

Report 2004-2007



Federation-wide Tsunami Semi-annual Report India

Appeal No. 28/2004

10 December 2007

This Federation-wide report covers the period of 1 May to 30 October 2007, 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.



Kavya attends the Red Cross crèche in Pudukkudi village, Tamil Nadu. "I love to paint and these are my paintings" Canadian Red Cross/ Irene Stanley.

In brief

Executive Summary: The tsunami recovery programme of the Indian Red Cross Society (IRCS) is being implemented in Tamil Nadu and Andhra Pradesh primarily at national and state levels, along with a few key partner national societies such as the Canadian, American, Spanish and German Red Cross societies.

The overall programme is progressing for all partners involved with major expenditures being taken up by the national society. The Federation has no tsunami component except for the procurement of plastic sheeting which has been completed. All 5,000 plastic sheet rolls have been received at the IRCS warehouse.

The Canadian Red Cross had a high profile visit from the head of international programming during the reporting period resulting in the strengthening of ties between the two societies. Furthermore, the American Red Cross has begun initiating its programme, laying the groundwork in 12 selected districts in Tamil Nadu. It is adopting an overall development approach rooted in psychosocial care. The Spanish Red Cross is close to initiating programmes under health and livelihoods in Andhra Pradesh.

[Click here for the **Global Tsunami 3 Year Progress 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

During the reporting period, interesting developments such as the Indian ministry of science and technology and earth sciences launch of a national tsunami early warning system set up at the Indian national centre for ocean information services (INCOIS) in Hyderabad took place. Action taken by other agencies in the past two and a half years since the tsunami include the Church World Service's (CWS) partner, Church's Auxiliary for Social Action (CASA) and its partners constructing 4,000 houses in Cuddalore, Tamil Nadu.

The Asian Development Bank's two-year report highlighted that efforts to ensure consensus building and bottom-up planning in project implementation have resulted in improvements in resource optimization, environmental, social safeguards, and accountability.

Large-scale rebuilding efforts in many smaller communities have given rise to a shortage of building material such as bricks, sand and aggregates, resulting in an escalation of costs, and indifferent response from contractors.

The socio-economic and political scenario in Tamil Nadu has been quite stable during the reporting period with the exception of two incidences. The first being in connection to a government construction project to create a sea-route off the shore of south eastern coast of Tamil Nadu; and the second being communal disturbances in a couple of districts in connection with the centenary commemoration celebrations of a yesteryear *dalit* leader.

The state has also been facing heavy rains since June 2007. The severity of the monsoons, being monitored by the Red Cross Red Crescent, has been increasing at an alarming pace. The Indian Red Cross Society under the initiatives taken by the branches through locally mobilizing resources, have been active and achieved significant progress under each initiative, reported at length in this report.

While several changes in the Canadian Red Cross team resulted in slowing the pace of some activities, the limitations in the capacity of the IRCS at various levels also added to delays in its own schedule. The Canadian Red Cross (CRC) health sector activities picked up momentum with data collection for the scientific baseline survey in 12 affected villages across five coastal districts in Tamil Nadu. The survey in these areas was completed, with data compilation and statistical analysis carried out and findings presented for review. The findings of the survey formed the basis for intervention planning and will remain a parameter for assessing impact at a later point in the project.

The emotional wellness support (EWS) programme supported by the Canadian Red Cross is being provided to young children attending the 13 Red Cross-run crèches (day care centres). 'Play Programming' in crèches has also been further strengthened with the delivery of the needs-based refresher course. Seven of the 13 crèches are already seeing the impact of the play programme in children and will continue to yield better results. Six other crèches that have seen staff changes will benefit from the programme as a result of the intensive custom-made training provided to the new teachers.

In the livelihoods sector, the Canadian Red Cross has formulated 55 community development groups for restoring livelihoods (CDG-RL). Altogether 20 women and 20 men have each received technical support for mobilizing intra-group loans of the group's collective savings that have now grown to over ten thousand rupees each. Members in two districts, consisting of nearly 30 groups, have received assets that are maintained, managed and used by the groups collectively for income generation.

In the last six months, the Canadian Red Cross saw capacity building mainly at the community level, with volunteers associated with the CDG-RL project and the community development groups for health promoters (CDG-HP) groups trained and engaged in the planning and implementation of several activities. The project field staff assisting the community and the district branch monitoring the project have gained from the technical support and training. Steps have been taken to address delays in financial reports that form a major hurdle in the timely implantation of the projects.

The Spanish and the American Red Cross societies are partners to the IRCS and have been able to negotiate the right project with inputs from all the stakeholders. Reporting on the process is currently underway and will be followed up by more information on activities and impact when available.

Programmatic Performance Indicators for India	Total
Overall estimated number of persons reached by International Federation and partners (not by sector)	425,805
Total no. of persons benefiting from health centres	6,000
Total no. of children to benefit from crèche activities	450
No. of children at crèches receiving emotional wellness support	373
Total no. of people to benefit from sewage treatment and solar electricity plants constructed	64,000
Total number of houses to be provided (170 families= 170 x 5= 850 people)	170
Total number of schools to be provided	10
No. of households reached by asset replacement or enhancement	640
No. of community development groups formed for thrift and livelihood activities	55
No. of persons involved in thrift and income-generation activities	1,100
Total no. of people to benefit from other forms of livelihood support (e.g. multi-purpose structures, cold storage units, crab fattening units, fish drying platforms, solar driers, vehicles for transporting goods)	84,902
No. of (or no.) reported improved, diversified or stabilized income	45% ¹
No. of families covered by pre-positioned stocks	50,000
Population covered by Red Cross Red Crescent early warning interventions	50%

Above is a cumulative figure since the initiation of the rehabilitation programme by the Indian Red Cross Society along with its other partners including Spanish, Canadian, and American national societies, together with the Federation. These figures have appreciated by ten percent since the previous update due to the various changes in aid provided to the community.

[Click here for a table showing quantitative analysis of the tsunami operation by performance indicators \(RRU to insert table before posting\).](#)

Health and Care

The Red Cross and Red Crescent partners continue to engage in primary health care, disease prevention and health promotion as part of community development.

The Indian Red Cross Society (IRCS), as reported in the previous update is implementing a primary health care programme where one of its major activities includes a health care centre in Kanyakumari. The memorandum of understanding (MOU) for the procurement of land was drafted and land has been procured. The state branch, however, has called for a few revisions in the original MOU. This is due to a previous oversight where the land was procured in the name of Kanyakumari district branch rather than the Indian Red Cross Society. As a result, the MOU is being redrafted and will be signed again.

Other than the health and care centre, seven crèches are to be completed in different districts of Cuddalore, Kanyakumari, Villupuram, Pudukkotai, Kancheepuram, Tiruvarur and Thanjavur. Of these, five of the crèches are functional while one in Kanyakumari and another in Villupuram are still under construction.

¹ Figure derived from Tamil Nadu branch only.

The Canadian Red Cross (CRC), through an integrated community-based approach to health promotion and prevention, is supporting a project which seeks to address the health needs of community members living in chronic poverty intensified by the tsunami disaster. One method is by strengthening the capacity of the IRCS state/district branches, and local IRCS and community mechanisms. Village-level activities will be implemented by the CDG-HP after formal training. These CDG-HPs consists of those selected from the target villages.

Currently, the CRC health sector activities are being implemented in 12 villages across five districts. Plans are in progress to expand to 40 or so other villages across three of the five districts and two other coastal districts which have agreed to run the CRC/Federation project.

This reporting period has seen the baseline survey completed in the said 12 tsunami-affected villages by the CRC. Trained project staff and health promoters carried out data collection on 835 households and performed subsequent data analysis, showing specific needs in relation to predetermined health indicators. Project officials from the state and district branches were previously oriented on approaching the baseline survey findings. Currently, the initial draft of the baseline survey narrative report is under review.

Baseline Survey – Features
<ul style="list-style-type: none"> • <i>This is the first scientific study ever done for any of the IRCS projects</i> • <i>Data collection was conducted by field project staff along with several village members</i> • <i>The data collection team experienced capacity building in survey techniques through two training sessions</i> • <i>The report will be widely available as a .pdf for the public by the end of the calendar year</i> • <i>Health promotion interventions will be based on the needs identified from the baseline survey</i> • <i>A horizontal approach is being maintained in designing interventions by involving all stakeholders</i> • <i>Monitoring, evaluation and sustainability components are being embedded since the very beginning of the project</i> • <i>The quality of the study is ensured by consulting experts in the field such as bio-statisticians and medical professionals</i>

Orientation sessions for the health promoters (HPs) were arranged in every district so as to update them on various activities in the project. Team discussions and consultations focus on finalizing areas of need-based intervention derived from inputs received from all stakeholders. The plan of action includes various strategies, activities, indicators, and timelines related to various established areas of focus. ‘Inaugural Discussion Sessions’ with the CDG-HPs are planned prior to the start of training and field activities related to the health promotion interventions. These sessions aim to discuss various components associated with the said activities. The operational manuals for predetermined topics will be prepared and shared with CDG-HPs during the training sessions so that they can use them during these activities.

A. Emotional Wellness Support (EWS) Sector

This sector focuses its efforts on two levels of intervention: one, with children below ten years of age, to whom EWS is offered through a play-based programme, while the other is the wider village community who will receive this support through special EWS activities designed for the next phase. One part of the programme for children includes a play-based component in the crèche curriculum. Most recommendations from the mid-term evaluation of the play programme were invested in the refresher course that was held in October. Despite delays, the training was received enthusiastically by the three different set of participants.

At present, 390 children below the age of six receive EWS through this programme. A refresher course on the programme was provided for seven trained teachers with six new others receiving intensive coaching. Six project staff were introduced to the concept of the programme, and its specific monitoring and support needs expected at field level. Part of the summary session of the refresher course was geared to remind district and state branch officials of Tamil Nadu state of their supportive roles in the implementation of the programme. The refresher course also instituted monitoring mechanisms for project staff; in order to help teachers carry out a programme that constitutes a valuable contribution to the wellness and development of the children under their care.

Several planned activities in this sector have not been implemented as scheduled, while a few others are facing difficulty in getting underway. One of the main reasons is the lack of resources at the IRCS national headquarters

to help advance the activities. Likewise, challenges in fund transfers to state branches have contributed to some activities ending and some not starting.

The American Red Cross is supporting the Indian Red Cross Society in implementing an integrated recovery programme for people in 40 tsunami-affected communities in the Kanyakumari district of Tamil Nadu. The project goal is to enhance the capacity of tsunami survivors to recover to pre-tsunami level or better in behavioural and personal health, through community and school-based interventions.

The project objectives are as follows:

1. Develop better-functioning communities and improve the physical and psychological health of individuals and community members.
2. Develop better-functioning schools and improve the physical and psychological health of tsunami affected students and teachers.
3. IRCS at all levels and other local partners have an improved capacity to design, facilitate and implement community-based integrated recovery programmes

This project will integrate the following components in its service to the tsunami-affected people:

- Ensure holistic well-being
- Facilitate recovery at individual, family, and community level.
- Encourage healthy behaviour, positive ways of coping and building resiliency.
- Improve health status by encouraging behaviour changes.

The project is using psychosocial support interventions as a platform to engage tsunami-affected people to explore their new environment, to meet and get to know new neighbours, to begin a discussion on community needs, risks and protective factors, to commit themselves to working together and to develop skills to be the drivers of their own recovery. This approach will assist tsunami-affected people in their recovery process as well as in their development of life skills to address future events. The American Red Cross behavioural health model considers a community to be the social and psychological foundation for the individual and the foundation for safety, belonging, livelihood, and education. Behavioural health builds on the knowledge and awareness of local needs and protective factors to provide psychological and social support to people involved in disaster situations. That means they are identified, planned, and developed by the affected population with support and guidance from the local Red Cross.

The project focuses on people directly and indirectly affected by the tsunami in the Kanyakumari district of the state of Tamil Nadu. These tsunami-affected people were chosen based on existing needs, lack of other NGO presence, and the capacity of the IRCS district branches to implement activities there. The project will utilize participatory methodologies to assess needs, to plan and implement individual, small groups and community projects and capacity building activities. The initial steps are to organize opportunities where tsunami-affected people will conduct mapping exercises, define the language of distress, reduce their personal distress, identify risks and protective factors, prioritize needs through representative decision-making, and engage trusted community members in monitoring and reporting of community activities. Wide participation from all segments of the community will assure that the activities and projects are contextual and culturally appropriate. Broad participation will also help assure sustainability of activities and impact after the project has concluded.

Disaster Management

The national society aims to become a leading agency in disaster management (DM) in the country with two disaster management centres (DMC) being established in Tamil Nadu.

Under the Indian Red Cross' DM programme, three district level projects have been taken up by the Tamil Nadu branch including Thanjavur DMC which was completed in the last reporting period with good cooperation from the local authorities, and will be maintained with joint cooperation from the government.

The second DMC at Villupuram is still under construction; this structure will function as a DMC as well as a multi-purpose building for increasing employment opportunities in the area.

The third project of a cyclone shelter in Nagapattinam has been revised following the community's request for a desalination plant to be constructed in place of a cyclone shelter as one currently exists in the vicinity. The district branch has proposed three sites to the community with the viability of each site currently being assessed. Discussions are being held between the state branch and the national headquarters as the project is sponsored by the latter. Presently, the district is waiting for the national headquarters to respond to the call for quotations.

Under the Canadian Red Cross, DM sector plans have received a setback due to some changes in the CRC technical team. However, it is of late taking shape as a disaster risk reduction (DRR) intervention in the 12 target villages in the five districts of Tamil Nadu with linkages to a state branch and the national headquarters. At community level, the plan has been drawn and includes village volunteer mobilization, training, hazard/risk mapping, alternate route plans, mock-drill, rescue teams and trained CBFA.

At state and central level, the preliminary plan was to set up a GIS lab in New Delhi with connection to a sub-unit in Chennai. The details and technical needs of this idea are being discussed with the IRCS national headquarters as well as with the partner national societies (PNS) in the country to harness a collective and effective approach. The Canadian Red Cross continues to support the post graduate diploma course in disaster management being conducted by IRCS.

Livelihoods

From the onset, the tsunami programme has recognised the importance of the livelihoods programme which includes constructing multi-purpose buildings, net mending sheds, solar fish driers and fish drying platforms.

In Andhra Pradesh, self-employment kits were provided to internally displaced people (IDP) from the Andaman and Nicobar Islands. This proved to be a success and was highly praised by the community in helping them resettle in a new state and earn a living.

Meanwhile in Tamil Nadu, five multi-purpose commercial buildings were being constructed in Nagapattinam, Cuddalore, Villupuram, Pudukkottai and Tiruvarur. These facilities are aimed at boosting the local employment rate and also to function as disaster management centres during emergencies. Out of five multipurpose buildings, three have been constructed and two are under process.

In another initiative, six cargo vehicles were provided to a group of 250 families where fishing is their livelihood. Divided into six groups, each vehicle is used by the respective group to transport their catch each day. All vehicles have been handed over and communities have started using them. Out of the community's earnings, INR 1,000 (CHF 31) is paid by the district offices in Cuddalore and Nagapattinam monthly to each group towards the maintenance of a kitty to undertake repairs on these autos. The bank account for this maintenance fund is held by one individual from the community and one from each of these branches, with each district holding a separate account.



One of the 40 inboard motor boats that were distributed to 400 households in Tiruvarur district, Tamil Nadu.

Apart from cold storage facilities, ice plants are being constructed in Cuddalore and Kanyakumari. The one in Cuddalore was completed during the last reporting period with only the machinery to be procured. That task has now been completed. The second plant which was scheduled to be constructed in Kanyakumari has been changed into a livelihood disaster preparedness centre which also functions as an employment generation centre. The scheme is to construct this centre which can train up to 20 individuals at a time on making coir goods and subsequently, producing them. Their production would then be marketed by the local administration and IRCS staff and volunteers, thus helping them to sell their products. Training will last for a month and be followed by production. The project has been agreed upon and is in the process of being constructed with various facilities needed for a skills training institute.

A fish drying platform was also planned for Cuddalore, but with changing needs reflected by the community, the plan was changed to build a rural employment opportunity information centre for youth; this centre has been given space in the existing district Red Cross office building on the second floor. The funds will be used to procure five computers with internet connections and will thus provide an opportunity for youth to learn about new employment avenues locally and outside. This centre will also function as an employment exchange by advertising openings from local authorities. This decision was taken after a series of discussion and exhibits the goal of the IRCS to adapt to the needs of the community. Earlier the fish drying platform served a capacity of 600 families, but its capacity is flexible and an exact number is difficult to pinpoint.

In the district of Pudukkottai, a crab-fattening unit was planned. This unit is now completed and is ready to be handed over to the community on 24 November after an official inauguration by the local authorities. This unit will help some 600 families in the vicinity.

Another planned net-mending shed has also been completed and is ready for handover to the community after a formal launch by local authorities before the end of this month. This facility will provide livelihood support to almost 400 families.

In Nagapattinam, a solar fish drier was established for the community. After discussion with local authorities, the IRCS branch decided to put up two such facilities. Agreements that funding be made available by the state branch to the district branch are currently being finalized, which a vendor who has agreed to supply three units of the aforementioned facility at the price of two of the same has been short-listed for supply purposes.

The Canadian Red Cross livelihood sector interventions consist of the provision, replacement and/or enhancement of livelihood support and/or assets such as boats, nets, cargo autos and solar fish dryers, as well as construction of livelihood support assets like fish drying platforms, net mending sheds, ice plants, and fish auction halls for tsunami-affected recipient communities. All these assets will be transferred into community ownership and control through community development groups for rebuilding and livelihood (CDG-RL), each consisting of 20 members.

During this reporting period, programme staff were trained in group management techniques with special emphasis on financial accounting for the groups. A total of 25 CDG-RL formed among the five target districts, continue sustaining the group through regular meetings, with savings that have grown to nearly INR 12,000 (CHF 375) per group, intra-group loan facilities, repayment and interest generation. The sustainability, thrift and responsible management of funds have qualified these 25 groups for asset replacement support (ASR). Individual or two women have submitted needs-based proposals for assistance under this support facility to set up small businesses. A delay of five months due to the participatory rural appraisal exercise and administrative and fund transfer hurdles has caused the target groups to express their impatience to the project team and visitors.

The remaining 30 CDG-RL are managing the assets such as five mini-vans, 40 motorized boats with 3,000 kilos of nets, and five net-mending sheds that have been handed over to them through the signing of sound agreements between the CDG-RL group and the local branch of the Red Cross.

Apart from the delay in disbursing the ASR, the training for the group representatives in managing their respective groups, activities and funds, the distribution of translated training manuals and accounting procedures in support of the above processes, has been delayed for nearly three months. Some of the construction activities

with a very short timeline left by are yet to be started. Meanwhile, new sub-proposals for livelihood support to affected villages in three districts have been agreed to by Canadian Red Cross and proposals for these districts are being finalized by the IRCS. The data gathered in the baseline survey on livelihoods of the 12 villages has been analyzed and a report to share the findings is under preparation.

Highlights of the CRC-IRCS tsunami livelihood intervention to date		
Beneficiary Groups	Achievement	Details
25 CDG-RL (500 women)	Collective savings have reached INR 300,000 (CHF 9,375)	Group members savings have reached INR 12,000 (CHF 375) per group x 25 groups
5 CDG RL (100 women)	Groups manage 5 net mending sheds	Construction completed and entire fishing community uses the shed for storing and mending nets at a nominal fee collected by the CDG group
5 CDG RL (100 women)	Groups manage 5 mini cargo vans	The group pays the salary, maintenance, fuel and insurance cost of the vehicle from the rentals earned; they share the balance profit among the members
20 CDG RL (400 men)	Use 40 motorized boats with 1,000 kgs. of fishing nets for their livelihood	Agreements are signed between group and the local branch of Red Cross as with all above assets; the boats are issued with life jackets and first-aid kits as well to ensure disaster preparedness (DP)
Total CDG RL = 55 groups	1,100 persons mobilized and sustained as groups	Saving and income potential of 1,100 households undergoing a welcome change

In order to ensure that the groups receive technical support until they are able to manage on their own, a roaming field technical person has started meeting the groups regularly and to provide support to project staff by helping to build their capacity in monitoring livelihood activities.

The Spanish Red Cross's (SRC) strategic programme areas are very much in line with the Federation's regional strategy operational framework. The SRC is supporting livelihood projects of the Indian Red Cross Society in the state of Andhra Pradesh.

The proposed tsunami livelihood project in the state of Andhra Pradesh is in its final stage of approval. This will create an enabling environment for the improvement of livelihoods in the tsunami-affected communities and will also facilitate the reparation of basic infrastructure and equipment, with special focus on vulnerable women in the targeted communities. In the final version of project formulation, the activities have been modified upon the request of the fisheries department and the communities.

All the activities proposed under the above-mentioned project have been verified and modified according to the changing needs of the communities. This verification and identification process was undertaken during exploratory visits taken up by the Spanish Red Cross in-country team from 1 to 7 May 2007 and from 23 to 26 July 2007. These have been submitted to the IRCS national headquarters for their approval.

In addition, two more livelihood projects are also in pipeline in the districts of Thanjavur and Kanyakumari in Tamil Nadu. These projects are yet to be established.

In Andhra Pradesh, the tsunami livelihood project intends to support the affected fishing community along the coastal belt of Andhra Pradesh, by providing them with toolkits for various odd jobs to earn a daily wage. This will help the Red Cross in replenishing what the community has lost during the disaster with the aim of enhancing their livelihoods

Other proposed activities are based on a needs assessment done by the state and the district branches. The fisheries department which works very closely with the fisher folk on a daily basis has extended support in identifying their need and prioritizing the same.

The main activities include providing office equipment to the IRCS state and district branches, training staff and volunteers, conducting baseline studies and impact assessments of the project, training fishermen on the use of smoking bins, curing tubs, ice boxes, fish drying platforms and hygienic handling of fish.

So far, some 2,000 ice boxes ranging in various sizes (70 litres-150 litres) have been distributed to fishermen. Some 200 (100 cylindrical and 100 rectangular) fish curing tubs and 60 smoking bins have been distributed to fisherwomen self help groups/cooperatives. Altogether, 22 fish drying platforms and 20 dry fish storage sheds are being constructed.

Construction

The Indian Red Cross Society project to reconstruct houses is in full swing in Kanyakumari and Srikakulam. The IRCS is also repairing schools, setting up a solar electricity unit and repairing a damaged sewage treatment plant.

The IRCSs Tamil Nadu state branch's construction of 40 houses in Kanyakumari is progressing well with 33 houses in the final stages of completion. During this reporting period, land procurement issues were sorted out and construction had gained momentum resulting in the aforementioned 33 houses already in the final stages of completion. The last instalment has also been released to the Kanyakumari district office.

According to the original plan, solar electricity units were to be installed in two villages, and on a trial basis two units were installed to see the viability of running these units. The project was planned to support 800 families initially, but as these units were set up with the latest technology of a LED filament costing INR 22,750 (CHF 710) per unit, the results seen were more than encouraging. As such, the local administration has requested the IRCS district state branch to set up these units along the coastal areas where there have been no lighting facilities as a result of the inaccessibility of these areas. The district Red Cross branch is honouring the local administration's request and work is currently under way. Currently, 100 units have been installed in 44 villages and are presently serving more than 16,000 people or some 3,200 families.

Repair work at two schools in Nagapattinam has been completed and furniture handed over to the school authorities. Additionally, a local sponsor has also agreed to complete the boundary wall for the school as well. All works have completed and the school has been reopened, benefiting almost 750 children.

The sewage treatment plant had to be rehabilitated and reconnected to the houses in seven villages which will benefit almost 10,000 people. Repair work has been carried out and the connections have been fixed. After the trial period of about six months and confirmation that the system is working well, the plant will be handed over to the community.

Cross-cutting Issues

Under the umbrella of disaster risk reduction, the IRCS has taken up many initiatives which not only reduce risks but increase employment opportunities. An example includes the construction of seven multi-purpose disaster management centres which would help in the monitoring of any disasters while also generating employment. All the projects have a sustainability criteria attached be it a multi-purpose structure, a cargo auto vehicle, a net-mending shed or a solar fish drier. These facilities will be handed over to the community and subsequently managed by them. In all the facilities provided, the community will manage a bank account based on a fixed contribution to be deposited by relevant group members of each facility in the bank. Each of these bank accounts has dual signatories: one from the Red Cross and the other from the community. The money deposited will be used as a maintenance fund for the same.

Beneficiary and community participation are high, beginning in the planning stage in each of the projects, whether designing of houses or livelihood opportunities. In each scheme, input from beneficiaries are taken into consideration and contributes a more accurate assessment of needs to the original plan. Examples include Nagapattinam where, instead of a cyclone shelter, a desalination plant was proposed and in Kanyakumari, where beneficiaries requested a livelihood disaster preparedness centre in place of a proposed ice plant and cold storage facility..



This net mending shed in Cuddalore is managed by a community development group.

field level is commendable; all decisions are taken with input from stakeholders. Furthermore, each project is well documented by the branch in their local languages while all accounts are inspected by an independent auditor. Extensive monitoring and evaluation techniques have been applied by the Canadian Red Cross while implementing projects which include carrying out mid-term evaluations and managing ongoing data collection for monitoring purposes.

The emotional wellness project is a community component which cuts across all sectors. Volunteers associated with the Red Cross under this project are trained in self-care, conflict resolution, restorative skills such as yoga, meditation, and listening skills aimed at building individual resilience. Collectively, the village is in a better position as far as their mental preparedness in a disaster situation is concerned

The Spanish Red Cross and the IRCS have always involved communities while designing the livelihood project. Several personal interviews and focus group discussions were conducted with communities, their leaders and fisheries department officials to identify the most vulnerable people and their needs for the project through exploratory visits.

Child protection (CP): During the reporting period, an introductory module on CP was designed and pilot tested with the crèche teachers in the field during a training sessions. This eight hour module was delivered in the local language by the trained facilitator of the IRCS state branch. Information, education and communication (IEC) developed for the Canadian Red Cross supported 'Be Safe' programme in Sri Lanka in Tamil were pilot tested with this target group in order to modify and print IEC for IRCS's use in other sectors of its tsunami programmes.

Community mobilization (CM): 1,100 people who had been mobilized and grouped together as community development groups for restoring livelihoods were sustained and assisted to carry out saving and income generation activities through this reporting period. Another 120 people mobilized for the role of health promoters (HP) were formed into groups with basic information sharing. 26 HPs received training in surveying techniques and carried out baseline survey data collection.

Capacity building (CB): Building capacity of the various cadres involved with the project such as community volunteers, project staff, crèche teachers is an ongoing process. Need-based trainings are organized in a planned manner and include the participation of local Red Cross branch officials. This helps the branch to have a better understanding of the strategy, direction and expectations of the project in order to provide support in the implementation of the activities. Participatory methods are adopted during planning and decision making processes thus building a sense of involvement, importance and confidence in each individual as a stakeholder in the project's developmental goal.

In communication and advocacy issues, the level of understanding between the Red Cross, beneficiaries and authorities is very clear. The needs are being communicated well to the Red Cross, who, with support from the local authorities, is able to implement projects more viably. This allows working within the timeframe and the ability to meet the gaps in present administrative services. One example of this is the lighting of coastal areas in Nagapattinam where standalone solar units were used to provide lighting to inaccessible areas. This effective fulfilling of needs exhibits a commendable level of coordination between the authorities and the IRCS.

Under quality and accountability, the transparent process followed by the IRCS at the

Sustainability and fundraising: One of the two CRC supported tsunami projects currently under implementation was designed with a developmental continuum integrated within its design while the other project goal was only of short term rehabilitation. Looking at the overall health needs across the target areas of the two projects, a strategy was put in place to include a health promotion component as an integral part of the proposal for the second project as well. Thus both projects have now had a long term health promotion component that will be delivered by trained community volunteers. The strategy to use volunteers from within the community so as to leave the knowledge with the community was the first step in building sustainability to the project. Careful selection of youths (eg. daughters-in-law of the villages were preferred to daughters due to the probability that daughters tend to marry into other villages thus increasing the chance of losing trained volunteers) and providing them with an understanding of the value of their contribution in order to earn their commitment, are some of the other sustainability approaches adapted. Furthermore, developing linkages and suitable networks with relevant reinforcing mechanisms will be a special focus during the term of the project to ensure long term sustainability.

Host National Society Development

The Indian Red Cross Society has grown considerably since the start of tsunami from managing cash flows at all levels to keeping its leadership and planning projects at state and local levels. To be able to listen to the community and design a project three years after the disaster is an achievement. This attitude exhibits the organization's ability to listen patiently. The society has been able to develop its technical capacity in terms of managing livelihoods, disaster management, and health and care projects simultaneously and efficiently. The branches have been exposed to various laws while acquiring land or clearances needed to set up skill-based learning institutes etc.

The dialogue between communities and the Red Cross has developed in the tsunami-affected states while the coordination between the IRCS, UN and the government at all levels has increased in momentum with ongoing discussions and the sharing of information.

Volunteer development has been considerable in the state of Tamil Nadu and Andhra Pradesh with emphasis on how to retain existing volunteers as well as how to expand recruitment so that programmes can be implemented at a more rapid pace.

As part of its multi-dimensional and multi-sectoral support for the tsunami interventions of the IRCS in Tamil Nadu, the Canadian Red Cross continues to address capacity building needs of the host partner society at national, state, district and community levels. As an ongoing process, the Canadian Red Cross technical team continues to interact closely with the project implementing team of the national society at all levels to assess developing needs for technical assistance, studying administration blocks in the project implementation structure and making recommendations to overcome the same. Where required, the partner team has made available experts in the relevant field with suggestions to be integrated for improved programming. A major need, however, is for IRCS to follow up in a timely manner many of the mutually agreed recommendations to fix gaps identified at every level of the national society. A lack of follow exacerbates outstanding matters and is at times caused by motivational levels, limited availability of approving officials, multi-tiered bureaucratic and time consuming procedures etc. The visit of Canadian Red Cross' director of international programmes to IRCS field locations and to its offices also further strengthened this partnership.

The Spanish Red Cross and the IRCS staff have worked together to formulate three projects. This partnership has given the IRCS staff at both national and state levels an insight into the formulation and cycle of project management.

In the case of Andhra Pradesh, the interaction between the affected communities and the state branch of IRCS was further improved because of the regular field visits in relation to the formulation of the project which were undertaken by both the teams jointly.

The communities or the beneficiaries have been an integral part of the planning process, resulting in choosing the activities that they most need and the problems that they want to address from these projects.

Apart from this, the SRC supports the state branch staff in the implementation of the project by increasing the technically qualified staff of the HNS for effective, result-oriented implementation of the project.

In Tamil Nadu, the interaction between the affected communities and the state branch of the IRCS should be increased through field exploratory visits.

Working as a Movement

The Indian Red Cross Society has been able to exhibit a high level of coordination with the community and the local authorities by, for example, identifying gaps and responding to them with appropriate Red Cross resources. Similarly within the Movement, the IRCS has four partners for the tsunami programme which include the American, Spanish, Canadian and German Red Cross. At this point, the German Red Cross is planning a long-term strategy and its programming planning is still in progress.

The other three partners are quite active; the Canadian Red Cross being almost in the final stages of implementation; the American Red Cross have conducted a baseline survey which formed the basis of their programme and is now ready to implement their project, and the Spanish Red Cross is seeking approval from the IRCS national headquarters for its tsunami programme. The overall coordination between the partners and the national society has avoided duplication.

Looking Forward

For the upcoming reporting period, a number of projects will be completed including the construction of 40 houses and the handing over of the sewage plant in Kanyakumari along with the construction of five multi-purpose buildings in different districts and other facilities.

The Spanish Red Cross implementation of the Andhra Pradesh project is expected to start by December, subject to approval from the IRCS and Spanish national society headquarters.

In Tamil Nadu, the main focus in the coming month is to finalize the formulation of the Thanjavur project after visiting to the field.

During the next reporting cycle for the Canadian Red Cross will see an increase in both livelihood as well health promotion interventions. The community groups will begin income generation activities in the form of small business enterprises with funding and technical support in place. The health promoters on the other hand will be trained in CBFA and child health topics to carry out door to door dissemination thus covering the entire village population with knowledge sharing as the first step towards achieving behaviour change in health and hygiene practice in twelve villages. There will also be disaster risk-reduction planning which will take the form of risk mapping and risk mitigation planning activities for each village designed by active participation of trained community volunteers.

Contact information:

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

India:

- Indian Red Cross Society: Dr S P Agarwal (secretary-general), email: spagarwal@indianredcross.org, phone: 91-11-23716441, fax: 91-11-23717454.
- Mohamed Babiker (head of India delegation), email: mohamed.babiker@ifrc.org, phone: 91-11-23324203, fax: 91-11-23324235.
- Al Panico, Head of regional delegation, email: alpanico@ifrc.org phone: 91-11-24111122, fax: 91-11-24111128.

Federation secretariat in Geneva:

- Jerry.Talbot, special representative for the tsunami operation; email: jerry.talbot@ifrc.org; phone: +41.22.730.4231,
- Priya Nair, grants officer (tsunami unit), email: priya.nair@ifrc.org; phone: +41 22 730 4295
- Matthew Cochrane, media and public relations officer; email: matthew.cochrane@ifrc.org; phone: +41 22 730 4426; mobile: +41 79 308 9804
- Oscra Vispo, tsunami operations web communications officer; email: oscar.vispo@ifrc.org; phone: +41 22 730 4570

Asia Pacific Zone in Kuala Lumpur- phone +60 3 21 61 0892; fax: +60 3 2161 1210

- Chee Keong Chew, acting head of zone PMER unit, ext 300; email: cheekeong.chew@ifrc.org
- Umadevi Selvarajah, head of zone finance unit, ext 140; email: umadevi.selvarajah@ifrc.org
- Karl O'Flaherty, tsunami finance coordinator, ext 613; email: karl.oflaherty@ifrc.org
- Igor Dmitryuk, head of regional logistics unit, ext 600; email: igor.dmitryuk@ifrc.org

[Click here to return to title page.](#)

FIGURE 1 - Analysis of programmatic performance indicators for India

Indicator No.	Programmatic Performance Indicators	Total	National society totals	Secretariat totals
1.	Overall estimated number of persons reached by International Federation and partners (using coverage methodology only, not by sector)	425,806	175,806	250,000
Health & care				
2.	No. of pre-school crèche children receiving emotional wellness support ¹ through Play Intervention	373		
	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	6,000		
Shelter & community construction				
5.	Permanent houses built	Completed	22	
		Occupied	0	
		Under construction	63	
		Planned	85	
	Total number of houses to be provided		170	
6.	Schools built or rehabilitated	Completed	3	
		Operational/In Use	2	
		In progress	2	
		Planned	5	
	Total number of schools to be provided		10	
	Crèches built or rehabilitated	14		
	No. of people served by crèches or schools	450		
7.	% completion of 1 sewage treatment plant	100%		
8.	No. of people to benefit from the sewage treatment plant	14,000		
9.	% completion of 1 solar electricity plant	100%		
	No. of people to benefit from the solar electricity plant	50,000		
Livelihoods				
10.	No. of households reached by asset replacement or enhancement	640		
11.	No of community development groups formed for thrift livelihood activities	55		
	No. of persons involved in thrift and income generation activities	1,100		
	Range of grant size (in local currency)	INR 1.5 - 2.5 crores		
12.	No. of people served by additional facilities, equipment and vehicles that contribute to better livelihoods	84,902		
Disaster Management				
13.	% of population covered by International Federation early warning interventions	50%		

¹ 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. The strategy is to first 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		
Programme support and coordination				
	# of Red Cross Red Crescent organizations working in country (operational)	5		
	# of Red Cross Red Crescent organizations contributing to the report this period	3		
Beneficiary & Community Participation				
15.	Estimated PERCENTAGE of projects with one or more forms of local participation ²	100%		
Sustainability				
16.	% of projects with a sustainability plan or documented exit strategy	50%		

*N/A: not available; N/Ap: not applicable
Figures represent progress achieved up to 30 April 2007*

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
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

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.

ANNEX 1: Notes and methodology regarding the programmatic performance indicators

The following is a summary of the methodology used for programmatic performance indicators captured in this three-year progress report.

Overall estimated number of persons reached by International Federation and partners

To collect beneficiary data (numbers reached), communities (e.g. villages) served by the various Red Cross Red Crescent societies, have been noted, using the corresponding population data. At this time this is the most reliable method to count beneficiaries while limiting double counting, particularly when numerous Red Cross Red Crescent partners are working in a given country. Most countries have disaggregated data down to a sub-district or down to a divisional level. In each country, the secretariat has checked with the national statistical office or the UN post-Humanitarian Information Centre for population data disaggregated by the lowest divisional level possible.

Red Cross and Red Crescent societies then note the names of the villages or divisions where they are working (including external organizations, agencies etc. funded by National Societies). The secretariat staff in the country office has taken the final list of villages (single entry i.e. each village listed only once), entered the corresponding population data and totalled the amount. The local Red Cross or Red Crescent society then included additional names of villages where they are implementing projects that are not supported in-country by a partner society, since these numbers have already been captured. For national programmes such as early warning, only those areas (villages, sub-districts etc.) where the programme is fully operational (that which Red Cross Red Crescent is responsible for) has been listed.

Health and Care including Water and Sanitation

Number of persons with access to an improved water source (temporary and permanent settlements)

- Improved water sources are: household connection, public standpipe, borehole, protected dug well, protected spring, rainwater
- Not improved are: unprotected well, unprotected spring, vendor-provided water, bottled water (based on concerns about the quantity of water supplied, not the quality), tanker-provided water

Access to an “improved source” is considered to provide at least 20 litres per capita per day at a distance of no more than 1,000 metres from the home.

Source: WHO and UNICEF, Water Supply and Sanitation Collaborative, and <http://millenniumindicators.un.org>.

To calculate the number of persons with improved access, the catchment areas for the water system provided or rehabilitated have been noted and summed up. Finally, following the same methodology, partners have noted the numbers targeted for access to an improved water source in the future (planned).

Number of persons with access to improved waste management facilities or improved latrines (built to SPHERE standards)

This is the number of persons potentially served by newly built or rehabilitated latrines and waste management facilities. Only people benefiting from latrines that are built or rehabilitated to Sphere standards have been included.

Number of persons ‘certified’ or skilled in community-based first aid (including psychosocial first aid) by gender where possible

This is the number of persons who have successfully completed community-based first aid training. At a minimum, Red Cross and Red Crescent societies have counted numbers trained using training records.

Hospitals and clinics built or rehabilitated

This indicator has been disaggregated as follows:

- Numbers of hospitals and clinics built or rehabilitated – numbers built will include those that are now finished or nearly finished (but services are being provided); for numbers rehabilitated include only those whereby the rehabilitation is totally complete
- Number completed that are operational – the indicator needs to capture the number in which the government is able to complete its commitments thereby making the structure usable. For other issues, such as barriers to access – these should be noted in the narrative.
- Numbers of hospitals and clinics under construction – merely note the number in which significant work building or rehabilitating has begun.
- Numbers of hospitals and clinics planned for the future – this is the number targeted for the future, for which significant plans have already been developed.
- Total number of hospitals and clinics to be provided – this is the total number summing those built, under construction and planned (do not include operational as this would be double counting).

Shelter and Community Construction

Transitional shelters built

This indicator will be disaggregated as follows:

- Number of shelters completed - this is the number of transitional shelters completed (even if not yet occupied). Completed implies that most of the construction has been done and signed off on, the certificate of ownership has been issued (if applicable) and that the dwelling is habitable.
- Number of shelters completed that are occupied/utilized – this is the number of shelters that were completed and are now occupied or being utilized (e.g. for business purposes).
- Number of shelters under construction – this is the number of transitional shelters under construction but not yet completed.
- Number of shelters planned – this is the number of transitional shelters which remain to be built by the Red Cross Red Crescent or funded by the Red Cross Red Crescent but built by other partners.
- Total number of shelters to be provided – this is the total number of transitional shelters to be provided (summing built, under construction and planned).

Permanent houses built

This indicator will be disaggregated as follows:

- Number of houses completed - this is the number of homes that were built, rebuilt or otherwise rehabilitated (but not necessarily occupied). Built implies that most of the work is done and the home is habitable and that handover has occurred.
- Number of houses occupied – this is the total number of homes verified to be occupied.
- Number of houses under construction – this is the number of homes that are intended to be built or rehabilitated *and* some form of work has already begun. This would *not include* the government designating an area for building (but no survey work or site planning begun).
- Number of houses planned – this is the number of permanent houses which remain to be built by the Red Cross Red Crescent or funded by the Red Cross Red Crescent, but built by other partners.
- Total number of houses to be provided – this is the total number of permanent houses to be provided summing the numbers completed, under construction and planned. Does not include the number occupied as this would be double-counting.

Schools built or rehabilitated

This indicator will be disaggregated as follows:

- Number of schools built/rehabilitated – this is the number of schools built or rehabilitated. These are complete enough that the school can, and is being used.
- Number of schools built/rehabilitated that are operational/in-use – this is the number of schools that are fully functioning.
- Number of schools in progress – this is the number of schools to be built or rehabilitated that have begun the process, with some form of preparatory work at least.

- Number of schools to be built or rehabilitated (planned) – this is the total number of schools that remain to be built or rehabilitated.
- Total number of schools to be provided – this is the total number of schools to be provided summing the numbers completed, under construction/rehabilitation and planned (but not operational/in use as this would be double-counting).

Other community facilities built or rehabilitated

Methodology similar to above has been applied.

Livelihoods

Number of households reached by asset replacement or enhancement

Households are defined as the collection of individuals and family members living under the same roof (even though several families may live there). Households have been counted, not families or individuals even if the assets provided did not serve the needs of the entire household. This has not included households that have received grants, loans or some other form of cash - these have been captured in a separate indicator. The scope of the asset has provided some guidance on which households to include. For example, some fisherman were given large, multi-day boats to help re-employ those who formerly worked on such boats. Hence the intervention intended to assist the person who received the boat as well as those who would be employed on the boat. In this instance, the person who received the boat (one household) has been counted as well as those employed on the boat (x number of households). However, other indirect beneficiaries such as persons who provide ice or transport services to enable the fisherman to get their products to market have not been counted.

Number of households that have received livelihoods support grants

This is the number of households that have directly received some form of financial support. Those who have indirectly benefited from the financial support have not been included. Asset or in-kind support has not been included as well, as this has been captured in indicator 10.

Percentage of (or no.) reporting improved, diversified, or stabilized income

Not all partners in all countries have been able to report on this indicator (in which case N/A for not available is written, but only after considering a modified version of the indicator). The numerator is the number of households reporting improved, diversified or stabilized income and the denominator is the previous indicator, number of households that have received support grants or loans.

Disaster Management

Percentage of population covered by Red Cross Red Crescent early warning interventions

The numerator equals the percentage of the population whereby Red Cross Red Crescent early warning interventions have been implemented; the denominator is the total population that will be covered by Red Cross Red Crescent early warning systems (planned).

This indicator refers to the portion of the population covered by early warning systems that the Red Cross Red Crescent is responsible for. If interventions are localized, then the Red Cross or Red Crescent societies would report the catchment areas where the interventions are fully functional (recognizing that early warning interventions require considerable effort to maintain and sustain). If it is part of a national programme, then use the population of those villages where Red Cross Red Crescent has carried out the main interventions.

Number and percentage of buildings built meeting or exceeding local hazard resistant standards

The numerator equals the percentage of buildings (schools, shelters, houses etc.) that meet or exceed local hazard resistance standards; the denominator is the total number of schools, shelters, houses etc built noted earlier.

This indicator will be disaggregated as follows: 1) schools, 2) temporary shelters, 3) permanent houses, 4) other buildings.

Percentage of population covered by pre-positioned stocks

The numerator is the number of persons covered by pre-positioned stocks. The denominator is the total population.

NB: Many Red Cross and Red Crescent societies and organizations have asked for this indicator, even though it may be challenging. Regardless, it may be necessary to modify this indicator in one of several ways. 1) It may be more realistic or accurate to use a denominator of ‘at risk’ populations or 2) ‘population of areas currently targeted by disaster preparedness interventions; or, at this point it may be easier for some countries to 3) merely count the number of persons that would be served by pre-positioned stocks. Each country can decide which version of the indicator makes sense for their operations – as long as the indicator definition is agreed to by all members reporting within that country. Although this report tracks expenditure and achievements specific to tsunami operations, this indicator could capture results stemming from broader disaster preparedness programmes.