

Report 2004-2008



International Federation
of Red Cross and Red Crescent Societies

Federation-wide Tsunami Semi-annual Report East Africa: Somalia and Seychelles

This report covers the period of 1 May through 30 September 2008, but reports cumulative totals from December 2004 onwards.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



Computer training in Berbera branch volunteers' club (*naadiga*).
Photo: Khadar/Somali Red Crescent, Berbera

In brief

Executive Summary: In Eastern Africa, Somalia and the Seychelles were the countries most affected by the tsunami.

Four years after the 26 December 2004 tsunami that hit the north-east coast of Somalia, the Somali Red Crescent Society (SRCS) continued to work with the affected communities to strengthen long-term community resilience to disasters and further their disaster response capacities. Vulnerability and capacity assessments (VCA) have been conducted in 11 branches with 195 volunteers and 36 SRCS staff participating. During the reporting period, 55,288 people from the tsunami-affected communities received health services through the SRCS network of clinics and outreach delivery. In order to reach out to more communities, SRCS adopted the "community-based first aid (CBFA) in Action" approach in the implementation of its activities. Five clubs (*naadiga*) have been constructed to provide a permanent base for the activities of the disaster response volunteers. These activities will receive continued support until the end of the year. The training and preparation of emergency response teams (ERT) at selected branches and sub-branches has been shifted till early 2009.

Operational challenges such as insecurity, conflict, political instability, drought and inflation led to modest implementation of programme activities. This in turn led to the revision of plans and budget of the American Red Cross supported component of the tsunami programme, which has been reported separately.

The Federation's Somalia office continued to give SRCS technical and financial support. The ICRC supports SRCS in the conflict areas in the South and Central Zone (SCZ) of Somalia. The Norwegian Red Cross and the German Red Cross have bilateral programmes in rehabilitation and water and sanitation respectively.

The Seychelles Red Cross has become a major player in disaster management in the Seychelles since the Indian Ocean tsunami. This has meant greater needs in terms of human resource development and other organizational development needs. A closer working relationship with government departments has highlighted the need to clearly define the auxiliary role of the national society vis à vis the local authorities. Defining the auxiliary role

of the national society remains a challenge as much of their activities are implemented in partnership with the ministry of health.

Activities on the construction of the national society premises have been restrained by rising prices and the unavailability of the quantity surveyor for a period of time. The total cost of the construction is no longer covered by available earmarked funds and the current economic situation both locally and internationally, has severely restrained the national society's ability to raise funds. With the help of the British Red Cross, the national society has trained the necessary instructors and further developed its commercial first aid business. It has also been working in close collaboration with the ministry of health in increasing blood donor recruitment in the country.

Design and implementation of human resource and finance and administration procedures have improved the efficiency of the national society.

[Click here for the Global Tsunami Semi-annual Report and collective Red Cross and Red Crescent financial report](#)

[Click here for other Tsunami Semi-annual Reports by country](#)

[Click here for a list of national societies currently involved in the tsunami operation](#)

Operational Overview

Somalia

The massive earthquake and subsequent tsunami on 26 December 2004 affected the north-east coast of Somalia leaving over 300 dead. Continued conflict and insecurity reduced the possibilities to provide humanitarian assistance and services. The restriction in movement of both local and international aid workers had a negative impact on implementation and monitoring of programme activities. Nevertheless, SRCS was able to continue its mainly health support to the most affected communities despite these difficult operational conditions.

Droughts in many of the target branches led to high losses of livestock and population movements to urban areas. This together with inflation and global increases in the prices of essential commodities weakened peoples' purchasing power and coping mechanisms. According to SRCS own assessments and FAO's Food Security Analysis Unit and the Famine Early Warning System Network, the humanitarian situation especially for the drought-affected rural communities and the urban poor is likely to further deteriorate.

The above-mentioned operational difficulties led to modest implementation of programme activities. This, in addition to the established strict timeline requirements of the tsunami recovery programme and given the uncertainties associated with programming in Somalia, led to revision of plans and budgets for the American Red Cross supported component of the tsunami operation in Somalia.

Performance Table

Programmatic Performance Indicators for Somalia	Total
Number of persons reached by community-based health services	55,000
Number of community structures built or rehabilitated	4
Number of Red Cross Red Crescent organizations working/operational in country	4
Number of Red Cross Red Crescent organizations planning to exit in the next 6 months	1

The above programmatic indicator table shows cumulative achievements up to 30 September 2008.

[Click here for table showing quantitative analysis of the tsunami operation by performance indicators](#)

A total of 55,000 people received health care services such as out patient services, immunization, growth monitoring and vitamin A supplements (*see detailed breakdown under health and care section*). Community structures built refers to volunteers' clubs (*naadiga*). There were no asset replacement programmes during the reporting period. The three national societies operational are the host national society (Somali Red Crescent Society) and two partner national societies (German Red Cross and Norwegian Red Cross). The other national societies work through the Federation. German Red Cross plans to end support to clinics in Bari region in the next six months.

Seychelles

The costs of construction are no longer fully covered by available funding, and the national society is in the process of trying to secure additional funding for this construction. It has been difficult for the Seychelles Red Cross to secure funding internally within the country due to its poor economic condition. The national society is still operating out of rented premises which are not appropriate for its operational needs.

The Seychelles Red Cross is now a major humanitarian actor in the Seychelles. It has therefore invested in the development of its human resources and has recently approved a volunteer's management policy. The finance coordinator attended a second-level skills share workshop run by the British Red Cross. This should have helped the national society in developing fundraising capacity, but again, this has been restricted because of poor economic conditions. Other staff members continue to attend workshops and training provided by the Federation, and this has helped increase awareness of the Movement policies among staff members. The Federation's Indian Ocean Islands Sub-Zonal office supports and advises the national society is developing programmes and budgets which are in line with Movement policies and objectives.

Bilateral support from the French Red Cross and German Red Cross is helping the national society in disaster preparedness, branch and volunteer development, increasing the number of beneficiaries which can be reached in times of disaster. The construction of a new headquarters and warehouse will increase the impact of this bilateral support.

Performance Table

Programmatic Performance Indicators for Seychelles	Total
Number of persons reached by International Federation and partners	1,000
Number of community structures built or rehabilitated	12
Number of household reached by asset replacement or enhancement	60
Number of persons certified or skilled in community-based first aid	30
Number of persons reached by community-based health services	300
% of population covered by prepositioned stocks	14%
Number of Red Cross Red Crescent organizations working/operational in country	4
Number of Red Cross Red Crescent organizations contributing programme data to this report	3

The above programmatic indicator table shows cumulative achievements up to 30 September 2008.

[*Click here for table showing quantitative analysis of the tsunami operation by performance indicators*](#)

With the support of the French Red Cross, through the Plateforme d'Intervention Régionale de l'Océan Indien (PIROI) the national society has strengthened its disaster preparedness capacity through increased stock prepositioning. The German Red Cross is currently working with the national society in branch and warehouse development. This will further increase the national society's capacity in disaster preparedness and response.

The national society has also increased its health and disaster management activities in community-based first aid and blood donor recruitment.

Health and Care

Somalia

In the reporting period two tonnes of cholera kits and eight tonnes of medical supplies were dispatched to the field in Puntland and Somaliland. Staff and volunteers used the cholera kits to respond to acute watery diarrhoea outbreaks witnessed in the three zones of Somalia. Chlorination of water sources was one of the major activities volunteers engaged in, especially in Puntland.

Clinic staff and volunteers continued to offer outreach services to the vulnerable communities in the clinics' catchments. While conducting outreach services, Bossasso volunteers chlorinated community and individual water points. In the Puntland clinics' catchments, a total of 36,132 people received out-patient services, 3,916 children were immunised, 8,444 under-five children received growth monitoring and 6,306 mothers and children were given vitamin A supplementation.

A CBFA Master Facilitators workshop for 24 SRCS staff and representatives from the neighbouring national societies of Eritrea, Ethiopia, Kenya and Sudan was held in the second quarter of 2008. The aim of this workshop was to equip key SRCS staff with skills in facilitating community based health care and disaster management activities employing the new "CBFA in Action" approach. It is being piloted in Berbera and Galkayo branches with support of funding from the American Red Cross.



Bossasso volunteer chlorinating a water source.

Photo: SRCS

The Somalia office and SRCS health care team continued to carry out regular monitoring and supervisory visits to SRCS supported clinics in the tsunami-affected areas.

The Somalia office and SRCS health care team continued to carry out regular monitoring and supervisory visits to SRCS supported clinics in the tsunami-affected areas.

Seychelles

Road safety is one of the major problems in Seychelles and road accidents continue to claim more lives. The national society strategy is therefore to increase the level of community-based first aid to ensure first aid in cases of emergencies, including road accidents. In line with this strategy, the national society is also increasing the level of blood donation through an intensive blood donor recruitment drive. The Federation has supported some of the costs of national society activities in community-based first aid and blood donor recruitment.

Health and Care – May 2008 to Sep 2008

- Number of first aid instructors trained: 30
- Number of beneficiaries from commercial first aid: 181
- Number of volunteers trained in first aid: 32
- Number of blood donors recruited: 52

With the help of the British Red Cross, the national society has professionalized its first aid instructors and developed its commercial first aid operation. A total of 30 volunteers were trained as first aid instructors, and they were able to provide first aid training to 213 beneficiaries. Additionally, ten new blood donors were recruited bringing the total of blood donors recruited to 52.

The national society had developed strategies to make its health services self sustainable. It is starting to incorporate management costs into health services such as ambulance support to the ministry of health and commercial first aid, and has developed audiovisual tools which can be sold to public. Misunderstanding of the auxiliary role of the national society to the public authorities is somewhat hampering its ability to ensure maximum invoicing of services.

Disaster Management

Somalia

SRCS continued to carry out VCA in its branches. 20 volunteers and two staff of Borama branch participated in VCA training and exercise conducted in August 2008. Cumulatively, 195 volunteers and 36 staff have been trained on VCA and participated in exercises in their respective branches.

In preparation for the ERT training and exercise, two portable high frequency (HF) radios, ten very high frequency (VHF) radios and camping materials (multipurpose and individual tents) were bought and sent to the field. However, the chief training session had to be postponed because of security reasons. It has been rescheduled to the next reporting period.

Seychelles

With the help of the French Red Cross through the PIROI and the Federation, the national society has prepositioned stocks to benefit 12,000 beneficiaries during emergencies. With the help of the German Red Cross in branch development, the capacity to reach beneficiaries in times of emergencies will increase. The Federation is currently supporting the costs of a disaster management coordinator for the national society, and has ensured the participation of this coordinator in trainings and workshops at an international level.

Disaster Management

- Current prepositioned stock for 12,000 beneficiaries.

The Federation is supporting the national society in the preparatory phase of the construction of its premises. This includes the costs of a part-time project manager, quantity surveyor and associated architectural fees. The planned premises will be built on a site which the government of Seychelles has apportioned for the national society. With the devaluation of the Seychelles Rupee and the continued increase in costs, construction of the national society premises has been slow and available funding no longer covers the cost of the original plans. The national society has so far been unable to secure the additional funding required, and is thinking of revising the original plans of the construction.

Cross-cutting Issues

Somalia

The two SRCS coordination offices are responsible for the implementation through the branches and on to clinic and/or sub-branch level. At the lower level, sub-branch and community health committees are supported by the branches to implement activities, thereby strengthening and enhancing accountability of the community-level institutions.

During the reporting period, three volunteers' club buildings (*Naadiga Mutadawicinta*) for Berbera, Garoe and Borama branches were constructed. The club is a meeting point for volunteers to plan activities and carry out training as well as offer internet services, a cafeteria and recreational activities to assist volunteers to generate income for longer term sustainability. Two similar clubs for Galkayo and Burao branches had been constructed in the previous reporting period.



Garoe branch *naadiga*. Photo: International Federation

The operation has mainstreamed gender issues in all its activities. During VCA trainings, at least a third of the participants were female, and varied age groups composed the assessment teams. CBFA and emergency response volunteers are of both genders. Majority of the clinic level volunteers are female.

Seychelles

The devaluation of the Seychelles Rupee continues to be a problem for the nation's population in general. Rising costs and the global financial crisis has hampered the national society's ability to raise the additional funds required for the construction of its new premises.

The national society continues to invest in its human resources through training and development. Improvements have been seen in the quality and timeliness of donor reporting. It is currently putting in place finance and administration procedures and has applied to move to the cash transfer basis. Continued support will be required from the Federation if the national society moves from the working advance to the cash transfer basis.

Support from the French Red Cross and the German Red Cross through bilateral activities, is helping the national society's capacity to respond to disasters. Continued support will be required from the Federation to ensure that programmes are in conformity with the Movement's principles and standards. In line with its 2007-2010 strategy, the national society wants to ensure that its services meet required standards, and have thus far looked into the possibility of being associated with the New Partnership for African Red Cross Red Crescent Societies (NEPARC).

Host National Society Development

Somalia

SRCS staff and volunteers were able to respond fast to acute watery diarrhoea outbreaks using the pre-positioned cholera kits in Puntland and Somaliland. This reduced the impact of the hazard to the affected communities as well as enhancing the public image of SRCS.

The VCA exercises have been instrumental in engaging with communities at district level and enhancing beneficiary contribution to the planning of potential programmes. The close interaction between volunteers and communities/ households while implementing CBFA activities has improved the SRCS image with the public.

Two DM officers were recruited for Borama and Bossasso branches during the reporting period, bringing to 11, people having been recruited since the operation began. In addition to disaster management activities, these officers are also in charge of management of volunteers in their respective branches.

Seychelles

The tsunami highlighted the vulnerability of the Seychelles to natural disasters, but also showed the important role of the national society as a humanitarian actor in the country. This led to international partner interest and an increase in human resource required. Greater professionalism of staff and procedures, and the development of headquarters and branch capacities strategies have been developed and are being implemented.

The quick response from the national society following the tsunami has helped develop the relationship between beneficiaries and the national society. The development of its commercial first aid programme as well as the implementation of planned community-based programmes during late 2008 and 2009 will further develop the national society's visibility in the Seychelles.

The national society has applied for support from the intensive capacity building (ICB) programme. If successful, this will allow the national society to further develop its branches and its volunteer management practices.

Working as a Movement

Somalia

Persistent conflict and civil unrest makes all operations in Somalia particularly complex, and close co-ordination with all Movement members is essential for effective programming and service delivery. The Federation's Somalia delegation continued to provide technical and logistical support to SRCS. SRCS has carried out regular supervision and monitoring visits to the clinics and sub-branches. The Movement partners participated in health and DM review and planning meetings held in Hargeisa, Somaliland.

SRCS and the Federation continued to be active members of the Somali Support Secretariat (SSS) in Nairobi and also take part in the field coordination meetings organised by the zone health authorities with involvement of other state and humanitarian actors in Somalia. SSS provides a forum for planning and co-ordination of humanitarian assistance to Somalia as well as sharing experiences among the organisations.

Due to insecurity and persistent conflict, ICRC continued to support SRCS clinics in the South and Central parts of Somalia. The German Red Cross and Norwegian Red Cross have bi-lateral programmes with SRCS.

Seychelles

With the help of the PIROI and supported by the Federation, the national society has been able to development its logistics management capacity to ensure proper warehousing of disaster management stock. The German Red Cross continues to support the national society in developing branches on the islands of Praslin and La Digue. This has been supplemented by the Sub-Zonal office in Mauritius and the Zonal office in Nairobi. Application for the ICB is currently being evaluated, and if successful, will help the national society with the establishment of a further two branches on the main island of Mahé, as well as the implementation of a volunteer management policy and programme.

Support from the French Red Cross through the PIROI and the Federation has facilitated the prepositioning of disaster response stock for 12,000 beneficiaries. This represents approximately 14 per cent of the population. With the help of the British Red Cross, the national society has been able to develop its commercial first aid business and has successfully trained 181 people in first aid.

Looking Forward

Somalia

Chief priorities for the next reporting period include:

- Enhancing further the capacity of the target branches and sub-branches to prepare for and respond to disasters. This will include construction and equipping of a sub-office in Qardo district in the expansive Bari region (Bossasso branch). Response stocks targeting 500 families will be pre-positioned in strategic points depending on security and safety. Emergency response training for staff and volunteers and drills will be supported by the ARC grant to the tsunami operation. Staff and volunteers will be supported to respond to disasters/emergencies as and when they occur.
- Contribute to purchasing of field cars for Berbera, Bossasso, Garoe and Galkayo branches. They will be fitted with HF radios for effective communication between the field and the branch during operations.
- Conduct VCA training and exercise in one branch in Somaliland and a limited number of branches in SCZ. Analysis of VCA reports as per zones will feed into current and future programming of disaster management and health activities.
- Enhancing the capacity of SRCS staff. This will entail training staff from selected branches and coordination offices on general disaster management as well as in planning, monitoring and reporting. Staff will be supported to attend local planning and technical meetings.

- The programme will support replenishment of first aid kits and replacement of medical and other equipment in SRCS clinics in the target branches.

Seychelles

The Federation's Sub-Zonal office for the Indian Ocean in Mauritius will continue to assist the national society in strategic planning and implementation of programmes. The main challenge for the national society remains the construction of its headquarters and warehouse. The rising economic problem, both nationally and internationally, means that it is unlikely that additional funding will be secured. Thus, the plans for the headquarters and warehouse will have to be modified accordingly.

If successfully attained, the ICB will help the national society develop its capacity to respond to emergencies and to implement community-based activities, though the development of branches and volunteers. A greater number of beneficiaries will be reached by national society programmes.

While the national society has increased its partnership with the government, further support is required from the Federation in helping define its role as auxiliary to the state.

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Figures represent progress achieved up to 30 September 2008

Somalia

FIGURE 1: Analysis of programmatic performance indicators for Somalia

Ind. No.	Programmatic Performance Indicators		Total
1	Overall estimated number of persons reached by International Federation and partners (using coverage methodology only, not by sector)		55,000
Health & care including water & sanitation infrastructure			
2	No. of persons with access to an improved water source (temporary settlements)		0
	No. of persons with access to an improved water source (permanent settlements)		0
	Total no. of persons with access to an improved water source		0
	Total no. of persons targeted for access to an improved water source (planned)		0
3	No. of persons with access to improved waste management facilities or improved latrines (built to Sphere standards ¹)		0
4	No. of persons certified or skilled in community-based first aid (including psychosocial).		100 ²
5	No. of persons reached by community-based health services.		55,300 ³
6	Hospitals & clinics built or rehabilitated	Operational/In use	0
		Completed	0
		Under construction	0
		In planning phase	0
	Total number of hospitals & clinics to be provided		0
Shelter & community construction			
7	Transitional shelters built	Completed	0
		Under construction	0
		In planning phase	0
	Total number of transitional shelters to be provided		0
8	Permanent houses built	Occupied	0
		Completed	0
		Under construction	0
		In planning phase	0
	Total number of permanent houses to be provided		0
9	Schools built or rehabilitated	Operational/In use	0
		Completed	0
		In progress	0
		In planning phase	0
	Total number of schools to be provided		0

¹ That is, less than 20 persons per latrine, communal latrines segregated by gender, water and hygienic supplies are available.

² Includes staff and volunteers trained on community-based first aid training-of-trainers, psychological support and community-based first aid master facilitators.

³ Includes beneficiaries of outpatient services, immunization and vitamin A supplementation.

10	Other community structures built or rehabilitated	Operational/In use	4
		Completed	4
		In progress	1
		In planning phase	1
Total number of other community structures to be provided			6⁴
Livelihoods			
11	No. of households reached by asset replacement or enhancement		0
	No. of households that have received livelihood support grants		0
12	Range and average grant size (in local currency): RANGE		N/A
	AVERAGE GRANT SIZE		N/A
Disaster Management			
13	% of population covered by pre-positioned stocks		N/A
14	No. of communities targeted for developing a disaster preparedness or contingency plan for all major risks	Completed	0
		Planned	0
15	No. of persons trained in vulnerability and capacity assessments or community-based disaster management		0
Programme support and coordination			
16	# of Red Cross Red Crescent organizations working/operational in country		4
	# of Red Cross Red Crescent organizations contributing programme data to this report		4
	# of Red Cross Red Crescent organizations newly arrived this reporting period		0
	# of Red Cross Red Crescent organizations exiting this reporting period		0
	# of Red Cross Red Crescent organizations with plans to exit in the next 6 months		1
Beneficiary & community participation			
17	Estimated PERCENTAGE of projects with one or more forms of local participation ⁵		N/A
Sustainability			
18	% of projects with a sustainability plan or documented exit strategy		N/A

Other data points to be included:

No./List of Red Cross Red Crescent organizations working/operational in country:

1. German Red Cross
2. International Federation
3. Norwegian Red Cross
4. Somali Red Crescent

No./List of Red Cross Red Crescent organizations contributing programme data to this report:

1. German Red Cross
2. International Federation
3. Norwegian Red Cross
4. Somali Red Crescent

⁴ Community structures refers to volunteers clubs (naadiga). 4 completed and in use: Galkayo, Burao, Borama, Berbera. 1 under construction: Garoe. 1 planned in Bossasso.

⁵ Degrees of beneficiary participation are defined as follows: (1) Gather information – Beneficiaries provide information to project planners; (2) Consult – Beneficiaries comment on different project options; (3) Actively participate – Beneficiaries design the interventions and participate in implementation; (4) Empower beneficiaries to participate – Beneficiaries design the interventions, participate in implementation, assess performance and are trained and encouraged to continue to act on their own in the future.

FIGURE 2: Analysis of knowledge sharing and active learning performance indicators⁶

Knowledge sharing and active learning					
By Country	Total	Health & Care	Shelter & Community Construction	Disaster Management	Livelihoods
Number of evaluations, reviews or formal assessments completed or in process this period	5	1		3	1
Number of evaluations, reviews, formal assessments planned for next period	7	1		5	1
New technical documents available from Red Cross Red Crescent this period (evaluation reports, lessons learned reports, sectoral guidelines, tools, policies etc.) by type by national society		4 Psychological support manual, health strategy, HIV/AIDS strategy, community-based first aid volunteers and facilitators manual		2 Vulnerability and capacity assessment curriculum, vulnerability and capacity assessment trainers guide	
Knowledge sharing/active learning events underway or completed (involving one or more International Federation members) this reporting period, by type by national society					
Knowledge sharing/active learning events planned for next period by national society		1 Community-based first aid study visit		1 Planning and review meeting	

⁶ Disaster management assessments refer to the vulnerability and capacity assessments. Health assessments refer to reviews/surveys. Livelihood assessments refer to food security assessments.

Seychelles

FIGURE 1: Analysis of programmatic performance indicators for Seychelles

Ind. No.	Programmatic Performance Indicators		Total
1	Overall estimated number of persons reached by International Federation and partners (using coverage methodology only, not by sector)		1,000
Health & care including water & sanitation infrastructure			
2	No. of persons with access to an improved water source (temporary settlements)		0
	No. of persons with access to an improved water source (permanent settlements)		0
	Total no. of persons with access to an improved water source		0
	Total no. of persons targeted for access to an improved water source (planned)		0
3	No. of persons with access to improved waste management facilities or improved latrines (built to Sphere standards ¹)		0
4	No. of persons certified or skilled in community-based first aid (including psychosocial).		0
5	No. of persons reached by community-based health services.		300
6	Hospitals & clinics built or rehabilitated	Operational/In use	0
		Completed	0
		Under construction	0
		In planning phase	0
	Total number of hospitals & clinics to be provided		0
Shelter & community construction			
7	Transitional shelters built	Completed	0
		Under construction	0
		In planning phase	0
	Total number of transitional shelters to be provided		0
8	Permanent houses built	Occupied	0
		Completed	0
		Under construction	0
		In planning phase	0
	Total number of permanent houses to be provided		0
9	Schools built or rehabilitated	Operational/In use	12
		Completed	0
		In progress	0
		In planning phase	0
	Total number of schools to be provided		12

¹ That is, less than 20 persons per latrine, communal latrines segregated by gender, water and hygienic supplies are available.

10	Other community structures built or rehabilitated	Operational/In use	0
		Completed	0
		In progress	0
		In planning phase	0
Total number of other community structures to be provided		0	
Livelihoods			
11	No. of households reached by asset replacement or enhancement		60
	No. of households that have received livelihood support grants		0
12	Range and average grant size (in local currency): RANGE		N/A
	AVERAGE GRANT SIZE		N/A
Disaster Management			
13	% of population covered by pre-positioned stocks		14%
14	No. of communities targeted for developing a disaster preparedness or contingency plan for all major risks	Completed	0
		Planned	5
15	No. of persons trained in vulnerability and capacity assessments or community-based disaster management		4
Programme support and coordination			
16	# of Red Cross Red Crescent organizations working/operational in country		4
	# of Red Cross Red Crescent organizations contributing programme data to this report		3
	# of Red Cross Red Crescent organizations newly arrived this reporting period		0
	# of Red Cross Red Crescent organizations exiting this reporting period		0
	# of Red Cross Red Crescent organizations with plans to exit in the next 6 months		0
Beneficiary & community participation			
17	Estimated PERCENTAGE of projects with one or more forms of local participation ²		80%
Sustainability			
18	% of projects with a sustainability plan or documented exit strategy		30%

Other data points to be included:

No./List of Red Cross Red Crescent organizations working/operational in country:

1. French Red Cross
2. German Red Cross
3. International Federation
4. Seychelles Red Cross

No./List of Red Cross Red Crescent organizations contributing programme data to this report:

1. French Red Cross
2. International Federation
3. Seychelles Red Cross

² Degrees of beneficiary participation are defined as follows: (1) Gather information – Beneficiaries provide information to project planners; (2) Consult – Beneficiaries comment on different project options; (3) Actively participate – Beneficiaries design the interventions and participate in implementation; (4) Empower beneficiaries to participate – Beneficiaries design the interventions, participate in implementation, assess performance and are trained and encouraged to continue to act on their own in the future.

FIGURE 2: Analysis of knowledge sharing and active learning performance indicators³

Knowledge sharing and active learning					
By Country	Total	Health & Care	Shelter & Community Construction	Disaster Management	Livelihoods
Number of evaluations, reviews or formal assessments completed or in process this period	1			1	
Number of evaluations, reviews, formal assessments planned for next period	1			1	
New technical documents available from Red Cross Red Crescent this period (evaluation reports, lessons learned reports, sectoral guidelines, tools, policies etc.) by type by national society					
Knowledge sharing/active learning events underway or completed (involving one or more International Federation members) this reporting period, by type by national society	2			2 Tsunami simulation (Spanish Red Cross and International Federation), disaster management and health workshop (International Federation)	
Knowledge sharing/active learning events planned for next period by national society	2			2 Regional disaster response team training (French Red Cross and International Federation) and Vulnerability and capacity assessment training (Canadian Red Cross)	

³ Disaster management assessments refer to the vulnerability and capacity assessments. Health assessments refer to reviews/surveys. Livelihood assessments refer to food security assessments.