

# 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

09 January 2002

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

*South Asia Regional Delegation Annual Appeal  
No. 01.36/2001 for CHF 1,821,955*

*Programme Update No. 2 Period covered: 1 July - 31 December 2001  
and,*

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

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

*Operations Update No. 5 Period covered: 9 November - 31 December 2001 Next Ops Update  
No. 6 expected January 2002*

#### “At a Glance”

*Appeals coverage: 01.36/2001 - 24.1%, closed/merged with  
20/01 - 29.7%*

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

*Outstanding needs (for three year post-earthquake rehabilitation programme): CHF 42,597,365*

*Summary: The earthquake that struck north-western India on 26 January 2001, and its aftermath, has demanded the full attention of the Indian Red Cross Society (IRCS), with support from more than 40 sister Societies underpinned by the Federation’s South Asia Regional Delegation (SARD) and India Operations Centre (IOC). In the wake of such a huge disaster - some 20,000 killed, 166,000 injured among an affected population of 15.6 million people - unavoidably the Red Cross Red Crescent focus in India through 2001 has been directed towards the immediate emergency merging into the subsequent rehabilitation operation, leading to decreased priority (and funding) for the programme for India outlined in the 2001 annual appeal (01.36/2001).*

*The launch of the earthquake rehabilitation appeal (20/01) in July provided an opportunity to incorporate a significant proportion of ‘annual appeal’ activities into an operation with a planned three-year timeframe, thus precluding the necessity to designate India projects in the Federation’s annual appeal for 2002 (posted on 4 December 2001). Accordingly, this update should be regarded as an integrated report on Red Cross Red Crescent activities in India, coordinated by SARD (01.36/2001) and the IOC (20/01) over the relevant periods. The document also reflects the transition of responsibilities within the Federation in India that has taken place through 2001 that will form the basis for programme implementation over the coming year.*

## **Operational Developments**

*Context:* At the start of 2001, the only Federation support in India for IRCS, apart from SARD, was a small delegation covering India Floods 2000. When the Gujarat Earthquake occurred on 26 January, the regional delegation was the first to respond with the IRCS and supported the Society with the management of the operation until the end of March. In April, the IOC was established to absorb the increased workload caused by the earthquake operations within the IRCS national headquarters (NHQ) complex.

National staff and Federation delegates working in the IOC in Delhi, Rajkot and Bhuj and a liaison centre in Ahmedabad where the Gujarat state branch is located are currently supporting the IRCS with the implementation of the rehabilitation programmes, working in conjunction with the Federation's managerial and technical teams in SARD. Regular interaction with the ICRC office in Delhi is also maintained.

*Overview:* Nearly one year after the earthquake, the extent to which Kutch's villages and cities have been able to recover from the earthquake of 26 January 2001 varies greatly. November's traditional 'holiday season' in India was notably subdued in Gujarat as many families continue to mourn the loss of loved ones.

While conditions in cities such as Bhuj are improving due to the recent repaving of roads and continued reconstruction, farming villages such as Jalu and Hiranpar in Nakhatrana, or Pat in Abdasa, continue to struggle to recover. It is common in these villages to find damaged houses that are still missing the roof. Villagers unable to afford tiles to make a new roof are continuing to use the tarpaulins distributed by the IRCS and other relief organisations, while a significant number of people in the city of Bhachau continue to live either in tents or temporary housing.

According to Hiranpar's sarpanch (village leader) most of the village's men, women and children earn their living by working on farms, earning around INR 50 per day on average, while children are frequently paid a little less. With the main harvesting season having come to a close and a short monsoon causing substantial failure of crops, work is difficult to come by and many of the villagers are travelling long distances to find work. In Hiranpar where there are no schools near the village, three of the community's 50 children are only able to attend the closest school, by walking for one hour each way.

Meanwhile, continuing regular tremors in Jalu have further damaged the village's remaining structures. Families of up to ten people continue to sleep in small shelters constructed out of sticks and tarpaulins because they are afraid of buildings collapsing. The loss of personal reserves, such as privately owned farm animals, during January's earthquake, which ordinarily sustain families, has made providing food more difficult this year and farm labourers are struggling to feed their families properly. In addition communities are unable to cultivate their own vegetables due to the lack of water.

## **Red Cross Red Crescent action**

### **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.*

An interstate health meeting, 'Gujarat Earthquake - a perspective', organized by WHO was held in Ahmedabad with senior government and health officials from five states, the Red Cross, NGOs and INGOs. Based on successful health sector initiatives in the earthquake affected areas, the government of Gujarat was keen to share the Gujarat experience with other vulnerable states, of which five attended. Key players responsible for health and health related response were given the floor for presentations. The meeting was significant because for the first time the opportunity was given for an inter-state exchange of experience for health officials about disasters.

The IRCS, the Federation and the American Red Cross made presentations on the relief phase, rehabilitation phase training programmes and the coordination of psycho-social activities in Kutch.

**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 (referred to in previous reports as 'Indian Red Cross Volunteers')**

During November the 60 IRCS field workers continued to visit villages in Kutch and began identifying volunteers for community based first aid training (CBFA). IRCS branches in Mandvi (Kutch) and Morbi (Rajkot) have been engaged in the process by field workers being active in those areas. In Gandhidam the IRCS field worker maintains regular contact with the respective branch. Other talukas in Kutch do not yet have IRCS branches, but it is hoped that these can be established in the future so that the work of IRCS field workers can be linked with local branches. In Rajkot 25 IRCS field workers from the northern earthquake stricken talukas of Rajkot and Jamnagar districts received classroom training from 27 October through 8 November. On 19 November, following the Diwali holidays, the field workers started practical training in their villages supervised by the IRCS Trainer, one Health Delegate and one senior IRCS field worker from Kutch. In Rajkot both training and the follow-up is undertaken in close cooperation with the IRCS district branch.

On 1 December, to mark World AIDS Day, 25 IRCS field workers from Mandhvi, Abdasa and Bhuj talukas and the Federation's health delegate participated in a public education rally about HIV/AIDS. The field workers facilitated group discussions with villagers to share ideas about AIDS, discussing important topics such as:

- how to deal with the people suffering from AIDS;
- what precautions should be made if engaging in non-monogomous sexual relations;
- how AIDS spreads;
- what to check before getting blood infusions; and,
- avoiding the repeated use of syringes and all surgical items that cannot be sterilised.

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

The second three-week training course for TBAs began 19 November in Khavda for 18 TBAs from the catchment area of Gorowali PHC in the distant northern part of Bhuj taluka. TBAs who successfully completed the course received TBA kits at the final ceremony which took place on 8 December. This event, facilitated by IRCS field workers, was attended by representatives from the IRCS, the Federation and participating National Societies (PNS). The next course will begin on 21 January in the catchment area of Kukma Primary Health Care Centre.

- **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 training curriculum has been developed following a needs assessment workshop held on 23 October in Bhuj to identify appropriate areas of training. Training of Trainers (ToT) has been arranged by WFP in six rotations, beginning 11 December. The responsibility to train the grass-roots level workers after the ToT has been divided amongst the organisations participating in the training. The IRCS and the Federation are responsible for training in Abdasa, Lakhpat, Mandvi, Mundra and Nakatrana talukas.

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

At the end of November, eleven IRCS field workers from Kutch attended a workshop about the Child-to-Child Health project at the CHETNA training institute in Ahmedabad. They will be responsible for training 20 teachers from 10 schools in Bhuj taluka about first aid and basic health matters. The teachers and the IRCS field workers will then train some of the primary school students, who will motivate and teach their peers about health related topics using games, quizzes, role plays, etc.

- **Baseline survey**

A research institute in New Delhi will begin conducting a baseline survey of anganwadi workers and users in Kutch, Rajkot and Jamnagar districts on behalf of the Federation and in Banashkanta, Patan and Mehsana on behalf of the American Red Cross. Details of the survey questionnaire's contents are being finalised and the field work is expected to start shortly.

- **Medical logistics**

Government medical stock for the hospital that was being stored in the medical warehouse in Bhuj was handed over to the authorities at the end of November. The remaining stock is currently being repacked and relocated to the IRCS warehouse. The medical warehouse Bhuj will be closed by the end of December.

**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 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**

Following substantial receipt of funds at the end of November, the construction of approximately 70 anganwadis is expected to begin by the end of January. Four IRCS/Federation teams will simultaneously begin working on facilities initially allocated to the IRCS by the Government of Gujarat (GoG) in earthquake affected areas. During the first half of January, the GoG will make a final decision on the exact number of health facilities and sites to be reserved for the IRCS and other humanitarian organisations similarly committed to reconstruction activities in Gujarat.

Gujarat's Ministry of Health (MoH) requires a four phase approval process for health facilities constructed as part of the earthquake rehabilitation programmes. MoH guidelines require government approval to assure designs are earthquake and cyclone proof; including soil test of the building site; and, approval for demolition of existing (damaged) structures by the Panachayat or Sarpanch.

Before the reconstruction of an anganwadi building starts, Red Cross field workers will discuss with the village community about location, social issues and community involvement in the anganwadi. They will also consult the community about which anganwadi should have a Red Cross room attached. During the construction period the field workers will act as a link between the construction team and the community. It is intended to invite the villagers to participate in the project on various levels including construction. The possible extent of this participation will be elaborated on in the next progress report, since it has to be based on future field experience. However, for anganwadis the project allows the villagers to carry out some of the non-specialised works on a 'self-help' basis, such as clearing debris from site, excavations, carrying materials, building the compound wall etc. It is proposed that the villagers can then make suggestions on how the amount of money, which was saved through self-help initiatives, is used for their anganwadi (purchase of additional equipment, financing further works etc).

Once the project is set up and in its implementing stage, a 'round table' coordination meeting with UNICEF, Save the Children and other smaller NGOs working in reconstruction in Gujarat will be initiated by the Federation's construction coordinator. The main aim of those meetings is to clarify the area of work of the various agencies in order to avoid duplication of effort, facilitate site identification and support smaller NGOs with technical and administrative assistance. One major aspect of coordinating the overall construction activities in Gujarat is to avoid a general increase in construction cost by establishing a uniform schedule of rates for all agencies.

**British Red Cross:** The British Red Cross Society (BRCS) is working with the IRCS Gujarat state and Jamnagar district branches in the district of Jamnagar on building 35 anganwadis. Construction of the anganwadis has been planned in two phases. Phase I (the construction of three anganwadis) is scheduled to commence during early January. BRCS has worked with a design firm in Ahmedabad to ensure that the anganwadis comply with MoH guidelines and the project's contractors are being selected by a committee comprised of representatives of the IRCS and the BRCS. In addition, BRCS also intends to construct primary health care centres in the same district.

The three BRCS delegates are also working with a consultant on involving and engaging the community in the process. BRCS has adopted suggestions from a study prepared by the consultant during the relief phase. Among

the suggestions being implemented is the recruitment of community members for an 'anganwadi committee', comprising community liaison and field officers.

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

Close to 90 percent of phase one, the construction of the hospital's 12 wards is complete and, much of the second phase - including an out patient department (OPD), emergency room, blood bank, laboratory, operation theatre, gynecology unit, toilets, kitchen, laundry, sub-station, mortuary and admin building - is underway. Until December, the currently functioning tented government run hospital and the construction crews relied on tankered water and electricity provided by generators. An agreement however has been reached with the municipal government for the provision of electricity as well as access to Bhuj's piped network of water and sewage system for the hospital. It is anticipated that as of early January, the hospital will no longer have to rely on tankered water. Hospital furniture such as beds, tables, chairs etc. will be provided by the IRCS and the Federation and a list of this equipment has been agreed upon by the IRCS, the Federation and the civil surgeon and the procurement process has commenced. Based on discussions between the IRCS and the civil surgeon, no further medical equipment beyond that currently in use will be provided for the prefabricated hospital.

***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.

By mid November a total of 300 dams had been completed across Gujarat (236 in Kutch and 64 in the other two regions); 41 wells constructed; 76 tanks rehabilitated or built; 74 toilet cubicles and 34 washrooms constructed; and over 150 garbage bins emptied daily in Bhuj. Four handpumps installed on wells and one windmill were the only mechanical installations carried out during the month. Uncertainty with regard to funding led to a scaling down of activities in December, though some dam and well construction is continuing in Kutch while assessments are underway in Rajkot. Key decisions on the future of the project must be made before the end of January 2002.

*American Red Cross:* An American Red Cross (ARC) water and sanitation (wat-san) delegate arrived during the first week of December and a second delegate will arrive in early January. On present planning, the ARC will assume responsibility for wat-san activities in Patan, Mehsana and Banaskantha.

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

Eleven months after the earthquake the need remains for ongoing psycho-social counselling and orientation of earthquake victims. ARC psycho-social delegates will undertake an assessment of Gujarat prior to any project implementation which will also be carried out in close cooperation with the Federation, UNICEF and IRCS field workers. ARC will provide psycho-social orientation to Federation health workers in Gujarat and are open to the concept of delivering psycho-social training to IRCS volunteers. The ARC representative in Gujarat has maintained the responsibility for chairing weekly sectoral meetings on the issue since July.

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

The German Red Cross commenced construction work on the orthopaedic workshop during the last week of November.

***Objective 6: National Health*** - strengthen the IRCS's capacity to plan, implement and manage quality health programmes and emergency health responses that make a positive difference to the health of vulnerable population groups and to the capacity of communities to respond to various disasters, with the active participation of the branches.

As appropriate, countrywide health activities developed by the IRCS and the Federation's regional delegation for the 2001 annual appeal (01.36/2001) - Health and Care were included with the consent of the Indian Red Cross into the earthquake rehabilitation operation (20/01) as part of the integrated health programme's national health

activities. Implementation of the projects is now the responsibility of the IOC and will be reported in the monthly updates for the earthquake operation.

- **Analyse the IRCS health capacity in normal times and in disasters**

Due to shortage of funds and the delay of the branch mapping survey, the preparations for the National Health Review and the health database will begin at the end of January. The formation of a health task force is also planned. Preparations to train health workers have begun in Gujarat and two additional states.

- **Improve disaster response through strategic health capacity strengthening and improved community based disaster preparedness programmes/activities for disaster prone areas (natural and non-natural disasters)**

During the review period, the following initiatives were undertaken/introduced:

*Bihar:* Medicines and consumables were sent to the Bihar state branch to meet immediate medical needs as part of the Floods 2001 relief operation.

*Orissa:* A two day debriefing workshop was conducted for the volunteers of the Orissa floods relief operation, creating a useful link between the district and state branch. Needs for health related disaster response were assessed and will be available in a forthcoming report from the branch. Medicines will be purchased for the Beranpur Mother & Child Clinic in Orissa by the Spanish Red Cross (SRC).

The original plan to purchase medicine DP stocks for the IRCS Orissa state branch (OSB) was changed because medicines from Federation donations, made as part of the Floods 2001 relief operation, are still available and the storage capacity of the present OSB medical warehouse is limited. Medical kits were released from Federation stocks for next deployment. Mosquito nets for 3,500 families were distributed by the SRC and one ambulance was donated to the OSB.

*Nagaland:* Nagaland State Branch is identifying/nominating a responsible officer for CBFA training. The officer will attend the next such training in Gujarat at the end of January.

*Training:* The health delegate from the SRC covering Orissa and Bhachau/Gujarat arrived at the end of November. A training on the use of donated disaster response equipment will be given in January by two SRC technicians from Madrid.

They will train 35 IRCS technical, warehouse and logistics specialists on the use, maintenance and dispatch of the equipment. It was decided that, for the time being, the equipment will be used for national deployments only. This position can be revisited in one to two years, after further disaster response and emergency health trainings.

- **Develop integrated HIV/AIDS awareness and prevention programmes through mass publicity and community based peer educator programmes and expand/run TB and HIV/AIDS clinics and hospitals where other resources are scarce.**

At the start of December, several television and newspaper campaigns were launched to inform the population about the frightening dimensions of the disease in India. The present prevalence rate is estimated at 0.3 to 0.4%, equivalent to between three and four million people, thus leaving India with among the highest number of affected people in the world.

To mark World AIDS Day 2001 (1 December) a cartoon competition was launched through the IRCS Youth Red Cross on the topic 'Discrimination of People Living with HIV/AIDS'. At the same time work has begun on integrating HIV awareness into the Gujarat training programmes of community health volunteers (*see Objective 1, above*). HIV awareness is an integral part of the TBA training courses in Gujarat. It is also intended for the Federation to continue supporting the IRCS in its development of HIV/AIDS programmes and activities, especially targeting youth and adolescent groups and home care.

*American Red Cross:* Looking ahead to the coming year, the HIV/AIDS project has been agreed as a project partnership between the IRCS and the ARC. To date, the partners are still working together to finalise the

details. ARC health and HIV delegates are scheduled to arrive in India in early January. The delegates will work with the IRCS on implementing health activities in Gujarat as well as instituting the Global Aids Project (GAP) in India.

***Bhopal Shanty Town Health and Hygiene Project (Annual Appeal 01.36/2001 - Health and Care)***

***Objective 1 : To provide limited curative health care services in selected slum areas.***

The 'Bhopal Shanty Town Health and Hygiene Pilot Project' began in August 2000. It involves a curative (dispensary) and preventive (hygiene awareness and community outreach IRCS volunteers) component in an underprivileged area in Bhopal, which does not receive health assistance from the government.

The project involves the construction of a health post, acquisition of an ambulance, training of health volunteers in community based first aid, hygiene awareness and community outreach work. The health post delivers low cost basic curative services to the population of the slum areas (5 INR for every consultation), plus the cost of medicines. Currently, between 50 and 70 patients seek consultations per day. The present medical staff have been working there for the past eight months. Patients from the slum areas and from the outskirts of Bhopal are increasingly using the facility.

The health post was not newly constructed. Instead, a municipal building, made available to the project free of charge, was renovated and has functioned satisfactorily. It comprises two consultation rooms, one registration and pharmacy room and one general meeting/training room. An IRCS vehicle was repaired and converted into an ambulance, with maintenance costs are paid from the original vehicle budget.

***Objective 2 : To provide, through the medium of the Community Development Societies (CDS), comprehensive preventive and promotional health services in selected slum areas.***

Thirty eight female health volunteers were trained during the reporting period. The volunteers are responsible for community outreach and referral functions, hygiene and health related awareness as well as difficult issues such as HIV and sexually transmitted diseases. They advise pregnant women about nutrition and healthy habits as well as referring them for medical check-ups when necessary.

The majority of the volunteer team are anganwadi workers and a substantial number are primary school teachers. The volunteers meet regularly to share information and receive a monthly travel allowance of INR 150.

More than 2,000 patients in the shanty town have benefitted from the following health services organised as part of the project:

- three pulse polio camps for administering oral doses to infants and children;
- three health check up camps with specialist doctors in ear nose throat, orthopaedics, gynaecology, and pediatrics; and,
- blood group determination camp.

***Objective 3: To increase the empowerment of women in the slum areas, freeing them for more productive and fulfilling roles.***

The 38 trained female Red Cross volunteers have been engaged in a family health & literacy survey.

**Rehabilitation/ Shelter Programme w**

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

The IRCS/Consortium private housing project team are currently building new homes with 72 families in the village of Koliwada in the district of Surendranagar. Five of these homes were completed at the end of November. A village celebration attended by the Austrian Ambassador to India and one of the MPs of the state's legislature was held in recognition of the villagers' success.

Most of the villagers prefer their houses to be built in the same place and in the same setting as before (the earthquake), which was usually home to an extended family with three or more family units in one compound with a row of houses. The project envisages a basic unit for each family, comprising a one bedroom house with a verandah, totalling approximately 26 square metres and additional space for livestock.

The families and individuals selected to participate in the project are responsible for providing the labour to erect the houses. Families are given on-site technical support from delegates and IRCS/consortium field engineers. One of the outcomes of the project is that beneficiaries are not only helping themselves to rebuild their family homes but communities are working together to assist each other, including providing assistance to elderly neighbours who are unable to do the work themselves.

During the reporting period, a meeting was organized between the local IRCS branch and the Federation health and OD delegates to discuss the possibility of the Surendranagar branch coordinating community based health projects in the district, which could be supported by the consortium.

*Italian Red Cross Society:* Following consultations with the Ministry of Education, the Italian Red Cross is constructing three primary schools in Bhuj taluka. A six classroom structure is being constructed in the village of Rathiya for the 125 children who are currently attending the school. A smaller one room schoolhouse is being built for the village of Pirwadi, where some 13 children are currently attending school. Prior to the earthquake the village of Gadiyalo was home to 60 families almost one year later the number of families is 38 with a total population of 350. Although there are approximately 75 children aged 1-12 living in the village there was no school. Following assessments made by the Italian Red Cross, a three room school will be built for the village.

### **Capacity Building Programme w**

IRCS activities carried out in response to the earthquake are an opportunity to continue the development of the Indian Red Cross as a well functioning National Society. Over the past 30 years the IRCS, both unilaterally and in partnership with sister societies, has carried out a wide range of effective development and relief operations. The challenge for the IRCS has been to build upon the lessons learned during these initiatives and incorporate activities and human resources into the Society's core structure. To this end, all the Gujarat earthquake recovery and rehabilitation projects have elements of capacity building. The investment in the IRCS planned for the next three years is being undertaken with the intention of developing the capacity of the national society so that it can effectively meet the needs of India's most vulnerable population

The IRCS's capacity building programme (CBP) addresses a combination of specific needs identified following the Gujarat earthquake and also incorporates activities which emerged from the Society's own strategic planning exercise conducted in August 2000.

In April 2001, it was agreed that to ensure effective implementation of the recovery and rehabilitation in Gujarat, the CBP should address the Gujarat State Branch, as well as the needs of the IRCS in general. Underfunding however, poses a serious threat to the successful implementation of the programme as a whole

Organizational development (OD) activities carried out as part of the earthquake rehabilitation operation - also in the context of the annual appeal for India (01.36/2001), Institutional and Resource Development - will continue to be linked closely to regional OD initiatives and objectives, with reporting handled through the monthly earthquake operation updates. The IRCS will work closely with both the IOC and SARD on capacity building initiatives.

***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 activities described below will continue through 2002, coordinated respectively by SARD and the IOC, with reporting as described above.

- ***To assist the National Society in strengthening its constitution and thereby create more effective coordination between the NHQ and the branches.***

The IRCS participated in June's Regional Constitution Review workshop for senior governance in Sri Lanka. The Society was represented by two governing board members, the Secretary General and one senior manager. The Federation and ICRC regional delegations also provided IRCS with an external legal consultant to help them prepare for the workshop. IRCS submitted a five point action plan at the workshop which included:

- setting up a committee by the Managing Board for establishing rules of the National Society;
- establishing a feedback process at State Secretaries meetings;
- submitting proposed rules to Ministry of Health for examination and approval by the President;
- informing parliament throughout the process as appropriate; and,
- Government of India to issue a notification for amendment of rules.

- ***To improve coordination mechanisms between the IRCS NHQ and the branches.***

During 2002 the process of modernising and upgrading the current IRCS administrative and organizational structure will move ahead. The work will begin with the NHQ and Gujarat state branch by introducing some of the key mechanisms for improving coordination between the headquarters and the vast network of state and district branches. By the end of 2002 the project will focus on establishing a framework for planning and management systems that will facilitate strategic partnerships between IRCS NHQ and the state branches.

Two national level meetings were held by the IRCS on 29-31 August. On 29 August, the full day was occupied by the state secretaries and state youth secretaries from 17 state branches in a common meeting. On the second day the state secretaries group had a separate meeting on other national issues, while the state youth secretaries continued their discussions, presentations, and action planning.

On the third and final day, both groups met again to agree common agendas under the theme of developing a national approach to youth wing development in IRCS. Discussion centred on: how to strengthen the linkages between districts and states, and between states and NHQ; what types of support are required from NHQ to provide quality youth programmes; the linkages between JRC/RCY and other programmes; and how to diversify fund raising bases (over reliance on Government as a single source can also compromise the Fundamental Principles of Independence and Neutrality).

In the follow-up state secretaries meeting, the group recommended a clear set of mandates and roles that it would like to formalise for itself as the national state secretaries group, in order to act as a management group which could coordinate resources across all states to manage a planned change process throughout the Society. The following mandates were agreed by consensus, through participative discussion:

- to integrate planning related to all activities under coordinated relations and collective wisdom;
- to draft resolutions to be included in the agenda of the Managing Board;
- to exchange, review, monitor and obtain representations on state and national issues and activities;
- to establish unity of command to maintain uniformity;
- to initiate policies for adoption by the Managing Board in the four Federation core programme areas (disaster response, disaster preparedness, health and care in the community, and promotion of humanitarian values), as well as in other priority areas such as national fund raising policy.
- to propose to the Managing Board amendments to the Rules of the IRCS (including proposed amendments to the Society's Constitution, and the Act of Parliament);
- to follow up on monitoring and evaluation.

- ***To review and improve management and administration systems in the Society.***

At the state secretaries' meeting in August, the regional OD delegate and the regional ICRC cooperation delegate reminded participants of the key strategic issues that IRCS had prioritised in its first national strategic planning workshop in May 2000.

The following issues were again agreed as priorities, and it was hoped that the new India OD delegate in Delhi would be able to provide more focused support to IRCS to improve the following management and administration systems:

(a) Human resource development (HRD):

- introduce uniform norms and practices across all programmes and branch/NHQ structures;
- develop a uniform approach to volunteering recruitment, appraisal, development and reward by adopting a volunteering policy (in keeping with the Federation's volunteering policy adopted by the 1999 General Assembly);
- initiating a comprehensive staff development policy;
- Considering adoption of youth (already under consideration) and gender policies.

The IRCS participants who attended the regional delegation workshop in Nepal in December 2001 stated that on their return to the Society, they would seek to work with senior governance and management in the Society to recommend changes at a national level, which included:

- recommending to the Managing Board that IRCS adopts the Federation's volunteering and gender policies in a manner adapted to the needs and context of IRCS;
- induction programmes should be developed to help branch and NHQ dissemination of these new policies once adopted;
- a national HRD forum should be formed in IRCS which should include five zonal representatives to formulate and monitor the implementation of the HRD activities of IRCS.

(b) Branch development:

- need for a common uniform approach to branch and overall organisational development;
- development of a common branch assessment tool to help OD planning (information gathered during the current branch mapping exercise could be used to develop such information as a benchmark for each branch);
- need for more integrated approaches across all programmes at branch levels (health and DP programmes for example).

(c) Programme development:

- need to develop more sectoral policies that would create uniform programme development across the whole Society;
- more integrated planning needed between programmes;
- better monitoring and evaluation criteria needed in each programme;
- gender components need to be clearly integrated in all programmes;
- need to rethink core policies to improve uniform policies across IRCS (e.g. in youth, gender, resource development, branch development, volunteering, staff development etc).

(d) Information technology (IT) development:

- need for a planned expansion of IT at all state branch and selected NHQ departments to improve communications internally and externally;
- e-mail needed in each state branch to facilitate speedy communication.
- ***IRCS staff and existing volunteers in the Gujarat state and relevant district branches are trained in volunteer mobilisation and training, project and programme management, budgeting and team management.***

The Federation OD delegate in Gujarat is arranging for a series of Red Cross induction courses for IRCS branches that will begin in January. The main focus of OD activities in Gujarat over the review period has been visiting IRCS district and sub-district branches in Gujarat to collect information, particularly those branches in areas where Federation and PNS projects are being implemented. At the same time, OD components of the community based health, wat-san and construction projects have been identified and modalities for integrating these project components into branch structures are currently being worked on.

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

In 2002, the financial development project will focus on establishing a financial accounting and management system at NHQ. This system will be adapted for use by state and district branches. Comprehensive training about the new system will definitely be required at all levels.

**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 newly appointed IRCS information officer is developing a number of communication tools. This project supports the establishment and development of these tools, including the drafting and implementation of an IRCS communications strategy.

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

The first six months of this project will be targeted at establishing a training unit and make use of facilities available within the framework of the disaster management centre. With regard to the CIT, there will be an assessment of the quality of the existing structure, preparation of a budget for its rehabilitation and the development of a business plan including a feasibility study on the potential for income generation.

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

• **Establish a functional IRCS disaster management network**

A small disaster preparedness (DP) team has been established at IRCS NHQ. Efforts are advanced to assign a senior disaster management adviser, seconded on behalf of the IRCS by the Federation, from India's Ministry of Agriculture's disaster management department. Disaster management staff have been recruited in one state, Assam, as part of the pilot project. A DP sectoral group has been established to coordinate IRCS DP projects in India and networks have been established with SPHERE pilot agencies, GOI-NGO liaison committee and UNDP. IRCS has secured funding for the rehabilitation of a new disaster management centre (DMC) for which planning has been completed.

• **Established and operational IRCS mobile disaster units (MDU) facilitating disaster coordination and information management in each of India's four most disaster-prone zones**

The concept of air portable mobile disaster units has been developed, with funds awaited to allow procurement to commence.

• **Developed and disseminated IRCS disaster preparedness and disaster response policies and disaster management plans at the national and branch level**

Contacts have been made with disaster management authorities of Gujarat, Assam and Orissa states and a close relationship established with UNDP to support disaster management planning in key disaster prone states.

• **Functional Intranet system to connect the disaster management department at NHQ with state branch disaster coordinators and zonal warehouses.**

Planning for the intranet has been initiated with the design of the DMC, including incorporation of the Federation's new disaster management information system. During the review period, the following activities were carried out specifically within the context of the Annual Appeal 01.36/2001 - Disaster Response and Disaster Preparedness.

• **Initiated disaster response pilot projects; Assam Disaster Reduction Programme (DFID)**

A pilot project for disaster reduction (part of a wider regional partnership with DFID) has operated since July. Among a range of activities: DP stocks for 10,000 families have been pre positioned in the Gawahati warehouse; a lesson learning review of 2000 floods held; state branch disaster management staff recruited; project equipment purchased; four pilot communities selected in two districts according to clear agreed criteria; 40 volunteers

trained in community based disaster preparedness and mitigation; training materials translated into Assamese; and two first aid and DP workshops held in two pilot districts.

- ***Properly trained key staff and committees in disaster preparedness and disaster response.***

A disaster preparedness training module has been developed and trialed in Assam. Training materials for Red Cross Red Crescent Societies in South Asia have been reviewed. A disaster response training module has been designed with Federation Secretariat expertise and will be initiated in early 2002.

- ***Established and functional IRCS disaster preparedness and disaster response knowledge sharing unit based in New Delhi.***

A policy of learning from major disasters has been implemented with lessons learning reviews conducted for floods 2000 (Assam) and floods 2001 (Orissa).

- ***Ensured sustainability of all existing Red Cross cyclone programmes and expansion to selected states.***

More detailed planning has taken place with the German Red Cross based on the Orissa disaster management programme. Progress awaits additional staff and funding.

- ***Functional logistics management system in strategically sited and rehabilitated warehouses.***

DP stock rationalisation has progressed with DP stocks donated to the IRCS transferred to the Delhi warehouse. Five of six warehouses have been inspected and a training course for warehouse managers has been designed.

## **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.***

Representatives from 14 Participating National Societies (PNS) gathered on 6-7 December 2001 for a two day Partnership Meeting to review progress on the India earthquake rehabilitation operation hosted by the Indian Red Cross Society (IRCS) in Delhi.

The meeting was arranged to: review in detail progress to date of all programmes and projects set down in the Federation's preliminary appeal (20/01) launched on 9 July 2001; re-examine the balance of the operation, particularly with regard to traditional Red Cross Red Crescent activities and the nationwide components; take a hard look at finance and resource mobilisation; and, if necessary, provide direction for the reshaping of the operation in the light of participants' deliberations/conclusions and available resources. The summary of proceedings from the partnership meeting and supporting documentation has been dispatched to all Red Cross Red Crescent contributors to the Gujarat emergency and rehabilitation appeals (04/01 and 20/01).

Follow up to the meeting, in conjunction with IRCS and PNS, will include: revisiting the plan of action and budget prepared in October 2001, amending and reshaping where necessary; revising the programme management and coordination budget to achieve significant reductions/savings; stabilising and strengthening the management of the IOC and defining the core functions to be provided by the delegation; concluding the preparation of outstanding legal documentation and coordinating negotiations with the Indian government regarding Red Cross Red Crescent legal status, the establishment of liaison offices etc; undertaking an operational review of the water-sanitation project; and organising the first meeting of the rehabilitation consultative committee before the end of March 2002.

***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 IRCS with support from the Federation - and following consultations with the GoG - has selected the construction methods and appropriate building materials for all health facilities planned under the rehabilitation operation. Six design prototypes are being prepared for anganwadis and the design work is basically complete. Four design prototypes have been prepared for PHCs and the design work is almost complete. One design was

created for sub-health centres and is well advanced. In addition, standard formats for tender documents and construction contracts, which will be used with local contractors, have been prepared and are ready for issue.

The decision by the IRCS to completely fabricate each building on site is considered overall, the most economic and appropriate building method for Gujarat, respecting the region's architectural traditions and taking into account the constraints of the local construction sector.

Meanwhile, 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 sub-groups covering specific areas of interest such as psycho-social support chaired by the local representative of the American Red Cross, and the health promotion group chaired by Federation health delegate.

### ***Outstanding needs***

For Red Cross Red Crescent activities in India to move ahead as planned during 2002, it is essential for pledge management notes and/or cash to be received rapidly by the Federation, in line with the levels indicated through 2001 culminating in last month's partnership meeting in New Delhi (see above). In the interests of programme coordination and integration, it would be helpful too if those PNS implementing 'project partnerships' with the IRCS, within the framework of the rehabilitation operation, could share/confirm budgets and plans of actions in the coming weeks.

*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>.*

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<b>India</b>						ANNEX 1
<b>APPEAL No. 01.36/2001</b>		<b>PLEDGES RECEIVED</b>			07.01.2002	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>CASH</b>						
REQUESTED IN APPEAL CHF ----->				<b>1'821'955</b>		<b>TOTAL COVERAGE 24.1%</b>
CASH CARRIED FORWARD				44'015		
AUSTRALIA - RC		16'362	AUD	14'685	06.06.2001	DISASTER RESPONSE PROG
BRITISH - GOVT/DFID				284'592	30.04.2001	DP PROG
CANADIAN - RC		16'650	CAD	16'524	08.01.01	UTTAR PRADESH HILLS, MOTHER AND CHILD WELFARE, BHOPAL SHANTY TOWN HEALTH AND HYGIENES, TAMIL NADU NUTRITIONAL
NEW ZEALAND - RC		17'532	NZD	12'928	28.06.2001	
NORWEGIAN - RC		200'000	NOK	38'234	28.05.2001	BHOPAL
SINGAPORE - RC				14'490	11.07.2001	OD
<b>SUB/TOTAL RECEIVED IN CASH</b>				425'468	CHF	23.4%
<b>KIND AND SERVICES (INCLUDING PERSONNEL)</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
Netherlands	Delegate(s)			13'470		
<b>SUB/TOTAL RECEIVED IN KIND/SERVICES</b>				13'470	CHF	0.7%

India earthquake rehabilitation						ANNEX 1
APPEAL No. 20/2001		PLEDGES RECEIVED			08.01.2002	
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>29.7%</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, 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	AS PER BUDGET
CANADIAN - RC		250'000	CAD	262'375	10.12.2001	COMMUNITY BASED HEALTH
CHINA/TAIWAN - RC		2'305	USD	3'772	19.12.2001	
FINNISH - GOVT		336'376	EUR	496'087	04.12.2001	BHUJ TEMPORARY HOSPITAL
GERMAN - RC				19'296	31.08.2001	
GERMAN - RC				176'500	31.08.2001	
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
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
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
PRIVATES				943	01.11.2001	
PRIVATES				167	23.10.2001	
SWEDISH GOVT/RC		10'000'000	SEK	1'700'000	30.01.01	REALLOCATION FROM E.A. 04/01
SWEDISH - RC		6'000'000	SEK	932'400	12.11.2001	HEALTH PROGRAMME
<b>SUB/TOTAL RECEIVED IN CASH</b>				<b>17'155'890</b>	<b>CHF</b>	<b>28.3%</b>

<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)			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)			85'420		
Sweden	Delegate(s)			111'046		
<b>SUB/TOTAL RECEIVED IN KIND/SERVICES</b>				862'745	CHF	1.4%