

# 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*

*16 November 2001*

*Appeal No. 20/01*

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

*Operations Update No. 4 Period covered: 9 October - 9 November 2001*

*Next Ops Update expected 9 December 2001*

### *“At a Glance”*

*Appeal coverage: 12%*

*Related Appeals: South Asia regional programmes 01.33/01*

*Outstanding needs: CHF 53,344,075*

*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.*

*To ensure continued progress of rehabilitation programmes, soft pledges made by partner National Societies during the March Partnership Meeting in Delhi need to be transferred into hard pledges and the funds made available for ongoing implementation.*

### **Operational Developments:**

Continuing tremors have been recorded in Bhuj town and the immediate surrounding areas during the final week of October. High temperatures and virtually no rainfall since August have caused many of the region's smaller bodies of water which were replenished during the monsoon to once again dry up although the dams constructed by the water and sanitation team are successfully retaining water captured during the monsoonal rains.

Plans of action for the Gujarat rehabilitation and recovery programmes were finalised and distributed. A teleconference was held with partner National Societies during the last week of October to follow up on discussions regarding the resource management for the rehabilitation operations held at the Partnership Meeting in March.

The Red Cross Field Workers (previously called Community Based Health Workers or Trainers of Red Cross Volunteers) have continued their work in the villages of Kutch. During the October festival period when

thousands of pilgrims were walking through the region, they established first aid posts along the pilgrimage route, giving assistance and increasing the visibility of the Indian Red Cross Society (IRCS).

Water and Sanitation Community Awareness Teams have been concentrating their activities on the repair of village tapstands, tanks and cattle troughs in the villages to the west of Bhuj. This programme has been done in conjunction with the village communities, either through volunteer work or by identifying people capable within the community that can carry out the work. Necessary materials for repair have been provided by the IRCS and the Federation.

### **Red Cross Red Crescent action w**

#### **Indian Red Cross Society w**

The Secretary General of the British Red Cross Society (BRCS), who was accompanied by the BRCS South Asia desk officer, was in India during the middle of October to meet with the Secretary General of the IRCS. In addition, visits were paid to selected IRCS branches, the site of BRCS activities in Jamnagar and , the Federation's India Operations Centre in Delhi and field office in Kutch.

The IRCS dissemination officer from the national headquarters was in Kutch to work with the information delegate and information officer on the media campaign scheduled to commemorate the one year anniversary of the earthquake.

The IRCS Secretary General responded quickly, forwarding INR 200,000 to the Andhra Pradesh State Branch to aid with relief efforts when a cyclone, accompanied by the heaviest regional rainfall in 40 years, struck the State's coastal towns.

#### **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 around 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).***

- ***Training of Trainers for Red Cross Field Workers (previously referred to in reports as "Indian Red Cross Volunteers")***

During October, 60 IRCS field workers were visiting villages throughout Kutch assigned to their care. Their main task is health promotion, visiting village schools (primary and secondary) where they give one hour presentations explaining the importance of maintaining good hygiene. Integrating lessons learned from their Red Cross training, the IRCS field workers then incorporate their own talents to create unique and individualised presentations. One of the IRCS field workers working in Rapar, for example, has created and performs a one-man play about how to recognise the symptoms of malaria. Immunisation was the priority during October as IRCS field workers, in cooperation with local primary health care centres (PHCs), participated in the National Polio Immunisation campaign. The workers went from house to house in villages making sure that household members had received their vaccines. In cases where they did not receive vaccines the workers made sure that responsible household members understood the importance of the vaccination as well as providing information on where one could get the vaccines. In certain cases field workers accompanied families to the nearest PHC. Special care is being made to reach communities with high rates of illiteracy and higher incidents of illnesses related to poor hygiene. IRCS field workers are comprised of men and women, as certain issues such as menstruation, sexually transmitted disease and HIV/AIDS are more easily addressed by women to women and men to men.

The IRCS field workers 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 very beneficial for the programme, giving the field workers a possibility to share experiences and ideas and to be briefed on new topics. All field workers produce monthly reports from their villages, a summary of which is attached at the end of this report

Due to the festival season, thousands of pilgrims walking or cycling more than 100 km have been passing through the region. The Red Cross field workers established first aid posts along the route providing basic assistance to the travellers. The assistance primarily involved treating minor injuries related to walking long distances. The male field workers were assigned to night duty and female ones worked during the day, cooperating with other organisations and raising the visibility of the Indian Red Cross Society.

On 29 October, 26 persons in Rajkot district started training to become Red Cross field workers. The training will go on for two weeks, to be followed by a three week practical training in the villages. The IRCS trainer, one Federation health delegate, one Federation water and sanitation delegate and two IRCS field workers from Bhuj are conducting the training.

Training of Red Cross field workers started in Rajkot district on 27 October in close cooperation with the IRCS Rajkot branch. The aim is to establish a similar group of Red Cross field workers in Rajkot as the one in Kutch. In addition to being trained on topics such as Community Based First Aid (CBFA) and HIV/AIDS, the IRCS Field Workers are also receiving training on how to assess and identify water and sanitation problems. The training seeks to harmonise the work being done by the IRCS field workers and the Community Awareness Teams. Once the training is completed, the IRCS field workers will be responsible for disseminating and promoting health awareness and identifying water and sanitation related needs.

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

Most of the deliveries in Kutch take place in the home supported by TBAs who traditionally have only received training from their older colleagues. Maternal and infant mortality is higher than average in Kutch and can be reduced by proper training of the TBAs. The IRCS and the Federation, in cooperation with the Nursing College of Bhuj, conducted a three week training course for TBAs in Bhuj taluka during October. Two local public health nurses were recruited to assist with preparations for the programme and as facilitators. The nurses were assisted by two female Red Cross field workers and supervised by a Federation health delegate and the Principal of the Nursing College. Twenty-three highly motivated and active TBAs participated in the training which included one week of training in a classroom setting

The majority of the TBAs participating in the first training were elderly women. Many of the women are illiterate and this was their first time being exposed to a formal classroom setting. The women were for the most part very receptive to the training. The training is divided into one week of class work/theory and two weeks supervised practical training in hospital delivery rooms and in their own villages.

An oral test of their knowledge and ideas about appropriate pre and post natal care is given to the TBAs on the first day of the training. The course curriculum is then adjusted to appropriately address the needs of the group. In the case of the group trained during October it became evident that it was important to address many of the long standing misconceptions regarding nutrition and hygiene. In addition, the training tried to neutralize and address practices which were the result of gender bias. For example, pregnant women frequently put their nutritional needs behind those of their husbands', followed by their children's and then their own.

The course closing ceremony held on 24 October was attended by the local health authorities and representatives of the British Red Cross and the IRCS. The TBAs received certificates and a delivery kit prepared by the IRCS and the Federation. After the evaluation of the training, and possible modifications of the curriculum, a second course will start on 19 November followed by additional courses in the year to come.

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

IRCS and the Federation in cooperation with Care, Save the Children, World Food Programme and UNICEF is planning and funding a training programme run by the National Institute of Public Cooperation & Child Development (NIPCCD). Local medical officers, child development project officers, female health supervisors and the Red Cross trainers will participate in a five day training and will then be responsible for training grass-root level workers for three days in their talukas (sub-districts). The first part, an assessment workshop to specify the needs of this training, was arranged in Bhuj on 23 October. Based on the findings from the workshop the curriculum will be developed and training of trainers will start on 26 November.

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

One of the Federation health delegates has received a great deal of material and support for this programme from the training institute CHETNA in Ahmedabad. Eleven IRCS field workers will attend a workshop in Ahmedabad about the programme at the end of November. They will then train 20 teachers from ten schools in Bhuj taluka about First Aid and basic health matters. The teachers will train some of their primary school students, who will then train their peers.

- ***Baseline survey***

A baseline survey on knowledge, attitudes and practices of anganwadi workers and randomly selected mothers with children under five years old was planned to be done by the health team and the IRCS field workers under the guidance of survey specialists. After lengthy discussions it became evident that the resources were not available to do a good-quality, unbiased, relevant survey. After a tender process the Social and Rural Research Institute in New Delhi was selected to carry out the survey in Kutch, Rajkot and Jamnagar districts for the Federation and in Banashkanta, Patan and Mehsana for the American Red Cross. Final decisions concerning the survey will be made in November.

- ***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 NorFinn ERU hospital supplies. Some of these have been transferred to the 2001 Flood Relief Operations which occurred in Orissa, others will be transferred to the IRCS DP stock. The rest will be donated to the Government of Gujarat. A warehouse inventory of the medical warehouse was done in early October.

***Objective 2: Reconstruction of health facilities - Safeguard long-term health for some 500,000 people by reconstructing permanent health care facilities such as; 1) Primary Health Care Centres, Sub-Centres, Anganwadis, and dispensaries in some 400 locations in the talukas (districts) of Kutch, Surendranagar, Jamnagar and Rajkot; and 2) construct a temporary prefabricated hospital to replace the tented hospital in Bhuj.***

- ***Reconstruction of health facilities***

During October the focus was on moving ahead with necessary preliminary administrative work such as drafting the contract for the consulting engineering project manager company and an MoU between the Federation and the IRCS.

Architectural designs for anganwadis, PHCs and sub-centres are ninety percent complete. The assessment process included some 600 locations and buildings of which 340 were shortlisted. The IRCS and the Federation will only work on those buildings which are in need of complete reconstruction (no minor repairs) The

communities are eager for the construction work to commence. The scope of involvement of the villagers in the construction and decision making will be initiated once the final construction budget is confirmed.

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

Phase I, the construction of hospital wards, is progressing well with approximately 75% of the work now complete. The foundation work and steel structures have been completed. The quality of steel doors and windows was poor and therefore rejected. As a result, the installation of wall panels could not be done. The contractor has been asked to supply and re-install both the doors and the windows. Some of the items which were initially not included in phase I have now been included in phase II, therefore the completion of first phase depends upon phase II.

Twenty percent of the second phase of construction including an out patient department (OPD), emergency room, blood bank, lab, operation theatre, gynecology department, toilets, kitchen, laundry, sub station, mortuary and administration building has been finished.

Two contractors will be used during this phase to speed up the construction work. Construction is estimated to finish by the end of 2001 and the inauguration of the hospital is planned around 26 January 2002.

- ***British Red Cross***

The British Red Cross is currently finalising prerequisite administrative work in preparation for construction.

***Objective 3: Water and sanitation - rehabilitate traditional rain water harvesting structures; increasing 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 facilities for local communities and health facilities.***

Dam construction operations continue in the three programme areas. A total of 264 dams have been rehabilitated to date, which averages out at over a dam a day completed since the commencement of operations in March. Well construction is progressing in unison with the dam reconstruction programme and a total of 33 wells have been completed so far. Tank repair and construction has slowed down with only two tanks built in the last month bringing the total to 76 tanks rehabilitated or constructed for the same period. Similarly, only one toilet block made up of ten cubicles was constructed this month in Bhuj and two in the field bringing to a total of 74 toilet cubicles and 34 washrooms overall. Over 130 garbage bins are emptied daily by the sanitation team which also maintains the toilet blocks in the remaining tented camps in Bhuj township. Seventeen individual projects were completed this month by the Community Awareness Teams in Kutch.

The introduction of Bentonite (clay) into the dam construction programme has been the highlight of the past months activities. The area to the north of Bhuj borders the Little Rann of Kutch. This area suffers from severe water shortages and up until now has relied on tankered water as its main water source. The area is sandy and has a high saline groundwater table usually 5-6 metres below the surface. This means that the dams constructed cannot be deepened beyond this depth and any water stored quickly dissipates either into the saline groundwater table or through evaporation which in this region averages over two metres per year.

By lining the bottom of these dams with a layer of Bentonite this will effectively limit any water loss into the saline groundwater, thereby improving the long term viability of these surface water containment areas. Combined with this, it is envisaged that a concrete ring filled with sand will be placed in the centre of the dam to act as a simple sand filter through which water will pass and then be fed by a lateral pipeline to a concrete ringed well located outside the dam from which the village population can draw a safe source of water. Livestock are an integral part of village life in this region and will invariably share the water source.

As Kutch has some of the largest Bentonite mines in the world second grade Bentonite is readily available for as little as 100 rupees per ton (CHF 4).

Training of the water and sanitation (watsan) staff has been ongoing by one of the watsan delegates and now over 80% of the staff have attended the training session which lasts one full day and usually occurs on Saturday. The training covers the Red Cross principles and also concentrates on the documentation necessary as part of the watsan programme. A separate section of the training addresses the technical considerations necessary in dam and well construction and also the importance of community participation and data gathering at village level. The training occurs in groups of 12 people and besides informative sessions the class is divided into working groups to do relevant case studies. The training has led to a dramatic improvement in data collection at village level and by working in groups has allowed those not strong in English to participate fully.

The collection and filing of all village fact sheets where watsan has worked in the last eight months is over 70% completed and should be finished by mid November. At the same time costs associated with each village project are being identified and filed along with accompanying data.

A watsan information and procedural manual has been completed which covers all aspects relating to the current programme and should be of great assistance to incoming delegates as well as those donors interested in the procedures and processes that relate to the current programme.

The first windmill is being erected in the village of Gonthana along with an associated storage tank and connecting pipeline. This village has no other source of water and is currently reliant upon a dam constructed by the water and sanitation team, which now has sufficient water to meet the needs of the population and the accompanying livestock for the forthcoming year.

- ***Water and Sanitation Community Awareness Teams***

In August, the decision was made to change the role of the health and hygiene awareness teams from an information based programme to a project based programme.

The teams, which were initially formed during the second half of the relief phase, were originally responsible for disseminating information about the importance of proper hygiene. For the majority of the villages these presentations were their first contact with the Indian Red Cross Society and the Federation. Consequently, in order to create a relationship between the teams and the villages presentations were done in an entertaining style with magicians and distributions to children of neem tree saplings. The presentations, which were targeted towards women and children, were also intended to create an awareness at the community level about possible alternative resources for water as well as the importance of maintaining good hygiene. These activities generated a lot of interest in the programme and were covered in articles posted on the Federation's website and in September's Asia/Pacific Focus.

By August, the health and hygiene awareness teams, building on relationships in the villages, were given responsibility for overseeing village projects, such as the building of tanks, tap stands, shallow wells, latrines and handpumps. After a three week adjustment period, where the women had to rethink their approach, work began in villages, many of which had benefitted from the dam rehabilitation programme on organising the installation of various types of water containment/sanitation facilities.

This occurred recognising that:

- (i) the two teams of three woman - who had worked as teachers or with businesses but had no experience with either the Indian Red Cross Society, the Federation or water and sanitation - had improved and developed their own knowledge about water related issues and containment areas;
- (ii) educating villagers to wash daily would not work if they did not have access to water because of faulty hand pumps and broken pipelines; and,
- (iii) the dam building programme was expanding geographically and consuming more time of the construction teams,

The process for deciding upon appropriate facilities for a village begins with a meeting with the village Sarpanch (leader) or in those villages where there is no active Sarpanch, the head of the village. Using an assessment

questionnaire developed by the Federation's water and sanitation delegates, discussions are held with the Sarpanch about the general water situation in the village. Assessments take into consideration the extent of earthquake damage, population, incidence of disease, source of income and willingness and capacity to participate in the project. In addition to speaking with the Sarpanch, the women benefit greatly from speaking with village women. Because they are the same gender, community awareness teams have an easier time approaching and having discussions with the women than male teams do. According to members of the community awareness teams information from the women has been more detailed and specific as the women are responsible for collecting the water for the household, washing, cooking etc. and thus has a significant influence in their decision making process.

The water and sanitation community awareness teams also work in cooperation with the IRCS field workers. Representatives of the community awareness teams attend the Saturday weekly meeting with the IRCS field workers where the two groups exchange information about the respective health and water and sanitation related needs. The community awareness teams are provided with valuable information from the IRCS field workers and frequently receive requests to follow up on water and sanitation projects.

After making an assessment the women present their recommendations to one of the Federation's water and sanitation delegates who then in consultation with the team determines whether or not the proposal is appropriate for implementation. Upon approval the team returns to the village to finalise how the project will be done. For some villages participation can involve providing a contractor with the IRCS/Federation acting as funder and project coordinator. In villages that have less labour-related support, community participation involves clearing land for construction, cutting grass or cleaning wells. The greatest challenge faced by women is to facilitate the involvement of the communities. Traditionally smaller communities in Gujarat rely on the village leader to make all the decisions and solve problems. The first step the women have is to convince the communities that they have the ability to contribute to the solution. A lot of groundwork goes into negotiating who is going to be responsible for carrying out the work on a project. As the teams are comprised of women they sometimes face resistance from traditional village leaders. When possible the teams prefer to employ contractors and labour from the beneficiary village as this creates a greater interest of the community in the project. Local contractors are more invested in the project and are able to support the community awareness teams with encouraging community participation.

Additional community awareness team projects include the construction of two latrines at the primary school in Anadragar and communal washing facilities for the women of Zikadi done by local contractors. In the village of Kunjisar (Bachau) they have supported the community in the digging of a one kilometre pipeline which the government has agreed to supply the pipes to link it to the existing piped network.

The reputation of the IRCS/Federation is increasing by word of mouth based on the widespread work being done. Recent projects completed during October by the community awareness teams, such as a water tank and shallow well serviced by newly built steps in the earthquake damaged village of Paat, are increasing community recognition of the Red Cross. Projects speak for themselves and people have come to know that a Red Cross vehicle is associated with the provision of "Pani" (water in Gujarati).

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

The American Red Cross' Psychosocial Developer for International Services, and the National Society's Psychosocial delegate arrived at the end of October. The two in cooperation with National staff will develop programmes for Gujarat. The intended programme will function as an integrated model with other services, sister societies and with other sectors. The programme will address both psychological support and self help. Programmes will be "action programmes" enabling participants to help themselves. In addition work will also be done in the area of care for caregivers.

The team is planning to undertake an assessment of the psychological/psychiatric findings prior to any project implementation. Implementation will be done in close cooperation with the Federation and UNICEF and through IRCS field workers. They will give psychosocial orientation to community health workers in Gujarat and are

open to the concept of psychosocial training of volunteers as health disaster preparedness component. The need for ongoing psychosocial counselling and orientation of earthquake victims is still quite large, even nine months after the earthquake.

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

Over the last thirty years the IRCS Orthopaedic centre in Ahmedabad has been providing artificial limbs and physiotherapy to patients. Using basic tools and equipment the centre currently produces artificial limbs made out of aluminum and wood at a rate of 15-20 per month.

The need for artificial limbs increased following the earthquake, and the IRCS decided to improve the capacity of the orthopaedic clinic.

The building, which had fallen into disrepair before the earthquake, suffered increased damage on January 26. On the top storey a large water tank is severely cracked and threatening to collapse. The German Red Cross will overhaul the building layout, surrounding grounds, system of limb production and physiotherapy equipment. Building renovations will include replacing the water tank, improving building layout with new treatment rooms and accommodation for patients. The equipment will be updated and staff will be trained on more sophisticated but relatively low cost methods of making artificial limbs. The programme includes rehabilitation of the workshop, office space and the hostel and provision of new equipment for a capacity of 100 prosthesis per month. The programme also envisages training of technicians after the rehabilitation work is concluded.

A German Red Cross project manager has established a base in Ahmedabad and renovations will begin in December.

**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 October, roofing work commenced and masonry work has continued on the houses currently being built. In addition, a new registration drive for project participants was carried out in Muli.

Plans on how to integrate projects from the IRCS and Federation programme into the private housing reconstruction project are currently being developed. The Federation health coordinator in Gujarat visited the project site in Muli. There was an extensive exchange of information between the Federation, the project team and the local IRCS branch, regarding the possibility of implementing parts of the ongoing health-training programme in the district of Surendranagar.

**Capacity Building Programme w**

***Objective 1: Organizational 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 IRCS branch mapping exercise is close to completion. In total there were responses from about 72% of the IRCS branches. Data analysis will take one month after the surveying is finished and the final results will be available by the end of November.

Two Federation delegates from the Japanese and Swedish Red Cross have begun preliminary work in preparation for the organizational development project. One of the delegates is based in Delhi and will be responsible for working on OD at the headquarters level while the delegate based in Ahmedabad will concentrate on working with IRCS branches in Gujarat.

The Federation delegate in Delhi will work closely with an IRCS counterpart selected from IRCS National Headquarters.

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

**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.*

The Federation information delegate is working in cooperation with the IRCS on creating materials for the one year commemoration of the earthquake. Initiatives include an eight page publication, Insight and a CD-ROM of photographs on the earthquake rehabilitation programme. Insight and the CD- ROM will be sent to National Societies on 2 January.

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

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

During October key developments in the IRCS/Federation DP/DR programme were the funding and planning of a new Disaster Management Centre at IRCS National Headquarters, the selection of an IRCS disaster management counterpart, development of the first community based disaster preparedness training workshop, and planning for IRCS DP restocking and warehouse renovation.

*Objective: Create a Disaster Management Network:*

Major progress has been made planning the refurbishment of an old warehouse at IRCS National Headquarters to be a new disaster management centre and offices for the capacity building team with the assistance of American Red Cross Headquarters. IRCS have secured funding from IBM and potential funding sources for phase one, the basic rehabilitation. The second revision of floor plans have been made, awaiting a final draft. Planning is progressing for phase two, the internal fittings and equipment to be funded from the Federation DP/DR programme.

The IRCS in cooperation with the Federation has identified a counterpart to facilitate and promote the development of the IRCS Disaster Management Department.

*Objective: Mobile Disaster Units*

Discussions are taking place to consider a trailer supported MDU.

*Objective: Develop DP/DR Policies & Plans*

During the middle of October the SPHERE implementation team met the DP Delegate, the IRCS Deputy Secretary Medical and Junior Relief Co-ordinator and the DP representative of IRCS Gujarat State Branch. This has resulted in closer co-ordination of DM agencies and better awareness of SPHERE standards.

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

### **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.*

During early October, a Federation field office was opened in Rajkot, where there is a strong IRCS branch, . The field office will function as a base for IRCS health and water and sanitation projects in the area.

An informal SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis was conducted among Federation delegates working out of the Kutch field office regarding how the operation is running to date. The analysis identified the need to continue work on building up IRCS capacity in Gujarat and developing a stronger statewide network of IRCS programme counterparts. Projects, such as community based health and water and sanitation, which involve many newcomers to the Red Cross create a good opportunity to build up the profile and strength of the IRCS in Gujarat. Locally recruited staff and field workers, who were previously unaware about the Red Cross/Red Crescent movement, have learned enough in four months to assume responsibility for overseeing projects and disseminating information in the field. The national staff have also helped Federation delegates to integrate into the community.

***Objective 2: Minimize 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 Federation's health coordinator and health delegates are attending bi-weekly meetings of the WHO-chaired Health Sector Coordination Group for Kutch. The meetings are held in the former Red Cross compound in Bhuj. Representatives from international organisations with ongoing projects in Kutch, such as UNICEF, Save the Children, Care and Merlin 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 Sector Coordination Group has subgroups 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 Federation health delegate.

## **Countrywide Programmes**

### **National Health Programme w**

The country position for health evolved from the Gujarat earthquake operation. The scope is to apply lessons learnt in Gujarat, capacity building and health DP as well as developing strategies for HIV and emergency health. Additionally, emergency assessments, monitoring of ongoing health activities and of course the continuation of the Gujarat health programmes.

The IRCS Secretary General has defined the priorities for health as being: Community Based First Aid (CBFA), Emergency Health and HIV. The countrywide health programme's main components are training of community health workers, emergency health training, establishing a health database and carrying out the national health review:

Strategy:

- 1) Carry out National Health Review with an Indian consultant company, building on information collected through the branch mapping survey. Time frame 4 months (november/december 2001 - march/april 2002).
- 2) Build and maintain a health database from this information, same time frame as National Health review.
- 3) Carry out/support CBFA training in six states during 2002 and 2003 (projected figures: 500 volunteers per state). Selection criteria of the states: disaster proneness and branch capacity and request (at least 3 State branches have requested such training already). Time frame: from February 2002 onwards.
- 4) Carry out one emergency health workshop in June for 25 selected specialized IRCS health staff with emergency experience. Integrate ERU training components into it.

- 5) Develop an HIV/AIDS awareness strategy.
- 6) Carry out 2 programme reviews in spring and autumn of 2003.
- 7) Carry out the follow up nutritional survey in Gujarat in March 2002.
- 8) Carry out one additional nutritional survey in another state if necessary, post-disaster, eg in Bihar.

The programme was endorsed by the IRCS Secretary General and comes into the overall country health strategy and the regional health strategy.

### *Activities*

#### *Orissa*

The relief phase for the Orissa floods operation ended this month. A Federation health delegate was sent to work with the branch during the early relief phase involved in the operation. After that a senior national staff consultant for two months followed up on coordination of the mobile medical units, assessing health needs, organizing the state branch medical warehouse, relocating medical items to health institutions, giving a first aid course to national staff of Orissa State Branch (OSB), German Red Cross and the Spanish Red Cross. Thirty-five volunteers from the relief phase will participate in a debriefing workshop early November. They will be among the first to receive Community Based First Aid (CBFA) training which the branch intends to start early next year. The project proposal for combined CBFA and DP training for the branch will be submitted to the NHQ in November. The Federation will coordinate closely with the Spanish Red Cross and German Red Cross in supporting CBFA trainings.

There is a branch of St. John's ambulance in Bhubaneswar. The branch has five Red Cross health clinics scattered over the state, and one Mother and Child Clinic in Beranpur. The IRCS and the Federation will be able to work closely with the St. John's ambulance trainers as resource persons. One more resource person with medical background was identified for future trainings. After this floods operation, a list of 22 quickly deployable doctors was put together for the next disaster situation.

#### *Nagaland*

The state branch would like to carry out community based first aid (CBFA) training for 500-1,000 volunteers. One member of the state branch will attend the next training in Gujarat to see, how they can do the training best.

#### *Bhopal*

The first year of the Bhopal shanty town hygiene project ended in August and an evaluation of the project at this stage is imminent. Representatives from the IRCS and the Federation plan to go to Bhopal most likely by mid November to see how the project can proceed, especially in light of lacking funds.

#### *Assam*

The DFID funded health project resulting from the relief phase two years ago, is coming to an end. The Federation health delegate who was there for two months did a brief review of the past training programmes. CBFA training there was very successful and appreciated by the branch. The five Mobile Medical Units (MMUs) ceased to function in May. The branch would like to run two MMUs for another two months as pilot project in a new district.

## **Disaster Preparedness and Response w**

### *Objective Pilot Project; Assam Disaster Reduction Programme (DFID)*

The Federation's DP Delegate and the IRCS Junior Relief Coordinator's planned visit to Assam to conduct a DP training workshop between 15-20 October, was canceled due to security concerns. A basic first aid and DP

training course was convened from 8-15 October including 10 volunteers from the two pilot districts in Assam and village surveys have been conducted.

*Objective; Training*

The Federation's DP Delegate, IRCS Junior Relief Co-ordinator and IRCS representative from the Andhra Pradesh Branch attended the Federation regional DP workshop in Haryana 21-25 October. The Federation DP Delegate will join a regional DP training group for the development of DP training material. The first Community Based Disaster Preparedness training module has been developed for the Assam pilot project from SARD materials.

*Objective; Knowledge Sharing*

A review of lessons learned was conducted for the 2001 Orissa floods relief operation.

*Objective; Cyclone Shelter Rehabilitation and Rehabilitation*

On 7 October the Federation DP Delegate met with the German Red Cross Head of International Aid. Meetings were held with representatives of the Spanish and German Red Cross Societies and Andhra Pradesh Branch Secretary to develop the plans for cyclone preparedness on the east coast.

*Objective; Countrywide Logistics Management*

The plan to move DP stocks from Bhuj has been reviewed and IRCS truck capacity assessed for movement of the stocks from Bhuj to Bahadurghar warehouse near Delhi.

Medications and water purification tablets were requested by IRCS from Federation stocks to be sent to Patna, Bihar for the floods victims.

A request was received by the Federation for replenishment of relief supplies provided by IRCS to flood affected branches in Bihar, Orissa, Chattisgarh, Kerala and West Bengal.

*For further details please contact: Tatjana Tomic, Phone : 41 22 730 44 29; Fax: 41 22 733 03 95; email: tosic@ifrc.org*

*Donors providing in-kind relief in response to large-scale emergencies are urged to contact Name, Email, and Phone no. in the Federation's Logistics and Resource Mobilization Department to avoid any unnecessary delays in the clearance and delivery of emergency relief assistance.*

*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 for October: Red Cross Trainers in the Kutch District.**

<b>Taluka</b>	<b>No. Trainers</b>	<b>Villages visited</b>	<b>Main problems</b>	<b>Activities</b>
<b>Abdasa</b>	9	159	Animal bites, Malaria, Skin diseases.	1) Village assessment 2) Health awareness for malaria. 3) First Aid camp for pilgrims of Mata Na Madha. 4) Village cleaning activities. 5) Participate in polio vaccination 6) Village water tank cleaning progr.
<b>Anjar</b>	7	96	Malaria.	1) First aid awareness camp. 2) Distribution of ORS and Chlorine tablets. 3) Village assessment. 4) Health education in School. 5) Participate in polio vaccination.
<b>Bhuj</b>	10	176	Malaria, Diarrhoea.	1) Village assessment. 2) First Aid camp for pilgrims of Mata Na Madha. 3) Health awareness programme.
<b>Bhachau</b>	4	64	Skin diseases, Malaria.	1) Village assessment. 2) First Aid camp for pilgrims of Mata Na Madha. 3) Health awareness programme. 4) Chlorine tablets distribution.
<b>Lakhpat</b>	9	113	Malaria, Skin diseases, Eye disease.	1) First Aid camp for pilgrims of Mata Na Madha. 2) Distribution of ORS and Chlorine tab. 3) Village assessment 4) Health education in School. 5) Participate in polio vaccination.
<b>Gandhi-dham</b>	1	25	Skin diseases, Fever.	1) Health and Hygiene awareness programme. 2) Meeting with Anganwadi. 3) Health education in School.
<b>Mandvi</b>	7	171	Skin diseases, Malaria.	1) Village assessment. 2) Health awareness for malaria 3) Health education in School.
<b>Mundra</b>	5	111	Malaria.	1) Village assessment. 2) Health education in School. 3) Health awareness for malaria.
<b>Nakhatrana</b>	6	128	Hygiene, Diarrhoea, Skin disease Malaria.	1) Village assessment. 2) Health education in School. 3) Health awareness for malaria. 4) First Aid camp for pilgrims of Mata Na Madha. 5) Distribution of ORS and Chlorine tabs.
<b>Rapar</b>	5	109	Malaria, Fever.	1) Village assessment. 2) Health education in School. 3) Health awareness programme for malaria through posters and leaflets.
<b>Total</b>	<b>63</b>	<b>1152</b>		

- Delegates

<b>Delegate</b>	<b>Position/Title</b>	<b>Origin</b>	<b>Location of assignment</b>
Floyd Barnaby	Head of Delegation	Federation	Delhi
Elodie Martel	Head of Sub Delegation	Federation	Ahmedabad
Thor Thorbro	Team Leader	Danish Red Cross	Bhuj
Bruce Chambers	Wat/San Coordinator	Australian Red Cross	Bhuj
Dr.Folke Lampen	Health Coordinator	Finnish Red Cross	Bhuj/Ahmedabad
Laxman Chhetry	Infrastructure Project Coordinator	Federation	Bhuj/Ahmedabad
Steve Penny	Disaster Preparedness Coordinator	British Red Cross	Delhi
Gagik Jrbashyan	Construction delegate	Federation	Bhuj
Kemal Yardamic	Fleet Manager delegate	Federation	Bhuj
Mauricio Castano Londono	IT delegate	Federation	Bhuj
Martin Janda	Watsan delegate	Austrian Red Cross	Bhuj
Rosanne Muller	Field nurse delegate	Australian Red Cross	Rajkot
Salome Zan	Field nurse delegate	Federation	Bhuj
Mary McWeeney	Finance delegate	British Red Cross	Delhi
Pamela Davie	Information delegate	Canadian Red Cross	Ahmedabad
Nadia Gaurashi	Administrative delegate	Federation	Delhi
Mladen Milicevic	Finance delegate	Federation	Ahmedabad
Lorna Lusambili	Administrative delegate	Federation	Ahmedabad
Hope Weiner	Reporting delegate	Federation	Bhuj/Delhi
Mauricio Bustamente	Logistics coordinator	Federation	Bhuj
Armen Petrosyan	Logistics procurement delegate	Federation	Ahmedabad
Claus Darmstadt	Construction consultant	Federation	Bhuj/Delhi
Irmira Poschl	Watsan delegate	Austrian Red Cross	Bhuj
Adelheid Marschang	National health programme coordinator	German Red Cross	Delhi
Niels Hornung	Watsan delegate	German Red Cross	Rajkot
Minako Kakuma	Organisational development delegate	Japanese Red Cross	Ahmedabad
Siobhan Bourke	Health delegate	Australian Red Cross	Bhuj
Christiane Meir	HR Coordinator	Federation	Delhi
Marianne Deelder	Logistics delegate	Netherlands Red Cross	Bhuj



India earthquake rehabilitation						ANNEX 1
APPEAL No. 20/2001		PLEDGES RECEIVED			16.11.2001	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>CASH</b>						<b>TOTAL COVERAGE</b>
REQUESTED IN APPEAL CHF ----->				<b>60'616'000</b>		<b>12.0%</b>
CASH CARRIED FORWARD						
AUSTRALIAN - RC		14'763	AUD	13'731	06.06.2001	DISASTER RESPONSE
AUSTRALIAN - RC		400'000	AUD	334'720	08.11.2001	WATER & SANITATION, COMMUNITY BASED HEALTH PROJECT
AUSTRIAN - RC		139'452	EUR	210'782	25.07.2001	PRIVATE HOUSING RECONSTRUCTION, DIRECT
AUSTRIAN - RC		145'000	EUR	219'168	03.07.2001	WATER PROJECT
BRITISH - RC		224'719	GBP	537'078	06.08.2001	HOSPITAL
BRITISH - RC		214'830	GBP	513'444	06.08.2001	DAM/WATER CATCHMENT & VILLAGE WATSAN EDUCATION
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	
SWEDISH - RC		6'000'000	SEK	932'400	12.11.2001	HEALTH PROGRAMME
SUB/TOTAL RECEIVED IN CASH				6'552'359	CHF	10.8%
<b>KIND AND SERVICES (INCLUDING PERSONNEL)</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
AUSTRIAN - RC	Delegate(s)			39'753		
Australia	Delegate(s)			88'213		
Canada	Delegate(s)			50'923		
Denmark	Delegate(s)			59'959		
Finland	Delegate(s)			59'794		
Germany	Delegate(s)			30'226		
Great Britain	Delegate(s)			219'793		
Japan	Delegate(s)			59'959		
Sweden	Delegate(s)			111'046		
SUB/TOTAL RECEIVED IN KIND/SERVICES				719'666	CHF	1.2%