

# Report 2004-2008



International Federation  
of Red Cross and Red Crescent Societies

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

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.



Red Cross volunteers participating in the first aid and youth development project. **Photo: International Federation**

### In brief

**Executive Summary:** The Federation's tsunami recovery programme in Thailand has continued on track during this reporting period with most programme areas moving ahead as anticipated, although a number of planned activities have not been completed. The American Red Cross and Finnish Red Cross continue to work in the six tsunami-affected provinces.

Throughout the reporting period, the programme team continued to work closely with the Thai Red Cross to support ongoing activities. At the specific request of the Thai Red Cross, three key areas will be provided with multilateral support through the International Federation in 2008/09: organizational development, disaster management, and coordination. Such support will be based on issues identified or experiences gained during the tsunami recovery operation over the last three years and a half.

[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

Following the uncertainty of the early part of the year, the operating environment in Thailand during this period has been generally calm. Civil unrest has continued in three southern provinces: bomb attacks, shootings and arson attacks increasingly spilling over into neighbouring provinces and threatening to extend to Bangkok. The conflict has resulted in more than 2,700 deaths in the past decade, with over 90 per cent of these in the last four

years, and the regular incidents have made the daily lives of the local population that much harder. The three provinces remain under emergency decree, and the skirmishes between the military and the militants continue.

Thailand's political troubles have taken a dramatic and unexpected turn in recent weeks and months, with Samak Sundaravej forced to resign as prime minister after having been found guilty of violating the constitution. However, the confrontation between the coalition government, led by the People Power Party (PPP) on one side and the People's Alliance for Democracy (PAD, a coalition of civic groups, royalists and others opposed to the government) on the other, has persisted. By late September, PAD supporters, numbering in the low thousands, remained entrenched in and around the Government House complex (the location of the prime minister's offices) in the capital, Bangkok. The government has now abandoned the site, and in late September, Samak's successor, Somchai Wongsawat, was working from temporary offices in a terminal at the old Don Mueang airport.

The verdict raised the spirits of Samak's opponents, particularly the hardened leaders and supporters of the PAD. Since late August, the PAD has been occupying Government House in an effort to force Samak to resign. Although rejoicing in Samak's downfall at the hands of the judiciary, the group has refused to end its protests, as the PPP (which supports Thaksin Shinawatra, the prime minister who was ousted in the September 2006 coup) remains in government. The PAD's supporters have shown no sign of moving away from Government House, where they have erected semi-permanent shelters and have set up food and water supply chains.

The Thai baht remains under pressure owing to a combination of the strengthening US dollar, high inflation and a downturn in investor sentiment in the face of ongoing political and economic instability. Following the imposition of a state of emergency on 2 September the baht fell to a 12-month low against the US dollar.

The impressive growth rate in the first half of 2008 (at 5.7 per cent year on year) was driven primarily by strong exports of goods and services, mainly rice export. This trend will not persist. Worldwide demand for agricultural goods is reduced with the looming global financial crisis. In addition, countries like Viet Nam have increased their rice production over the last nine months.

The International Federation is working with the Thai Red Cross to support disaster management and organizational development activities. The Thai Red Cross has also explicitly requested the International Federation to play a role in coordinating the support offered to them by partner national societies.

The American Red Cross, in close collaboration with the International Federation and the Thai Red Cross Society began its tsunami recovery operations in Thailand in late 2005 focusing mainly on the following sectors:

- **Health and care:** First aid and youth development project, community-based health project, and water and sanitation and health promotion project
- **Disaster management:** Disaster preparedness project

The water and sanitation and health promotion project, the largest portfolio of Thailand tsunami recovery programme, is being implemented bilaterally by American Red Cross while the three other projects are being implemented by Thai Red Cross with the technical and financial support from American Red Cross.

Significant programmatic progress was made over the past six months. With positive relationships and support from Thai Red Cross at both headquarters and provincial chapter levels enhanced, the project activities are being scaled-up and progressively expanded into the target areas. As for the operational progress, the main achievements include the deployment of key administration and operations staff as well as the completion of the provincial office refurbishments.

## Performance Table

Programmatic Performance Indicators for Thailand	Total
Overall estimated number of persons reached by the Federation and Partners	395,000
Total number of persons with access to an improved water source	10,200
Total number of hospitals & clinics provided	14
Total number of houses provided	18
Total number of schools provided	2
Number reached by asset replacement or enhancement	7,600

*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](#)

## Health and Care

During the reporting period, Red Cross Red Crescent tsunami recovery efforts in the health and care sector covered the following areas: blood services; community health (including basic health care services and first aid); water and sanitation.

### National Blood Centre and Blood Services

The French Red Cross is providing financial, technical and human support to the Thai Red Cross to set up a new information technology system (software and hardware) for the blood transfusion services throughout the country. This system will be installed in the national blood centre in Bangkok and the 12 regional blood centres. French Red Cross will also support the maintenance of the new system during the first five years. It will benefit directly approximately 150,000 people per year. A provider has been identified and the procurement contract should be signed in November 2008.

The selection of the construction company for Phuket regional blood centre was received in May 2008. Red Cross chapter in Phuket also gave official permission to use the land. The construction work for the centre and its technical building started in June 2008, estimated to be ready in May 2009. Piling works of the regional blood centre turned out to be more difficult than estimated and delayed the construction work by four weeks. Excellent progress on the technical building compensated for this.

The list of equipment for the regional blood centre was finalized, and budgets were revised. Procurement started in August 2008.

The joint Thai-Finnish steering group for the project met for the first time in Bangkok in August 2008, agreeing on the objectives, plans and the budget.

There is one blood coordinator in each province. The Finnish Red Cross supports their salary and promotion costs to recruit voluntary blood donors. Monthly meetings were held with the coordinators, and two coordinators received on-the-job training at the Thai Red Cross national blood centre in May 2008 for ten days.

Two blood coordinators from Satun and Trang provinces were chosen to represent Thai Red Cross in the Federation regional workshop on recruitment of voluntary non-remunerated blood donors in August 2008 in the Philippines, to present their experiences in the programme. World Blood Donor Day was celebrated in all the provinces on 14 June 2008; activities were organized by the coordinators. The Thai Red Cross national blood centre organized five national meetings on blood donations in June-September 2008; the three coordinators presented the programme.

The Finnish Red Cross funded two “thank-you” events for regular blood donors in Phuket and Phang Nga provinces, organized by Takua Pa hospital in Phang Nga and by the Thai Red Cross chapter in Phuket in August 2008.

### **Water and sanitation and health promotion project**

As Phase I activities wind down, the work of Phase II is being scaled up. Progress since the last reporting period include an increase of staff from seven based in Phang Nga province to 17 persons with teams operating in Ranong, Krabi, Trang and Satun Provinces. In addition, the World Wildlife fund (WWF) project officer from the American Red Cross-WWF partnership is based in Phang Nga and works regularly with the water and sanitation teams in all provinces. In terms of project completion, most of the projects that were under construction in January 2008 have been completed.

Phase II of the project expanded to the other four tsunami-affected provinces, and was expected to begin its project implementation in September 2007 just after the proposal was approved by the Thai Red Cross. Because of delays in Phase I, partly as a result of losing key staff members from the Thai Red Cross who had to return to their health station posts, much attention was focused on getting 18 remaining projects (including 12 health centres) under contract by the end of 2007. One advantage of this delay was to allow some of the newly recruited staff to have more on-the-job training before starting up similar programmes in the other target provinces.

At the end of this reporting period, Phang Nga province was on target in terms of tendering new Phase II projects while the other provinces expected to be about two months behind the proposed timeline. There were some obstacles in the new provinces such as the newness of working with the provincial chapters and provincial authorities and a delay in posting support staff in each province. As the team is learning from practical experience, the four-month project cycle will likely need to be lengthened with more projects in each cycle. This follows the current trend where 47 projects are now moving forward in the first cycle instead of the 30 as planned originally.



The water and sanitation and health promotion project is the largest in the tsunami recovery programme portfolio. **Photo: International Federation**

### **Community-based health project**

Most of the project staff completed first aid training as well as participatory rapid appraisal training. All field staff members were officially introduced to the Thai Red Cross provincial chapters. A reporting system was set up in cooperation between American Red Cross and Thai Red Cross and the majority of quarterly reports and financial reports are submitted on time. Further development of the volunteer management system is still pending as this is the prime responsibility of the Thai Red Cross.

A majority of the trainers recruited include local and provincial government health officers and staff. A trainer’s manual was designed, reviewed, printed and distributed to 126 trainers. The volunteer manual was in the final drafting stage and the disaster health training centre in Bangkok was officially established and started data collection to support the project. It supported an event organized by the Thai Red Cross College of Nursing in “health related to disaster” in June 2008. The DHTC officer facilitated the distribution of information to the project staff. No progress was made yet to review the “helping the helper” course.

A seven-day training-of-trainers event was organized between 31 March to 2 April and the 21 to 23 April for 126 participants from all six provinces. The majority of the participants were nurses, provincial and district health officers, or healthcare personnel from the primary health care units with a health background while some trainers are teachers or community volunteers. After the training-of-trainers started the recruitment of volunteers in the provinces and scheduled a training plan for volunteer training to take place between July to December 2008. In total 2,520 volunteers of 179 communities have been recruited to participate in the community volunteer training programme although the actual target, adjusted in June 2008, is 2,150 (approximately 12 per community).

The selection of 179 project communities, including two migrant communities, took place in April 2008 and in May 2008, a random number of selected communities participated in the integrated baseline survey. Information from the baseline survey will be used to define health priorities/indicators combining those data with data from the community assessments and available provincial health data. In addition, the role and responsibilities of the district health and community health committees have been set up and defined.

### **First aid and youth development project**

As of June 2008, 2,089 volunteers (88 per cent of target) completed a five-day training event while 562 volunteers (17 per cent of target) completed 2-day training (one day first aid and one day Red Cross dissemination). All project staff completed training-of-trainer sessions in first aid and participated in a half-day workshop on monitoring and evaluation. Three meetings were held between the staff, non-formal education directors, first aid trainers and some of the volunteers to evaluate the project to date and to plan the project for the next year. However, the human resource situation still remains challenging due to a high workload in the field and a limited number of staff.

A volunteer database for the project was set up including 80 per cent of the data of the current project volunteers but is not yet integrated into the Thai Red Cross chapter database which is still being developed. The establishment of advisory committees was discussed with the other projects to prevent duplication of committees; follow up steps need to be further defined. The project activities were promoted through the local radio and distribution of 500 first aid brochures in the target communities were made.

## **Disaster Management**

The disaster management programme is focused on improving the capacity of vulnerable communities as well as of the Thai Red Cross to prepare for, cope with and respond to future potential disasters.

### **Community preparedness**

Two permanent pilot stations have been planned in Krabi and Phang Nga provinces but the process went ahead only for the pilot station in Krabi. Land ownership in Krabi is confirmed, and architectural drawings and plans have been made for renovating the existing community building. The bidding for the renovation of the building starts in November 2008, and it is planned to be opened in February-March 2009. Now there are plans and a potential site for setting up a temporary station for Phang Nga province, in Kuraburi. Thai Red Cross will assess the site and make a contract with the owner of the land for renting it and the building on it. There is a possibility that there will be a search and rescue station in all of the six provinces by the year 2010, funded partly by Red Cross and partly by local authorities.

Negotiations were started to include search and rescue volunteers, in the department of disaster prevention and mitigation under the ministry of interior volunteer core, in the provinces to provide them with adequate insurance coverage during their rescue missions.

Finnish Red Cross is waiting to start the procurement for the telecommunication and information technology equipment for the Krabi pilot station when the renovation of the building will begin.

The Norwegian Red Cross funded sea search and rescue basic training in Trang province for the volunteers in May 2008, carried out by Thai Red Cross first aid and health care training Centre. 25 volunteers passed the training. The next training was organized in Phuket province in July 2008, and 31 volunteers passed it. Phuket province also had the search and rescue advanced training in September 2008, where 32 volunteers qualified themselves. The last search and rescue training in the year 2008 will be organized in Ranong province in October 2008.

The project activities for American Red Cross in disaster management are still in the early stages of progress at the community level. Currently, the American Red Cross and Thai Red Cross teams are discussing the final number of targeted communities which is being reduced. A number of community leaders and volunteers in the active communities have been trained in community-based disaster risk reduction and first aid, as part of the key

steps of the programme. However, at this point, the definition, roles and responsibilities of community volunteers are still being defined.

The Thai Red Cross has established several strong working groups as a part of this project: disaster operation centre group, disaster response group and community-based disaster risk reduction group and national disaster response teams, based on the area of expertise of staff. Working groups are under the supervision of relief and community health bureau's director and deputy director. The bureau in general exhibits a clear willingness to work with communities to build their capacities to cope with any negative impacts from natural disasters in the future, even though experience with community based programming is limited. The policy on disaster preparedness of the bureau established community-based disaster preparedness as a core area, and the Thai Red Cross – American Red Cross project fits well for their needs to develop this capacity further. Likewise, though coordination with the provincial chapters has been challenging, the chapter leaders have expressed their sincere interests in supporting their own capacity building for disaster preparedness, as well as developing a more community-focused approach.

The International Federation supported the Thai Red Cross mainly in the development of a long-term strategy in logistics, together with a strong logistics training component. Training was carried out for all the health station staff responsible for logistics in the 12 health stations around the country. Rapid assessment training had to be postponed due to the floods which kept the Red Cross staff busy from mid-August onwards.

## Cross-cutting Issues

### **Quality and accountability**

The standards of accountability to beneficiaries for the American Red Cross were set and disseminated among the projects. The benchmarking analysis, consisting of assessing the current situation for accountability to beneficiaries among NGOs operating in the programme area compared to American Red Cross minimum standards, was conducted in March 2008. In addition, the team has raised awareness among the different Thai Red Cross bureaux on the necessity to be accountable to the communities we serve according to the standards.

The accountability to beneficiaries activities will be carried out through the liaison representative employed by the American Red Cross in each province. A team of five liaison representatives (the team leader is acting as a representative for Phuket province) were recruited and trained during the second quarter of 2008. Nevertheless, the accountability activities require further implementation from the projects and a proper monitoring and evaluation system in place. The concern of quality of participation will also need to be addressed and tools to assess beneficiary satisfaction developed.

As for community participation, the water and sanitation project is integrating construction monitoring processes by the beneficiaries themselves. The monitoring and evaluation system will provide a summary of the findings of the baseline survey, mid-term and final evaluations, to be shared with the target communities in an appropriate way and in close collaboration with the liaison representative team. It is planned that project beneficiaries will be the major informants in the process of the mid-term and final evaluations.

Related to the listening project exercise that was completed in Thailand in 2007, the final report has been published and is available at the CDA Collaborative Learning Projects website at:

[http://www.cdainc.com/cdawww/project\\_profile.php?pid=LISTEN&pname=Listening%20Project](http://www.cdainc.com/cdawww/project_profile.php?pid=LISTEN&pname=Listening%20Project)

## Host National Society Development

The Federation's organizational development programme component has been responsible for overseeing support to the operations of Red Cross Chapter development and volunteer management. The Federation offered its experience on volunteer management from other countries to the new volunteer manual. From its work with

chapters, the organizational development team helped develop and strengthen the cooperation between the management and their members. The volunteer management manual has now been translated into Thai and has been distributed to all the provinces.

In addition, the Federation's organizational development team and the other programme officers have assisted the tsunami recovery programme in terms of overall programme coordination and cooperation in general with Thai Red Cross and the partners. The Thai Red Cross remains the programme implementer and as new areas of programme work come on-stream, the concerned Thai Red Cross bureaux have increased their staffing levels and skills to cover the new areas of work. The youth bureau has hired three project staff to run the first aid training project; the administration bureau and provincial Red Cross coordination unit hired six chapter coordinators for placement in the affected provincial chapters, plus one at headquarters level.

The Federation has provided financial and technical support to the Thai Red Cross's personnel bureau and strategy and planning bureau to support the implementation of strategic planning and policy decisions, and the capacity development of middle management in monitoring and evaluation skills. Measurements for monitoring, coaching and evaluation have been put in place. All existing strategies and plans will be reviewed and integrated into action plans for all bureaux.

The issue of chapter development and volunteer management will be again one of the priorities in the coming year for the programme. Most of the projects have trained a number of volunteers and more of them are expected but there has been no proper database or management system established, and they are not really seen as a single resource for the whole Society to mobilise when needed. The plan to create the volunteer management software was planned for completion by the end of 2007 but progress has been slow and the work needs to continue into 2009.

Various learning opportunities were provided to Thai Red Cross covering a comprehensive range of field, notably: regional technical workshops (in health and disaster management), finance, and monitoring and evaluation.

On a daily basis, the capacity building takes the form of regular thematic meetings related to project decisions and facilitated by the programme managers with regular involvement of the relevant American Red Cross regional technical advisors, Finnish Red Cross delegates, and Federation delegates and local staff.

## Working as a Movement

One key to coordination and collaboration amongst the three bureaux has been the development of shared provincial offices. Each of the six tsunami-affected provinces has a Red Cross office staffed by programme and support staff from both Thai Red Cross and American Red Cross. These shared offices provide opportunities for the different programmes to share resources and coordinate their work within the province.

Additionally, the Thai Red Cross bureaux at the Bangkok level have had several meetings to help ensure that their programmes are following similar rules and standards. This has become increasingly important as the projects are often located in the same sub-district or even the same village.

A "solutions finding committee" was formed to help solve outstanding issues within the tsunami rehabilitation programme such as sharing of resources, financial transfer delays and regulations, harmonization of monitoring and evaluation, implementation rate improvement, role of the Federation and exit strategy. The group consists of decision makers in each Thai Red Cross bureau as well as representatives from the Federation, Finnish Red Cross and American Red Cross.

# Looking Forward

Throughout the reporting period there has been close and regular interaction between Thai Red Cross and the various partners through a series of coordination meetings, working groups, programme and sectoral meetings, to discuss the ongoing recovery operation and to work on future plans. Especially the “solutions finding committee” is an excellent way of getting the Federation the partner national societies and the various Thai Red Cross bureaus together and these meetings will continue in future.

## Contact information:

### For further information specifically related to the tsunami operation, please contact:

- Thai Red Cross Society, Mr. Sawanit Kongsiri, (Assistant Secretary General); email: [intertrc@redcross.or.th](mailto:intertrc@redcross.or.th)  
phone: +66.02.256.4037, fax: +66.02.255.3064
- Country office: Stefan Kühne-Hellmessen (programme coordinator),  
email: [stefan.kuhnehellmessen@ifrc.org](mailto:stefan.kuhnehellmessen@ifrc.org), phone: +66.2661.8201, fax: +66.2661.9322
- Regional office: Alan Bradbury (head of regional office), email: [alan.bradbury@ifrc.org](mailto:alan.bradbury@ifrc.org),  
phone: +66.2661.8201, fax: +66.2661.9322

### Federation secretariat in Geneva:

- Marcel Fortier, (Thailand and Indonesia regional officer); email: [marcel.fortier@ifrc.org](mailto:marcel.fortier@ifrc.org);  
phone: +41.22.730.4854,
- Priya Nair (tsunami grants officer), email: [priya.nair@ifrc.org](mailto:priya.nair@ifrc.org); phone: +41.22.730.4295
- Oscar Vispo (tsunami operations web communications officer); email: [oscar.vispo@ifrc.org](mailto:oscar.vispo@ifrc.org);  
phone: +41.22.730.4570

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

**Figures represent progress achieved up to 30 September 2008**

**FIGURE 1: Analysis of programmatic performance indicators for Thailand**

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)		395,000
<b>Health &amp; care including water &amp; sanitation infrastructure</b>			
2	No. of persons with access to an improved water source (temporary settlements)		N/A
	No. of persons with access to an improved water source (permanent settlements)		10,200
	<b>Total no. of persons with access to an improved water source</b>		10,200 <sup>1</sup>
	Total no. of persons targeted for access to an improved water source (planned)		25,600 <sup>2</sup>
3	No. of persons with access to improved waste management facilities or improved latrines (built to Sphere standards <sup>3</sup> )		9,200
4	No. of persons certified or skilled in community-based first aid (including psychosocial).		5,200
5	No. of persons reached by community-based health services.		N/A
6	Hospitals & clinics built or rehabilitated	Operational/In use	14
		Completed	14
		Under construction	1
		In planning phase	0
	<b>Total number of hospitals &amp; clinics to be provided</b>		<b>15</b>
<b>Shelter &amp; community construction</b>			
7	Transitional shelters built	Completed	0
		Under construction	0
		In planning phase	0
	<b>Total number of transitional shelters to be provided</b>		<b>0</b>
8	Permanent houses built	Occupied	18
		Completed	18
		Under construction	0
		In planning phase	0
	<b>Total number of permanent houses to be provided</b>		<b>18</b>
9	Schools built or rehabilitated	Operational/In use	2
		Completed	2
		In progress	0
		In planning phase	0
	<b>Total number of schools to be provided</b>		<b>2</b>

<sup>1</sup> The total number hasn't changed from last report as the construction works for Phase 2 are in process. This amount includes communities and schools but not indirect beneficiaries of the catchment areas of health centre facilities that were included in the project.

<sup>2</sup> The project targets was refined compared to previous reports and are now more precise for the improved water source component. This time, the two phases of the programme are added.

<sup>3</sup> 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	2
		In progress	0
		In planning phase	0
<b>Total number of other community structures to be provided</b>		<b>2</b>	
<b>Livelihoods</b>			
11	No. of households reached by asset replacement or enhancement		7,600
	No. of households that have received livelihood support grants		100
12	Range and average grant size (in local currency): RANGE		N/A
	AVERAGE GRANT SIZE		N/A
<b>Disaster Management</b>			
13	% of population covered by pre-positioned stocks		0%
14	No. of communities targeted for developing a disaster preparedness or contingency plan for all major risks	Completed	11
		Planned	57
15	No. of persons trained in vulnerability and capacity assessments or community-based disaster management		310
<b>Programme support and coordination</b>			
16	# of Red Cross Red Crescent organizations working/operational in country		4
	# of Red Cross Red Crescent organizations contributing programme data to this report		5 <sup>4</sup>
	# 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
<b>Beneficiary &amp; community participation</b>			
17	Estimated PERCENTAGE of projects with one or more forms of local participation <sup>5</sup>		100%
<b>Sustainability</b>			
18	% of projects with a sustainability plan or documented exit strategy		50% <sup>6</sup>

**Other data points to be included:**

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

1. American Red Cross
2. Finnish Red Cross
3. International Federation
4. Thai Red Cross

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

1. American Red Cross
2. Finnish Red Cross
3. French Red Cross
4. International Federation
5. Thai Red Cross

<sup>4</sup> The French Red Cross contributed to the report, but has finished its major activities in Thailand. Only the national blood bank project is ongoing.

<sup>5</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.

<sup>6</sup> Targeting 100%.

**FIGURE 2: Analysis of knowledge sharing and active learning performance indicators**

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	9	3		1	2
Number of evaluations, reviews, formal assessments planned for next period	3	3			
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	5	3			
Knowledge sharing/active learning events underway or completed (involving one or more International Federation members) this reporting period, by type by national society	33	7			5
Knowledge sharing/active learning events planned for next period by national society	6	3			1