaining six were completed with community participation. The well programme recruits communities for digging their own wells, while contractors are employed to do the finishing concrete work. Hand pumps will be installed on these newly constructed wells.

Associated activities regarding well construction have also increased throughout Kutch and the focus of the community awareness watsan team has changed from a purely educational focus to implementing projects at village level relevant to improving the overall water and sanitation practices and, as a consequence, the general health of the village.

There are two community awareness teams, comprised of three women each. Team activities have been concentrated in Kutch as it is frowned upon for women to stay overnight on their own, away from their families. Consequently, it has been difficult to expand the programme into other districts until an office is established in the other operational areas. Arrangements for other offices are being made and locally-hired women will be integrated into the expanded programme. Some team activities over the last month include the construction of washing facilities in villages, filling up malaria breeding areas, toilet construction, village drainage programmes and planting trees in conjunction with schools or local communities.

The sanitation programme targeting schools and the government hospital continues on a daily basis with over 100 garbage bins emptied each day. A total of 62 toilets and 34 washing cubicles have been constructed since the inception of the sanitation programme. All have been constructed in the urban confines of Bhuj town. Currently, the traditional toilet block design of concrete block is being reviewed with the aim to create a more user-friendly structure.

No major problems or constraints have emerged. However, the establishment of field offices in Rajkot and Patan will enable the expansion of the community awareness programme and the hiring of more female staff members.

Rainfall over the last two months has benefitted the population but it has been a test for the watsan programme, as the focus has been related to dam construction. Machinery was only stopped for a significant time over one week. The change in the community awareness programme via improving water collection and hygiene practices has already had a significant impact.

Objective 4: Psychological support - Improve the long-term mental health of earthquake victims by providing a network of community-based psychological support.

A new American Red Cross delegate was scheduled to arrive by the beginning of October.

Objective 5: Prosthesis Project - Rehabilitate and extend the IRCS orthopaedic workshop in Ahmedabad.

A delegate from the German Red Cross arrived in Ahmedabad and has begun preliminary work on the project.

Rehabilitation/ Shelter Programme w

Objective 1: Private housing reconstruction - Support the IRCS programme to assist the government of Gujarat to reconstruct permanent basic housing (400 reconstructed and 300 repaired houses) for affected families. (The private housing reconstruction/rehabilitation team is comprised of a consortium of delegates from the Austrian, Belgian and German Red Cross Societies.)

The programme is intended to help those who lost their homes to build the new ones. Participants who had previously received no aid from other agencies are provided with enough basic building material, such as bricks, wood and tiles, to construct a 22 square metre house. Participants are given an overview about the Red Cross and are then trained on how to build a seismic resistant building.

The private housing reconstruction/rehabilitation team is working with a representative of the IRCS on conducting surveys of Sayla and Patdi talukas as well as Surendrenagar for potential project expansions. Preparations of the construction site for the pilot project in Muli-Koliwar began at the end of August. To date, 30 beneficiaries have signed agreements to be included in the project. The participants have begun work on demolishing the remains of their former houses and clearing their plot of rubble to prepare their land for construction. The total area is being divided into plots of approximately 15-20 houses. Project participants are working together with one junior engineer and one experienced mason to plan and design the new homes. In addition, efforts are being made to recycle as much material as possible when rebuilding these homes.

Capacity Building Programme w

Objective 1: Organisational development - Establish the appropriate structure within the IRCS to better respond to the needs of affected communities, and improve coordination mechanisms between the IRCS headquarters and branches.

The countrywide mapping exercise of IRCS branches continues to progress. So far responses have been received from about 40% of the country's branches.

Objective 2: Finance development - Develop the IRCS' capacity for financial planning, management and reporting.

A plan of action for this programme is currently being developed and is expected to be finalised by the beginning of October.

Objective 3: Information development - Develop and improve the internal and external communications strategy of the IRCS, and enhance the strategic relationship between the IRCS and the media.

An information delegate has been identified to begin working with the IRCS to facilitate the dissemination of information to key stakeholders and the media about IRCS activities in Gujarat.

Objective 4: IRCS central training institute - Rehabilitate the IRCS Central Training Institute and make it fully operational.

A plan of action was due to be available by the beginning of October.

Objective 5: Disaster preparedness (DP) and response (DR) - Establish a functional IRCS disaster management network and operational mobile units, facilitate disaster coordination and information management in each of India's four most disaster-prone zones.

As stated in the Appeal, the earthquake made it apparent that there was a need to improve IRCS countrywide capacity for disaster preparedness and response. This programme builds on the Federation's Appeal 2000/2001-2001/2002, DFID proposals and recommendations from the relief and rehabilitation mission report into a major disaster preparedness/disaster response (DP/DR) programme for the next three years. Consequently not all of this project's activities are based in Gujarat.

Progress has been made in establishing the first state level disaster management unit in Assam and planning in terms of DP stocks. This pilot project is being funded by DFID. To date, a short training course was facilitated by the Federation's DP and Assam health delegates for 20 staff and volunteers involved with the 2000 floods operations. DP stocks for 10,000 families were received by the IRCS regional warehouse. Two districts, Nalbari and Goalpara were identified, in accordance with clear criteria, for implementing community-based disaster preparedness activities.

A plan has been developed with the IRCS for rationalising old stock in the six zonal warehouses by the end of 2001. Initial planning has begun to remove all stock donated to the IRCS from the Federation's rubb hall in Bhuj. A visit was also made by the Federation's DP delegate to the IRCS warehouse in Gawahati.

To date the DP delegate has been heavily involved in supporting the India 2001 floods appeal. With the arrival of a disaster response delegate to assist with the floods operation, it is expected that the DP delegate can begin work on initiating a disaster management unit in Gujarat.

Objective 6: Programme technical support to ensure that programming is conducted in accordance with Federation standards.

Each of the Federation programme coordinators will be responsible for sharing knowledge and providing technical expertise about best practices in their respective fields with IRCS counterparts and volunteers.

Programme Management and Coordination w

Objective 1: Minimise duplication of activities and locations by supporting the IRCS with negotiations and coordination of health and reconstruction activities with all major parties, including the state government, the state Red Cross branch, UN agencies and NGOs involved in the field.

The health coordinator is attending biweekly meetings of the health coordination group for Kutch. The meetings which are organised by the WHO are held at the Red Cross compound in Bhuj. Representatives from international organisations with ongoing projects in Kutch, such as UNICEF, Save the Children, Care and Concern use the meetings as a platform to share information about ongoing health activities and needs. A weekly epidemiological summary produced by the chief district health officer and the WHO is shared at the meeting.

The health coordination group has sub-groups covering specific areas of interest such as psycho-social support chaired by the local representative of the American Red Cross, and the health promotion group chaired by one of the Federation health delegates. The subgroup for health promotion produced 6,000 laminated posters and 215,000 handbills in Gujarati language about malaria and waterborne diseases to be distributed in the villages. The Federation shared the costs with WHO and Merlin. The Secretary (Health) from Gandinagar was impressed by the posters and requested a second set to be produced concentrating on malaria, which is now the main health problem at the end of the monsoon season.

A delegates' workshop and programme review was held in Bhuj on 13-14 August. The workshop was a chance for Federation delegates from Delhi, Ahmedabad and Bhuj to share information about the respective projects and be updated on current finance procedures.

Outstanding needs

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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.

This operation seeks to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or longer-term capacity building will require additional support, and these programmes are outlined on the Federation's website.

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						ANNEX 1	
APPEAL No. 20/2001		PLEDGES RECEIVED			23.10.2001		
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT	PLEDGE
CASH							
REQUESTED IN APPEAL CHF ----->				60'616'000		TOTAL COVERAGE 9.7%	NUMBER
CASH CARRIED FORWARD							
AUSTRALIAN - RC		14763	AUD	13731	06.06.2001	DISASTER RESPONSE	0107082
AUSTRIAN - RC		139452	EUR	210782	25.07.2001	PRIVATE HOUSING RECONSTRUCTION . DIRECT	0107164
AUSTRIAN - RC		145000	EUR	219168	03.07.2001	WATER PROJECT	0107163
BRITISH - RC		224719	GBP	537078	06.08.2001	HOSPITAL	0109023
BRITISH - RC		214830	GBP	513444	06.08.2001	DAM/WATER CATCHMENT & VILLAGE WATSAN EDUCATION	0109025
GERMAN - RC				19296	31.08.2001		REALLOCATION
GERMAN - RC				176500	31.08.2001		REALLOCATION
KOREA, REPUBLIC - RC		34'026'511	WON	46'616	19.07.2001		0107148
MACAU - RC		13770	USD	24442	20.08.2001	DEVELOPMENT	0108099
MONACO - RC		488570	FRF	112096	23.07.2001		0108118
NETHERLANDS - RC		1'629'213	NLG	1'111'856	14.08.2001	INTEGRATED HEALTH PROGRAMME	0108084
NORWEGIAN - GOVT/RC		3'236'246	NOK	600'230	19.10.2001	PREFABRICATED HOSPITAL	0110109
SWEDISH GOVT/RC		10'000'000	SEK	1'700'000	30.01.01		0102001
SUB/TOTAL RECEIVED IN CASH				5'285'239	CHF	8.7%	
KIND AND SERVICES (INCLUDING PERSONNEL)							
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT	
AUSTRIAN - RC	DELEGATE			60'000	25.07.2001	FIN/ADMIN	0107164
AUSTRIAN - RC	DELEGATE	2		60'000	03.07.2001	WATER/SANITATION	0107163
Australia	DELEGATE			51'252			
Canada	DELEGATE			21'355			
Denmark	DELEGATE			59'959			
Finland	DELEGATE			59'794			
Germany	DELEGATE			30'226			
Germany	DELEGATE			60'000		see Virna	
Great Britain	DELEGATE			219'793			
SUB/TOTAL RECEIVED IN KIND/SERVICES				622'379	CHF	1.0%	