

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

15 May 2002

Gujarat Earthquake Recovery and Rehabilitation Appeal No. 20/01

Launched on 9 July 2001 for CHF 60.6 million (USD 38.1m/ EUR 41.7m) for three years.

Note: the list of contributions attached at the end shows the 2001 portion of the three-year budget, hence the excessive appeal coverage. This will be rectified during the next budget revision in May 2002.

Operations Update No. 8 Period covered: 16 March - 30 April 2002

Next Ops Update No. 9 expected May/June 2002

"At a Glance"

Related Appeals: South Asia Regional Programmes 01.24/2002

Outstanding needs (for three year post-earthquake rehabilitation programme): CHF 40.5 m (USD25.5m/ EUR27.8m)

Summary: Almost two months after the outbreak of communal violence in Gujarat, the situation in the state is still tense and the camps remain crowded. The Indian Red Cross Society (IRCS) has undertaken an extensive relief operation for the affected population in the worst hit city Ahmedabad through a grant of CHF 56,180 from the Federation's Disaster Relief Emergency Fund (DREF) and the recent sanction of two funding tranches from the prime minister's office. The uneasy situation in Gujarat and necessary redirection of effort in the state by the IRCS have caused some significant slowdown in the three-year earthquake rehabilitation operation, though there have been a number of encouraging achievements over the reporting period. The first meeting of the Rehabilitation Consultative Committee Meeting was held in Delhi on 23 April and has provided further inputs for reshaping the operation, in line with current financial and resourcing realities. The revised plan and budget, called for during the partnership meeting at the end of last year, is close to completion and, subject to a final review, is due for sharing with the donor base in the coming weeks.

Operational Developments

Communal Unrest in Gujarat

The subsequent and continuing communal unrest in Gujarat, which began at the end of February, has hampered substantially the progress of the earthquake rehabilitation programmes over the reporting period. As a result of outbreaks of violence, some 900 people have been killed and about 100,000 remain homeless. The situation is still tense in Ahmedabad as reported in Information Bulletin No. 5, with regular reports of sporadic communal incidents occurring in the old parts of the city.

During this period of extended uncertainty in Gujarat, rural areas have become less accessible by IRCS health workers. Federation and PNS programme activities including health, construction of health facilities and

private housing, organizational development and disaster preparedness programmes have been significantly affected though less so in Kutch when compared with Rajkot, Patan, Surendranagar and Ahmedabad.

Despite the slowdown caused by the security situation and shifted focus of the IRCS, some real progress has been achieved over the reporting period, marked by strong cooperation and support from the IRCS. The pre-fabricated hospital in Bhuj was legally handed over to the Kutch district, with a formal ceremony to be organized when the security situation allows. The community based first aid training has progressed with the training of volunteers while the construction of the health facilities is starting on site.

The reshaping the operation's plan and budget, called for at the December 2001 partnership meeting, targeted at designing and implementing programmes in line with available resources is close to completion. A further draft of tripartite memorandum of understanding (MoU), which defines the professional relationship between the partners (IRCS, PNS and the Federation), including fiscal modalities, is currently being considered by the working group set up during the partnership meeting to take the process forward on behalf of the PNS collective.

The first meeting Rehabilitation Consultative Committee (RCC), established at the December 2001 partnership meeting, took place in Delhi on 23 April 2002. Officials from the Japanese and British Red Cross Societies traveled to the meeting, which, inter alia, confirmed the role of the RCC and reviewed progress to date of all the programmes and the balancing of the operation against finance and resource mobilisation.

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

In Kutch 42 IRCS field workers continued visiting their villages all over the district and identified volunteers for community based first aid (CBFA) 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 worker from Kutch. Weekly reporting and follow-up meetings chaired by the IRCS senior health professional and Federation health delegate are held with the IRCS field workers in Bhuj or Rajkot. During March, 1,040 visits were made by the IRCS field workers and 121,966 people have benefited from participating in activities, including group discussions and school or home visits by the IRCS field workers.

Plans and budgets for training IRCS volunteers have been drawn up and volunteers selected in identified villages in Kutch. The IRCS field workers will conduct the training for three days in teams of two or three. Every week two training courses will be arranged and supervised. The first training course took place on 3 April in the newly built semi-permanent hospital in Bhuj. The latest statistics show that almost 100 volunteers have been trained. As the number of trained volunteers is increased, the complement of IRCS field workers in Kutch is expected to reduce gradually to 30 by June.

Twenty IRCS field workers from Bhuj, Rajkot and Patan have volunteered to help with the IRCS relief efforts in the relief camps in Ahmedabad. They have been responsible for distributing relief items, conducting water/sanitation/health assessments in the camps, recruiting and training volunteers drawn from the camps, putting into good practice lessons learned from the earthquake rehabilitation operation.

The American Red Cross (AmCross) office in Patan was closed from 28 February to 20 March due to the communal unrest. Activities were resumed in safer areas. During the reporting period, community based first aid and village activities were conducted in areas where water-sanitation programmes have been completed. In Banaskantha, CBFA trainings are scheduled for 10-24 May.

The Spanish Red Cross (SRC) is running the second stage of the CBFA training project with IRCS in Gandhidham and will soon start with Rapar. The SRC health delegate, has begun working with five IRCS field workers from Bhachau and one from Gandhidham who were previously trained by and working under the supervision of the IRCS and the Federation. Around 115 volunteers have been recruited from Bhachau and Gandhidham and the first volunteer training will start on 15 May.

Objective 2: Training of Traditional Birth Attendants (TBAs)

Since October 2001, five TBA training courses have been conducted in various parts of Kutch for a total of 126 TBAs. The latest was completed in Nirone Primary Health Centre (PHC) in Nakhatrana taluka 1-20 April 2002. TBA training in Rajkot is being planned to take place by the end of May. The training team is now divided into two parts: one nurse and one IRCS field worker conduct training, while the two others make follow-up visits to the previously trained TBAs and plan for the next course.

Two IRCS TBA trainers from Bhuj have also assisted in the relief operation in Ahmedabad. Six TBAs from the camps were trained and some TBA kits were distributed.

In Patan, AmCross is planning a TBA training in villages with the support of Federation and IRCS field workers. Untrained midwives are being identified through the contact of the IRCS field workers with the PHCs.

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

Post-tests were carried out in March to evaluate the health knowledge of the students in the schools where the teachers have participated in the Child-to-Child training programme in December 2001. The result showed an increase of health knowledge from 43% to 65%. Some of the post-tests are still continuing. If the result is positive, all the other IRCS field workers will be trained in May to expand the programme to all parts of Kutch as well as to other districts of Gujarat.

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).

Since December last year, a total of 30 IRCS field workers have been trained in the ICDS training of trainers (ToT) programme. The government/IRCS training of anganwadi workers originally scheduled for April has again been postponed to May due to the communal unrest.

AmCross is also planning the anganwadi training programme in the villages of Patan where there are ongoing CBFA activities.

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

A questionnaire of the baseline survey was developed and training of the interviewers was planned to start in Ahmedabad on 28 February 2002, but is only just underway due to the communal situation.

Objective 6: Coordinate health related recovery and rehabilitation activities in Gujarat with government and NGOs.

The WHO chaired monthly Health Sector Coordination meetings are no longer arranged in Bhuj. Regular contacts are maintained with the AmCross and Spanish Red Cross field offices.

•Water and Sanitation

The two community awareness (CA) teams from the water-sanitation project have conducted regular visits to 11 villages of Lakpat taluka, 24 villages of Abdasa taluka, 36 villages of Anjar taluka. The well construction team, comprising two field supervisors, conducted an assessment throughout March of all the 42 sites in Kutch where the well construction work was done by the IRCS and Federation. One well in the village of Nakhtrana taluka was constructed in March. The other dam construction team also re-evaluated the 34 IRCS/Federation constructed dams in Anjar taluka.

Since the middle of April, the water-sanitation community awareness teams have been integrated into the field health programmes.

In Patan, AmCross is continuing water-sanitation activities though the office was closed from 4 through 26 March because of the security situation. Village surveys to determine eligibility and community willingness to participate in the project are being implemented in Patan and Banaskantha, based on recommendations from the evaluation of IRCS and Federation water-sanitation activities in Kutch district carried out in October last year. CA activities will also start in Banaskantha with additional training given to new and current CA workers in community participatory methods. Village pond rehabilitation will restart in Patan and the tender process for check dam construction in Banaskantha is scheduled to start. Since October 2001, 20 ponds in Banaskantha district and 15 ponds in Patan district have been rehabilitated.

In early April, a revised plan of action and budget for the Federation's water-sanitation project was shared with nine PNS, which have previously supported the activity; responses are awaited.

•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.

Currently the IRCS and the Federation plan to rehabilitate some 160 health facilities - most of which are anganwadis - in Kutch, Rajkot and Surendranagar districts where field units are being established. Based on initial assessments and negotiations made by the IRCS and the Federation, in partnership with the IRCS, the Spanish Red Cross will assume responsibility for rebuilding identified health facilities in Bhachau.

The project management firm deployed by the Federation is working to obtain the required governmental approvals of all selected sites. There has been good cooperation with the government authorities in recent weeks and all required approvals to hand over the sites in Kutch and Rajkot to the respective contractors have been processed.

Following full observation of Federation tendering and procurement procedures, the IRCS has awarded and signed contracts for the construction of 30 anganwadis in Rajkot district, including Morbi, Maliya Miyana and Padadhari taluka. The sites have been handed over to the contractors and a two week mobilisation period is underway. The current lot of anganwadi construction in Rajkot is funded by the Japanese and Hong Kong Red Cross Societies.

The awarded contractor in Kutch will start with the construction of 20 anganwadis, located in Abdasa, Nakantrana and Lakhpath taluka. As in Rajkot, there will be a mobilisation period of two weeks with an estimated construction time per anganwadi of 14 weeks. The main donor for current anganwadi construction in Kutch is the Netherlands Red Cross, with good prospects of having the Singapore Red Cross funding confirmed in the coming days.

Tendering for the sub-health centres has been completed ahead of final scrutiny and decision while the tender action for the dispensaries and the primary health centres will follow in May 2002.

In Jamnagar, construction of three anganwadis comprising the pilot project of the British Red Cross is about to complete in the villages of Balambha and Beraja and work on two PHCs has started. Sites for 28 anganwadis have been identified and tendering process is underway.

In Bhachau, the Spanish Red Cross have been working with IRCS to identify all the sites for the construction of anganwadis which are still subject to government approvals. All construction contracts are expected to be

signed by June with construction of 42 anganwadis due for completion by the end of 2002. The German Red Cross is also planning to finance the construction of five anganwadis in Surendranagar.

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

On 2 April 2002, after a seven month construction period, the IRCS deputy secretary-general handed over the keys to the 204-bed hospital to the Civil Surgeon and the health authorities of Gujarat. The authorities were very impressed with the excellent design and facilities of the hospital and greatly appreciated the efforts of IRCS and Red Cross Red Crescent Movement to make the hospital a reality. The facility includes an emergency department, intensive care unit, three operation theaters, ultrasound and x-ray rooms, blood bank, obstetrics and neonatal facilities. A large activity room is assigned to IRCS for training and other activities. A ceremonial opening will be scheduled once the situation in Gujarat returns to normal. At present, the hospital is fully functional housing government run medical services until construction of a government hospital is complete.

• **National Health**

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

Results of the branch mapping survey from the state and district branches are being analysed together with IRCS. The survey report shows that community based health training activities are generally found in areas with previous Federation involvement, whereas IRCS health activities overall are very diverse in district branches all over India. A more comprehensive national health survey will be designed based on the branch mapping exercise. The learning phase for IRCS and the translation into countrywide priorities of the health training programmes is likely to be longer than initially anticipated.

Work is also being carried out to update the health database and collect information of government and NGO activities. The health sectoral meeting at the end of March had to be postponed to 29 April due to the Gujarat incidents and the preparations for the hospital handover. Planning on the development of an IRCS emergency health kit has also started in collaboration with IRCS, based on the needs in the region and experience gained from the Gujarat earthquake emergency phase.

In cooperation with IRCS, AmCross conducted a pilot study of six IRCS blood banks, namely those in Chennai, Mumbai, Solapur district in Maharashtra and Delhi. The project log frame, timeline, and blood bank assessment tools were revised and finalized.

The Italian Red Cross is working with the IRCS on developing a community based project addressing issues such as HIV awareness and prevention and disaster preparedness in Nagaland state. The Italian Red Cross is also assisting the IRCS Punjab state branch with an orthopaedic surgeon for three months to give technical support to the branch orthopaedic rehabilitation clinic.

A nutritional project in Tamil Nadu, initially proposed almost two years ago funded by the Canadian Red Cross, has been amended and budget reshaped. The project will be implemented together with the IRCS Tamil Nadu state branch. Once the project is consolidated, the monitoring and the financial and narrative reporting will then be elaborated by the Federation.

The IRCS health counterpart participated in the planning and budgeting workshop on 7 March in Delhi. Since January, the health counterpart was assigned to other tasks and lately to coordinate IRCS health activities in the relief camps in Ahmedabad.

• **Integrated Psychosocial Support and Capacity Building**

The Collaborative of Kutch district psychosocial providers met on 7 March and 28 March in Bhuj. Collaborative members continued to express interest in pursuing previously proposed information consolidation concerning earthquake related psychosocial initiatives, developing a baseline, and inclusion in the WHO integrated surveillance project for the Kutch district.

The AmCross psychosocial delegate has conducted several activities related to the communal violence. A meeting was held for the IRCS field workers on the situation in Ahmedabad and a brief training on psychosocial first aid and self care was conducted. A number of the trained workers volunteered to assist in the relief operation in Ahmedabad and ongoing support is being given to them. Meetings were also held with workers from other agencies operating in Ahmedabad to share information about psychosocial worker orientation, compassionate presence, and worker self care. Several workers were also debriefed upon their return.

The AmCross psychosocial delegate ended her mission on 10 April and a replacement is being assigned. Work on the IRCS Integrated Resources Community Centre in Bhuj has continued but it was decided to delay formal implementation of the Centre project until the new delegate arrives and the situation in Gujarat is assessed.

• **Prosthesis Project**

The orthopaedic workshop has not suffered damage during the violent incidents in Ahmedabad. The reconstruction work of the building, funded and managed by the German Red Cross, has been completed despite a delay of four/five weeks due to communal unrest. Outstanding works include fitting of the equipment. A ceremonial opening is scheduled for the third week of June.

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)

• **Organizational and Resource Development**

Following the decision made at the organizational development (OD) coordination meeting on 31 January, two IRCS departments - information and youth - have produced plans of action and budgets.

Ten IRCS participants took part in the planning and budgeting workshop held on 9 March in Delhi. The participants recognized the need for a structured planning process in IRCS. Three participants from IRCS and the OD delegate in Delhi attended and facilitated at the regional change management workshop in Sri Lanka 26-28 March 2002.

Following a delay of four months, the final reports of the IRCS branch mapping exercise have been delivered and are being analysed. The survey generated base line data on the branches covered and contains all relevant indicators for the branches set against the International Federation's 'Characteristics of a Well-Functioning National Society'. The discussions also raised the need for a comprehensive mapping of the NHQ.

The development of a basic Red Cross training material for the induction courses is proceeding. The intention is to produce a material for governance and members as well as volunteers at all levels. Ideally the material will be utilized in various kinds of training courses as it covers all the basic knowledge about the Red Cross Red Crescent. This material will originate in English and be then translated into respective local languages, starting with Gujarati, so that in time it can be utilized all over India.

A fundraising workshop which aims to strengthen the fundraising capacity at state and district level will be held in Mumbai from 27 to 30 May and four representatives from each state, one from state branch and three from district branches will be invited to participate. The setting up of the intra net in NHQ and Disaster Management Centre is being initiated.

• **IRCS Branch Development**

Objective 1: Improved national branch development policy and strategy with integrated volunteer development, mobilization and maintenance components.

At the latest capacity building coordination meeting, it was broadly agreed that the IRCS NHQ development initiatives in the country should firstly aim at the state branches and secondly focus on the district branches. Presently, there is no officer employed at NHQ charged specifically with coordination and support to branch development in the country. The branch development in Gujarat also needs an officer for Red Cross development activities in the state. The need to recruit two branch development officers, one in the NHQ and one in Gujarat, is being addressed and job descriptions have been developed for the positions. It has also been suggested that a new department for organizational and resource development issues be established in the NHQ. The IRCS secretary-general has approved the recommendation to be implemented.

Objective 2: To strengthen the capacity of the IRCS Gujarat State, district and local branches to respond to disasters and provide essential services to the State's most vulnerable communities.

There have been ongoing works with the IRCS Gujarat state branch on the plan of action for organisation development activities in Gujarat. Recruitment of a branch development officer is underway. The branch is also working on the job description of all staff. Since the communal violence started in Ahmedabad, the branch has been fully engaged in the relief operation in the camps. Although the planned OD activities have subsequently slowed down, discussion is being held with the branch to integrate the trained volunteers from the relief camps into the branch OD development plan.

• **Human Resource Development**

An induction course for national staff from the Federation, Spanish Red Cross and AmCross was developed and implemented on 26 and 27 February 2002. A planning and budgeting workshop for the IRCS NHQ staff was implemented on 9 March 2002 with 10 participants. (See OD section).

• **Finance Development**

The IRCS has introduced a new finance management system within the Society. Currently the finance department is also working on developing a project document on a new Project Cell to be established within the department. The main objective for this cell is to deal with the working advances provided by PNS, the Federation and other external donors.

• **Information Development**

The IRCS relief operation in Ahmedabad has received good media attention, particularly during the visit of the country's prime minister on 4 April to the relief camps where IRCS has been providing relief assistance. The new web site for IRCS has been launched and the address is www.indianredcross.org. The IRCS has 100 e-mail addresses currently. The revised information development plan for 2002-2003 will be presented in due course.

• **IRCS Central Training Institute (CTI)**

After a brief assessment of the CTI complex, the basic repair and renovation work on the main auditorium hall was initiated so that the facility can be used for holding seminars and workshops. During February, the main building had some minor repairs and was given fresh coat of paint. The first workshop was held at the facility in March. A technical assessment of the complex has been conducted. A draft plan for the entire rehabilitation of the CTI will be presented soon.

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

Reconstruction of the Disaster Management Centre has progressed significantly in March with the support of IRCS. Retrofitting has been completed to the inside of the complex to render the building earthquake proof. Planning for the second phase to equip the DMC has been completed with the assistance of the American Red

Cross Disaster Response Unit. Fittings of partitions, modular furniture and equipment purchasing are underway. The renovation of the DMC will be completed in the middle of May.

Due to the unrest in Gujarat and IRCS travel restrictions, planned visits and meetings with IRCS NHQ and Gujarat state branch counterparts have not been possible. Meanwhile, the recruitment of a DP officer for the Gujarat state branch is currently being sought.

The concept of air portable mobile disaster units (MDU) has been developed and an equipment list defined based on the Federation FACT (field assessment coordination team) model. An experimental MDU has been set up for consultation with IRCS logistics staff.

DP stocks for 10,000 families have been prepositioned in the Gawahati warehouse and extension of storage capacity initiated. Disaster mitigation activities have been planned and work commenced to raise flood platform and install water and sanitation facilities at flood evacuation sites.

The time frame of the Assam disaster reduction programme, sponsored by Britain's Department for International Development (DFID) has been extended by six months to the end of 2002 and a new budget prepared with IRCS within the existing total budget. Discussions were held by the DP delegate and SARD with ICRC to prepare for meetings with DFID (India) concerning the possibilities of long term integrated risk reduction funding for DP/DR, focusing on states in tension or conflict. A concept paper is being prepared for presentation to DFID (India).

A disaster preparedness training module has been developed and trialed in Assam. Training materials for Red Cross societies in South Asia have been reviewed. A disaster assessment and response training programme was completed on 15-24 April with Federation input and will be replicated. The IRCS DP officer has received disaster management training in Bangkok. A logistics training module has also been designed and implemented at a workshop which was held successfully at the CTI 4-8 March. As a result of the workshop, work on the draft of a procurement manual has started and could be finalized soon. The IRCS junior relief coordinator contributed to the regional workshop on the 'best practice initiative' and SPHERE in Sri Lanka 17 to 21 March. The IRCS senior disaster management adviser and five other IRCS participants attended the regional disaster assessment and response course at CTI 15-24 April.

Meetings were held with the German national committee for global change on the use of remote sensing in disaster preparedness and with the new USAID humanitarian adviser. Assistance was given to Tearfund UK and NEICORD (local disaster mitigation NGO based in Meghalaya) for the preparation of their regional disaster management consultation and field visit in Assam. More detailed planning has taken place with German Red Cross based on the Orissa disaster management programme. Progress awaits further resourcing, although IRCS have now given their authorisation for this project to proceed.

Five of six warehouses have been inspected and a training course for warehouse managers has been designed. Procurement of DP stocks from the India 2001 Flood appeal was delayed due to the Gujarat relief programme. Priority items of the remaining DP stocks in Bhuj were sent to Bahadurgarh warehouse by truck in time for the logistics management course. The remaining water and sanitation equipment is to be sent.

- **Capacity Building Programme Coordination**

The capacity building (CB) coordination group focuses on long term policy making and coordination of the IRCS capacity building efforts and, since February 2002, has met on the first day of each month. The group comprises the Federation's health, OD and DP delegates in Delhi and the IRCS deputy secretary for medical services, senior disaster management adviser and special officer to the secretary-general, with standing invitations to the IRCS secretary-general and the Federation's head of delegation of the India Operations Centre to attend as observers.

The plans developed by the CB group are implemented by the OD group, comprising the Federation's OD delegates in Delhi and Gujarat and IRCS special officer to the secretary-general, IRCS information officer, finance officer and the head of youth. The group meets at the end of each month in Delhi and makes a report to the subsequent CB meeting.

3. Rehabilitation/ Shelter Programme

- **Private Housing Reconstruction**

The project activities were halted due to the community unrest in Gujarat at the end of February and restarted on 7 March. Progress has been slow due to necessary security measures which consequently caused a delay in the regular supply of materials. Delegates were evacuated to Delhi between 5 and 19 March. To date, 74 houses have been completed in Muli; 284 houses are under construction and another 58 are expected to start shortly. The Consortium is also working closely with IRCS Surendranagar branch to integrate the shelter project with health activities. Discussions are being held with the Federation health coordinator.

4. Programme Management and Coordination

The Federation continues to issue a regular security update shared with PNS and to provide technical support and advice to IRCS on the management of emergencies when requested. Regular contact is maintained with the programme coordinators in the field and the Regional Delegation. Meetings are also held between IRCS, PNS, UN agencies and NGOs involved in the fields of health and disaster preparedness.

Following the changed operational situation and the reshaping of activities in Gujarat, relocation of field offices and personnel are being arranged. With the departure of Federation human resources and construction coordinator, finance, information and telecommunication delegates, the number of expatriates is now under 20. The head of delegation (designate) began his assignment in India at the start of May and the recruitment process for a replacement health delegate is underway.

The first meeting of the rehabilitation consultative committee (RCC) was hosted by IRCS on 23 April 2002 in Delhi, with the participation of representatives from the American, British, German, Japanese and Spanish Red Cross Societies, the Austrian, Belgium and German Red Cross private housing 'consortium' and officials from the IRCS and the Federation. The RCC, which will meet thrice yearly, was established at the December 2001 partnership meeting following an intervention by the Japanese Red Cross. At its first session the committee adopted a paper outlining its focus and role and reviewed progress to date on all the operation's programmes and projects, with particular reference to balancing activities against finance and resource mobilisation. The meeting generated in-depth discussions on a variety of issues and developed valuable inputs for reshaping and evaluating the three year earthquake rehabilitation operation. The minutes of the meeting, including the focus and role document, will be circulated to the donor base and other stakeholders during May. The next meeting is scheduled for August.

For further details please contact: Tatjana Tomic, Phone : 41 22 4429; Fax: 41 22 733 03 95; email: <tomic@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.

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

John Horekens
Director
Relationship Management Department

Simon Missiri
Acting Head
Asia Pacific Department

| India earthquake rehabilitation | | | | | | ANNEX 1 |
|-----------------------------------|----------|------------------|------|-------------------|------------|--|
| APPEAL No. 20/2001 | | PLEDGES RECEIVED | | | 15.05.2002 | |
| DONOR | CATEGORY | QUANTITY | UNIT | VALUE CHF | DATE | COMMENT |
| CASH | | | | | | TOTAL COVERAGE |
| REQUESTED IN APPEAL CHF -----> | | | | 10'600'000 | | 207.7% |
| 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 |
| CANADIAN - RC | | 250'000 | CAD | 260'325 | 22.03.2002 | COMMUNITY BASED HEALTH, RECONSTRUCTION & ORGANISATIONAL DEVELOPMENT |
| FINNISH - GOVT | | 336'376 | EUR | 496'087 | 04.12.2001 | BHUJ TEMPORARY HOSPITAL |
| FRENCH - RC | | | | 462'000 | 29.01.2002 | CONSTRUCTION HEALTH FACILITIES |
| GERMAN - RC | | | | 19'296 | 31.08.2001 | |
| GERMAN - RC | | | | 176'500 | 31.08.2001 | |
| CHINA/HONG KONG - RC | | | | 821'000 | 24.04.2002 | INTEGRATED HEALTH PROGRAMME |
| 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 | RECEIVED BY DELEGATION |
| INDIA - PRIVATE DONOR | | 459'837 | INR | 16'085 | 26.02.2002 | RECEIVED BY DELEGATION |
| PRIVATE DONORS | | | | 222 | 26.02.2002 | |
| 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 | PMCB |
| 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 |
| TAIWAN - RC | | 2'305 | USD | 3'772 | 19.12.2001 | |
| SUB/TOTAL RECEIVED IN CASH | | | | 21'137'034 | CHF | 199.4% |

| KIND AND SERVICES (INCLUDING PERSONNEL) | | | | | | |
|--|-------------|----------|------|-----------|------|---------|
| 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) | | | 98'233 | | |
| Sweden | Delegate(s) | | | 111'046 | | |
| | | | | | | |
| SUB/TOTAL RECEIVED IN KIND/SERVICES | | | | 875'558 | CHF | 8.3% |