



# Annual Report

(April 2001 to March 2002)  
**Vardaan Foundation, Baroda**



This year the organization with very little resource continuing the previous year efforts made in action cum research programs of the organization. The Vardaan Consultants (A supporting organization), had supported our organization man power and material for conducting different types of activities.

**Reproductive Health Project:** Smt. Shakuntala Shrivastava a senior Trustee member had donated a sum of Rs. 16,000 for conducting qualitative study to understand the health problems of the currently or newly married women's.

The study related to problems of reproductive health among the currently married women was conducted in Sitapur city. The organization interviewed women at their residence in a group of 10 to 12 - in the matter of reproductive health problems. The qualitative focus group discussion was conducted in different wards of the city. Significantly, women were found weak, with poor nutrition and menstrual and gynecological problems. The major force behind such sufferings in the family was related with power relation and gender inequality. The organization decided to have action cum research studies in the coming year for this issue.

The major findings from the current study draw our attention towards the pathetic conditions of public health system in Sitapur city. For major illness the

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community widely preferred private health services. However for Government those with low socio-economic status only prefer services, but are not satisfied with the quality of services being provided with out any IEC activities. The current study draw our attentions towards problems related to reproductive health which is just tips of the iceberg as reported by this study. However, it is recommended to have systematic action research intervention programs to strengthen the reproductive health services in both urban and rural areas of Sitapur district.

### **Continuing efforts for complying case Studies of Different types of**

**Disasters:** The current activity does not required much monetary resources, but it was very difficult to get the required data for complying cases studies in scientific manner. Previous years Dr. Harshit Sinha had taken major initiative to completed two case studies on the catastrophes happened in Gujarat. The first was related with plague epidemic and the other one was on Kandla Cyclone. This year he put is efforts to collect related secondary data for disaster cases like orissa cyclone, Indian Airlines highjacking, drought and flood in Gujarat etc and similar incident occurred in the world. However some case study could not be completed due to lack of authentic data. Efforts are on with national and international agencies for the said task.

Looking the previous years earthquake incident happened in Gujarat, the organization planned to write a detailed cases studies and in this connection

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had conducted post survey for three months immediate after the incident had broke out in the year 2000. Major findings of the post survey undertaken by the organization for the devastating earthquake in Gujarat, are as follows:

- a. People had anger against the state and district administration in implementing the town planning schemes to give them shelter permanently.
- b. Some of the civil society and NGO with joint collaboration of corporate sector did extensive work to rehabilitate the victims of the earthquake.
- c. Mobile unit of the international agencies (UNFPA) has played a significant work in providing health services to the resident population of the district.
- d. The study highlighted to impart training in the matter of disaster preparedness; the organization had decided to do similar efforts for common citizen, NGO volunteers and corporate houses.
- e. The incident witnessed poor management for the logistic supplies. Initially it was observed that the material did not reached to the needy places or in the relief camps but had been diverted to other place for the benefits of profits.
- f. The control room situated in effected districts did not work properly on the day when the incident took place. They could retain the network with the state control room after 48 hours.

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### Some of the observation captured in cameras of our rescue and relief team:



Lanes of Houses destroyed at Bachhu



Lanes of Houses destroyed at Bhuj City



People Suffering Water Crisis



Long Queues to get Relief Material



Rescue and Relief Operation by People



Rescue and Relief Operation by People



Medical Operation during Emergency time at St. Joseph Hospital,



Post-Medical Relief Camp At St. Joseph Hospital, Gandhidham

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- g. There was no information center to guide the victims and the service providers. It was a total mess for first one week. Victims and other related People were confused for their safety and were under trauma.
- h. The civil Society and Voluntary organization have extensive work for initial seven days when the administrations were planning for the rescue and relief operation.
- i. Initially for first three days, it was the people who had taken their own initiatives in the process of rescue and relief operation for taking out their kith and kin buried live under the debris of the building and other structure.
- j. Shortage of food and water and the cold whether had made chaos among the resident population. The mass hysteria and physiological led the remaining unharmed people to fled away from the disaster site.
- k. The administrations were unable to control Arson, Loot, Theft, etc for the initial three days. It was only possible after the restoration of the Army and Para-military force.
- l. Many international agencies had come openly for the rescue and relief operation and had saved many people buried live under the debris.

This was some the major issues that had come out during the initial analysis many more learning's have yet to come after the compilation of the entire case studies. The organization is putting its efforts to finalize this case study.

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### Participation in National and International Workshop; Conference and Seminar:

1. **In January 2002, Dr. Harshit Sinha** from our organization was invited by The Gujarat State Disaster Management Authority to attend three Days State level Workshops to Develop Disaster Management Plan. Dr. Harshit Sinha as the representative of NGO had participated in the workshop for developing action using Incident command system. Team of experts from California had guided in developing action plan in collaboration with defense, Para Military forces, Police forces, district administration and NGOs. The other session of the workshop had discussed
  - a. Emergency Medical Services
  - b. Disaster Preparedness
  - c. Hospital Emergency Incident command System
  - d. About FEMA and its organization set up and the services provided by FEMA
  - e. Sharing experience of Twin towers
  - f. Global Biological Terrorism
  - g. Disaster Planning and Management
  - h. Medical and Health Response to Disaster
  - m. The Standardized Emergency Management System (SEMS).
2. World Health Organization awarded Dr. Harshit Sinha sponsorship to attended Global Health Forum conference held in Geneva from 5<sup>th</sup> October

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to 10 October 2001. He had displayed poster on Integrated Model for Assessing Burden of Disease and Detecting Malaria through Satellite Technology. He had participated in discussion forum of Disaster and crisis management; Health Sector Reform; and NGO forum as repertoire. The major recommendations made by NGO forum are as follows:

### **Issues and challenges identified:**

- There is a wide range of NGOs but there is a tendency to lump them together. E.g., represented in this session were : Health Research Institutes focused on health research and having some interaction with government and universities; academic institutions which are doing training, research and community service; NGOs providing direct health and related services at grassroots level with some of them also involved in operational research and with the potential to immediately utilize research results in improving health interventions. This last category forms the majority of NGO health service providers.
- NGOs are widely accepted as providing good health services but their role in health research has been hardly tapped. Thus their potential contributions in minimizing the 10/90 gaps have been largely ignored, resulting in their exclusion for the most part from the mainstream of research capacity-strengthening, national research priority setting and allocation of resources for research by government and donors.
- The type, quality and acceptability of research conducted by NGOs vary and may not always have credibility, especially in the eyes of government,

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compounded by the lack of accountability of work done by NGOs and possible conflict and lack of trust.

- There is lack of transparency and duplication of efforts which can be two-sided (NGOs and government), worsened by the lack of coordination of health research in countries.
- Legal and regulatory obstacles inhibit NGO activities in some countries.
- The trend towards channelling of health funding through governments as a recent requirement by international donors (part of SWAP) may further marginalize NGOs in research for health development.

### **Recommendations:**

#### **On the part of NGOs:**

- Reach out and actively 'market' their research capacity and research results, including the documentation and dissemination of their research success stories.
- Collaborate/network more vigorously with the other stakeholders in research, i.e. government, other NGOs, research and academic institutions and business community which can provide funding for research.
- Other NGOs (health research institutes, universities) need to strengthen their collaboration with NGOs at grassroots level in operational research, given their direct outreach to the poor.

#### **Government (Ministry of Health):**

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- In establishing and strengthening public and private partnership for health and health research, there is need for more openness and in ensuring the participation of various stakeholders including the different types of NGOs in the various processes of health research especially in priority setting, capacity building, funding of research and utilization of results.
- Strengthen the mechanism for and effectiveness of, national health research coordination.

### **International Donors:**

- Recognize the potential contributions of NGOs in health research and include them in the allocation of resources to countries, for health research.
- Ensure that sector-wide programs do not have the unintentional consequence of excluding NGOs from access to health research funds.

### **Global Forum:**

- In evaluating progress in minimizing the 10/90 gap, review the extent and success of its commitment to involve NGOs and how to enhance their contribution in achieving this goal.
- In line with the recommendation of the Commission on Macroeconomics for Health related to improving access to health care by the poor, enhance the contribution of various types of NGOs in health research, by acting as intermediate body for NGOs to facilitate the following:

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- ⇒ Ensuring their active participation in public/private partnerships for health research.
  - ⇒ Identifying thrust areas, mobilization and allocation of resources for health research.
  - ⇒ Promoting networking to include NGOs in health research.
  - ⇒ Providing opportunities for NGOs to participate in research capacity building, International conferences, funding of their research.
  - ⇒ Helping NGO researchers build self-confidence and capacity by facilitating their identification of stakeholders and sources of support.
  - ⇒ Supporting the inventory of NGOs involved in health research and documentation of good experiences for advocacy to concerned policy makers and donors.
- Include this statement by the NGOs in the Final Report of Forum V.

### **Conclusion:**

- ? NGOs in this parallel session see Forum V as an opportunity to strengthen their contribution in minimizing the 10/90 gap and look towards the GF for stronger support to make this a reality. This calls for dialogue, concrete measures and indicators for equal partnership among NGOs, government and other stakeholders in the health research process.

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### **PRIORITIES Set for 2002-2003**

During the sixth financial year of the organization had set the following priorities as listed below:

1. To explore the funds for publishing the seven cases studies of disaster and crisis management in a book form.
2. The organization intends to explore the myths and realities among the child and adolescent groups for the reproductive health and devices the sustainable strategy to address their problems in the community.
3. Under the Community Initiative Disaster (CID) Programmes, the organizations intend to train the common citizen to combat the uneven situation during any disaster or uneven situation. The organization is keen to establish Training Center for Disaster Preparedness and Research. The organization had already developed concept of RESCUE ELEVEN and currently engaged in developing different module of training under CID Programmes.
4. Looking the pathetic condition of public health system or in backward areas non-availability of pathetic condition, we had designed an innovative project to impart at minimal cost to the social deprived and less privileged population residing in the backward area (Tribal villages/Town) healthy services.

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In order to undertake such innovative project the organization will explore the financial support from individual donors, national and international agencies. We look for the kind cooperation for the aforesaid priority projects of the organizations. Owing to the set priorities, we are ready to work in any part of the country - all over India.

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