

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

30 October 2001

Appeal No. 20/01

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

Operations Update No. 3 Period covered: 9 September - 9 October 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. As the recovery and rehabilitation programme enters its fourth month, hard pledges from donors will be required so that activities can continue on schedule.

Operational Developments:

The first part of the community-based health programme is complete. The first group of Red Cross trainers finished their class room training in Bhuj and are now engaged in villages all over Kutch. Planning for the first training course for traditional birth attendants has been intensive during September and the module commenced on 3 October 2001. Negotiations on the baseline survey of anganwadi workers and randomly selected households are still going on and should be finalised in October. The first steps to expand the community based health programme from Kutch to Rajkot and Jamnagar have been taken.

Water and sanitation operations have continued in all three programme areas. To date a total of 235 dams, 21 wells, 74 storage tanks, and 62 toilets facilities with 34 bathrooms attached have been constructed. In addition, two handpumps have been installed on newly-constructed wells.

Red Cross Red Crescent action w

Indian Red Cross Society w

The annual general meeting of the Indian Red Cross Society (IRCS) took place on 24 September in Delhi. The meeting was attended by IRCS branch secretaries from throughout the country. The IRCS held a well attended press conference.

On 25 September, the President of India, who is also the President of the IRCS hosted an awards ceremony in gratitude for the aid and services provided by sister National Societies in response to the Gujarat earthquake. Representatives from the Iranian Red Crescent, and the Red Cross Societies of Britain, Finland, Germany, the Republic of Korea, Japan, Norway, Singapore, Spain, Sweden and the United States as well as the Federation and the IRCS attended the ceremony. On 26 September, a presentation of IRCS/Federation activities in India was made for representatives of the National Societies. The meeting was chaired by the IRCS secretary general, the Federation's head of the India operation centre and acting head of regional delegation. Programme coordinators provided updates on the ongoing projects in Gujarat.

Integrated Health Programme (Gujarat)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 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 an emphasis on the most vulnerable such as maternal and child health in the affected region, to reduce the infant mortality rate (IMR) and maternal mortality rate (MMR).*

The Federation is working with the IRCS to provide community-based first aid services and education through a network of community health volunteers in villages in Gujarat state to support anganwadis, intervene in case of disaster and epidemic as well as develop community-based first aid and water sanitation activities, in coordination with the private housing programme. Four training courses are being implemented to meet these goals.

- ***Training of Trainers for Indian Red Cross Volunteers***

The first group of trainers, who were trained in July by staff and delegates from the IRCS and the Federation, have continued to visit the 20 villages they have responsibility for. The second and the third group of trainers, each comprised of between 20-25 persons, completed their formal training on community health issues. They have started to work in their villages under the direct supervision of trainers from the first group. The master trainers also assisted with classroom training of the second and third group. Each of the 60 trainers produces monthly reports from their villages (**See Summary attached as Annex 1**).

The trainers participate every Saturday in reporting and follow-up meetings in Bhuj chaired by the IRCS trainer and the Federation health delegates. These meetings have proved to be beneficial for the programme, giving the Red Cross trainers a possibility to share experiences and ideas and be briefed on new topics.

The Federation health coordinator visited the IRCS Rajkot district branch to plan the Training of Trainers in Rajkot. The training will be organised in cooperation with the branch using its training facilities. The IRCS trainer, a Federation health delegate and three of the master trainers from Bhuj will select the participants and begin training a new group of volunteers in October.

- ***Training of Traditional Birth Attendants (TBA)***

Most deliveries in Kutch take place in the home supported by traditional birth attendants (TBAs). TBAs are normally trained by older colleagues who orally pass knowledge to younger ones. Maternal and infant mortality rates are still high in Kutch and could be reduced by expanding existing traditional practices with formal training.

IRCS and the Federation, in cooperation with the UNFPA and the Government health authorities, have prepared three-week training modules for TBAs. Two local public health nurses have been employed for this task. The nurses have received Red Cross orientation together with the Red Cross trainers. They have also received trainer's training from the principal of the nursing school in Bhuj. They have, with the support from the health delegate and one of the master trainers, planned the three week curriculum for the TBA training. The first group of 20 TBAs from Bhuj taluka (sub-district) began on 3 October.

The majority of the TBAs are elderly women, some of whom can neither read nor write. Consequently trainers have to work closely with individuals to make sure knowledge is conveyed. For many of the women this is their first exposure to a formal classroom setting. To ensure that each of the participants is given adequate attention, the health delegate and two of the IRCS volunteer master trainers assist. The team uses a variety of creative visual teaching aids. For example, to demonstrate the relationship between the female gastrointestinal and reproductive systems the facilitators wear brightly coloured aprons illustrated with the respective body parts. This lesson was important as common misconceptions that the two systems were linked led to misunderstandings about what constitutes proper nutrition for pregnant women.

After finishing and evaluating this course the programme will continue with new groups of TBAs from all parts of Kutch.

- ***Training of Integrated Child Development Service (ICDS) workers functioning at the grass roots level.***

Anganwadi workers, anganwadi helpers and auxiliary nurse midwives comprise the group of ICDS workers in villages. IRCS and the Federation in cooperation with Care, Save the Children, World Food Programme and UNICEF, are planning and funding a five-day training programme run by the National Institute of public cooperation & child development. Participants will include local medical officers, child development project officers, female health supervisors and Red Cross trainers, who will then train grass-root level workers for three days in their respective talukas. The programme is scheduled to begin in October.

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

This training programme will begin once the others described above are running. A Federation health delegate has begun looking into appropriate materials to be used in the course.

- ***Baseline survey***

The IRCS and the Federation aim to support the role of anganwadi workers in providing preventative health measures, education and basic care to women and children. To best understand the needs of the community and the impact of the programmes which are being initiated, tenders have been invited from four institutes to conduct a baseline survey on knowledge, attitudes and practices of anganwadi workers and randomly-selected mothers with children under five in the same villages.

- ***Medical logistics***

The Federation still maintains a medical warehouse in Bhuj containing locally purchased supplies or donations, that were not part of the ECHO-funded Norwegian/Finnish Red Cross emergency respond unit (ERU) supplies. Some of these have been transferred to the relief operation in Orissa, others will be transferred to the IRCS disaster preparedness stock. The rest will be donated to the Government of Gujarat.

Objective 2: Reconstruction of health facilities - Safeguard long-term health for 500,000 people by reconstructing permanent health care facilities such as; 1) Primary health care centres, sub-centres, anganwadis, and dispensaries in 400 locations in the talukas of Kutch, Surendranagar, Jamnagar and Rajkot; and 2) construct a temporary prefabricated hospital to replace the tent hospital in Bhuj.

During September, final touches on the planning for the reconstruction of health facilities were put into place. The tenders for the Consultant for project management and the construction company for the construction of Bhuj Temporary Hospital were opened, analysed and recommended for final approval.

- ***Reconstruction of Health facilities***

Actual figures from site surveys conducted by the IRCS and the Federation have been compiled and compared against the list of buildings allocated to the IRCS and the Federation by the Government of Gujarat. **Table 1**, shows the actual current figures of public health buildings expected to be reconstructed by the IRCS and the Federation.

Table 1 Allocation of Health facilities.

Districts	Anganwadi	Sub Centre	PHC	Dispensaries
Kutch	107		10	9
Rajkot	89		5	
Surendranagar	54	12		1
Jamnagar				
Patan		4	2	
Amreli			1	
Mehsana			1	
Navsari			1	
BK				1
Total Allocated	250	16	20	11
Not yet allocated but expected to increase.	200	16	3	0
Total Planned	450	32	23	11

A budget has been prepared for the planned number of health facilities. The tender for the project management consultant has been recommended and approved by the IRCS and the Federation. Construction work on the healthcare facilities is expected to begin in the middle of November.

- ***To construct a temporary prefabricated hospital to replace the tent hospital in Bhuj***

The plan for design and construction of the hospital (see next page) at Lalan college campus was proposed in late June and the design of the hospital started late July. The construction of the hospital wards began at the end of August 2001. Construction was to replace the tent hospital with a semi-permanent prefab structures. But to provide the necessary services and meet the structural requirements to protect against earthquakes and cyclones, more time was required to design and prepare plans for the hospital. Construction of the second phase of the hospital is expected to start in mid-October and finish by the end of December. The picture below shows a birds eye view of the model of the hospital.

Phase I (Construction of Hospital Wards)

The first phase - construction of hospital wards - started on 29 August 2001. The target finish date is October 31. Progress in September was slower than planned. A meeting on 20 September 2001 with the managing director of the company planned to speed up activities.

Phase II (Construction of more specialised facilities, such as, emergency wards and blood bank as well as service facilities, such as kitchen and laundry)

The tender for Phase II was opened in the Federation's Ahmedabad Office on 27 September 2001. Out of ten companies invited to tender, three submitted bids. Taking into account the urgent need for the hospital and time constraints, and judging the capacity of contractors, it was decided to split the tender between two contractors. The construction of the second phase will commence as soon as the tender is approved. All the tented wards have been moved. The construction zone has been cleared.

- ***British Red Cross***

Design work for anganwadis to be constructed by the British Red Cross (BRC) in Jamnagar has been completed. In addition, the BRC intends to construct primary health care centres in Jamnagar. Representatives of the BRC, the Federation and the IRCS are holding regular coordination meetings in Ahmedabad.



Objective 3: Water and sanitation - rehabilitate traditional rain water harvesting structures; increasing the water storage capacity and the 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.

Once a week the water and sanitation (watsan) community awareness teams and the volunteer health teams meet to exchange information. This exchange of information adds strength to both programmes. In addition, the watsan teams are now identifying villagers who have an interest in the Red Cross and keeping a ledger of names which will be handed over to the IRCS and the Federation’s organisational development delegates. Training has been given to health volunteers by one of the watsan delegates on this issue and other future programme areas

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

No further update.

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

The preparations are under way to rehabilitate, reconstruct and equip the orthopaedic centre of the IRCS Gujarat State branch in Ahmedabad. Established in December 1972 on land given by the Government of Gujarat, the centre’s facilities were in bad condition because of lack of funds. The building suffered minor damage during the January earthquake and has not been operational since for safety reasons. During the reporting period, the project manager from the German Red Cross (GRC) proposed the following, to:

- 1) provide a brick wall around the property to prevent trespassing;
- 2) renovate and strengthen the building;
- 3) provide equipment for the artificial limb centre (workshop) to provide light weight prosthesis, suction socket types and the dynamic upper limb prosthesis.
- 4) provide equipment for the physiotherapy department;
- 5) demolish the tower with the water tank and build the new water tank tower;
- 6) build an additional prefabricated construction for administrative offices.

The planning meetings between the GRC project manager, IRCS and Federation discussed further needs: equipment procurement; staff planning; training in limb-making and physiotherapy; accommodation for the handicapped; use of the building after rehabilitation, particularly the offices for Red Cross branch activities.

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.)

During the end of September, work in Muli-Koliwada concentrated on houses already under construction. Stone walls were finished in two of the houses and brick columns were started.

The progress as of the beginning of October was as follows:

Houses/families under contract as beneficiaries (total)	60
Demolition started	15
Excavation work started	25
Foundations in process	16
Stone masonry initiated	2

Stone masonry finished 2

With the support from the taluka authorities and authorisation from the District Collectors, a pipeline has been installed to pump water from a nearby well to a tank in the Koliwada area. The pipeline will guarantee the required supply of fresh water for the construction. The team is currently considering converting this temporary solution into a permanent installation to improve the drinking water supply for the community, whose current water sources are all affected by an increasingly high salt content.

Visits by the Red Cross delegates and the IRCS counterpart have been made to three villages in the taluka of Lakdhar (20 km east of Surendranagar) and in another three villages in Sayla. An additional visit was made by the IRCS to the Dhanghadra taluka.

Currently five villages, with a total of approximately 300 to 350 houses are being considered for implementing the project.

Capacity Building Programme w

Objective 1: Organisational development (OD) - 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 IRCS branch mapping exercise has been handed over to the Federation's Organisational Development (OD) delegate.

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

No further update.

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.

No further update.

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

No further update.

Objective 5: Disaster Preparedness and response - 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.

No further update.

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

No further update.

Programme Management and Coordination w

Objective 1: To provide stable and reliable support service to Gujarat rehabilitation and recovery programmes as well as support countrywide components.

The logistics unit, comprising of delegates in Delhi, Ahmedabad and Bhuj, continues to support the Gujarat operation. Over the last month planning and budgeting was completed. Based on the needs and plans of the

different programmes, the consolidation of the vehicles fleet to serve the Gujarat operation, the reduction of the warehouse capacity to what is necessary, and reporting to donors were completed during the period.

An office for Federation activities has been identified in Rajkot. Federation watsan and health delegates will begin implementing programmes in and around Rajkot in cooperation with the local IRCS branch.

Draft budgets for all programmes were submitted to Geneva during September. There is still, however, a need to ensure that the final budgets are consistent, and in line with the original Appeal document released on 9 July.

Objective 2: Minimise duplication of activities and locations by supporting the IRCS through negotiations and coordination of health and reconstruction activities with all major parties, including the state government, the state Red Cross branch, United Nations agencies and NGOs involved in the field.

The Federation is involved with various committees established under the office of Kutch's district collector concerning health and child protection. It is also a member of the executive NGO committee. The Ahmedabad branch of the IRCS is currently planning a stronger network of local counterparts to assist with the development of recovery and rehabilitation programmes.

The Federation health coordinator in Gujarat continues to attend bi-weekly meetings of the World Health Organization-chaired Health Coordination group for Kutch. UNICEF, Save the Children, Care, Concern and others use the meetings to share information. A weekly epidemiological summary produced by the chief district health officer and the World Health Organisation is shared at the meeting.

In August, the subgroup for health promotion produced 6,000 laminated posters and 215,000 handbills in Gujarati language about malaria and waterborne diseases. At the request of the Ministry of Health in Gujarat another set concentrating on malaria, a serious problem in Kutch, was produced in September and distributed in the villages. The Federation shared the costs with World Health Organisation and Merlin.

Countrywide Programmes

National Health Programme w

The extended national health programme for India will seek to combine experiences and models from the Gujarat earthquake operation's rehabilitation phase; IRCS experience in the field of health; and, IRCS experience gained through health programmes, taking into consideration the decentralised structure of the IRCS. It will be developed based on an in-depth survey of the National Society's health activities, human resource capacity and response capacity to disasters as well as the specific health needs in various parts of the country.

Technical and financial support for the National Society remains a key objective. In particular, disease prevention, health promotion, reproductive and child health, community based first aid (CBFA), polio eradication, safe blood, HIV/AIDS, support of certain ongoing health programmes and emergency health will be specific areas of focus for 2002.



Disaster Preparedness and Response w

- *Objective; create a disaster management network*

Assam: Three of six new disaster management staff have been recruited and an interim structure established. Office equipment procurement has started and the state headquarters occupied.

Gujarat: An honorary disaster preparedness (DP) coordinator has been appointed and an action plan for establishing a disaster management unit developed.

IRCS national headquarters: The IRCS junior relief coordinator has been dedicated for DP and is currently acting as a counterpart to the Federation's DP delegate.

- *Objective; Assam disaster reduction programme (DFID)*

An action plan for the next three months has been agreed, including a training workshop in October. DP stocking is almost complete.

- *Objective; Countrywide logistics management*

A Federation logistics delegate has been appointed and will arrive in the middle of October. A plan of action was developed for the handover of DP stocks from the Federation's warehouse in Bhuj to the IRCS.

For further details please contact: Tatjana Tomic, Phone : 41 22 730 44 29; 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.

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>.

Peter Rees-Gildea
Head a.i.
Relationship Management Department

Hiroshi Higashiura
Head
Asia Pacific Department

ANNEX I**Monthly Summary Report: Red Cross Trainers in the Kutch District.**

Taluka	No. Trainers	No. Villages visited	Super visor	Main Problems	Activities
Abdasa	10	48	Mitesh Mehul	1) Fever 2) Animal bites	1) Health awareness programme 2) Village cleaning activities with Abhivyan setu
Anjar	7	67	Kartik		1) Village assessments 2) Health awareness programs
Bhachau	4	61	Kishor	1) Malaria 2) Skin diseases 3) Drinking water shortage	1) Coordination meeting with PHC, CHC and government planning activities to address problems
Bhuj	9	89	Amin Snehal	1) Malaria 2) Fever 3) Diarrhoea	1) Village assessment 2) List of TBA 3) Red Cross volunteer recruitment 4) Health awareness programmes - Malaria
Gandhidham	1	9	Pravina	1) Skin diseases 2) Malaria 3) Fever	1) Poster for schools on hygiene 2) Met with Anganwadi workers 3) Village meetings with pregnant women
Lakhsat	9	64	Ranjit Sameer	1) Malaria 2) Skin diseases	1) Village assessment 2) First aid camp planning for festival at Mutanimadh 3) Hygiene awareness
Mandvi	6	62	Manan Giriraj	1) Fever 2) Malaria 3) Skin diseases	1) Village assessment 2) Contact TBAs 3) Child education activities 4) Hygiene awareness 5) Chlorine tablet distribution 6) Meetings with PHC 7) Quiz competition for children

Mundra	6	62	Avani	1) Malaria 2) Jaundice (two deaths)	1) Village assessment 2) Meetings with anganwadi's 3) Coordination with PHC 4) Chlorine tablet distribution 5) Learnt to take malaria slides 6) Health awareness in schools
Nakahtrana	6	85	Jaya	1) Malaria 2) Fever 3) Skin diseases 4) Eye diseases 5) Hygiene 6) Diarrhoea	1) Health awareness programs 2) Malaria camp with PHC and government on 30/9/01
Rapar	5	41	Dipti	1) Malaria 2) Fever	1) Health awareness posters 2) House to house health awareness programme 3) Coordination meetings with PHC
Total	60	588			

India earthquake rehabilitation						ANNEX 1
APPEAL No. 20/2001		PLEDGES RECEIVED			29.10.2001	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				60'616'000		TOTAL COVERAGE 9.7%
CASH CARRIED FORWARD						
AUSTRALIAN - RC		14'763	AUD	13'731	06.06.2001	DISASTER RESPONSE
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
GERMAN - RC				19'296	31.08.2001	
GERMAN - RC				176'500	31.08.2001	
KOREA, REPUBLIC - RC		34'026'511	WON	46'616	19.07.2001	
MACAU - RC		13'770	USD	24'442	20.08.2001	DEVELOPMENT
MONACO - RC		488'570	FRF	112'096	23.07.2001	
NETHERLANDS - RC		1'629'213	NLG	1'111'856	14.08.2001	INTEGRATED HEALTH PROGRAMME
NORWEGIAN - GOVT/RC		3'236'246	NOK	600'230	19.10.2001	PREFABRICATED HOSPITAL
SWEDISH GOVT/RC		10'000'000	SEK	1'700'000	30.01.01	
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	FINANCE/ADMINISTRATION
AUSTRIAN - RC	DELEGATE	2		60'000	03.07.2001	WATER/SANITATION
Australia	DELEGATE			51'252		
Canada	DELEGATE			21'355		
Denmark	DELEGATE			59'959		
Finland	DELEGATE			59'794		
Germany	DELEGATE			30'226		
Germany	DELEGATE			60'000		
Great Britain	DELEGATE			219'793		
SUB/TOTAL RECEIVED IN KIND/SERVICES				622'379	CHF	1.0%