

# Report 2004-2008



International Federation  
of Red Cross and Red Crescent Societies

## Federation-wide Tsunami Semi-annual Report: India

Appeal No. 28/2004

21 July 2008

This report covers the period of 1 November 2007 through 30 May 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 groups to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



A village community mapping in progress in Tamil Nadu, under a Canadian Red Cross-supported induction project. **International Federation.**

### In brief

**Executive Summary:** The tsunami recovery programme in India is being implemented by the Indian Red Cross Society – with support from the International Federation Secretariat, American Red Cross, Canadian Red Cross and Spanish Red Cross – at the national and state levels, primarily Tamil Nadu and Andhra Pradesh.

The overall programme is progressing well, with major expenditures still being taken up by the Indian Red Cross Society. The International Federation Secretariat has completed procuring disaster preparedness stocks for the national society, with the exception of 12,000 tents for which a supplier has now been identified. The Canadian Red Cross is making progress in the area of community involvement and ownership, while the Indian Red Cross Society's own health, disaster management and construction projects continue to show good progress and community participation.

In the last six months, the American Red Cross has implemented its programme with a strong community involvement and commitment to ensure sustainability. The Spanish Red Cross has begun the initial stage of its livelihoods projects in Andhra Pradesh.

***Click here for the [global tsunami semi-annual report](#) and collective Red Cross and Red Crescent financial report, and here for other [tsunami semi-annual reports by country](#). The list of national societies currently involved in the tsunami operation and the notes/methodology regarding programmatic performance indicators are available in the global report.***

## Operational Overview

India witnessed a few security incidents and state elections in many parts of the country during the reporting period. The National Disaster Management Authority (NDMA) has been successful in receiving government support in its endeavours and has worked according to the Sphere standards. This is being done through the formation of various taskforces, including different civil society organizations and the Indian Red Cross Society.

India has been playing a major role in the South Asia disaster management scene, as evidenced in the various events the country hosted. They include the recent Asia Ministerial Conference, where Asian countries met to discuss new disaster risk reduction initiatives. This conference was organized with the support of the United Nations Development Programme (UNDP), Asian Development Bank and other organizations.

The Indian Red Cross Society (IRCS) is continuing work on its tsunami programme, with support from the American, Canadian and Spanish Red Cross societies. The American Red Cross has been implementing its tsunami integrated recovery programme to serve the needs of the tsunami-affected population in Kanyakumari district of Tamil Nadu state; implementation will continue until August 2009.

Presently, the American Red Cross has one delegate in-country and 14 national staff. Most of its field personnel support building the capacity of IRCS teams to conduct community participatory and school-based activities. This programme supports approximately 322,593 people in 40 villages, and 12,363 school children in 40 schools. Projects were initiated in January 2008, with the Kanyakumari district branch of the IRCS. The programme is focused on empowering communities and schools which have been either directly or indirectly affected by the tsunami. Furthermore, the project's multiple components will facilitate the promotion of healthier and safer living. The impact of disasters enforced the need for a holistic approach in health and psychological interventions hence psychosocial support has been linked to this project at every stage of implementation. Implementation is proceeding as planned, hampered only by the usual factors such as the environment, other commitments of communities with local authorities and election campaigns. The upcoming monsoon is however, expected to affect implementation in the coming months.

The economic and socio-political environment remained stable and strong in the tsunami-affected areas where the Canadian Red Cross is operational, in support of the Indian Red Cross Society. Tamil Nadu is amongst the more economically and socio-politically developed Indian states, and this enables a solid foundation for continuing the implementation of Canadian Red Cross-supported activities.

The increasing rate of inflation, brought about by rising food and fuel costs and a spike in the price of steel and cement, had a minor impact on the final stages of tsunami recovery construction projects – fish auction halls and a skills trade institute. As these projects were well advanced, the impact on the budget is minimal.

The Spanish Red Cross is supporting the Indian Red Cross Society's livelihood projects in the state of Andhra Pradesh and Tamil Nadu. The implementation of tsunami livelihood project in the state of Andhra Pradesh began in the month of December 2007 while in Tamil Nadu it is expected to start in June 2008. The project aims to improve the livelihoods of targeted tsunami-affected communities through the provision of basic infrastructure and equipment, especially for vulnerable fisherwomen. The fisheries department has played a very active role in the formulation of both projects.

All activities under the projects have been verified and modified according to the changing needs of the communities. Two additional livelihood projects are also in the pipeline in the districts of Prakasham and Nellore in Andhra Pradesh and Kanyakumari in Tamil Nadu.

### Performance Table

<b>Programmatic Performance Indicators for India</b>	<b>Total</b>
Overall estimated number of persons reached by the Federation and partners	695,162
Number of primary health care centres built or rehabilitated	2
Number of persons served by the primary health care centres	16,380

Number of houses provided	33
Number of crèches built or rehabilitated	14
Number of persons served by the crèches and schools	12,813

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

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

## Health and Care

Indian Red Cross Society partners continue to engage in primary health care, disease prevention and health promotion as part of community development. Construction within the health care centre in Kanyakumari has begun after a memorandum of understanding was redrafted because the land was procured under the name of the district branch.

Seven crèches in the seven districts of Cuddalore, Kanyakumari, Villupuram, Pudukkottai, Kancheepuram, Tiruvarur and Thanjavur have been completed and are fully functional.

In this reporting period, Canadian Red Cross support to the Indian Red Cross Society's health and care activities moved well into the implementation phase of the three-phased programme to promote hygiene awareness in the 12 coastal villages most-severely affected by the tsunami in Tamil Nadu. Twenty-six (26) Indian Red Cross Society staff participated in the Red Cross induction training of trainers, village mapping and community-based first aid. In turn, these Red Cross district branch staff delivered the curriculum to 120 health promoters and members of the community development groups created specifically for this purpose in each of these villages. The training sessions included an understanding of basic mapping concepts, where the health promoters drew their respective villages to identify potential health-related hazards.

As part of the community-based first aid training, health promoters participated in an intensive five-day first aid training and were tested in order to receive their certification. Together with their accreditation, each health promoter was given a Red Cross first aid kit and a copy of the International Federation Secretariat's first aid manual translated into the local Tamil language.

The third phase of the programme – community outreach – has also begun. Health promoters are conducting a door-to-door campaign, encouraging small household groups to receive community-based first aid awareness and become cognizant of this available resource in times of emergencies.

As these health awareness activities continue to be delivered to residents of the 12 villages, programme staff is preparing the curriculum for the second phase of the programme. The curriculum will include child health, child protection, HIV/AIDS and tuberculosis awareness, and the participatory hygiene and sanitation transformation (PHAST). In addition, a secondary assessment is planned to identify unmet health needs in an additional 19 villages where the Canadian Red Cross is working with the Indian Red Cross Society on the livelihood project in order for the health awareness outreach to be extended to these communities.

The American Red Cross-supported health programme is implemented by Indian Red Cross Society staff and volunteers, trained for 14 days, and involved in the project as “integrated programme specialists”. These integrated programme specialists visit targeted areas and schools and initiate a community mobilization process to facilitate the self-selection process of community volunteers; after undergoing eight days of structured training to initiate the project in their community (which includes three compulsory modules on community-based first aid in action), these volunteers are designated as “integrated programme technicians”. With the support of integrated programme specialists, the integrated programme technicians facilitate 16-hour trainings at the grassroots-level with selected “community facilitators”.

The methodology and curriculum of community facilitators training was designed to ensure that community facilitators obtain key knowledge and skills to be disseminated among the communities. As of end May 2008, almost 22 integrated programme specialists, 168 integrated programme technicians and 870 community

facilitators had been trained in different communities. This voluntary workforce in the target communities has initiated community mapping, formation of community committees, and health needs assessment and activities. The formation of community committees is one of the most important steps to facilitate community-based projects and other community activities over the lifetime of the project. These activities will include at least two small projects in each of the communities, different information sharing and skill building exercises, various health-related activities to enhance hygiene and sanitation related issues. These projects will promote a healthier lifestyle, rebuilding trust, and a sense of place in those communities.

Recovery projects will be implemented by teachers in schools, with capacity building as a base for interventions. Presently, 130 teachers undergo a three-day training to initiate psychosocial, health, and hygiene promotion activities to implement the “child-friendly”, “sense of place” and “safe school” approach. Furthermore, a stratum of college students as community volunteers is being developed. These groups of college students – called Gandhi brigade volunteers, and part of the Red Cross Youth – have been extensively trained on first aid. Each volunteer is committed to 200 hours of voluntary service in the target communities, providing first aid, and facilitating disease prevention and health promotion.

All communities have dedicated integrated programme technicians and community facilitators, to help identify health risks and resources. Integrated programme technicians and community facilitators have been trained in ‘community-based first aid in action’ which adopts a learning-by-doing approach, and helps to utilize health needs assessment tools in the community. Communities are in the process of identifying health needs, threats and resources available in their communities. The communities will then make plans to address issues according to identified needs. They are able to address and disseminate promotional messages, organize specific activities on the prevention of mosquito-borne illnesses (malaria, dengue, and chikungunya), prevention of waterborne diseases, and prevention of HIV and AIDS. All these were part of the integrated programme technicians training curriculum.

The psychosocial platform and community mobilization process has begun, with community members coming forward as willing participants of the programme. As a result, community awareness has improved outreach. As volunteers are being trained on basic first aid skills, disease prevention, and health promotion, beneficiaries are being led towards building a safer community.

In order to facilitate the process of working in school project sites, all schools have formally signed a memorandum of understanding of involvement, and are trained to organize school activities.

Primary challenges in implementing the integrated health programme are similar as in other programmes. Initial operational training and start-up of social mobilization activities and community mobilization needs much effort, all requiring strong motivation, and capacity building of communities. In every community-based health project, health activities and action plans should be based on community-identified needs and should be planned by the community members themselves. This was a challenge during the reporting period. As such, action plans prepared by communities should not go beyond the preview of the programme; if they do, the scope of the programme will need extra efforts of the Indian Red Cross Society – in the form of facilitation, which can be done within the resources of branches – to facilitate or address those needs.

## Livelihoods

The Indian Red Cross Society has identified livelihoods as an important part of recovery, and includes the construction of multi-purpose buildings, net mending sheds, solar fish driers and fish drying platforms.

Five multi-purpose commercial buildings were being constructed in Nagapattinam, Cuddalore, Villupuram, Pudukkottai and Tiruvarur with the objective of boosting local employment as well as to function as disaster management centres during emergencies. In the last report, three were reported as completed; presently, construction work is near completion in Nagapattinam and is ongoing in Villupuram.

Under the second initiative, some 12 cargo vehicles were distributed equally in Cuddalore and Nagapattinam among 250 families in each district. This initiative is proceeding smoothly in Nagapattinam with ownership of the project lying with the community. However, in Cuddalore the project is facing a few problems due to a lack

of community ownership. In Nagapattinam, the savings [in a bank account] for maintaining these vehicles has been increasing. The Cuddalore district branch of the IRCS has sought the support of the Canadian Red Cross in mobilizing the community and raising the ownership towards the project. Such support has been sought because the Canadian Red Cross has also provided vehicles to the community.

The Indian Red Cross Society has also constructed cold storage facilities and ice plants in Cuddalore and Kanyakumari. The cold storage and ice plant in Cuddalore has been constructed and reported in the last report. The required machinery has now been procured and the facility handed over to the community after a trial run. The second plant in Kanyakumari was changed into a livelihood disaster preparedness centre for the community. The centre is now operational and vocational training is being implemented as scheduled to the youth in the community for livelihood earning through this skills training institute.

A fish drying platform was planned for Cuddalore but the local community preferred a rural employment opportunity information centre for youths. This idea is being explored with a feasibility study commissioned to identify the cost versus the usage of the centre as well as further maintenance of the centre.

The crab-fattening unit was ready in Pudukkottai and was handed over to the community during the last quarter of 2007. The unit is still under its trial run and is being monitored by the authorities and the Red Cross. The net mending shed in the same district is still being constructed before being handed over to the community to provide livelihood support to almost 400 families.

Three solar fish driers (including an additional one supplied by the vendor) were installed by the Indian Red Cross Society. Presently, construction of solar fish driers in all three sites has been completed and they will be handed over to the community within a month.

Through the past two years, the Canadian Red Cross has been providing technical support to the IRCS in order to assist them in developing sustainability of community development groups for restoring livelihoods in 27 villages of Tamil Nadu. The intent was to establish stable community group entities that would put into practice a regular routine for savings and intra-group loans, complete with a standardized administrative structure, group bank accounts and minute-taking record books. With this objective having been accomplished, a first lot of funding was disbursed during the reporting period to the community development groups for restoring livelihoods. Sub-groups of two to three members of each 20-person group are now carrying out their respective small business projects. Typical activities include animal husbandry, vegetable gardening, tailoring and manufacture of clothes such as a typical Indian sari.

The community development groups for restoring livelihoods structural mechanism were introduced to the beneficiaries who were supplied and provided with constructed livelihood recovery assets such as fishing boats, net mending sheds and cargo autos for delivering fish catches to market. In total, some 1,680 households are receiving direct economic benefits from a combination of physical assets and small enterprise funding. Indian Red Cross Society district branch staff continues to monitor the success of the many individual projects, with a further funding infusion planned in order to reinforce the viability of long-term sustainability for these community development groups.

In Andhra Pradesh, the Spanish Red Cross tsunami livelihood project intends to improve the livelihood capacity of fisher folk communities affected by the tsunami in East Godavari and Srikakulam districts. Activities being implemented are based on a needs assessment done by the IRCS state and district branches. The fisheries department, which works closely with the fisher folk on a daily basis, has extended its support in identifying the need of the fisher folk and prioritizing the same.



Community development group restores livelihood on the water: One of the 40 fibreglass-reinforced fishing boats provided to fishers along the Tamil Nadu coastline returns to shore with the day's catch. **H.Arfin/Canadian Red Cross.**

The main activities include: providing office equipment to the IRCS state and district branches; training of staff and volunteers; baseline study; and trainings for fisher folks on the use of smoking bins, curing tubs, ice boxes, fish drying platforms along with the hygienic way of handling fish and distribution of ice boxes to the fisher folks.

**Table 1: Distribution of ice boxes**

Capacity (litres)	Quantity
70	500
100	1500
150	500

Other main activities are as follows: distribution of 200 (100 cylindrical and 100 rectangular) fish curing tubs to fisherwomen through self help groups and cooperatives; distribution of 60 smoking bins to fisherwomen through self help groups and cooperatives; construction of 22 fish drying platforms; construction of 20 dry fish storage sheds; impact assessment of the project.

In Tamil Nadu, the tsunami livelihood project intends to improve the livelihood capacity of the fisher folk community affected by the tsunami in Thanjavur district. The main activities of this project are as follows: baseline study; training of staff and volunteers; construction of three multipurpose net mending sheds; procurement and distribution of 900 ice boxes; and impact assessment of the project.

## Disaster Management

The Indian Red Cross Society aims to become a leading agency in disaster management in the country with two disaster management centres being established in Tamil Nadu. Of these, one has been completed in Thanjavur district branch and handed over to the community. Construction of the second disaster management centre at Villupuram has been delayed because procuring land for the facility has proved to be a major problem. As a result, this project has been merged with the rural employment exchange initiative for which the feasibility study is ongoing in order to diagnose the cost versus output ratio.

Initially, a cyclone shelter was to be constructed for the community at Nagapattinam. However, the community asked for a desalination plant to be constructed instead – a matter which has been discussed by the Tamil Nadu branch of the Indian Red Cross Society. The IRCS branch has also commissioned a feasibility study on this project; preliminary indications are that it would rather the money is utilized for building community resilience than erecting expensive structures that will not be fully used.

The Canadian Red Cross began implementing its disaster management capacity building strategy during the reporting period. Plans to establish an emergency operations centre in the disaster management centre building of the IRCS national headquarters were confirmed with the national society. The emergency operations centre is being outfitted with a computerized mapping facility – geographic information system (GIS) – in order to prepare a digital repository of risks and hazards. The first set of village data has already been collected by community groups established in the districts of Tamil Nadu where the Canadian Red Cross is partnering with the IRCS. A complementary facility was also set up at the IRCS Tamil Nadu state branch. This state-level resource will complement the national emergency operations centre, and support detailed risk mapping at the district and village levels.

Imparting the basics of disaster risk reduction based on the International Federation standards has begun with the training of health promoters in village hazard mapping. This risk mitigation initiative is being expanded to include a comprehensive development of community-based planning where the Canadian Red Cross is present in Tamil Nadu districts.

Given that district chief administrative officers [district collectors] are also the chairpersons of the Red Cross district branches – according to the Indian Red Cross Society’s Constitution – discussions have begun with the district collectors to include local Red Cross disaster preparedness and response capacities as an integral civil society resource in their respective constituencies.

## Construction

The Indian Red Cross Society project initiated to reconstruct houses in Kanyakumari and Srikakulam; in the previous report 33 of the 40 houses commissioned were at the final stage of construction, and have now been completed. Construction of the remaining seven houses has been hampered by unavailability of land in the given area. Efforts are being made to procure land and continue with the project until its full completion.

As reported in the previously, 100 solar power units were installed along the coastline, covering approximately 44 villages. Upon the request of the local authority, the number was increased to 121 units. These units are now functional and are serving more than 17,000 people.

The sewer treatment plant in Kanyakumari has been rehabilitated and reconnected in the traditional manner for seven villages. The trial period for the facility is still on as local authorities in the area have come up with a new advanced way of sewer treatment. They want to link the unit constructed by the IRCS to the main sewage treatment plant which has the capability to recycle water.

## Cross-cutting Issues

The Canadian Red Cross partnership with the Indian Red Cross Society continues to be guided by the regional strategy and operational framework for the tsunami response established by the International Federation.

Specifically, the Canadian Red Cross' approach to the creation of community development groups in Tamil Nadu integrates several cross-cutting initiatives. Health promoters have been trained in village mapping, so that they are aware of both health and disaster risks in their villages, in order to understand the inter-relating impacts of various natural hazards in their local areas. The groups themselves have been formed with gender equity as a priority; the average ratio of females to males being 55:45.

Sustainability is a paramount driver of plans and activities. Discussions have begun with the leadership of each district branch and local government health authorities on ways and means to ensure long-term sustainability of health outreach activities. In particular, the central government's National Rural Health Mission has formulated the deployment of accredited social health activists at the village level. Linkages for mutually-supportive sustainability between the community development groups, health promoters and the accredited social health activists are being explored.

Participation of beneficiaries in programming is at the foundation of Red Cross Red Crescent activities. Community development groups are formed by the beneficiaries themselves. The curriculum for the health programme was determined by a baseline survey conducted with the direct support of health promoters. The health promoters decide the most appropriate techniques for delivering health awareness messages in their local neighbourhoods.

### **Environmental sustainability**

A common approach has been that projects should not propose any hardware interventions that pose risks to the environment (e.g. roads, wells, agricultural inputs, fisheries, etc.). The strong sanitation component, in fact, contributes to improved environmental conditions both through training and imparting corresponding behaviour change on the proper disposal of solid waste. Vector control for rats and mosquitoes can contribute to improving environmental sanitation that is well within the ability of tsunami-affected people to maintain, and which will create better environmental practices for the long-term.

### **Protection/human rights**

The school health and behavioural health programme is focusing on the emotional and human rights of children and adolescents, as well as under-represented groups in the community. Branch staff are identifying and responding to protection threats by devising social protection activities. Personnel are interfacing with government protection agencies and developing a mechanism for referral. Activities have already been initiated to educate project staff in the Code of Conduct for the Red Cross and Red Crescent Movement, as well as International Humanitarian Law.

## **HIV and AIDS**

Groups are targeted with HIV and AIDS awareness and prevention messages at the community and school levels. Schools in particular provide an ideal setting for addressing the misconceptions and misinformation that adolescents might have about HIV and AIDS. Lessons on HIV and AIDS could be incorporated into the school health curriculum developed by the project. Youth Red Cross and Junior Red Cross members are recruited and trained to act as advocates for spreading HIV and AIDS awareness and anti-stigma messages.

## **Gender equity**

Project design across all the technical sectors has ensured that there is appropriate and effective gender representation. At the same time, the special needs of women survivors are recognized and prioritized. When selecting household beneficiaries, marginalized groups such as widows, female-headed households, people with disabilities, the elderly, orphans, scheduled castes and minorities are sought out and targeted.

## **Host National Society Development**

The American Red Cross is working closely with the Kanyakumari district local IRCS branch in building the capacity of volunteers and paid staff to conduct community-based interventions. Junior Red Cross members are being trained in community-based first aid and will shortly begin to provide direct services to their respective communities. The American Red Cross and IRCS are also closely working with district health and education departments, and providing opportunities for nursing and social work students to work in the field.

Active partnership between the Canadian Red Cross and the IRCS continues to contribute to the strengthening of the Tamil Nadu state and district branches. The health and livelihood projects support a workforce of 32 people employed through IRCS. This adds substantial capacity to deliver the designated programmes and to complement the overall organizational abilities of the national society's branches.

The continuing expansion of Red Cross presence in the targeted districts – through the health promotion outreach – reinforces the profile of IRCS branches in districts where community development groups and health promoters are active. Similarly, the measurable contribution to household and community economic activities through the livelihoods activities deliver further substance to the role the local Red Cross branches are playing on the path to Tsunami recovery.

The Spanish and the Indian Red Cross Societies have strived to involve communities in the designing of livelihood projects. Several personal interviews and focus group discussions were conducted with the communities, their leaders and officials of the fisheries department to identify the most vulnerable people and their needs for the project through exploratory visits.

## **Working as a Movement**

Canadian Red Cross programme staff participated in a forum for in-country partners convened by the International Federation Secretariat during the reporting period to review initiatives focusing on public health in emergencies.

A semi-annual gathering of the HIV Consortium hosted by the Indian Red Cross Society also took place during the period under review. Red Cross Red Crescent partners working with the IRCS on youth peer education programming as well as HIV care and support had an opportunity to review current related activities.

The American Red Cross meets periodically with Movement partners to share information related to the project. The Spanish Red Cross is also coordinating with Red Cross Red Crescent partners to avoid duplication of activities.

Other coordination mechanisms during the reporting period include the following:

- Collaboration with the department of education in implementing the programme in 40 schools. This includes signing of MoUs with the 40 schools.
- Against Malaria Foundation approved IRCS's proposal for 20,000 insecticide treated nets to be distributed in target areas of Kanyakumari district.

- Collaboration with three local KK-based colleges of social work, for posting of Master of Social Work students in the IRCS branch.
- Collaboration with a local nursing college to support the Kanyakumari branch with field work in community nursing.
- Collaboration with the Youth Red Cross in colleges offering first aid training (Gandhi brigade).

## Looking Forward

The Canadian Red Cross-supported health promotion and livelihood activities will continue to expand in the next six months. One key area of interest will be the child protection pilot project to be launched through the health promoters. The project is intended to make known and raise the level of awareness about sexual and domestic violence against children.

The entire health promotion curriculum is planned for a broadened outreach through the creation of new community development groups for health promotion in some further 19 villages where livelihood-based activities are currently underway.

The cross-cutting theme of disaster risk reduction will be introduced through the established community group infrastructure during the next reporting period, as an integral 'software' component to complement the DRR capacity building of computerized facilities and related staffing at the IRCS national headquarters in New Delhi and at the Tamil Nadu state branch in Chennai.

The newly-installed, networked financial reporting system is expected to become fully operational in the next three months. The monthly expenditure reporting at the district branch level will be automatically synchronized through the Internet with the Canadian Red Cross state project office in Chennai and the finance department of the International Federation Secretariat delegation in New Delhi so that budget management can be tracked more effectively and in a timely manner.

Implementation of the Spanish Red Cross' Tamil Nadu project is expected to start in June 2008, subject to the approval of the Indian Red Cross Society and the Spanish Red Cross headquarters. However formulation of projects in Prakasham and Nellore districts of Andhra Pradesh and Kanyakumari district of Tamil Nadu is expected to commence in the later part of 2008.

The American Red Cross will provide technical assistance to the Indian Red Cross Society by building the capacity of Red Cross volunteers and paid staff in Kanyakumari. Capacity building activities for technicians, community facilitators and specialists have already been initiated. Training material has been developed in Tamil, and the platform has been set for community participatory activities.

In the coming months, small community and school projects will be initiated. Activities supporting these projects will include community health, vector control, and hygiene and sanitation promotion. Trainings will also be conducted in areas such as community-based first aid in action (for integrated programme technicians), and public health in emergencies.

### Contact information:

**For further information specifically related to the tsunami operation in India, please contact:**

#### India country office

- Peter Ophoff (head of country office), email: [peter.ophoff@ifrc.org](mailto:peter.ophoff@ifrc.org) phone: + 91 11 2332 4203/6

#### Federation secretariat in Geneva:

- Priya Nair (grants officer, tsunami unit), email: [priya.nair@ifrc.org](mailto:priya.nair@ifrc.org); phone: +41 22 730 4295

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**FIGURE 1 - Analysis of programmatic performance indicators for India**

Indicator No.	Programmatic Performance Indicators	Total	
1.	<b>Overall estimated number of persons reached by International Federation and partners (using coverage methodology only, not by sector)</b>	695,162	
<b>Health and care</b>			
2.	No. of pre-school crèche children receiving <b>emotional wellness support</b> <sup>1</sup> through Play Intervention	390	
	No. of teachers skilled in providing emotional support to young children through play programmes	16	
3.	No. of primary health care centres built or rehabilitated	2	
4.	No. of persons served by the health care centres	16,380	
5.	No. of persons trained in CBFA	140	
<b>Shelter &amp; community construction</b>			
5.	Permanent houses built	Completed	33
		Occupied	0
		Under construction	7
		Planned	44
	<b>Total number of houses to be provided</b>		44
6.	Schools built or rehabilitated	Completed	3
		Operational/In Use	2
		In progress	2
		Planned	5
	<b>Total number of schools to be provided</b>		5
	Crèches built or rehabilitated	14	
	No. of people served by crèches or schools	12,813	
7.	% completion of 1 sewage treatment plant	100% but under trial	
8.	No. of people to benefit from the sewage treatment plant	14,000	
9.	% completion of 121 solar electricity units	100%	
	No. of people to benefit from the solar electricity plant	50,000	
<b>Livelihoods</b>			
10.	No. of households reached by asset replacement or enhancement	1,140	
11.	No. of community development groups formed for thrift livelihood activities	58	
	No. of persons involved in thrift and income generation activities	1,160	
	Range of grant size (in local currency)	INR 2,500 – 10,000 per grant	
12.	No. of people served by additional facilities, equipment and vehicles that contribute to better livelihoods	20,200	
<b>Disaster Management</b>			
13.	% of population covered by International Federation early warning interventions	50%	

<sup>1</sup> Emotional wellness support (EWS): This includes special programmes like reclaiming personhood, motivation, and stress management along with other psychological programmes. Staff and facilitators will be trained in these areas. to support young children through a 'play' based programme capitalizing on the natural affinity of the child for play and the therapeutic value of play. The focus of this module is to support the natural resilience and learning capacities of children through environments that enable children to experiment and play safely and creatively. In the aftermath of traumatic experiences such as the tsunami, play is used therapeutically to help children heal psychologically.

	No. of people served by operational disaster management centres	10,000
14.	No. of families covered by pre-positioned stocks	50,000
	<b>Programme support and coordination</b>	
	# of Red Cross Red Crescent organizations working in country (operational)	8
	# of Red Cross Red Crescent organizations contributing to the report this period	3
	<b>Beneficiary &amp; Community Participation</b>	
15.	Estimated PERCENTAGE of projects with one or more forms of local participation <sup>2</sup>	100%
	<b>Sustainability</b>	
16.	% of projects with a sustainability plan or documented exit strategy	50%

**Other data points to be included:**

**List of Red Cross Red Crescent Societies working/operational in country during reporting period:**

American Red Cross  
Canadian Red Cross  
German Red Cross  
Italian Red Cross  
Spanish Red Cross  
Indian Red Cross

**List of Red Cross Red Crescent Societies that contributed to this report in this reporting period:**

American Red Cross  
Canadian Red Cross  
Spanish Red Cross  
Indian Red Cross

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<sup>2</sup> 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.

