

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

14 February 2002

Annual Appeal 2001/Earthquake Recovery and Rehabilitation

Gujarat Earthquake Recovery and Rehabilitation Appeal No. 20/01

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

Operations Update No. 6 Period covered: 1 - 31 January 2002

Next Update No. 7 expected February 2002

“At a Glance”

Related Appeals: South Asia Regional Programmes 01.24/2002

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

Summary: 26 January 2002 marked the one year anniversary of the Gujarat earthquake. In December, a productive partnership meeting was held in Delhi. Following on from this, the Federation, in cooperation with the Indian Red Cross Society (IRCS), has been revising project budgets and amending plans of action for. All revisions will be explained in the next operations update. Strong donor support is required.

Operational Developments

Context: Winter night temperatures have dropped to five degrees in Gujarat. There has been no rain since July and greenery is beginning to wither. In the evening people in temporary shelters gather around street fires to keep warm. The earthquake has profoundly affected the whole community. Even families who did not lose their homes during last year's earthquake slept outside from 26 January until 8 February for fear of another devastating earthquake. Ongoing tremors that sway buildings and damage walls contribute to the overall feeling of discomfort. On the morning of 26 January, a two-minute silence was observed in memory of the more than 20,000 people who were killed. The entire day in Bhuj was unusually subdued as many people stayed close to home with their families.

There is a great deal of construction of municipal and private buildings. Media coverage of recovery and rehabilitation initiatives has increased over the past month in light of the earthquake's anniversary. But communities continue to need permanent shelters, adequate water supplies and sanitation facilities.

Red Cross Red Crescent Action

Indian Red Cross Society (IRCS)

The 13 December attack on the Indian Parliament and following events have increased tensions between India and Pakistan. The IRCS has taken national health preparedness measures. The IRCS, in consultation with the Federation, prepared to deploy an emergency health post from Delhi. Branches in areas that border Pakistan,

such as Punjab, Rajasthan, Kashmir and Gujarat State, are conducting ongoing assessments of current medical stocks and needs.

Integrated Health Programme (Gujarat)w

The integrated health programme is intended to support the IRCS and Gujarat authorities in safeguarding the long-term health of 500,000 people in 400 villages in the districts of Kutch, Surendranagar, Rajkot and Jamnagar, as well as in the town of Bhuj.

Objective 1: Community based health project - create a community based health project with an emphasis on the most vulnerable i.e. maternal and child health in the affected region, to reduce the infant mortality rate (IMR) and maternal mortality rate (MMR).

- ***Training of Trainers for IRCS field workers***

The 60 IRCS field workers in Kutch district continued to visit their assigned villages and identified volunteers for Community Based First Aid (CBFA) training.

Based on the knowledge and experience acquired in Kutch over the past six months, IRCS field workers are ready to assume their role as training supervisors. Their next step will be to train a targeted number of 1,000 volunteers in the villages.

The 24 IRCS field workers from the earthquake-stricken northern *talukas* (sub-districts), in Rajkot and Jamnagar districts, continued needs assessments and health education in their villages supervised by the IRCS trainer, one Federation health delegate and one senior IRCS field worker from Kutch. The main health problem in the region is no longer malaria but colds and coughs due to the winter season. Here the field workers work closely with the IRCS Rajkot district branch and the sub-district branch in Morbi on follow up visits. In Mandvi and in Gandhidam the IRCS field workers maintain regular contact with the IRCS sub-district branches.

As of the end of December, the 84 IRCS field workers had visited a total of 1,057 villages and seen 118,954 beneficiaries. The field workers have covered diverse health topics such as women's health by holding special group meetings for women, introducing hygiene projects in the schools and organizing rallies to raise HIV/AIDs awareness. In many of the villages, discussions led by the IRCS field workers on topics such as women's health and HIV/AIDs are the first time these issues have been brought out in public.

The week beginning 27 January, IRCS field workers represented the Red Cross Movement's contribution to the earthquake's relief and recovery operation at a week-long exhibition in Bhuj. With guidance from a Federation information delegate and regional delegation information officer, the field workers disseminated information about IRCS activities and presented demonstrations of their work.

The major donor societies for the community based health project are Japanese, Swedish, Canadian, German and Australian Red Cross. Thanks to donations of these National Societies this project has been able to develop to an important and well recognised IRCS and Federation activity in Gujarat, with plans to replicate its training modules countrywide in the near future.

The American Red Cross (ARC) has established an office in Patan. Their health and water-sanitation delegates are working with a counterpart from the IRCS branch in Patan to implement community based health activities in Patan, Banaskantha and Mehsana.

The Spanish Red Cross (SRC) in cooperation with the IRCS will replicate currently running Federation projects such as community based first aid (CBFA), IRCS field workers and traditional birth attendants (TBA) in Bhachau.

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

The third IRCS/Federation three-week training course for TBAs began on the 28 January in the catchment area of Dhori primary health care centre in Bhuj taluka.

The TBAs who have participated in the two training courses in Kokdi and Khavda receive regular coordinated follow-up visits from the course's training nurses and by IRCS field workers working in the area.

Following completion of the course, the TBAs receive a "TBA" kit, procured by the IRCS and the Federation, containing basic tools to aid with delivery and/or prenatal care.

IRCS and the Federation with assistance from the ARC health delegate are revising the TBA training manuals to prepare for publishing. Quotes for the printing of manuals (CBFA and TBA) and supplements (child health and anganwadi worker training) were sought in order to comply with the Indian regulations.

Based on the success of the community based health project, the participating national societies (PNS) such as the American, Italian and Spanish Red Cross, are planning to replicate these training modules both in Gujarat and nationally.

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

This group includes anganwadi workers, anganwadi helpers and auxiliary nurse midwives.

To date, the 12 IRCS field workers have participated in the "Training of Trainers." Due to administrative delays, the training of the remaining four groups of trainers has been postponed until February.

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

Eleven of the trained IRCS field workers in Kutch were selected to initiate the Child-to-Child health project in primary schools. During December the IRCS and the Federation conducted an assessment in the Kutch district to identify appropriate villages to initiate the project. The project, which began during the first week of January, is directed towards primary schools and requires commitment from both the teachers and the students. The project is currently running in 12 primary schools in Kutch. Among the factors considered in selecting schools was the willingness of the children and their teachers to participate, at the same time targeting the most vulnerable villages.

Children are an excellent resource for disseminating information as they have the capacity to teach parents, siblings and peers. IRCS field workers have been paired in teams and assigned specific schools. The field workers visit their assigned school on a weekly basis covering topics such as basic first-aid, hygiene and nutrition. Material is presented in a way intended to engage children such as using small dramas, songs and games. For example in the village of Vichiya the IRCS field worker had the children organise a rally promoting good hygiene habits. The children, led by IRCS field workers, marched through the village carrying signs promoting good hygiene habits.

Each field worker is responsible for creating their own lesson plans and developing their own approach. The field workers are accompanied by a Federation health delegate who functions as a resource person providing on-the-spot guidance about lesson plans, or suggestions regarding approach. The project is already proving to be effective as the attention to hygiene of children participating in the course has notably improved. In addition, children are being weighed and measured to create the baseline data to be reweighed and measured in around two months, making sure that their growth patterns are normal. The field workers cover between three and four schools per day. Many of the schools are in remote villages with poor road access in the north of Kutch. In addition, the IRCS field workers are working in villages where primary schools are being built by the Italian Red Cross.

Objective 2: Reconstruction of health facilities - Safeguard long-term health for 500,000 people by reconstructing permanent health care facilities such as; 1) Primary Health Care Centres, Sub-Centres, Anganwadis, and dispensaries in 400 locations in the talukas (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 the partnership meeting in March 2001, reconfirmed at the second such gathering during December in New Delhi, there is a strong desire among Red Cross/Red Crescent Societies that responded to the emergency, to assist victims of the disaster through the reconstruction of health facilities in the stricken state.

Planning and preparing for the construction of health facilities in Gujarat has been a complex and arduous process. Many potential pitfalls and difficulties - technical, legal and procedural - have been identified and overcome and now with the confirmed funding from the Japanese, Singapore, Netherlands, Hong Kong and French Red Cross, to mention but the largest donors, the construction budget can finally be approved.

The start date for the construction of anganwadis by the IRCS and the Federation originally planned for the end of January has been delayed until the end of February when work is expected to begin on 33 anganwadis (first level child health care facilities). Site work will begin in Rajkot district's Morbi taluka and in the district of Kutch.

The IRCS has contracted a Delhi based project management firm to oversee the project. The project management firm in consultation with the Federation and the IRCS will be responsible for the execution of building designs, tendering, site assessments, quality control and site supervision. Over the past few months the IRCS Honorary Secretary of the Gujarat State Branch has taken the lead role in obtaining government permissions while IRCS and Federation construction/engineering professionals are responsible for monitoring all of the sites, consulting on designs and other technical matters.

During the second week of December the IRCS and the Federation placed and published advertisements for pre-qualification of contractors to work on 320 buildings in seven newspapers covering Gujarat and Mumbai. One hundred and seventy six contractors responded to these advertisements. Responses were then reviewed by the IRCS and the Federation who then invited suitable candidates to tender. The final selection of contractors based on the bids will be made exclusively by the IRCS and the Federation with advice from the project management firm.

The IRCS in consultation with the Federation's organizational development and construction delegates have initiated the process of identifying the needs, purpose as well as the location of Red Cross Rooms. The construction plans for Red Cross Rooms that will accompany selected anganwadis have been presented and discussed with committee members from IRCS branches in Surendranagar, Gandhidham, Rajkot, Bhachau and Morbi.

The British Red Cross (BRC) is working with the IRCS State and district branch in the district of Jamnagar where 35 anganwadis will be reconstructed. Construction of two of the three anganwadis comprising the pilot project has begun in the villages of Balambha and Beraja. The BRC also intends to construct primary health care centres in the same district.

Within the framework of the integrated health programme, the Spanish Red Cross based in Gandhidam will construct anganwadis, primary health care centres and sub-centres in Bhachau.

The Federation construction coordinator conducted a two-day technical training course at the end of January for all Red Cross Red Crescent partners (IRCS, Federation and PNS) with construction projects in Gujarat. The course was held at the Red Cross camp in Bhuj and covered topics such as project management and finance. In addition, the Federation provided the participants with computer software, which will assist them with their work.

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

Construction on the temporary prefabricated hospital in Bhuj has gone smoothly and is almost finished. Progress was slightly slower than planned in early January on account of labourers observing Gujarat's local festival. The work is being carried out simultaneously by two contractors and is monitored daily by engineers and experts from the IRCS and the Federation. Phase I - the construction of the hospital's wards for men and women - is now complete. Phase II - the construction of the outpatient department, operating theatres, emergency section, blood bank, laboratory, X-ray, gyne/obs and neonatal, kitchen, laundry, toilets, administration building, morgue etc. - is 80% complete.

The official handover ceremony for the hospital is planned for March. The IRCS has invited the President of India to open the hospital in the presence of high representatives of major donors: British, Norwegian, Finnish Red Cross, ECHO, as well as government and other representatives.

Objective 3: Water and sanitation - rehabilitate traditional rain water harvesting structures; increasing the water storage capacity and recharge of the ground water table; provide reliable long-term alternative to the piped network; improve awareness of the relationship between safe water, sanitation and health; reduce soil erosion around the water harvesting structures; improve safe water supply and adequate sewerage facilities for local communities and health facilities.

The water-sanitation project implemented in Gujarat has been the mainstay of the subsequent Red Cross Red Crescent rehabilitation operation to date. Some 300 dams (small reservoirs) have been built throughout the disaster zone, 41 wells constructed, 76 tanks rehabilitated/built; and 74 toilet cubicles and 34 washrooms installed - in addition to a range of related community and capacity building activities.

Water-sanitation is an ideal entry point for the community health imperative and in the interests of an integrated health programme, the Federation remains eager to carry the project forward.

The project's rapid progress during 2001 exhausted the funding base and it was necessary to curtail work in the last two months of the year, though some dam and well construction has continued in Kutch and assessments are ongoing in Rajkot. The ARC is assuming responsibility for the Red Cross Red Crescent water-sanitation initiatives in three districts (Patan, Mehsana and Banaskantha) as a project partnership with the Indian Red Cross, thus ensuring continuity.

The IRCS and the Federation continue to work with villages in Kutch and Rajkot where facilities were built on maintenance and education. One of the female Community Awareness Teams and Federation wat-san workers are providing training to ARC staff.

At present, the Federation has sufficient funds and personnel to maintain the current limited level of activity in Kutch and Rajkot through mid February when, unless circumstances change, the project in these districts will either close or the IRCS must seek a new partner. Hopefully however, PNS will indicate sufficient support - both financial and expertise - to enable the Federation to resume the work envisaged for these areas in the plan and budget circulated in October.

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

ARC is continuing to co-ordinate collaboration with psychological support project (PSP) providers in Kutch. The Collaborative comprises other local NGOs and international aid agencies developing projects in Kutch. The ARC in co-operation with the IRCS is launching the "Community Centre Project" in Bhuj. The centre will function as a pilot project with additional centres to be developed in other states. IRCS and ARC are working with the Collaborative to identify the most vulnerable communities and identify their needs for psychological support.

In addition, the ARC, the IRCS and the Federation will work together to integrate PSP into the IRCS disaster preparedness plan. Part of this project will involve the introduction of the humanitarian relief workers support project to the IRCS.

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

Construction work by the German Red Cross on the IRCS Orthopaedic workshop has gone very quickly and approximately 40% of the work has been completed. In early January, the Secretary General of the IRCS visited the workshop during her tour of IRCS activities in Gujarat.

Objective 6: National Health - strengthen the IRCS capacity to plan, implement and manage quality health projects 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.

The outcome of the donors' meeting in Delhi at the beginning of December led to the reshaping of the Federation's health projects and the management structure. For the national health programme it basically entails targeting three states for CBFA training as opposed to the six states indicated in the initial budget.

With the German, Spanish and Italian Red Cross Societies, however, assuming responsibility for the implementation of health projects in two state branches (Orissa and Nagaland), the geographical coverage originally envisioned in the proposed plan of action will be maintained.

The Federation's main objective in the mid-term will be to maintain sufficient technical support to the IRCS and the PNS. The reshaping of the programme provides the opportunity to focus more attention on IRCS sustainability.

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

Planning for the national health review and the health database are complete. The IRCS is working with the Federation on evaluating answers to the health questions of the Red Cross branch mapping survey conducted July-September 2001. The results from the branch mapping survey will then be used to design the questionnaire for the national health review.

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

Rising tension in the region has created a heightened awareness of the important role of disaster preparedness in health within the IRCS' national health strategy.

The IRCS capacity in health disaster preparedness is being developed through activities such as upcoming emergency response trainings of Spanish and German Red Cross and the Federation's emergency health workshop for selected IRCS relief health specialist as well as the support of the development of an "Indian Basic Health Kit"

Additionally, the Federation's disaster preparedness delegate in Delhi has been approached to prepare a disaster preparedness training for the 95 IRCS field workers/supervisors trained in Gujarat (69 in Khutch and 26 in Rajkot/Jamnagar/ Surendranagar).

Selected medical items from the Bhuj warehouse were transferred to the IRCS warehouse in Delhi.

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

There has been a good response to a cartoon competition, launched in December by the IRCS youth Red Cross, on the issue of discrimination against people living with HIV/AIDS.

IRCS wants to target youth and adolescent groups for awareness and future campaigns. The analysis of the HIV activities of state branches through the national health review and, the analysis of the cartoon competition feedback of key issues of the youth groups, will determine where the work needs to be done.

The IRCS and the Federation will work with the IRCS information officer and the Federation's information delegate on the development of an advocacy campaign.

Bhopal Shanty Town Health and Hygiene Project

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

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

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

There were no further updates during the reporting period.

Rehabilitation/ Shelter Programme w

Objective 1: Private housing reconstruction - *Support the IRCS in order 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 in co-operation with the Consortium is working with communities in Surendranagar and Lakhtar to build new homes for families who lost their houses in the earthquake. Seventy-five families are currently rebuilding their own homes in Muli Koliwada with technical support and materials provided by the IRCS and the Consortium. Thirty-five more families will commence work on houses in the same village this month.

In February the project will expand into the village of Sakar in Lakhtar district, where approximately 100 families will begin work on reconstructing their homes.

Primary Schools w

Italian Red Cross Society: Construction by the Italian Red Cross of three primary schools in Bhuj taluka in the villages of Rathiya, Pirwadi and Gadiyalo is close to completion. The IRCS/Federation's Child to Child Health Project has been initiated in all three of these villages.

Capacity Building Programme w

Objective 1: Organizational development - *Establish the appropriate structure within the IRCS to better respond to the needs of affected communities, and improve coordination mechanisms between the IRCS headquarters and branches.*

National Headquarters (NHQ): The branch mapping exercise reached its final stage and the consultant has delivered the first reports analyzing the findings. The first draft of the branch directory and the state summary were handed over to the IRCS during the last week of December. In January, the final report was completed and all the survey material was handed over to the IRCS. At the same time, the Federation OD delegate in Delhi has been working with the IRCS National Headquarters.

Gujarat: Four Red Cross induction courses facilitated by the Federation's organisational development (OD) delegate in Gujarat and a representative of the IRCS branch in Goa were held between 15-19 January. The courses, which were given in Hindi, covering the history and principles of the Red Cross and Red Crescent Movement took place in Kutch, Rajkot, Surendranagar and Ahmedabad. A total of 163 participants from 22 branches attended the course. For many, including those who have worked with the IRCS for a long time, this was the first time to have the opportunity to participate in this type of course. Feedback following the course from participants who have been working for example in IRCS blood banks or clinics for over ten years was very positive. According to the feedback the course helped long time IRCS workers to better understand their role in the movement as a whole. The courses create a strong foundation of enthusiasm which is the first step towards branch development.

In addition, a short fundraising workshop was conducted at the Gujarat State Branch.

- ***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.***

In December representatives from five state branches of the IRCS attended the South Asia regional Human Resources Development workshop in Kathmandu. Following the workshop the participants have pledged to return to the IRCS National Headquarters and submit a report to the Secretary General and the IRCS board recommending the adoption of the Federation's policy on volunteering and gender policy. In addition four representatives including the IRCS Secretary General have been invited to the regional change Management Workshop in Sri Lanka in February.

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

The finance director at the IRCS NHQ has presented a plan for finance development at national headquarters level.

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.

In commemoration of the earthquake the IRCS and the Federation worked together on a media campaign highlighting the contributions made by the IRCS during both the relief and recovery phases. On 24 January the IRCS in co-operation with the Federation hosted a press conference in Bhuj to present the three-year earthquake rehabilitation operation, and progress to date. Speakers included the Honorary Secretary of the Gujarat State branch, the IRCS deputy secretary general, health, the head of the Federation's India Operations Centre and the Federation's national health programme coordinator. On 26 January, a press release was circulated to local, national and international media on 26 January from Bhuj, Delhi, Geneva, and PNSs.

The IRCS Secretary General also held a separate news conference in Delhi on 29 January.

Other IRCS/Federation communication materials, (distributed to PNS in early January) included the following:

- a four-minute video news release;
- *Insight* - an eight page publication highlighting the IRCS/Federation earthquake rehabilitation operation was published in English, Gujarati, Hindi, French and Spanish. The English version was carried on Jet Airways seat-backs from 21-31 January on all Bhuj-Mumbai, Mumbai- Bhuj flights;
- A web page on the Federation's Website <www.ifrc.org> covering the Gujarat earthquake featuring a photo gallery, news stories and an on-line version of *Insight*.

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

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**

Disaster Management Centre (DMC): Renovation work is progressing rapidly with the first floor and roof having been demolished and partly rebuilt, one main room on the ground floor with a false ceiling is nearly completed. A revised floor plan for the DMC and equipment list was agreed upon with IRCS and sent to the ARC Disaster Response Unit for their guidance. There is also potential for additional funding from a large private company.

Gujarat State Branch: A plan has been developed for a joint IRCS/Federation capacity building team to visit Gujarat in order to review rehabilitation programmes for their sustainability as well as to set out the Organizational Development, DP and health objectives for Gujarat.

- **Establish operational IRCS mobile disaster units (MDU) facilitating disaster coordination and information management in each of India's four most disaster-prone zones**
- **Develop and disseminate IRCS disaster preparedness and disaster response policies and disaster management plans at the national and branch level**
- **Establish functional Intranet system to connect the disaster management department at NHQ with state branch disaster coordinators and zonal warehouses.**
- **Initiate disaster response pilot projects; Assam Disaster Reduction Project (DFID funding)**

Good progress has been made in the selection of four project areas and communities in terms of household surveys, village meetings, formation of local committees and development of community maps by disaster preparedness (DP) volunteers. The volunteers have demonstrated their clear understanding of principles learned at the November DP training workshop and are receiving support from district branch secretaries.

The staffing situation has considerably improved with the appointment of a disaster management (DM) director, training co-ordinator, two district field officers and a general assistant. Key DP volunteers at state, district and block level have already been working during December (trained in the November training workshop). A first aid and DP workshop was conducted in Goalpara, which has had a mobilising effect on the community for the future block level training workshops. This is fortunate as there has also been an additional one month delay in starting the Block level training workshops due to local elections.

- *Train key IRCS staff and committees in disaster preparedness and disaster response.*
- *Established and functional IRCS disaster preparedness and disaster response knowledge sharing unit based in New Delhi.*
- *Ensured sustainability of all existing IRCS cyclone projects and expansion to selected states.*

In discussions with German Red Cross a clear approach to this project has been recommended and a concept paper revised. To proceed, a 6-9 month assessment is required that would involve engineering and social surveys of selected Red Cross-built cyclone shelters and the 200 or so structures identified in a recent Andhra Pradesh state government review. It is proposed that this assessment is conducted by a team involving Andhra Pradesh State Branch, NHQ, two local consultants and a Federation delegate. The German Red Cross, which will fund these activities, has identified a likely candidate who is available in February for six months. This delegate will work with a Federation national staff DP officer. (It is also intended that the delegate would work with the Indian Red Cross/Federation DP team to develop a model community based disaster preparedness (CBDP) training project, address sustainability problems of the Federation-built cyclone shelters in Orissa and input into the wider DP/disaster response (DR) project. The balance of the available funding would then be used to implement a second phase, a community based cyclone preparedness project rehabilitating shelters where appropriate.

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

An initial training project has been drafted for a DR and logistics management course for the present NHQ relief and regional warehouse staff. The last consignment of DP stocks donated to IRCS from various national societies has been received into the Bahadurgarh warehouse in Delhi Transportation from the Federation warehouse in Bhuj was paid from the DP/DR budget.

In close co-operation with IRCS relief department a request for tenders was sent to a number of suppliers for DP relief stocks out of the remaining funds from India Floods 2001 appeal.

Programme Management and Coordination w

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

The productive partnership meeting in December 2001 has provided clarity and direction. Reshaping of programme plans and budgets is underway, including resizing of the delegation with emphasis on developing national staff to assume current responsibilities from the present delegates. Management of the delegation is in the process of being stabilised and strengthened and, essential legal documentation (Memorandum of Understandings etc) is nearing completion. Financial and operational reporting schedules are also being maintained.

Following the December partnership meeting, the Federation responded to donors by committing itself to stabilising the India earthquake operation to reflect the actual amount of funding available. In early January, visits were made to the Gujarat operation by the IRCS Secretary General, IRCS Deputy Secretary General, Honorary Secretary of the Gujarat state branch, the Federation Head of South Asia Regional Delegation and Head of the India Operation Centre. In addition, the Federation desk officer from Geneva and the finance delegate held individual meetings with programme co-ordinators and IRCS counterparts in Delhi and Bhuj to revise project budgets and amend plans of action.

Other key issues addressed included the revision of the programme support and management budget (PSMB) and, how the Federation can supplement and complement bilateral initiatives such as those being undertaken by the ARC, the consortium, German, Italian, British and the Spanish Red Cross Societies.

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.*

Representatives of the Federation and the IRCS in the fields of health and disaster preparedness attend and/or are responsible for organising regular sectorial meetings in their respective areas in Delhi and in Gujarat. In addition there is regular contact with National Societies and participation in regional conferences.

Outstanding needs

After the partnership meeting in December, the biggest shortfall in funding remains the IRCS capacity building programme, despite strong donor support from the Japanese, Swedish and British Red Cross for the organisational development and disaster preparedness and response project. Achieving more widespread donor support is critical for the long term sustainability of the rehabilitation operation.

The water and sanitation project in Gujarat will be reviewed by an external consultant this month, as requested by the donor PNS. Findings and recommendations from this review will form the basis for defining future direction of this important component of the integrated health programme.

Starting mid-January, the revised plans of actions and budgets are in preparation. These documents will reflect the funding plans as expressed at the December partnership meeting for India. To maintain and expand activities both in Gujarat and countrywide, PNS are requested to make pledges as soon as the revised documents are produced and circulated in late February/early March, when the full appeal document will replace the preliminary appeal of 9 July 2001

For further details please contact: Tatjana Tomic, Phone : 41 22 730 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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India earthquake rehabilitation						ANNEX 1
APPEAL No. 20/2001		PLEDGES RECEIVED			14.02.2002	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						TOTAL COVERAGE
REQUESTED IN APPEAL CHF ----->				10'600'000		197.2%
AUSTRALIAN - RC		14'763	AUD	13'731	06.06.2001	DISASTER RESPONSE
AUSTRALIAN - RC		400'000	AUD	334'720	08.11.2001	WATER & SANITATION, C B HEALTH PROJECT
AUSTRIAN - RC		139'452	EUR	210'782	25.07.2001	PRIVATE HOUSING RECONSTRUCTION, DIRECT
AUSTRIAN - RC		145'000	EUR	219'168	03.07.2001	WATER PROJECT
BRITISH - RC		224'719	GBP	537'078	06.08.2001	HOSPITAL
BRITISH - RC		214'830	GBP	513'444	06.08.2001	DAM/WATER CATCHMENT & VILLAGE WATSAN EDUCATION
BRITISH - RC		50'000	GBP	120'000	22.11.2001	DP/DR PROJECT
CANADIAN - RC		250'000	CAD	262'375	10.12.2001	COMMUNITY BASED HEALTH
TAIWAN - RC		2'305	USD	3'772	19.12.2001	
FINNISH - GOVT		336'376	EUR	496'087	04.12.2001	BHUJ TEMPORARY HOSPITAL
FRENCH - RC				462'000	29.01.2002	
GERMAN - RC				19'296	31.08.2001	
GERMAN - RC				176'500	31.08.2001	
INDIA - PRIVATE		500'000	INR	17'100	20.12.2001	RECEIVED BY DELEGATION
INDIA - PRIVATE		1'000	USD	1'679	14.09.2001	RECEIVED BY DELEGATION
INDIA - PRIVATE		10'425	INR	399	31.12.2001	
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
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
PRIVATES				943	01.11.2001	
PRIVATES				494	23.10.2001	
SINGAPORE - RC				2'416'000	23.01.2002	2 UNITS OF PHC & 46 UNITS OF ANGANWADIS
SOUTH AFRICAN - GOVT		100'000	INR	3'420	12.09.2001	RECEIVED BY DELEGATION
SPANISH - RC		66'110	EUR	97'770	14.01.2002	
SWEDISH GOVT/RC		10'000'000	SEK	1'700'000	30.01.01	REALLOCATION FROM E.A. 04/01, CAPACITY BUILDING
SWEDISH - RC		6'000'000	SEK	932'400	12.11.2001	HEALTH PROGRAMME
SUB/TOTAL RECEIVED IN CASH				20'038'535	CHF	189.0%

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)			88'049		
Sweden	Delegate(s)			111'046		
SUB/TOTAL RECEIVED IN KIND/SERVICES				865'374	CHF	8.2%