

# 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

16 March 2002

### *Annual Appeal 2001/Earthquake Recovery and Rehabilitation*

*Gujarat Earthquake Recovery and Rehabilitation Appeal No. 20/01*

*Launched on 9 July 2001 for CHF 60.6 million (USD 36m/ EUR 41m) for three years.*

*Operations Update No. 7 Period covered: 1 February - 15 March 2002*

*Next Ops Update No. 8 expected April 2002*

#### “At a Glance”

*Related Appeals: South Asia Regional Programmes 01.24/2002*

*Outstanding needs ((for three year post-earthquake rehabilitation operation): CHF 42,590,0091 (USD 25.3m/ EUR 28.8m)*

*Summary: Indian Red Cross Society (IRCS) state and district branches in Gujarat are providing relief aid to victims of the communal unrest which commenced on 27 February in Godhra. The resulting instability in Gujarat has caused a slow down in recovery and rehabilitation activities. The attention of the Federation delegation management and some technical delegates necessarily was diverted from routine activities to focus on assisting the IRCS in Ahmedabad, security of Red Cross Red Crescent personnel and liaison with the Federation membership through Geneva. Nevertheless, work has continued on the range of rehabilitation projects over the reporting period, though a change to a recently introduced IRCS travel policy for delegates and their National Society counterparts is being sought. Meanwhile a revised plan and budget for the operation is progressing and will be shared with partners in the coming weeks. The expatriate complement of the India Operations Centre will drop to under 20 early next month, though more than half are on Federation contracts.*

## Operational Developments

### *Communal Unrest in Gujarat*

As reported in Federation information bulletins (issued on 8 and 13 March), on 27 February an Ahmedabad bound passenger train was attacked at the Godhra railway station in the eastern part of Gujarat. The attack was the catalyst for an outbreak of rioting and violence in Ahmedabad and villages in the eastern part of the state leaving over 600 people dead. The State's businesses and public transportation were shut down and access to food was cut off. A large number of people have lost their homes and many fear returning to their neighbourhoods due to the continuing threat of violence. Some 30,000 people are reported to be seeking refuge in 24 relief centres in and around Ahmedabad. Police and military forces were deployed by the government to protect residents and curfews were imposed in Ahmedabad and selected villages. Although the

threat to the public has subsided and some of the business have reopened the city of Ahmedabad remains unusually quiet.

The IRCS was the first humanitarian organisation to provide medical assistance to those affected by the situation. IRCS Gujarat state branch and branches in Ahmedabad and Godhra have provided blood to hospitals, and medical assistance and relief goods to families living in shelters. In addition, IRCS volunteers in Ahmedabad provided First Aid, transported patients to hospitals, queued up to donate blood and assisted with identification of the dead.

The IRCS national headquarters released emergency funds to provide for the immediate needs of the affected population and is dispatching cooking utensils and medicine from their warehouse in Delhi and, the Chairman and Secretary General of the IRCS will go to Ahmedabad during the second week of March,

Following a request for assistance from the IRCS to the Federation, the Federation has released CHF 50,000 from the Disaster Relief Emergency Fund (DREF) to the IRCS. The IRCS is currently planning to provide 10,000 beneficiaries with food, clothing and cooking utensils for two weeks during March as well as offering basic medical care in four temporary shelters.

IRCS, Federation and participating National Society (PNS) earthquake recovery and rehabilitation activities have continued where possible with caution. The Federation has taken the lead role in coordinating security regarding recovery and rehabilitation activities in Jamnagar, Kutch, Surendranagar and the North. The AmCross office in Patan will remain closed until 15 March and the Consortium in Surendranagar are currently not operating. The Spanish Red Cross have maintained their office activities and conducted a field trip throughout Bachau/Kutch/Gujarat, after security coordination with the Federation's team leader in Bhuj and the IRCS district branches in Gandhidham and Bachau.

### ***IRCS/Federation***

On 24 February, the Governor of Gujarat hosted a ceremony in his home in Ghandinagar in honour of the publication of 'Across All Borders' by the IRCS Gujarat State Branch. The book is an account of State Branch and Red Cross Red Crescent Movement activities in response to the earthquake. The book also contains a brief history of the state branch's activities and detailed descriptions of the state's network of branches and ongoing activities. The ceremony was attended by representatives from Gujarat's district branches, government officials, and representatives from PNS and the Federation.

An organisational development/PNS coordination meeting, originally scheduled for the second week of February was canceled due to changes in IRCS NHQ travel policies. A public awareness announcement by the Federation on HIV/Aids awareness is receiving air play in India on a popular satellite radio station.

## **Red Cross Red Crescent Action**

### **1. Integrated Health Programme**

- **Community Based Health (Gujarat)**
  - **Water and Sanitation (Gujarat)**
  - **Reconstruction of Health Facilities (Gujarat)**
  - **National Health**
  - **Psychological Support (Gujarat/National)**
  - **Prosthesis Project (Gujarat)**
- **Community Based Health**

#### **Objective 1: Training of IRCS Field Workers**

The purpose of this training is to give persons from various parts of Gujarat the knowledge and ability to approach their communities and mobilize them to solve various health related problems and to train IRCS volunteers in these villages. In Kutch 54 IRCS field workers continued visiting their villages all over the

district and identified volunteers for Community Based First Aid training. In Rajkot 24 IRCS field workers from the earthquake stricken northern talukas of Rajkot and Jamnagar districts continued health education in their villages supervised by an IRCS trainer and one senior IRCS field worker from Kutch. Common colds and coughs due to the winter season remain the main health problem in the region. Diarrhoea and skin problems are also common.

During February, the ministry of Health and Family Welfare in Gujarat conducted a state wide campaign to raise awareness about the prevention of HIV/AIDS and sexually transmitted diseases (STDs). The IRCS field workers in Kutch, Rajkot and Jamnagar worked in close cooperation with staff from the respective primary health care centres (PHC) on supporting this initiative. IRCS field workers produced posters for an exhibition and have accompanied PHC health workers on visits to villages where they have participated in house to house visits and public discussions. In addition the field workers produced small role plays about problems faced by those living with HIV/AIDS. As many of the field workers are quite young, having themselves only recently finished their studies, they are particularly effective when working with high school aged students.

According to the most recent statistics as of end-February, the 83 IRCS field workers have conducted 1,126 visits to their assigned villages. Some 153,367 people have benefited from participating in the project's activities such as group discussions concerning health issues like good hygiene and sanitation, home visits from the field workers informing individuals about the importance of having children vaccinated and school visits where IRCS field workers teach children about topics like nutrition using role plays and songs.

On 1 February the Spanish Red Cross assumed responsibility for the management of the health project in Bhachau.

IRCS field workers in Rajkot will work on behalf of the reconstruction team conducting final assessments confirming the appropriateness of reconstructing the selected health facilities. In accordance with the programme integration imperative, the IRCS field workers are being asked to confirm that there is in fact an actual need for the health facilities and that for example resources are not used to rebuild PHC's in areas where the population has sufficient and easy access to hospital care.

The IRCS field workers in Rajkot, began their training in November and currently work on a daily basis under the supervision of an IRCS health officer and an IRCS field worker who was trained earlier in Bhuj. The field workers in Rajkot work in close cooperation with the IRCS branch in Rajkot and weekly meetings are held at the branch. The field worker's activities and ability to communicate with the public complement the branch's activities regarding family planning and the activities of the districts PHCs. IRCS field workers working in Morbi in cooperation with two of the state's PHCs are participating in Jivam Raksha Yatsry (tour to protect life) from 20 February through 20 March.

### Objective 2: Training of Traditional Birth Attendants (TBAs)

A fourth training cycle led by the IRCS and the Federation in cooperation with local medical authorities commenced for TBAs from the catchment area of Dhaneti PHC in Bhuj taluka on 17 February. Initially, 29 TBAs began participating in the course, however the number of TBAs attending the course varied throughout the week decreasing to about 18. The Federation's health delegate and the IRCS field workers went to each of the villages to follow up as to why the women had decided not to participate. The reasons varied. Some of the women were afraid of not being able to answer all of the questions correctly. The health delegate along with the IRCS field workers explained to the women that they were not expected to know all of the answers and, in fact the purpose of the training is to teach them the information that they are missing. In some villages where both a mother and daughter are TBAs, it is difficult for the two of them to be away from the home at the same time. Solutions were then worked out between the health team and the individual women to allow them to benefit from the opportunity to participate in the course.

The current course will be the last in Kutch district. The fifth course will take place in Nakhatrana. The health delegate will be visiting Rajkot at the beginning of March to work with local authorities, the IRCS field workers and, the IRCS Rajkot branch on determining where is the best place in Rajkot for the next TBA training will take place.

A manual detailing the curriculum for the course has been prepared by the Federation health delegate with assistance from the IRCS field workers.

*Objective 3: Child-to-Child health initiative; to increase the knowledge of health and hygiene issues in primary school aged children.*

A manual detailing appropriate curriculum, suggested activities and beneficiary selection criteria was created by the Federation's health delegate with assistance from the IRCS field workers. The weekly visits to the schools have continued over the reporting period. In addition children from the child-to-child health initiative in Gadiyalo and Rathiya participated in the Italian Red Cross' opening ceremonies for the respective schools.

Ninety six visits have been made to the 12 schools since the 7 January start of the project engaging 691 primary school students on health topics using role plays, drawings, songs, games, etc. The students have participated actively in the programme and with a first post-test of their knowledge due to take place earlier this month. Based on the effectiveness of the project a decision will be made regarding the continuation of the activity.

*Objective 4: 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).*

A selected group of around 20 IRCS field workers participated in a three week ICDS training in Bhuj. The IRCS field workers will then work with the government authorities to begin training anganwadi workers. The training was highly participatory and included activities such as the publication of a daily newsletter summarising the days events. Each day a different group was given the responsibility for publishing the newsletter. Participating in the training gave the IRCS field workers an opportunity to meet and share information with counterparts from other organizations such as Save the Children. Feedback from the IRCS field workers who participated in the training was very positive. Government ICDS workers and the trained IRCS field workers will begin training anganwadi workers in April.

*Objective 5: Conduct a baseline survey on knowledge, attitudes and health practices of anganwadi workers and users.*

The questionnaire for the survey has been developed and training of the interviewer began on 28 February.

*Objective 6: Co-ordinate health related recovery and rehabilitation activities in Gujarat with government and NGOs.*

The IRCS and the Federation work in close cooperation with local government authorities, PNS and NGOs.

- **Water and Sanitation**

During the second week of February, temperatures in Kutch practically changed overnight. The days are growing longer and day time temperatures are averaging in the mid 30s. Many of Gujarat's river beds, particularly in Kutch, have gone completely dry creating a bleak contrast to last August when for the first time in ten years water flowed freely. Only those people with the resources to have special water systems are able to successfully farm. For many of the villages there is not even adequate amounts of water to sustain a small community garden. Throughout Kutch's cities and villages families of migrant labourers, who have come to Gujarat seeking employment with the numerous reconstruction projects, have set up camps along the roads and besides the construction projects where they are working. Due to the lack of available water for these workers they rely on murky water which they collect from the puddles created by trucks delivering water tanks to the construction sites where they are working and living.

At the close of February a review comprising an extensive two week assessment of IRCS/Federation water-sanitation activities to date, will serve as the basis for the preparation of a detailed plan of action and budget through 2003 in this sector. The exercise was undertaken by a consultant assigned by Federation

(previously the water-sanitation coordinator in Turkey) with support from the water-sanitation delegate and the logistics coordinator in India and senior officer-water-sanitation from the Geneva secretariat. A report, with recommendations and budget will be shared with the donor base later this month.

With the departure of the two remaining Federation water and sanitation delegates during the middle of February a small crew of national staff are currently assuming complete responsibility for running the project. At present, the Federation has sufficient funds and personnel to maintain limited activities in Kutch and Rajkot. Sanitation activities which were halted during February such as the daily emptying of waste bins in schools and at Jubilee hospital resumed in Bhuj at the beginning of March. The community awareness teams continue to make regular visits to villages and three new wells were completed over the reporting period. In addition surveys continue regarding outstanding needs for Dam construction.

In October 2001, the IRCS and the Federation conducted assessments in Patan, Banaskantha and Mehsana. After confirming the needs in these areas, the IRCS and Federation water and sanitation team commenced work on rehabilitating dams in Patan and Banaskantha. The American Red Cross, which had sent a watsan team to assess Gujarat's needs last May, was aware of the need for assistance and has funded the IRCS/Federation activities in these districts, until assuming total operational responsibility in February 2002.

Since October 19 ponds in the district of Banaskantha and 11 ponds in Patan have been rehabilitated.

- **Reconstruction of Health Facilities**

*Objective 1: To contribute to the restoration of Gujarat's health infrastructure by reconstructing permanent health care facilities destroyed during the earthquake in the talukas (districts) of Kutch, Rajkot, Surendranagar and Jamnagar.*

Tender documents have been prepared for review by those contractors who responded to the advertisements from the IRCS and the Federation which were published in January and have been shortlisted. The IRCS and the Federation are adhering to strict guidelines drawn up by the Federation's construction coordinator regarding the selection of contractors, in accordance with Federation procedures. The tendering documents were distributed at the end of February and contractors have been given three weeks to reply. Once all of the responses are received, the selection process supervised by the IRCS and the Federation in consultation with a professional project management firm will take place, for detailed review by the Federation's committee on contracts in Geneva. Building of the facilities (anganwandis and PHCs) will commence after the contractors are identified. Meanwhile IRCS/Federation construction site offices are being established in Mandvi, Morbi, and Surendranagar.

While the selection process of contractors is going on, the IRCS field workers in Rajkot have been tasked by the construction team to conduct a final analysis of the selected locations. The IRCS field workers have been given a list of sites identified by the construction team where reconstruction would be appropriate based on their technical assessments. The sites which have been identified for IRCS/Federation construction were selected from a list of sites provided by the government of Gujarat to the IRCS. The sites are being assessed by the construction team for the extent of the damage. After determining which sites would require total reconstruction the final list will be drawn up.

The IRCS field workers are working closely with the communities to determine;

1. Whether or not the facility will be functioning; i.e. prior to the earthquake was the facility staffed and were people using it?
2. How will the facility be maintained; i.e. who will take responsibility for routine maintenance of the facility?
3. Will the facility provide services already available to the nearby population? (duplication of services)
4. Is the facility's location appropriate?

The IRCS field workers have been tasked with this assessment because of their understanding of local health infrastructure and their good relations within the communities. The assessment which will be formally documented and takes approximately one week is due for completing in mid March.

Objective 2: Construct a temporary prefabricated hospital to replace the tented hospital in Bhuj.

Construction of the hospital's twelve wards is complete and beds and tables have been moved into the premises. The hospital has been wired for electricity and plumbing work is also completed. With over ninety percent of the construction work completed, final work is being performed on the facility's operating theatre. The hospital is expected to be operational later this month.

- **National Health**

- **IRCS Capacity Building in Health**
- **Programme Support**
- **Health Disaster Preparedness**
- **Health Disaster Response (Relief Health)**

The Federation's health delegate, in cooperation with the IRCS, is reshaping the project's budget in keeping with the outcome of the partnership meeting in December 2001. Scheduled visits in February to Orissa and Gujarat to meet with PNS and Federation programme coordinators and delegates were postponed due to changes in IRCS Headquarters' travel policies.

Meanwhile, the situation regarding reported cases of plague in Himachal Pradesh is being monitored and, in cooperation with the IRCS Deputy Secretary Medical, a mapping exercise of IRCS health activities in preparation for the national health review is underway.

Migration of labour, low literacy levels and gender disparities are among the reasons why the HIV/AIDS epidemic has been cited as one of the most serious public health problems in India. The IRCS is currently reviewing submissions received in response to the IRCS HIV/AIDS Comic Strip competition to promote awareness about and alleviate discrimination against people living with HIV/AIDS.

The initiative originates from the Federation's regional delegation in Bangkok. Comics are a simple and easy to understand means of conveying difficult and sensitive issues. Once received they are easy to reproduce and in a country like India with multiple languages they are also easy to translate and use countrywide. In addition key issues brought to the attention of the IRCS and the Federation through the competition will be incorporated into the IRCS' countrywide strategy and policy about HIV/AIDS.

- **Integrated Psychosocial Support and Capacity Building**

The AmCross psychosocial delegate has identified several potential sites in Bhuj to establish the IRCS Integrated Resources Community Centre in the town.

IRCS and AmCross are a part of Gujarat's provider collaborative ('the Collaborative') comprised of all NGOs, government agencies and other organizations delivering supportive psychological services to the earthquake affected areas in Gujarat. The IRCS in partnership with AmCross have been acknowledged as the coordinating agency for psychosocial programming. The Collaborative has met twice weekly since June 2001. The group will continue to meet regularly addressing issues such as the assessment of beneficiary needs, identifying resources to meet needs and creating new opportunities for support.

- **Prosthesis Project**

Objective 1: Rehabilitate and expand the IRCS orthopaedic workshop in Ahmedabad.

Structural repairs to the facility continues to progress as scheduled and are currently expected to be completed by the end of March. After repair work to the premises is finished, the delivery of new equipment for the

workshop will begin. It is expected that the newly renovated and equipped workshop will be handed over by the German Red Cross to the IRCS at the end of April.

## **2. Capacity Building Programme**

- **Organizational Development (National/Gujarat)**
- **Branch Development (National/Gujarat)**
- **Human Resource Development (National/Gujarat)**
- **Finance Development (National/Gujarat)**
- **Information Development (National/Gujarat)**
- **IRCS Central Training Institute**
- **Disaster Preparedness and Disaster Response (National/Gujarat)**

A meeting scheduled for the middle of February between representatives of PNS working in Gujarat, the IRCS Gujarat State branch, IRCS district branches and the Federation delegation, to discuss and review plans for capacity building in Gujarat, was canceled due to a change in travel policies implemented by IRCS national headquarters.

Minor repair work to the IRCS Central Training Institute is currently taking place. Several workshops have are scheduled for the Central Training Institute during 2002. The first was a Disaster Preparedness Logistics Workshop which took place from 4 through 8 March.

- **Organizational and Resource Development**

Work during February primarily revolved around planning for the meeting - subsequently cancelled - scheduled for the second week of February, called as part of the process for reshaping the project's plan of action and budget for nationwide and Gujarat-based activities.

Whenever possible Gujarat State's network of district branches are involved with the recovery and rehabilitation projects. For example the IRCS district branch in Rajkot - one of the first established by the IRCS - is working with the construction and the health teams. The branch houses a physiotherapy clinic which produces artificial limbs and provides rehabilitation services. Following the earthquake, the branch offered free help in this area to anyone who lost a limb as a result of the earthquake. In addition the branch is also equipped with a small surgery and runs regular first aid training courses. The Rajkot branch is very active in family planning initiatives and runs two government funded family welfare centres.

- **Disaster Preparedness and Response (DP/DR)**

Work during February primarily revolved around planning for the meeting - subsequently cancelled - scheduled for the second week of February, called as part of the process for reshaping the project's plan of action and budget for nationwide and Gujarat-based activities as well as preparing for March's Disaster Preparedness Logistics Workshop which took place in Delhi at the IRCS Central Training Institute (CTI) during the first week of March.

The nationwide and Gujarat branch mapping review has been completed but meetings with the Branch Secretary postponed due to his return to Ahmedabad to attend to the communal violence situation.

Although a planned monitoring visit to Assam was cancelled by IRCS, good community plans for flood mitigation activities were submitted by the branch and reviewed in Delhi.

Work on the IRCS Disaster Management Centre has been delayed due to a dispute with the local authorities and a recommendation for retrofitting by an earthquake engineering expert.

A pilot Mobile Disaster Unit was assembled for the logistics training course and approvals were finalised for the purchase of Floods 2001 DP stocks to commence after the DP logistics workshop in early March.

- **Capacity Building Programme Coordination**

The Disaster Preparedness and Response Project are holding monthly sectoral meetings. At the end of January 2002 the first Organizational Development Group meeting also took place. The purpose of this meeting is to serve as an implementing body with the responsibility of sharing experiences, coordinating, monitoring and making decisions regarding the implementation of the above mentioned projects.

The Organizational Development Group reports directly to the Capacity Building Coordination Group, as a managing body with the overall responsibility of coordinating, monitoring and decision-making for the implementation of the Capacity Building Programme. This group met for the first time at the beginning of February 2002 and will meet on a monthly basis. The Capacity Building Co-ordination Group reports directly to the IRCS Secretary General.

### **3. Rehabilitation/ Shelter Programme**

- **Private Housing Reconstruction**
- **Reconstruction of Primary Schools**

- **Private Housing Reconstruction**

*Objective 1: Work in partnership with families who have lost their homes to reconstruct 650 basic permanent houses.*

The Consortium (Austrian, Belgian and German Red Cross) and IRCS led project in Surendranagar continues to progress. To date 74 houses have been built by families in Muli Koliwada with support and technical assistance from the IRCS and the Consortium. Beneficiaries in Wadhawan taluka and two additional villages in Muli taluka will commence construction of two hundred houses during March.

- **Primary Schools**

Construction of three primary schools by the Italian Red Cross schools was completed during the second week of February and, the schools were handed over to the respective villages. The newly constructed schools are located in Bhuj taluka in the villages of;

- Gadiyalo (35 students)- 3 classrooms
- Pirwadi (30 students) - 2 classrooms
- Rathiya(125 students) - 6 classrooms

The Italian Red Cross is currently working with the IRCS on developing a community based project addressing issues such as HIV awareness and prevention and DP in a state in Northern India.

### **4. Programme Management and Coordination**

In the wake of the communal unrest the Federation has been providing the IRCS Gujarat State Branch with technical support and advice regarding the management of emergencies.

The Federation's field office in Ahmedabad was formally closed during the third week of February. A temporary liaison office has been established in a former flat and a formal office will be established in the IRCS Orthopedic Workshop once the renovations are complete. The Federation's organisational development delegate for Gujarat will remain based in Ahmedabad while logistics activities for Gujarat will be managed from the Bhuj field office.

During the first three weeks of February, Federation programme coordinators, the IRCS and the head delegation worked extensively with the Federation's finance delegate in Delhi to revise the budget and reshape the programmes and projects. Once a final budget for the reconstruction of health facilities reached - and the emergency operation (04/01) closed - new plan and budget will be published during March/April.

With the departure of Federation health, logistics and watsan delegates during February the number of expatriate staff has markedly declined and by 1 April will be under 20, of which more than half are on Federation contracts. The delegation is maintaining a policy of combining duties or seeking national replacements, hence the sharp decline in the delegation complement.

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*All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.*

*For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.*

Relationship Management Department

Asia Pacific Department

India earthquake rehabilitation						ANNEX 1
APPEAL No. 20/2001		PLEDGES RECEIVED			16.03.2002	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>CASH</b>						<b>TOTAL COVERAGE</b>
REQUESTED IN APPEAL CHF ----->				<b>10'600'000</b>		<b>197.4%</b>
AUSTRALIAN - RC		14'763	AUD	13'731	06.06.2001	DISASTER RESPONSE
AUSTRALIAN - RC		400'000	AUD	334'720	08.11.2001	WATER & SANITATION, C B 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
BRITISH - RC		50'000	GBP	120'000	22.11.2001	DP/DR PROJECT
CANADIAN - RC		250'000	CAD	262'375	10.12.2001	COMMUNITY BASED HEALTH
TAIWAN - RC		2'305	USD	3'772	19.12.2001	
FINNISH - GOVT		336'376	EUR	496'087	04.12.2001	BHUJ TEMPORARY HOSPITAL
FRENCH - RC				462'000	29.01.2002	
GERMAN - RC				19'296	31.08.2001	
GERMAN - RC				176'500	31.08.2001	
INDIA - PRIVATE DONOR		500'000	INR	17'100	20.12.2001	RECEIVED BY DELEGATION
INDIA - PRIVATE DONOR		1'000	USD	1'679	14.09.2001	RECEIVED BY DELEGATION
INDIA - PRIVATE DONOR		10'425	INR	399	31.12.2001	
INDIA - PRIVATE DONOR		459'837	INR	16'085	26.02.2002	RECEIVED BY DELEGATION
JAPANESE - RC		704'850'000	JPY	9'617'678	03.12.2001	C B HEALTH, HEALTH FACILITIES, WATSAN, DP AND RESPONSE, MGT & COORD.
KOREA, REPUBLIC - RC		34'026'511	WON	46'616	19.07.2001	
MACAU - RC		13'770	USD	24'442	20.08.2001	DEVELOPMENT
MALTESE - RC				6'254	08.01.2002	
MONACO - RC		488'570	FRF	112'096	23.07.2001	
NETHERLANDS - RC		1'450'000	NLG	989'552	14.08.2001	INTEGRATED HEALTH PROGRAMME
NEW ZEALAND - RC		54'220	NZD	37'889	07.12.2001	
NORWEGIAN - GOVT/RC		3'236'246	NOK	600'230	19.10.2001	PREFABRICATED HOSPITAL
NORWEGIAN - GOVT/RC		350'246	NOK	64'620	18.12.2001	DISASTER PREPAREDNESS & RESPONSE
PRIVATE DONORS				981	01.11.2001	
PRIVATE DONORS				494	23.10.2001	
PRIVATE DONOR		500	USD	829	18.02.2002	
SINGAPORE - RC				2'416'000	23.01.2002	2 UNITS OF PHC & 46 UNITS OF ANGANWADIS
SOUTH AFRICAN - GOVT		100'000	INR	3'420	12.09.2001	RECEIVED BY DELEGATION
SPANISH - RC		66'110	EUR	97'770	14.01.2002	
SWEDISH GOVT/RC		10'000'000	SEK	1'700'000	30.01.01	REALLOCATION FROM E.A. 04/01, CAPACITY BUILDING
SWEDISH - RC		6'000'000	SEK	932'400	12.11.2001	HEALTH PROGRAMME
<b>SUB/TOTAL RECEIVED IN CASH</b>				<b>20'055'487</b>	<b>CHF</b>	<b>189.2%</b>

<b>KIND AND SERVICES (INCLUDING PERSONNEL)</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
Austria	Delegate(s)			39'753		
Australia	Delegate(s)			88'213		
Canada	Delegate(s)			48'624		
Denmark	Delegate(s)			59'959		
Finland	Delegate(s)			59'794		
Germany	Delegate(s)			90'184		
Great Britain	Delegate(s)			219'793		
Japan	Delegate(s)			59'959		
Netherlands	Delegate(s)			88'049		
Sweden	Delegate(s)			111'046		
<b>SUB/TOTAL RECEIVED IN KIND/SERVICES</b>				865'374	CHF	8.2%