



The DMI team with riot affected victims in slums of Ahmedabad developing the strategy for recovery.

to the immediate relief operation was the establishment of coordination with the Gujarat Red Cross, WFP, Sadvichar Parivar, ASAG and SEWA. This structure provided both human resource and material support.

As a measure of relief preparedness, BPP mobilised activities to facilitate informed decision making by potential relief providers in Gujarat. It compiled and circulated main lessons from past riot relief efforts in the city of Ahmedabad. A 1000 copies of its Special Issue of Afat Nivaran on riots covering guidelines for relief entitlement and allocation, nutrition needs for the children in the camps,

livelihood option for the women in the camps, updates on the changing official relief package and other camp details were distributed. Ongoing information inputs on the Government of Gujarat's relief measures were provided to the community throughout the intervention, with the help of posters and brochures.

The demand from the field suggested a 'direct action-work with people' role for DMI, beyond capacity building of relief providers, to actual rehabilitation of the affected through strategic relief inputs. Community support and field team initiatives were crucial in planning and implementing this challenging initiative.

In addition to initial food and water inputs for the riot relief camps, the BPP concentrated on the approach of owner-driven livelihood and shelter reconstruction activities. It has been the largest and longest riot related intervention in the city of Ahmedabad. It provided livelihood support to a total of 722 beneficiaries in urban and rural areas of Ahmedabad, Sabarkantha, Patan and Banaskantha districts. Shelter support was provided to 5440 households in various riot-affected areas in Gujarat. Other activities in relation to riots included a campaign for the distribution and use of vitamin fortified India Mix in 7 relief camps and 9 non-camp situations. Need and damage assessment to highlight protection issues for children in both camp (40%) and non-camp (60%) conditions. The assessment generated a database of 1,064 riot affected children, with immediate needs for trauma support, missing parents and education. A refugee health specialist from "Medicines Sans Frontiers" visited to assess health conditions in the camp and formulate recommendations to improve the camp management. Resurvey of Riot Compensation, with District Collector's Office was conducted. BPP

linked 250 riot-affected children in need of educational support with the Nargis Dutt Foundation, a leading Mumbai-based charitable unit. A database of the technical skill upgradation needs of 120 adolescent youth was created after surveying 200 riot-affected in-camp and non-camp families in Ahmedabad.

A benchmarking study on the impact of riots on livelihoods of camp and non-camp victims and a rapid monitoring of food relief was conducted for effective targeting. These community assessments were also crucial in developing BPP's perspective on peace and protection.

The highlights of the riot recovery work were its strategic and needs-based approach to programme development and its integrated approach to community recovery. It worked towards increasing transparency of the relief and rehabilitation process and improving the affected communities access to government relief and rehabilitation schemes. "Building peace takes time, and cannot be done with malice towards anyone," was the lesson that Girijaben Makwana voiced to the DMI team.

#### **Action Planning:**

As a follow up to its activities, BPP will conduct relief impact assessment and beneficiary tracking to develop a long-term rehabilitation programme for riot-affected communities in Ahmedabad. Secondary infusion of relief will be planned, based on assessment findings.

Other planned activities include building of the capacity of victim communities through training in the areas of Emergency Medical Response, AIDS Mitigation and Urban Food Security. These Activities will particularly focus on children and youth through interventions like (1) technical and vocational education; (2) supplementary educational inputs; and (3) multi-community educational projects. Such interventions would help children recover from riot losses and restore initiatives for communal harmony. Resources for these activities are being mobilised.

#### **H. Emergency Food Security Network (EFSN):**

EFSN was set up in 2002, as a stakeholder network of local and global agencies that have a vast experience in the field of humanitarian response related to food security in India. Its current members are World Food Programme (UNWFP), Disaster Mitigation Institute (DMI), Self Employed Women's Association (SEWA), M.S. Swaminathan Research Foundation (MSSRF), and the Department of Rural Development (Government of Gujarat). Other members are being invited.

#### **Output and Learning Areas:**

This year its activities were focused on conducting evaluations of food aid (WFP's Emergency Operation in response to the 2001 Earthquake); Local courses on Multi-Hazard Capacity Building for Emergency Food Security; rapid and long term food security assessment (2002 Riot Victims of Ahmedabad, slum dwellers of Bhuj affected by the 2001 earthquake, 2002 Baran starvation deaths in Rajasthan); Documentation



Pedro Medrano, WFP and Dr. Subba Rao, Government of Gujarat at EFSN Consultation reviewed the role of food assistance schemes and community grain banks for food security in Gujarat.

activities EFSN learnt the importance of distinguishing food aid from food security. It however acknowledged the inextricable link between food insecurity during disaster and development. The collective role of different players in ensuring food security, including governments, NGOs and communities brought to light the importance of EFSN as an effective platform.

#### Action Planning:

Based on its learning activities, during the coming year EFSN plans to strengthen its institutional capacity with the support of its member organisation. It will also inform and initiate collective dialogue and action on issues related to food security at local, national and international levels. Consultations with active participation of communities and field practitioners are planned at the local, state and national level, especially on Food and Nutritional security related to droughts. Studies to inform field and policy level actions for urban food security and converting first-hand experiences into policy guidelines will also be undertaken. Building urban community capacity in handling food security issues through local trainings is also planned.

#### I. Emergency Health Unit (EHU):

The Emergency Health Unit was set up in August 2002. It evolved from DMI's experiences in medical relief during malaria epidemics in north Gujarat, documentation of the 1995 plague epidemic in Surat, review of health issues among the victims of 2001 earthquake in Bhuj slums and review of emergency health issues amongst 2002 riot victims.

The EHU strives to put emergency health issues on the disaster risk reduction agenda through strengthening primary health care facilities for medical disaster preparedness. EHU considers disasters as opportunities for better health education and capacity building. It aims at promoting the right to safer health. It conducts a range of activities from health security assessments to creation and maintenance of an emergency health intervention database, promotion of community health

and Evaluation of Food for Development Programmes (WFP and SEWA's Santushti programme); and revision of Food Relief and Nutrition standards in the global Sphere Hand book. It also organised a state level consultation on Food and Nutritional Security (April 2003) with WFP and Government of Gujarat that reviewed the role of food assistance schemes including community food banks for food security in Gujarat.

While conducting these

initiatives with technical, managerial and financial inputs and organisation of health-emergency interface events.

#### Output and Learning Areas:

Last year EHU conducted eight training sessions on Emergency Medical Response (EMR) for community volunteers and leaders. About 160 participants were trained to employ life-saving techniques in the absence of qualified medical teams during an emergency. Emergency health assessments of 2002 riot affected people in camp and non-camp situations (Ahmedabad) and the 2001 earthquake affected communities (Bhuj) were carried out by its team of health professionals.

A training module on HIV/AIDS and Humanitarian Response has been developed. During the year it has built a health expert team, coordinated consultations on health relief, developed triage training module, reached out to 60 volunteers and 30 medical experts with 'incident command system' training. Currently EHU is helping the earthquake-affected communities in Bhuj slums to prepare health-related community infrastructure projects.

#### Action Planning:

During emergency medical training sessions, it was learnt that additional training in rural and isolated parts of Gujarat are required. Currently 118 slum leaders from the earthquake affected areas of Bhuj and 75 daily-wage earners from the riot-affected slums of Ahmedabad are waitlisted for emergency health training. Further, it was realised that rapid health security assessment and issues related to HIV and Triage will be high on the training module development agenda of EHU.

In the coming year EHU will draw lessons from its work and the work of other organisations to update and tailor-make its training programmes. A national survey on emergency health is planned. A community-based approach to address physical injury and psychosocial stress among children is being considered as important area for future research and training. User-friendly IEC material for local communities and health professionals on emergency medical response will also be developed. Further a database of emergency medical facilities such as a list of ambulances available in particular geographical areas will be prepared. EHU is planning to review the Sphere Standards on health. It will be developed as a resource register of emergency health professionals.

#### J. DMI-AMA Centre for Disaster Risk Management:

The DMI-AMA Centre for Disaster Risk Management was set up in 2002, through an endowment from DMI to the Ahmedabad Management Association (AMA). AMA is a 45-year-old leading management association of India.

DMI-AMA was set up with the aim to sensitise and involve the corporate sector in the process of disaster mitigation. It will work with the objective to: