

Appeal 2003-2004



International Federation
of Red Cross and Red Crescent Societies

INDIA

Appeal no. 01.54/2003

Click on programme title or figures to go to the text or budget

	2003 (In CHF)	2004 ² (In CHF)
1. Health and Care	2,396,677	2,056,000
2. Disaster Management	9,550,202	935,000
3. Organizational Development	1,120,564	515,000
Total	13,067,442¹	3,506,000

Introduction

This appeal seeks general support for the International Federation's 2003-2004 programming³ in India. The programmes encompassed in the document are developed addressing emerging strategic priorities identified by the Indian Red Cross Society as well as reflecting the ongoing programmes under the three-year Gujarat earthquake recovery and rehabilitation appeal (20/2001) launched on 9 July 2001⁴.

The overall goal of the Federation's 2003-2004 appeal is to support the Indian Red Cross Society (IRCS) to build the capacity in assisting the country's most vulnerable through a better service delivery and advocacy in four core areas (health and care in the community, disaster

India at a glance

- Population: 1,027 billion
 - 422 million living below poverty line
 - around 4 million living with HIV
 - 12 per cent has access to safe water
 - 35 per cent has access to basic health care
- Literacy rate: 65.38 per cent
- GDP per capita: US\$ 2,358
- Life expectancy at birth: 63.3
- Infant mortality rate: 70:1,000
- Maternal mortality rate: 410:100,000 (25 per cent of the world's child birth-related deaths)
- 22 out of 35 states and union territories are highly disaster-prone
- 8 million hectares of land affected by floods every year
- 16 per cent of land is drought prone affecting regularly 50 million people
- 5-6 tropical cyclones formed every year
- 50-60 per cent of land liable to seismic activity

¹ USD 8,945,708 or EUR 8,868,215.

² These are preliminary budget figures for 2004, and are subject to revision.

³ This document seeks general support for the Federation's 2003-2004 assistance programmes in India. The appeal draws on a more detailed plan of action that will guide international support to increase the capacity of Indian Red Cross to improve the lives of vulnerable people. The plan of action, including all activities, indicators, assumptions, budgets, implementation timetable as well as the monitoring and evaluation mechanisms, is available from the contact person detailed at the end of this document.

⁴ The Gujarat Recovery and Rehabilitation Appeal 20/01 will be closed by 31 December 2002 and all existing programmes will be transferred to this 2003-2004 appeal. The final report with the balance sheet covering the period from July 2001-December 2002 will be published by March 2003.

response, disaster preparedness, promotion of the International Red Cross and Red Crescent Movement's fundamental principles) and the three strategic directions of the Federation's Strategy 2010 (well-functioning national societies, responsive and focused programming, and working together effectively).

Context

With a population of more than 1,027 million⁵, India is the second country in the world after China to cross the one billion mark. The population of the country rose by 21.34 per cent between 1991 - 2001. Total literacy rate was returned as 65.38 per cent. The latest Human Development Report⁶ shows that India ranks 124th among 173 nations in the world ahead of its neighboring countries, Pakistan (138th), Bhutan (140th), Nepal (142nd) and Bangladesh (145th). India's Human Development Index (HDI), a statistic compiled on the basis of life expectancy, literacy and GDP, is estimated at 0.577. Even though there was some progress, the index increased from 0.407 in 1975 and 0.571 in 1999, compared to other developing countries which have an average HDI of 0.654, India stands lower. India's GDP per capita is US\$ 2,358. Life expectancy at birth is 63.3 years and adult literacy rate is 57.2 per cent. Other social indicators⁷ show that only 12 per cent of the population has access to safe water while 35 per cent has access to basic health care. The country's infant mortality rate of 70 per 1,000 live births and maternal mortality rate of 410 per 100,000 live births are among the highest in the world.

According to the World Bank's figures, India continues to have the highest concentration of poverty of any country with some 433 million people, over 40 per cent of the total, living on less than one US dollar a day. About 20 per cent of the world's total out-of-school children (ages 6-14) are in India. Malnutrition among the children under the age of four is a serious problem. At the same time, malnutrition and anemia among women are also very common. In India, unlike most countries, more women than men die before the age of 35. Maternal deaths in India account for almost 25 per cent of the world's child birth-related deaths. In addition, communicable, maternal and prenatal conditions account for half of the disease burden in India.



Unique climate conditions make India one of the most disaster prone countries in the world.

HIV/AIDS is a newly emerging threat to India's public health. According to the latest UNAIDS report released in July 2002, India has the second highest number of people with the HIV/AIDS virus in the world, nearly four million people, after South Africa. Ninety per cent of them are unaware of it. The epidemic is spreading among the general population and beyond to groups with high risk behaviours.

Unique climatic conditions make India one of the most disaster-prone countries in the world. The location and geographical features render it vulnerable to a number of natural hazards such as cyclones, drought, floods, earthquakes, fires, landslides and avalanches. Of its 35 states and union territories, 22 are regarded as particularly disaster-prone. Of the annual rainfall, 75 per cent is concentrated over a span of four months of monsoon (June-September) and as a result river floods become the most frequent and often the most devastating event. While the area liable to floods is 40

⁵ India 2001 Census (provisional)

⁶ UNDP Human Development Report 2002

⁷ UNDP Human Development Report 2001

million hectares, the average area affected by floods annually is about eight million hectares. Monsoon floods in 2002 killed more than 780 people and displaced some 24 million in the eastern and north-eastern states. Due to erratic behaviour of a monsoon, drought is a perennial feature in some states: 16 per cent of the country's total area is drought prone and some 50 million people are regularly affected by drought and resulting food shortages. With its long coastline of 8,000 km, about five to six tropical cyclones on an average form in the Bay of Bengal and Arabian Sea every year. The Indian ocean is one of the six major cyclone-prone regions in the world. The eastern coastal Orissa state was affected by a severe cyclone in 1999.

In addition, about 50-60 per cent of the total land mass of India is susceptible to medium to strong seismic activity, with many large cities located in seismic belts. An earthquake measuring 7.9 on the Richter scale which struck Gujarat on 26 January 2001 devastated the area leaving some 20,000 dead and causing approximately USD five billion in damages. The long term needs in health care, shelter and water and sanitation still need to be addressed. The eruption of the raging waves of communal riots in Gujarat in early 2002 which claimed at least 1,000 lives has impeded the pace of the state's recovery from the devastating earthquake.

Country Strategy

With more than 650 branches and over 12 million members and volunteers, the Indian Red Cross Society is one of the largest indigenous organizations in the country. It has a generally positive image as a credible Indian humanitarian organization predominantly linked to its work in relief, health and blood collection and blood donor motivation. The society has experience in major earthquakes and emergency rehabilitation because of a high incidence of disasters, such as the Maharashtra earthquake in 1993, Orissa super cyclone in 1999, Gujarat earthquake in 2001, drought in 2000 and 2001, flood relief operations in 2000, 2001 and 2002, and Gujarat communal riots in 2002.

With many capacity building strategies supported by and coordinated among the International Federation, partner societies and the International Committee of the Red Cross (ICRC) in the past few years, the Indian Red Cross Society has undergone significant changes. As part of the managing change process at the national headquarters (NHQ) level to align with global organizational development priorities, the society is now focusing on a country strategy to reduce suffering of the vulnerable population through enhanced capacity of the society to respond and to prepare the communities for responding to disasters. The strategy, focusing on building stronger and more relevant services to meet the needs of vulnerable communities, provides frameworks for the society's sectoral integration between health, disaster management and organizational development components. This reflects at the same time the need to review the constitutional process of the society and the appropriateness of the Red Cross law.

National Society Priorities

The IRCS launched the first national level participatory strategic planning meeting in June 2000 which concluded with an organizational diagnosis and commitments to reformulate its diverse programme in line with the Strategy 2010. There were continuous efforts to prioritize key capacity building issues aimed at the constitutional review process and strengthening the overall coordination and relation between branches and NHQ. In view of the humanitarian context in the country and its long term plan, the new governance and management of the Indian Red Cross determined its priorities as follows:

- the development of a national strategic development plan and a cooperation agreement strategy (CAS);
- health and care activities including the promotion of public awareness of HIV/AIDS and improvement of the quality of reproductive and child health;

- organizational preparedness and disaster response capacity building at NHQ and branch levels and the development of community based disaster preparedness (CBDP) and response skills including the extension of CBDP/community based first aid (CBFA) programmes;
- the establishment of structured organizational, human and financial resource development at NHQ and state branch levels; and
- advocacy of humanitarian values and fundamental principles of the Movement.

As a result of the size of the organization and the extent of challenges in regards to the size of the country, especially regarding the population and humanitarian issues, the society will require a long time and committed set of resources from the Federation and Red Cross Red Crescent partners.

Red Cross and Red Crescent Priorities

According to the Gujarat earthquake partnership meetings held in March and December 2001, rehabilitation consultative committee meetings in April and August 2002, as well as regional activities, the Red Cross Red Crescent partners in support of the Indian Red Cross Society will focus on:

- health and care activities including HIV awareness and prevention, community based first aid, psychological support, reconstruction of health facilities and community development, in cooperation with the American, British, Canadian, German and Spanish Red Cross Societies;
- branch development in partnership with the American, British, Canadian, German and Spanish Red Cross Societies;
- private housing reconstruction in Gujarat through partnership with the Austrian, Belgian and German Red Cross Societies;
- water and sanitation activities of the American Red Cross;
- disaster preparedness at branch level and in the community, partnership with the American, German and Spanish Red Cross Societies;
- safe blood programmes through the American Red Cross;
- regional knowledge sharing and mutual capacity building support - sister societies in the region; and
- emblem protection and dissemination of international humanitarian law and fundamental principles of the Movement through ICRC.

Priority Programmes for Secretariat Assistance

The Federation's 2003-2004 appeal for India, with the programmes already being implemented by the Indian Red Cross along with the support from the Federation within the Gujarat earthquake rehabilitation appeal No. 20/2001, seeking CHF 28.6 million for the period of three years, is now harmonized with new components addressing emerging strategic priorities identified during the partnership meetings held in 2001 and 2002 and from the Indian Red Cross branch mapping survey and planning exercises conducted during 2002. The programme and activities were developed and refined in cooperation with Indian Red Cross senior staff, participating national societies (PNSs) and representatives of the Federation.

It was agreed that it is important to continue to move from event driven investment to a long-term capacity building strategy harnessing resources to enhance the performance of the NHQ of the Indian Red Cross and key state branches.

The Gujarat earthquake operation demonstrated the importance of an integrated approach in getting successful implementation of any programme. Branch development support, for example, is needed to ensure the sustainability of health or disaster management initiatives and there are close and necessary linkages between health and disaster management components in disaster preparedness and response. The Gujarat 'nursery' will continue to be transplanted to key state branches within an integrated framework and gradually extended, with reduced international support, throughout the structure of the society.

The overall goal of the Federation's programmes in India is to support the Indian Red Cross Society to build the capacity for assisting the country's most vulnerable. In support of the Indian Red Cross, the Secretariat will focus on:

- ***Health and Care:***
 - HIV/AIDS: capacity building of Indian Red Cross to implement HIV/AIDS prevention and advocacy through children, adolescents and in the communities;
 - integrated and community based health: support to the Indian Red Cross and Gujarat authorities in safeguarding the long-term health of the earthquake affected population in Gujarat; and
 - national health: support to the Indian Red Cross capacity building in health preparedness and relief health.
- ***Disaster Management:***
 - strengthening the disaster management capacity of the Indian Red Cross and communities in Gujarat, strengthening national disaster preparedness (DP) capacity and national disaster response mechanisms and reducing vulnerability of communities to disasters with Indian Red Cross sectoral components of health and organizational development (OD).
- ***Humanitarian Values:***
 - promotion of humanitarian values and the Movement's fundamental principles to promote humanity and tolerance in the community.
- ***Organizational Development:***
 - support to the long-term capacity building process in Gujarat and nation wide including organizational, resource, branch, human resources, finance and information development in close collaboration with health and disaster management components;
- ***Programme Coordination:***
 - support to the Indian Red Cross through readily available resources in management, coordination and implementation of programmes.

In addition to the above programmes, the Secretariat aims to have a focused approach in representing the global membership of Indian Red Cross on the international stage in favour of the vulnerable communities in the country.

1. Health and Care W [*<Click here to return to the title page>*](#)

The health and care programme comprises the following activities:

- HIV/AIDS prevention and advocacy;
- integrated and community based health (Gujarat appeal 20/2001); and
- national health (Gujarat appeal 20/2001)
- ***HIV/AIDS prevention and advocacy***

Background and achievements/lessons to date

In India, it is estimated that approximately four million persons are currently infected with HIV⁸. This is the second largest number in the world after South Africa. Given the overall population of India of

⁸ UNAIDS 2002

approximately 1.027 billion, this figure implies a prevalence rate of less than one per cent. This is however not a cause for comfort because the growth rate of the epidemic in India is among the fastest in the world and having 90 per cent of the infected being unaware of it, this makes it even more serious a threat in the country. There are strong indications that the epidemic has moved from urban to rural areas and from high risk behavior groups to the general population by heterosexual transmission. Migration of labor, low literacy levels leading to low awareness, gender disparities, prevalence of sexually transmitted diseases and reproductive tract infections are some of the factors attributed to the spread of HIV/AIDS in India.

The HIV prevalence varies greatly among the different states in India. While the main route of HIV transmission in most parts of India is through unprotected heterosexual intercourse, in the northeastern parts of India, the main transmission mode is through shared needles among injecting drug users, especially in Manipur and Nagaland. Data on blood transfusion as a route of HIV transmission are scarce. In slum areas or among sex workers, the prevalence could be ranging from nine to 25 per cent (unconfirmed data). The epidemic continues to shift towards women and towards young people with an accompanying increase in vertical transmission and pediatric HIV⁹. By the end of 1999, UNAIDS estimated that approximately 160,000 children in India under 15 years were living with HIV/AIDS.

Based on the analysis of 1999 sentinel surveillance data collected from 180 sites, the HIV prevalence in the adult population can be broadly classified into three HIV prevalence groups of states/union territories:

- more than one per cent in ante-natal women (Tamil Nadu, Karnataka, Andhra Pradesh, Manipur and Nagaland);
- more than five per cent among high risk groups and less than one per cent in antenatal women (Gujarat, Goa and Pondicherry);
- less than five per cent among high risk groups and less than one per cent in ante-natal women.

Besides enhancing policy and support to build capacity at the state, district and municipal levels, promoting the behavioral change activities and targeted interventions among risk behaviors and vulnerable groups, increased mobilization of different sectors of the society are essential priority areas. These areas are mainly community-based approaches to prevent new infections, particularly with the high risk groups, the youth, and the people living with HIV/AIDS.

While government policies are responsive to stemming the epidemic, many institutional and community attitudes towards people living with HIV/AIDS and those most at risk of contracting it are characterized by stigma, silence and shame. Bound by traditional educational approaches, strategies such as participatory education, youth-to-youth education and developing decision-making skills, which have elsewhere proven as effective in HIV/AIDS prevention, are rarely practiced. Medical professionals often feel ill-prepared to discuss sensitive issues like HIV/AIDS, sex and drug use.

The epidemic has shifted from groups with high risk behavior to the youth group due to ignorance, unprotected sex and intravenous drug use. Because of social factors, young girls are especially vulnerable. Many young people are at risk of acquiring HIV because they are denied access to HIV education information, health care and means of prevention. Inconvenient hours, cultural taboos, inaccessibility and high cost are factors that can severely curtail young people's ability to use the services available for adults.

The Indian Red Cross has identified HIV/AIDS as an area requiring immediate response from the national society. Over the past years, Indian Red Cross through 64 branches was imparting HIV/AIDS awareness and carrying out various focal HIV activities across the country. In Gujarat, the Indian Red

⁹ National AIDS Control Organization 2002



The baseline survey conducted during 2002 in Gujarat conclusively consolidated the importance of community based health initiatives to raise health awareness in the rural communities.

Cross, supported by the Federation, implemented HIV/AIDS awareness through 250 trained traditional birth attendants and 900 community based Red Cross health volunteers in approximately 970 villages in coordination with the local health authorities during 2002.

According to the 2001 Indian Red Cross branch mapping survey, HIV/AIDS activities in 64 branches need to be analyzed for a common denominator and the Indian Red Cross role as a major stakeholder in HIV/AIDS prevention in India is yet to be clarified and established. At the same time, the need for a comprehensive and coherent long-term HIV/AIDS strategy and action plan of Indian Red Cross was identified. During the 2002 South Asian secretary generals meeting in Pakistan, the Indian Red Cross recognized the

importance of preventive measures starting from educating children and youth.

Overall Goal

The vulnerability to HIV/AIDS of approximately 800,000 Indians - mostly women, children and youths - is reduced.

Project Objective and Expected Results:

Programme objective: The capacity of the Indian Red Cross to implement HIV/AIDS prevention and advocacy related to the dignity of people living with HIV/AIDS is increased through children, adolescents and the communities.

Expected results for this objective are:

- a better understanding of Indian Red Cross HIV activities and capacities in implementing HIV/AIDS prevention, care and advocacy projects;
- an Indian Red Cross HIV/AIDS policy developed through one workshop of state branch secretaries and one managing board meeting in coordination with OD programme, and HIV/AIDS policy disseminated to the branches;
- a five-year strategic plan formulated for HIV/AIDS prevention, care and promotion of dignity for people living with HIV/AIDS and incorporated with Indian Red Cross sectoral components of OD;
- youth peer education to 25,200 adolescents (15-24 years) supported in Tamil Nadu, Rajasthan and Tripura through 42 trained teachers, 8,400 Red Cross Youths, established counseling centre and HIV/AIDS awareness campaigns;
- child peer education to 135,000 school children (9-15 years) supported in Uttar Pradesh, Chhattisgarh and Karnataka through trained Red Cross staff, teachers and junior Red Cross volunteers drawing on lessons learned in the Gujarat child-to-child initiative for health awareness;
- community-based HIV/AIDS prevention supported for 600,000 people in three selected states through 3,000 CBFA trained health volunteers; and
- a community-based HIV/AIDS home care pilot project proposal formulated for one to two high-prevalence states in 2004;

This programme proposal presents the first step towards a large-scale approach to HIV/AIDS prevention and the first step to Indian Red Cross HIV awareness in the community. Full funding and

firm commitment from donors is therefore required to make a good start and a real impact on the vulnerable population through this Red Cross tailored project.

- ***Integrated and Community Based Health project***

Background and achievements/lessons to date

On 26 January 2001, a series of powerful earthquakes peaking at a massive 7.9 on the Richter scale struck western India. The epicentre was in Kutch district of the Gujarat state. The earthquake was the deadliest natural disaster of the year to date, leaving some 20,000 people dead, 166,000 injured and affecting an estimated population of 15.6 million. The total economic loss is put at around CHF 8.25 billion. Social services were also severely impacted, with destruction or damage to over 1,000 health facilities (including anganwadis¹⁰, primary health centres, sub-health centres, dispensaries and hospitals) overwhelming the state's health care system. The district of Kutch was the most severely damaged. Other seriously affected districts include Ahmedabad, Patan, Jamnagar, Rajkot and Surendranagar.

Following the close of emergency operation in Gujarat in June 2002, Indian Red Cross in cooperation with the Federation and coordination with other aid agencies and governmental authorities commenced work on developing the training strategy and materials for field workers of the Red Cross, traditional birth attendants (TBA), child-to-child trainers, anganwadi workers and helpers and Red Cross volunteers. Mechanisms to provide ongoing support to trained Red Cross field workers, TBAs, anganwadi workers and Red Cross volunteers developed gradually.



After seven months of construction, the 204-bed general hospital on the same site as the ECHO funded emergency referral hospital in Bhuj was handed over to the health authority of Gujarat.

During 2002 with a team of highly trained Red Cross community health trainers, around 300 TBA, 330 anganwadi workers and helpers, and 1,200 community-based Red Cross health volunteers were trained in approximately 1,000 villages in Kutch, Rajkot and Jamnagar. Seven hundred students engaged in health awareness activities. In five selected districts in Gujarat a base line survey on knowledge, attitudes and health practices of randomly selected mothers with children under two years of age in villages with anganwadis was conducted in May 2002. The survey

conclusively revealed the health problems and needs faced by the women in the rural areas and consolidated the importance of community based health initiatives to raise their health awareness and knowledge.

Under the constraint of non-existence of the local Red Cross structure in the programme areas in the beginning, the community-based health project was being implemented with a level of direction and involvement from the Indian Red Cross NHQ and the Gujarat state branch in collaboration with the Federation. After more than one year of operations and following the emerging network of community-based Red Cross volunteers, efforts are now focused on the sustainability of the programmes and the development of volunteer management systems through various initiatives to

¹⁰Community-based, government-run integrated child development scheme (village kindergartens)

incorporate existing community-based health project with organizational development and disaster preparedness components and to the structure of the local branches and authorities.

At the same time, the Indian Red Cross and the Federation took into account the immediate needs of the affected population for the reconstruction of suitable facilities to house medical care, as well as recognizing the potential of these facilities have for increasing the Indian Red Cross visibility and providing a base for developing the community health project's activities.

The Indian Red Cross and the Federation, as part of the integrated health programme, constructed a temporary prefabricated hospital on the same site as the field hospital in Bhuj, which remains the town's only public hospital. After a seven-month construction period, the 204-bed hospital was handed over in April to the health authorities of the state together with the equipment donated from the European Commission Humanitarian Aid Office (ECHO) funded emergency referral hospital.

A list of sites for the reconstruction of other health facilities was confirmed in January 2002 with the support of the Red Cross community-based health workers and taking into consideration donor interest and feedback from the state government. A Delhi-based project management firm was contracted to oversee the project while the Indian Red Cross/Federation construction team are responsible for reviewing sites, consulting on designs and other technical matters to ensure full compliance with the Federation's procedures.

The reconstruction project was delayed a few months due to the initial complexity in obtaining government approvals, the six-month communal violence across Gujarat since February, the heightened cross border tension during June, aggravated by the contractual issue over the disqualified contractor for Kutch anganwadi sites and the monsoon rains. The project gathered momentum and was at full stretch with improved security in the programme areas since August and the tendering and quality assurance measures were fine tuned. During 2002, 30 anganwadis and five sub-health centres were reconstructed while the design, prequalifications and tendering process completed for the remaining facilities. In addition, the Federation has also cooperated with and provided technical advice to the bilateral PNSs working on construction projects.

Meanwhile at the NHQ, the Indian Red Cross faces a major challenge in developing a comprehensive national health policy for India encompassing and addressing the broad range of interests and existing needs of more than 650 branches. At any given time, one branch serving a traditional rural community may be facing health problems brought on by drought or severe cold while simultaneously a sister branch in an urban setting is coping with water borne illnesses caused by extensive flooding. The IRCS extensive network of branches is an opportunity to form linkages in a country comprised of diverse traditions, languages and belief systems.

As a result, a national health project, originally envisioned as part of the Gujarat earthquake integrated health programme, was extended seeking to combine experiences and models from the rehabilitation phase of the Gujarat earthquake operation. Taking into consideration the highly decentralized structure of the Indian Red Cross and its previous experience in health programmes, the project was subsequently developed based on an in-depth survey of the national society's health activities, human resource's capacity and disaster response capacity. It was then refined according to the specific health needs in the diverse states of the country.

Extending from the integrated health programme under the Gujarat earthquake recovery and rehabilitation appeal, the reconstruction of health facilities in Gujarat is nearly fully funded while more funding is urged for the integrated health project and the nationwide health project.

Overall Goal

The health vulnerability of the population, mostly women and children in rural communities, in Gujarat and nationwide is reduced.

Programme Objective:

The long-term health of some 1,500,000 people living in 1,500 villages of Kutch, Surendranagar, Banaskantha, Rajkot and Jamnagar districts is safeguarded and the capacity in public health of the Indian Red Cross Gujarat state, district and local branches and the local health system is increased.

Expected Results:

- health awareness enhanced in increased number of communities in rural areas through 400 Red Cross volunteers trained in community-based health and continuously supported by 30 Red Cross field health workers in Kutch, Jamnagar, Surendranagar and Rajkot;
- reproductive and child health of the population at the grass root level improved as a result of trained anganwadi workers and helpers and 750 trained TBA in Kutch, Jamnagar, Surendranagar and Rajkot, in collaboration with and eventually sustained by the local health authorities;
- close coordination maintained and knowledge shared with the PNS community based bilateral health projects in Gujarat; and
- 113 permanent health care facilities including primary health care centres, sub-health centres, anganwadis and dispensaries are rehabilitated in the talukas of Kutch, Banaskantha, Surendranagar and Rajkot.
- **National Community Based Health**

Programme Objective:

The capacity of the IRCS to plan, implement and manage quality health programmes and emergency health responses and to support the vulnerable communities in responding to various disasters is strengthened.

Expected Results:

- a national health review conducted to assess the society's countrywide capacity for health disaster response and health related disaster preparedness and current HIV awareness activities by the Indian Red Cross, the government and NGOs;
- a health database containing health related information such as health structures of Indian Red Cross, government and NGOs, society's health programmes over the past ten years, disease and disaster patterns created, promoted and regularly maintained;
- Indian Red Cross core health policy developed and implemented;
- health coordination between the Indian Red Cross NHQ and the state branches developed;
- Indian Red Cross to develop national and international collaboration and coordination on public health in emergency situations;
- health training manuals of the Indian Red Cross are developed and published;
- nationwide emergency health and DP/health programmes of the Indian Red Cross are developed, implemented and extended from Gujarat to other states;
- 4,500 community-based health volunteers of the Red Cross in six states are using the CBFA training curriculum developed from the Gujarat community based health project; and
- 300 TBA trained in Uttar Pradesh.

With the funding transferred from the Gujarat earthquake recovery and rehabilitation three-year appeal, the community-based health project in Gujarat and nation wide is currently only 63 per cent funded for the year 2003, with no funding for 2004. To ensure the continuation of this highly important and relevant component of the overall Red Cross activities in India, more funding is needed as a matter of priority.

2. Disaster Management w

[*<Click here to return to the title page>*](#)

Background and achievements/lessons to date

The Indian Red Cross has the essential governance and physical structures for a nationwide disaster management programme but a decade of under investment has left the Indian Red Cross critically unprepared for the frequent and severe national disasters increasingly affecting India. In 2000, the Indian Red Cross identified disaster preparedness as a priority area for the society and a plan for investment in nation wide disaster preparedness was developed. Although the Federation's 2000-2001 appeal was under funded, the Gujarat earthquake gave the opportunity for a new impetus for disaster preparedness. A three to five year disaster preparedness and response programme was developed and after 18 months significant achievements were made. Moreover, in early 2001, the British Department for International Development (DFID) agreed to fund a pilot disaster reduction project for flood preparedness and response in Assam as part of a wider South Asia and East Africa programme through the Federation to be completed at the end of 2002. At the December 2001 partnership meeting, the Indian Red Cross identified three disaster preparedness priorities: national level organizational strengthening for disaster preparedness, preparedness for response and community-based disaster preparedness (CBDP). Importantly at the same meeting, a vision of the 'Gujarat Nursery' - a fully integrated approach where the health, disaster preparedness and organizational development components would be developed closely together and thereafter implemented in other states, was put forward. This vision is being realized in Gujarat and other states.

In the last two years, there were major steps taken by the government of India to improve its disaster management mechanisms and Indian Red Cross is recognized for disaster preparedness and response by the government of India. This recognition was clearly indicated by the prime minister's office choosing and funding the Indian Red Cross to deliver the relief to the victims in the Gujarat communal violence. The flood relief operations of 2001 and 2002 significantly improved the image of the Indian Red Cross as the leading disaster response organization in the country.

At the same time, a disaster management department at the Indian Red Cross NHQ was formed consolidating the relief section and disaster preparedness staff. The team participated in disaster management induction training and a few in specialized international courses. A disaster management centre (DMC), previously a warehouse in the Indian Red Cross NHQ compound, was renovated, retro-fitted against earthquakes and equipped to prepare the Indian Red Cross to take up the leading role in coordinating disaster management initiatives among the key agencies. A review of disaster preparedness capacities of state branches based upon the Indian Red Cross branch mapping exercise, an evaluation of the organization's preparedness using the 'Well prepared national society' questionnaire and a SWOT (strengths, weaknesses, opportunities and threats) analysis was completed.

In addition, close cooperation with the American, German and Spanish Red Cross Societies was maintained through the DP sectoral and emergency preparedness task force meetings. Networks were established with the SPHERE pilot agencies, the Government of India, NGO, disaster preparedness and response committees and the UN disaster management team.

An experimental mobile disaster unit (MDU) was trialed and procurement initiated for three units and needs assessment kits. Procurement, warehousing and logistics mechanisms are gradually in place and

manuals were developed. A substantial operation to relocate from Bhuj to Delhi fourteen truckloads of emergency equipment donated to the Indian Red Cross after the earthquake was relocated from Bhuj to Delhi. Old DP stock was condemned and replacements purchased for 5,000 families. Renovation of warehouses and income generating measures were initiated for two of six warehouses of the Indian Red Cross.

Standard curriculum for disaster management and CBDP training was developed with other national societies in South Asia. Three training courses for logistics management, disaster assessment and response and disaster management were convened in Delhi, five CBDP courses in Assam and two DP training courses for society's health workers and branch staff in Gujarat. Indian Red Cross actively participated in needs assessments for the floods in Assam and Bihar and the preparedness measures (DP stocks for 10,000 families, renovated warehouses, raised wells, trained volunteers and flood platform) from the Assam disaster reduction project showed their value.

Building on the humanitarian context and lessons learned, the 2003-2004 disaster management programme will focus on the priorities of the Indian Red Cross:

- strengthening disaster management capacity of the Indian Red Cross and communities in Gujarat;
- strengthening the national DP capacity and the national disaster response mechanisms; and
- reducing vulnerability of communities to disasters.

The programme will engage all state branches of the Indian Red Cross with the OD and health components on policy development, involve the eight disaster prone state branches in better practice and focus inputs to four priority branches. In addition, the community based disaster preparedness project will be extended to communities in four districts in Gujarat and five each in Assam and Bihar. It is important to mention the challenges the national society's disaster management department and disaster prone state branches will continue to face during the course of implementing the programme such as maintaining a high level of disaster preparedness activity while responding to outbreak of disasters, ensuring good internal and external cooperation and generating resources to maintain the facilities and to sustain disaster management initiatives. A review of the programme progress will be conducted in early 2003.

With the funding transferred from the Gujarat earthquake recovery and rehabilitation three-year appeal, the disaster management programme is currently 69 per cent covered enabling the programme to extend to 2004 (with 81 per cent funding for 2003), and beyond if additional funds can be secured for warehouse renovation and DP stocks.

Overall Goal

The Indian Red Cross society has become the leading disaster management agency in India.

Programme Objective:

The capacity of the IRCS in disaster preparedness and disaster response is strengthened at NHQ and selected branches and the vulnerability of communities in key disaster prone areas is reduced.

Expected Results:

- the disaster management plan, warehouses and trained staff of the Gujarat state branch are put in place and the coping mechanisms of the communities in four disaster prone districts in Gujarat are strengthened through 1,700 trained volunteers supported by the Indian Red Cross sectoral initiatives of health and OD components;
- the DP policy and plan of the Indian Red Cross is developed in line with SPHERE and other accepted policies and standards and disseminated to the branches;

- the functional and sustainable disaster management systems in place linking the NHQ disaster management centre with key governmental authorities, local and international NGOs, and with eight state branches and six zonal warehouses;
- the functional knowledge management unit in the DMC and a national training team is established harnessing learning and promoting a better practice in collaboration with the DP sectoral group and South Asia national societies training materials working group;
- the disaster preparedness capacity of the Indian Red Cross at the national and state branch levels is reviewed according to the well prepared national society's questionnaire, eight disaster prone state branches engaged on DP policy and best practice, and DP capacity building of four state branches enhanced by joint DP/OD initiative;
- the national disaster response capacity of the Indian Red Cross is strengthened as a result of reinforced national society's emergency fund and volunteer mobilization, highly trained and easily mobilized disaster response team, and three prepositioned MDUs;
- Delhi and other warehouses are renovated and further measures for warehouse sustainability achieved through replenished stock, catalogued relief items and highly trained Indian Red Cross regional and state warehouse staff; and
- the impact of disasters in four flood districts of Assam and Bihar are reduced because of the three constructed flood platforms and raised tube wells, and community training.

3. Organizational Development W [<Click here to return to the title page>](#)

Background and achievements/lessons to date

In the future, the Indian Red Cross and the population of India will face difficult humanitarian challenges. Over the past 30 years the Indian Red Cross carried out a wide range of health and relief operations. Dealing with these challenges requires a well functioning organization with adequate resources and programmes. Following a first national level participatory strategic planning meeting in June 2000 which concluded with an organizational diagnosis and commitments to reformulate its diverse programme in line with the Strategy 2010, the new leadership of Indian Red Cross initiated during 2000 some of the current development activities in the society.



The Indian Red Cross's growing capacity to mobilize volunteers was well demonstrated on 14 September 2002, international First Aid Day during which 700 Red Cross volunteers participated in the promotion campaign in the capital.

After the Gujarat earthquake, more needs were identified, activities designed and the present organizational development programme took shape. One difficulty Indian Red Cross deals with is to move from event driven investments to a long-term capacity building strategy that can facilitate the enhancement of the performance of the national headquarters and key state branches. The response to the Gujarat earthquake was an opportunity to intensify the development of the organization to a well functioning national society.

The investment in the society's organizational development is an integrated part of the Gujarat earthquake rehabilitation operation. The programme envisages addressing the needs of the Gujarat state and district branches as well as the organizational development needs of the society in general to ensure effective implementation of existing and future programmes.

Gujarat is seen as a 'nursery', a controlled and protected environment where good practice is learned and developed. The Gujarat earthquake operation demonstrated that it is critical to have an integrated

approach to get successful implementation of any programmes. For example, branch development support will be needed to ensure that health or disaster management projects can continue to progress to their maximum potential. The key states will be identified together with health and disaster management components.

The society changed significantly as a result of the previous and ongoing organizational development initiatives. The structures and systems are improving with the aim to increase accountability and transparency at NHQ and branch levels. This initiative will be further reinforced when several policies and strategies, such as the branch development strategy and the resource development strategy, are in place. A number of training courses were organized on basics about the Red Cross (induction), fund-raising, planning and budgeting process. A comprehensive branch mapping exercise was conducted creating a knowledge base of all programmes undertaken at branch levels of the society. The exercise generated baseline data on the branches and provided relevant indicators for the branches set against the Federation's 'Characteristics of a well-functioning national society'. The analysis identified the key challenges being faced by the national headquarters, state and district branches.

The key challenges are to:

- update and establish policies, rules and procedures;
- develop the financial capacity;
- mobilize and manage volunteers;
- increase the support to the branches; and
- strengthen the branch structure.

Following the findings of the survey, the society initiated a planning exercise at the national level which enables it to begin to focus on the Federation's core programme areas of disaster preparedness, disaster response, health and care in the community, and organizational development.

The programme goal, objectives and activities are refined on the basis of the specific needs identified for capacity building after the Gujarat earthquake, findings of the branch mapping exercise as well as priorities and needs identified during the national society's own strategic planning exercise. The programme will facilitate further the organizational, resource, finance, information, human resources and branch development of the society.

The budget of the programme, depriving from the Gujarat earthquake recovery and rehabilitation appeal, is currently 96 per cent covered. It is important to mention that given the size of the society and wide scope of modernization, the process will require a continuous and committed set of resources from the Federation and Red Cross Red Crescent partners from 2004 and onwards. The cooperation agreement strategy that will be developed and established during 2003 will address the need for commitment to long-term capacity building activities.

Overall Goal

The Indian Red Cross has become a leading humanitarian agency in India when mobilizing, organizing and managing local resources in order to improve the situation of the vulnerable.

Programme Objective:

The Indian Red Cross structure, systems and resources are established and enhanced in order to increase the capacity of the national headquarters and selected branches to deliver effective volunteer based programmes in the community.

Expected Results:

- a branch development plan for the Gujarat state branch integrating the overall need of the district branches developed and implemented to increase the capacity of the branch;
- a national branch development policy and strategy developed and the capacity of the national headquarters to provide development support to the branches is strengthened;
- a resource development policy and strategy established increasing the accountability, integrating financial, material as well as member and volunteer development, mobilization and maintenance components with main focus on the development and implementation of a community-based volunteer programme management system including a relief and emergency volunteer concept to meet the needs of disaster management, health and other programmes;
- the constitution, organizational structure, rules, policies and procedures reviewed, amended and established in accordance to the needs of the organization and in coherence with the policies of the Red Cross Red Crescent Movement;
- a human resource development system and phased training programme for governance, volunteers and staff developed and established, and the Indian Red Cross central training facility in Delhi functionalized and a plan for sustainability developed and implemented;
- the capacity for financial planning, management and reporting upgraded at the national headquarters and a financial development project for the state branches designed and initiated;
- a communications policy and strategy developed, implementation initiated and the information capacity of selected state branches increased; and
- a long-term national society strategic plan developed and the cooperation agreement strategy established during 2000 updated.

4. Humanitarian Values W [*<Click here to return to the title page>*](#)

Background and achievements/lessons to date

Given the political and social context of the country, the Indian Red Cross has for the past years implemented successfully the promotion of humanitarian values as an integral part of key programmes with the support of the Federation and the ICRC. The role of the IRCS as an auxiliary to the government and to champion individual and community values of respecting human beings and working together towards building harmonious communities earned the society increasing respect and recognition by the government and the communities. The IRCS is in a unique position to adhere to the fundamental principles with its extensive network of branches and volunteers in the communities to respond to humanitarian needs.

The eruption of a six-month raging communal violence in Gujarat early in 2002, killing 1,000 people and leaving 100,000 people homeless, has demonstrated the national society's unique position to cater to the immediate needs of the victims with ethnic differences in extremely stressful circumstances, implementing the fundamental principles of impartiality and neutrality. The society was tasked by the government accordingly to continue the relief operation in addition to the support of the disaster relief emergency (DREF) funds released by the Federation. Hundreds of volunteers, drawn from within the camps, were trained by the community based field health workers under the earthquake recovery project on topics of the Movement's fundamental principles, general hygiene and sanitation, and distribution methodology. The volunteers were able to move freely within the camps and interacted with their fellow victims 'under the banner of the Red Cross'. Benefiting from the experience gained in the post-earthquake recovery programmes, the society has shown enhanced capacity in mobilizing volunteers, community participation and programme coordination both at the national and branch levels. The opportunity provided the potential of expanding of trained volunteers in these camps a link to future branch development efforts. At the same time, the wide media attention on the relief operation resulted in an enhancement of the public image of the IRCS .

The three-year Gujarat earthquake recovery and rehabilitation operation provided opportunities for the society to promote humanitarian values and the Movement's fundamental principles. In cooperation with the Federation, all the community-based programmes and activities were designed to entail these two components, such as in the training of the society's community-based health workers, village volunteers and traditional birth attendants (TBAs). In addition to mobilizing communities to solve community problems, reducing discrimination against people living with HIV/AIDS was also an integral part of all the health activities in this quake-stricken state and will be extended gradually to other states.

Recognizing one of the key reasons for the spread of HIV/AIDS being the stigma attached to it, the society has identified the promotion of HIV/AIDS awareness as one of the core activities. With six million junior RC and four million Red Cross youths across the country and the important role of youths in HIV/AIDS awareness and prevention, the society has organized a number of national and inter-state youth camps in different states with HIV/AIDS components during 2002. A nationwide cartoon strip competition was organized in December 2001 on 'The Red Cross against discrimination of people living with HIV/AIDS'. Over 2,000 junior Red Cross and Red Cross Youths across the country participated.

During 2002, a number of Red Cross induction courses were held in Gujarat and Delhi with the support of the Federation and ICRC for society's members, staff and volunteers. A basic Red Cross training material, aiming to promote the Movement and the fundamental principles in various training activities, was developed and being printed in English, Hindi and Gujarati.

The society's advocacy efforts over the past two years including media campaigns, press conferences and releases received wide national and local media coverage about the Gujarat earthquake operation and anniversary commemoration, a national campaign particularly against misuse of the Red Cross emblem on the World Red Cross Day, flood relief operations and the first aid on 14 September 2002. A new website was launched in February 2002 to enhance the society's profile to wider audiences. In addition, supported by the ICRC, the Indian Red Cross began publishing a quarterly newsletter in March 2002 to better disseminate knowledge of the Red Cross and to promote humanitarian values within and outside the society. A number of states developed their own newsletters. The Federation's web page is regularly used to publish articles in support of the vulnerable groups in the country and to promote the profile of IRCS.

This programme draws on major communication needs of the IRCS and seeks to complement the advocacy of the HIV/AIDS project and the ICRC's dissemination work with the Indian Red Cross. The programme at the community level will be accompanied by strategic advocacy against stigmatization at the international level and complemented by the development of a communications strategy with IRCS.

Overall Goal

Discrimination and violence in the community is reduced.

Programme Objective

The capacity of Indian Red Cross to deliver its humanitarian message both within and outside the society, and to advocate tolerance and coexistence in the communities is increased.

Expected Results

There is greater understanding of the humanitarian values and the Movement's fundamental principles within and outside the Indian Red Cross;

- The profile and image of the Indian Red Cross is increased as a countrywide humanitarian organization.

5. Federation Coordination W

Background and achievements/lessons to date

Prior to the Gujarat earthquake, the only Federation support in India for the Indian Red Cross, apart from the South Asia Regional Delegation (SARD), was the presence of relief delegates covering the 1999 and 2000 floods in India. Given the magnitude of the disaster and time needed for response and rehabilitation, programme management and coordination as well as the development of a strong delegation in India by the Federation has become critical. An India operations centre (IOC) was subsequently established in April 2001 to facilitate the development of a strong working relationship with the Indian Red Cross and to ensure the successful realization of the earthquake's recovery projects.

Since then, a team of Federation delegates and national staff were supporting the implementation of the Gujarat earthquake recovery and rehabilitation programmes, working in conjunction with the Federation's managerial and technical teams in SARD and maintaining regular interaction with the ICRC office in Delhi. As recovery and rehabilitation programmes of PNSs are developing on the basis of traditional and non-traditional relationships between the Indian Red Cross, PNS and the Federation, the Federation IOC is playing a role as an 'architect of cooperation' to make sure that information on all of the activities is conveyed in a coherent manner, keeping everyone involved and up to date on the latest activities. The IOC was working closely with the Indian Red Cross, operation desk in Geneva and PNS to develop memoranda of understandings (MoU) and cooperation agreements, and with the operation's reshaping process to reach the balanced budget for the three year post-earthquake rehabilitation.

As the launch of the earthquake rehabilitation appeal (20/2001) in July 2001 gradually incorporated a significant proportion of Federation 'annual appeal' activities into an operation with a planned three-year time frame, the necessity to designate India projects in the Federation's annual appeal for 2002 was therefore precluded. Transition of responsibilities for existing programmes from the Federation's SARD in India to IOC took place during 2001.

Following the partnership meetings in December 2001, significant savings and reductions of budgets were achieved through cuts and reallocations of resources. The complement of the Federation's delegation is being downsized mainly through combined duties or replacement by locally recruited staff, except in cases where replacement by expatriates is considered critical to ongoing programme and service delivery.

A rehabilitation consultative committee (RCC) was established subsequently to the partnership meeting in December 2001. Two RCC meetings, hosted by the Indian Red Cross, were held in Delhi in April and August 2002 with the participation of representatives from the American, British, German, Japanese, Finnish, Netherlands and Spanish Red Cross Societies, the Austrian, Belgium and German Red Cross private housing 'consortium' and officials from the Indian Red Cross and the Federation. A paper outlining the focus and role of RCC was adopted. In addition, progress to date on all the operation's programmes and projects was reviewed during the meetings with particular reference to balance activities against finance and resource mobilization. The meetings have generated in-depth discussions on a variety of issues and developed valuable inputs for reshaping and evaluating the three-year earthquake rehabilitation operation. The RCC will meet three times annually.

During the past one-year operation, a good relationship was established and maintained between the Federation and the national society's management and governance bodies. In addition to the strategic location of IOC inside the society's NHQ compound, the regular communication between the senior

officials and programme counterparts of Indian Red Cross and the Federation, such as the capacity building coordination group meeting, has attributed to close collaboration between the two parties. In September 2002, an ordination facilitated by the Federation was successfully conducted for the newly elected Indian Red Cross managing body (governance). This was a step to generate better understanding between the Indian Red Cross and the Federation towards the development of a cooperation agreement strategy in near future.

In commemoration of the earthquake's anniversary, a media campaign including press conferences and publications was developed in cooperation with the Indian Red Cross and SARD. News stories were posted on the Federation's web site to promote the earthquake recovery efforts of the Red Cross Red Crescent Movement as well as the humanitarian activities of the Indian Red Cross. In addition, monthly operational updates and specific reports are prepared and operational information is disseminated regularly to the field delegates of the Federation and PNSs. The Federation developed and disseminated security instructions for all delegates in India and coordinated efforts in issuing regular security updates and advices during the communal riots and heightened period of cross-border tensions; these were greatly appreciated by the in-country PNS delegations. At the same time, the IOC was constantly providing advice and technical support to the Indian Red Cross in preparation for timely interventions throughout the monsoon season.

Overall Goal

Support to the Indian Red Cross is provided through readily available resources to ensure the successful implementation of relief operations.

Programme Objective:

Stable and reliable support services are provided to Gujarat rehabilitation and recovery programmes as well as to the countrywide components.

Expected Results:

- duplication of activities and locations are minimized by supporting the Indian Red Cross with negotiations and coordination of Gujarat programme activities with all major parties;
- regular information and security support are provided to Red Cross Red Crescent partners operating in India;
- donor confidence in the Federation's coordination role is reinforced by providing timely and informative reports on Federation's activities and the use of donor's funds in India as well as support to the Indian Red Cross in hosting review or consultative activities to channel communications with the PNS;
- an effective financial management service is provided in support of the existing programmes, and the facilitation of additional programmes within India as the need arises; and
- a strong working relationship with the society's governance and management is maintained.

Currently, the Federation's coordination budget, inheriting from the Gujarat appeal, is 59 per cent funded. In order to maintain a high quality of cooperation, coordination, programme and technical support to the Indian Red Cross, Red Cross Red Crescent partners and donors, further donor support is needed.

6. International Representation W

Background and achievements/lessons to date

Over the past decades, the Federation played a significant role in representing the global membership of the Indian Red Cross on the international stage. Particularly after the establishment of SARD in 1998 in India, the Federation launching international appeals, mobilized rapid international response,

both from the Red Cross Red Crescent societies and from international donors, for the victims of floods, cyclones, earthquakes and communal riots in India. The creation of the IOC following the Gujarat earthquake significantly enhanced the Federation's effectiveness and efficiency in international representation of its membership as reflected in:

- active participation in various inter-agency coordination mechanisms, conferences and seminars;
- close coordination and partnership with INGOs and UN agencies; and
- structured dialogue with governmental authorities.

The Federation advocacy efforts during the emergency phase of the earthquake operation were particularly attributed to the current fundamental change in the government policy in favour of the affected population and recognition of the Federation as one of the leading aid agencies among other international and local NGOs. The appeal 2003-2004 aims to have a more focused approach to pursue advocacy for the vulnerable communities on the international stage.

Overall Goal

The Federation and its policies are well advocated in the international arena.

Programme Objective:

The Federation's role in providing support in the areas of communication, advocacy and external representation and donor support is maximized.

Expected Results:

- Structured dialogue between the government and the Indian Red Cross established and government support explored to enable the society to play its role;
- the Indian Red Cross' coordination and links established with key national, regional and international organizations, funds and programmes;
- cooperation opportunities between the Red Cross Red Crescent societies and regional delegation explored and facilitated;
- effective partnerships and alliances formed between the Indian Red Cross and the Federation to respond to the needs of the most vulnerable, promote their interests at the national, regional and international levels, and mobilize support for the programme activities within the core areas of the Federation Strategy 2010.

For detailed programme descriptions, please contact:

- *Dr. Vimala Ramalingam, Secretary General, Indian Red Cross society; Phone: 91 112 371 64 24; Fax: 91 211 371 7454; e-mail: vimalaramalingam@indianredcross.org*
- *Azmat Ulla, Head of Delegation, Federation India Operations Centre; Phone: 91 112 332 42 06; Fax: 91 112 332 4235; e-mail: ifrcin65@ifrc.org*
- *Tatjana Tomic, India desk, Federation Secretariat; Phone: 41 22 730 4320; Fax: 41 22 733 0395; email: tosic@ifrc.org*

In line with the Minimum Reporting Standards, two programme updates each consisting of a narrative and a contribution list on this appeal will be issued before 30 June and 31 December 2003 respectively. An annual report will be issued to the donors by 31 May 2004 with a narrative and an audited financial report.

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

<Budget below - [Click here to return to the title page](#)>

BUDGET 2003

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.54/2003

Name: India

PROGRAMME:

	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	433,344	0	0	0	433,344
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	114,430	0	0	0	0	114,430
Teaching materials	0	94,500	0	0	0	0	94,500
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	350,000	0	0	0	350,000
SUPPLIES	0	208,930	783,344	0	0	0	992,274
Land & Buildings	0	0	5,610,348	0	0	0	5,610,348
Vehicles	0	0	0	0	0	0	0
Computers & telecom	13,060	17,390	215,395	0	0	0	245,845
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	25,000	0	0	0	25,000
CAPITAL EXPENSES	13,060	17,390	5,850,743	0	0	0	5,881,193
Warehouse & Distribution	0	0	29,000	0	0	0	29,000
Transport & Vehicules	5,484	77,086	95,850	0	0	0	178,420
TRANSPORT & STORAGE	5,484	77,086	124,850	0	0	0	207,420
Programme Support	72,837	155,784	620,763	0	0	0	849,383
PROGRAMME SUPPORT	72,837	155,784	620,763	0	0	0	849,383
Personnel-delegates	182,400	375,600	688,500	0	0	0	1,246,500
Personnel-national staff	238,672	339,890	458,483	0	0	0	1,037,045
Consultants	0	37,860	236,601	0	0	0	274,461
PERSONNEL	421,072	753,350	1,383,584	0	0	0	2,558,006
W/shops & Training	372,965	888,358	231,238	0	0	0	1,492,561
WORKSHOPS & TRAINING	372,965	888,358	231,238	0	0	0	1,492,561
Travel & related expenses	51,546	103,699	195,230	0	0	0	350,475
Information	105,420	42,654	6,150	0	0	0	154,224
Other General costs	78,180	149,426	354,300	0	0	0	581,906
GENERAL EXPENSES	235,146	295,779	555,680	0	0	0	1,086,605
TOTAL BUDGET:	1,120,564	2,396,677	9,550,202	0	0	0	13,067,442