

Report 2004-2007



International Federation
of Red Cross and Red Crescent Societies

Federation-wide Tsunami Semi-annual Report

Thailand

Appeal No. 28/2004

This report covers the period of 01 May to 31 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 communities and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



Children at the Phuket Sunshine Village.
French Red Cross

In brief

Executive Summary: The Federation's tsunami recovery programme (TRP) 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 yet to be completed. The focus in the recent months has increasingly been on developing and planning the process of phase-out of the Federation's direct programme management and the handover of the support to the partner national societies (PNS) from 2008 onwards. The same programme areas; disaster management, health and care, and organizational development will remain the priorities in the period ahead in line with the *Tsunami Revised Regional Strategy and Operational Framework 2*. The revised programme proposals for 2008 onwards are now completed and submitted, and await final approval.

This handover will entail the recruitment and training of a number of new programme staff, in the Thai Red Cross Society and in PNS teams. Recruitment got underway in quarter three of 2007, with additional staff still being sought. The training, induction and placement process is now moving ahead.

The Federation's TRP team has continued to work closely with the Thai Red Cross Society (TRCS) to support the ongoing activities throughout this reporting period, and will ensure a smooth transition period. The Federation's small office in Phuket will close in December 2007 and a reduced team will relocate to Bangkok, from where, at the specific request of the TRCS, three key areas of support will be provided multilaterally through the Federation in 2008/09. These areas are organizational development, disaster management and coordination, and are based on issues identified or experiences gained during the tsunami recovery operation of the last three years.

[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

Following the uncertainty of the very early part of the year, the operating environment in Thailand during this reporting 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 rumbling conflict has resulted in over 2,500 deaths in the past decade, with over 90 percent 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.

The planned new national constitution has been approved and the interim government has confirmed 23 December 2007 as the date for national elections.

Economically the fall of the US dollar against the Thai baht during the year has affected not only Thai exporters' competitiveness but also producers across the country. The sharp increase in world oil prices is also pushing the cost of all commodities in Thailand gradually higher, once again affecting the poorest the hardest.

Tourism in the six tsunami-affected provinces has been restored almost to pre-tsunami levels, particularly for Phuket and Krabi provinces, due to strong recovery support from the government, although in Phang Nga province (the worst tsunami-hit area) a full recovery is taking longer.

The September uprising in Myanmar and the crackdown which followed caused many Burmese to move towards the border with Thailand. Already host to many thousands of Burmese refugees in the northwest, the potential of a new wave of refugees, should the situation in Burma further deteriorate, is a cause for concern for Thailand. Developments across the border are being watched with interest.

Heavy rainfall in July and August caused flooding in the north, northeast and south of Thailand, leading to widespread damage to homes, temporary closure of schools and of roads in many areas. Further heavy rains in September in northern Thailand caused flash floods resulting in widespread damage to houses and infrastructure, especially in Chiang Mai, Phitsanulok and Kalasin provinces. In October, Typhoon Lekima caused flash floods in 32 provinces affecting over two million people in the north and northeast. The storm and flooding killed 17 people, damaged hundreds of homes, government offices, infrastructure and agricultural areas. Heavy rains continued into November in other parts of the country.

The Thai parliament passed a new Thai Red Cross Society Law on 12 August 2007 to replace the outdated Red Cross Law of 1918. The new law strengthens the roles and responsibilities of the Thai Red Cross, notably covering the areas of medical and health services, relief assistance, blood services and social welfare promotion. The Thai Red Cross Society is now officially considered as a national humanitarian organization according to International Red Cross Movement guidelines and thereby will be entitled to financial support from the State.

Federation-wide achievements¹

Programmatic Performance Indicators	Total
Overall estimated number of people assisted by the International Federation and partners	235,756
Total number of people with access to an improved water source	10,898



A student testing for coliform bacteria in water taken from his school. This was under the clean water and sanitary toilets project. Thai Red Cross/Da-Lad Kantayot

¹ The Thai Red Cross' own operations, using funds generated in-country, are not reported in this narrative. The financial report does, however, include the Thai Red Cross' updated income and expenditure report.

Total number of people targeted for access to an improved water source	34,065
Number of people with access to improved waste management facilities or improved latrines (built to Sphere standards)	4,127
Total number of hospitals & clinics to be provided	17
Number of households reached by asset replacement or enhancement	7,639
% of population targeted (planned) for coverage International Federation early warning interventions	29,100

Figures represent progress achieved up to 31 October 2007

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

Health and Care

In addition to the four main areas of intervention shown below, the International Federation health and care programme team has been directly involved in the development of the 2008-2010 Thai Red Cross and American Red Cross community-based health proposal, budget, plan and logical frameworks. It has also facilitated the health cluster meetings to finalise the health and care projects for 2008 – 2010; as well as being the general interface between the Thai Red Cross and partner national societies.

The Federation's tsunami recovery efforts in the health and care sector cover four main areas:

Health and care infrastructure including emergency medical response system: Strengthening the capacity of emergency medical response system both locally and in national headquarters by providing medical and/or surgical equipment to affected health facilities, including hospital renovation.

Following the completion in April of the project to upgrade nine health facilities in Phang Nga province, the Finnish Red Cross has funded two trainings for emergency room personnel in all Phang Nga provincial hospitals, to update and upgrade their skills. This training was planned by the ministry of public health but needed external financial support; the trainings took place in August and October, with a third session due to be held in 2008.

The Finnish Red Cross donated one emergency patient transport vehicle to Koh Yao Yai hospital, Pru Nai branch, during this reporting period.

Blood services: Strengthening blood donor recruitment in the six tsunami-affected provinces and setting up a new IT system of the national blood centre of Thailand.

At the national level, the French Red Cross is providing financial, technical and human support to the TRCS national blood centre (NBC) to set up a new IT system (software and hardware) for the blood transfusion services throughout the country. This system will be installed in the NBC in Bangkok, the 12 regional blood centres and most probably in the local branches. It will ultimately benefit the entire population (64 million people). The tendering has been done and the analysis of the offers is ongoing; the supplier should be identified before the end of the year. At the provincial level, the Finnish Red Cross equipped the seven general hospitals (in the six affected provinces) with new blood bank equipment in April.

The project proposal for building a regional blood centre in Phuket and constructing the regional blood service model in six provinces was approved by Finnish Red Cross, Thai Red Cross, the ministry of public health and provincial authorities. All six provinces (hospitals and health authorities) signed the letter of intent committing them to the project. The TRCS national blood centre leadership visited the Finnish Red Cross blood service in Helsinki in October to agree on the processes and begin work on initial floor plans for the regional blood centre in Phuket, and the search for an architect to draw the blueprints began.

Blood donor recruitment capacity has been maintained in all the chapters through their chapter blood coordinators, although two staff resigned during the reporting period. One staff has been replaced in Krabi in

October, and the other in Phang Nga is still being recruited. There will be one blood coordinator in each province, with Finnish Red Cross supporting their salaries, and promotional costs for the recruitment of voluntary blood donors.

A follow-up workshop on recruiting voluntary blood donors was held in October for blood coordinators and provincial blood bank staff to help them in planning for next year. During 2007, the programme has shown an average 20 percent increase in the number of blood donations in the six provinces. The local blood bank staff is satisfied with the programme as it enables them to concentrate on clinical work and leave the recruitment of donors to Red Cross chapters.

Community health - psychological support, basic health care services and first aid: These initiatives target community-based primary health care issues and strengthen capacity of the communities to help themselves by developing a network of volunteers.

The design for the community-based health (CBH) project was built as a continuation of the psychological support services project and basic health care project implemented by the Thai Red Cross college of nursing last year. The main objectives of the project, supported by the Federation and the American Red Cross, are to integrate the physical and psychological health services as a holistic health care service, and to adopt a more community-based approach. The Thai Red Cross college of nursing, with the participation of other Thai Red Cross departments, has been reviewing the existing training curricula and the ministry of public health's training curriculum for village health volunteers, to develop new CBH curriculum and manuals for trainers and volunteers. The nursing college, with cooperation of the staff from Songklanakharin University and Songkhla Nursing College, will recruit 150 local health personnel to be trained as TRCS health trainers by December 2007.

Water and sanitation: a) rehabilitation of the water system and increasing sanitation specifically in health care facilities and schools; b) strengthening the ability to deploy an emergency response water and sanitation unit from headquarters during future disasters.

In this reporting period, the Federation and Thai Red Cross continued to support the water and sanitation systems provided for 15 affected schools since 2006. The participatory hygiene and sanitation transformation (PHAST) methodology was introduced to these fifteen and another four nearby schools. Staff, teachers and student representatives were invited to participate in the training, and they in turn became the core implementers for training others: schoolteachers, staff, and students in their own schools.

The hygiene and sanitation promotion campaign continued at these schools, with the health and care team undertaking regular monitoring, and an evaluation of the project during June. Awards for the three schools showing the greatest degrees of improvement in hygiene and sanitation standards are to be made during "World Toilet Week" in late November. The Federation team has also provided technical guidance to the Thai Red Cross in planning and implementing the CBH and the water and sanitation projects.

The American Red Cross water and sanitation team has developed a 13-step community participatory approach for developing and constructing community and school water and sanitation facilities. These steps provide the communities with the opportunity to play a significant role in the design and construction of their own water and sanitation systems. In order to ensure local involvement and investment, villagers gave a 20 percent contribution towards the costs and could choose whether they wanted ceramic, fibreglass or plastic rainwater harvesting tanks. The process has been



PHAST training for teachers, students and staff in 19 schools as part of the 'Clean Water and Sanitary Toilets' project. Thai Red Cross/Da-Lad Kantayot

to ensure local involvement and investment, villagers gave a 20 percent contribution towards the costs and could choose whether they wanted ceramic, fibreglass or plastic rainwater harvesting tanks. The process has been

refined with experience and is currently undergoing an evaluation to ensure that it is not only meeting the needs of the villagers but is also able to do so in a timely manner.

Phase I of the project (already underway) focuses on one province (Phang Nga) and includes 33 water and sanitation projects and one solar power system for an island health station in Ranong Province (now completed). During Phase II, set to begin in January 2008, the project will expand into an additional four tsunami affected provinces (Trang, Satun, Krabi and Ranong), covering 191 villages.

The German Red Cross, in conjunction with the Thai Red Cross, finalised the installation of a new water purification plant at the district hospital of Kapong in Phang Nga province in May 2007, as a backup system of the hospital's water supply. A technician from the German company which donated the water plant after the tsunami supervised the installation and trained the hospital technical staff to run the water plant. All spare parts including the nano-filters are available in Thailand. The Thai Red Cross and local authorities contributed to the project by erecting a building where the plant was installed and made all local staff available without charge.

Shelter and Community Construction

In Thailand there has only been a very limited involvement by the Red Cross in construction activities, which has involved the rebuilding of a small number of houses, childcare centres and schools.

The French Red Cross-supported construction of one child care centre in Koh Sireh, Phuket province, was finalized in June 2007. It is a permanent home organized on the model of the 'SOS Children's Village', and a day-care centre. Some 200 children will benefit from it, including orphans from the tsunami. One school is under reconstruction by the French Red Cross in the village of Laem Makam in Trang province. This school will accommodate 240 children, and it should be completed in January 2008.

Livelihoods

The Federation's livelihood recovery effort has been built around restoring household income and replacing asset levels to pre-tsunami levels, and diversifying household income sources against future income shocks.

The Hong Kong branch of the Chinese Red Cross (HKRC) started an organic farming project in March 2007 with 100 tsunami-affected fishermen and their families in Kapoe district, Ranong province. The project aims to restore their livelihoods and provide a new way of making a living, and will support 500 people with a regular income and neighbouring families with casual income at times of harvest. The 100 families have each been given one *rai* (1,600 m²) of land for planting galangal and papaya, and the HKRC has provided financial support for land cultivation, a pond for irrigation and an electricity system, installation of the fences and the provision of seeds. The project commenced in March 2007 when the beneficiaries attended a five-day training workshop to learn the skills of organic planting, run by the provincial department of agriculture, which is providing ongoing technical advice and support to the project. The planting took place in May 2007 and the first crop should be ready for harvesting in February 2008, with the harvest to be marketed to the tourist hotels in the Phuket and Phang Nga areas. So far the galangal crops are growing well but the papayas have been affected by recent flooding in the area, though it is too soon to know if this will have a major impact.



A recipient signing for the receipt of fishing equipment, Krabi province.
French Red Cross

Construction of the four fish-landing sites and one fibre-glass boat repair yard is ongoing, plus the training of the fishermen in repair techniques, supported by the French Red Cross in conjunction with the Thai Red Cross and

the Chaipattana Foundation. This project should ultimately benefit about 2,000 people. Fishing gear was distributed to another 162 families, and other professional tools for 28 trades people, during May. The provision of training in eco-tourism, in conjunction with a local NGO, has been provided for 18 young men and women.

Sponsorships are provided by the French Red Cross to 23 children in Phuket province, and by the Swedish Red Cross to another 13 children. These will continue until 2021, if these children continue to their fourth year of university studies.

The French Red Cross has also undertaken a new livelihoods assessment during this period to identify if there is still a need for a continuation of the livelihoods programme, and if so in which areas. Results are awaited.

Disaster Management

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

Key Red Cross players involved in the disaster management (DM) programme, led by the Federation's DM team, are the Thai Red Cross as the overall project implementers, and the Red Cross societies of the USA, Finland, Norway and Sweden.

Community Preparedness: At the programme level, the community based disaster risk reduction (CBDRR) project – supported by the Federation and American Red Cross - considerably enhances the resilience of community structures for disaster preparedness and risk reduction. The CBDRR activities are intended to be closely integrated with other Red Cross programmes, responding to the needs of the vulnerable communities particularly in water and sanitation interventions which are common problems at village level. Within this programme, the Thai Red Cross has adopted a standardized approach to incorporate first aid and emergency health care components as community preparedness measures.

During the reporting period, the Federation DM team initiated and led a number of activities (hazard, vulnerability and capacity (HVC) assessments; community organization etc) in 13 tsunami-affected communities in four provinces, reaching over 8,430 beneficiaries. Community committees for disaster preparedness have been established and organized to be better prepared for future disasters. The project promotes active participation from community members through developing their own counter-disaster plans and disaster risk reduction activities at household and community level.



A walking rally during the 'World Disaster Reduction' Day in Krabi province. Federation/Charurin Pholhinkong

To build wider understanding about CBDRR approaches, a sensitization project has been promoted to community leaders and community representatives, including local administration officers, reaching 195 people in October. This awareness programme aims to encourage potential community leaders to initiate further risk reduction activities within their own communities.

The Thai Red Cross organized a disaster awareness campaign to commemorate the global "Natural Disaster Reduction Day" on 10 October around Thailand (in the six tsunami-affected provinces and another ten provinces nationwide). The activity received good participation from the various stakeholders including the department of disaster prevention and mitigation, the non-formal education first aid trainers, the provincial governor, the Department of Natural resources, public communities and schools through a wide range of activities (drawing contests, walking rallies, exhibitions, performances, and publications). This exercise was considered a key

learning activity for communities, aimed particularly at schoolchildren, and showcased the Thai Red Cross' involvement and contribution in providing education on disaster risk reduction at all levels.

The community preparedness programme aims to strengthen the collaborative efforts of the Red Cross Movement with local networking agencies in preparedness planning, and it is hoped these partnerships will lead to closer coordination and communication at emergency response time.

Two sea search and rescue (SSAR) stations are being established in Phang Nga (Kuraburi) and Krabi provinces by the Thai Red Cross, with the support of the Finnish and Norwegian Red Cross. The stations will be equipped with telecommunication systems and manned by volunteers. The Swedish Red Cross is supporting the costs of training the associated first aid volunteers.

In Krabi, Thai Red Cross has agreed with the authorities on the location, and plans have been drawn up for renovating the existing building. In Kuraburi, negotiations about the placement continue due to issues on land ownership. Telecommunication plans have been initiated for the two pilot stations, and the permission to use official authority radio frequencies has so far been received from four out of five project partners.

Institutional Preparedness: The Thai Red Cross is continuing its plan to build disaster preparedness and response capacities, based on the development of a response strategy and related disaster management policies, scaling up of the disaster operations systems and building up the national society's capacity and knowledge on disaster risk reduction. In August, Thai Red Cross completed its internal review on its disaster management strategy. A draft integrated disaster management plan for Thai Red Cross is currently under review, with the aim of establishing effective and efficient coordination for future emergency response. Contingency plans and standard operating procedures for floods at national level are already developed, and the next step is to support all local health stations and Thai Red Cross provincial chapters in the six tsunami-affected provinces to ensure their own local contingency plans and SOPs are in place.

After the completion of the needs assessment survey of disaster operations units in the six provinces and local Thai Red Cross health stations in August, the procurement for communication linkages with the disaster operations centre at national headquarters is presently underway, and the system should be installed and operational by early 2008. Recognising the various communication system failures at the time of the tsunami, the national society decided to work on providing an alternative communication system. The fitting-out of a mobile communications vehicle is also proceeding. An internal early warning alert mechanism by short messaging system (SMS) has been established among key Thai Red Cross management personnel, Red Cross health stations and six provincial chapters. This will facilitate thorough emergency information sharing and rapid response.

For staff capacity building, various training programmes have been developed (basic knowledge on disaster management, community-based disaster risk reduction approach, emergency communications, damage analysis and needs assessment (DANA) and logistics management). Between June and October 2007, 150 Thai Red Cross staff, members and volunteers were trained. It is estimated that by December 2007 there will be a total of 550 Thai Red Cross staff, members and volunteers at all levels who have trained through the Federation's DM programme (supported by the American Red Cross), some 137 percent higher than planned.

Cross-cutting Issues

Programme Linkages: In the programme proposals for the years ahead, there has been a concerted effort to ensure all programming is inter-linked and complementary. As these projects become operational, efforts will continue to ensure that the programmes are integrated in both their approach to the communities and in the actual villages they work with, and in allowing the projects to build upon each other and further strengthen the community's ability to identify problems and seek solutions, there is a planned overlap of projects in villages.

The 13-step participatory model developed by the American Red Cross water and sanitation team is similar to the 13-step system developed by the community-based disaster risk reduction team of the Federation. The CBH programme is currently being launched and this will also develop systems to work with the villages to assist them in identifying health concerns, and strategies to address them.

Quality and Accountability: All programmes aim to fully engage the communities from the beginning. American Red Cross is currently developing an ‘*Accountability to Beneficiaries Framework*’. In the work from next year each province will have staff responsible for ensuring that communities are informed of the assistance offered and that they actively participate in the process. These staff members will also be the focal point for coordinating with outside agencies and government offices in coordination with the Thai Red Cross.

Sustainability: There has been a concerted effort also in trying to ensure community level projects are sustainable – clear examples are the willingness of the people to contribute a percentage of the costs of the water hardware and to be involved in its installation, and the skills training in boat repair (see above). The organic farming project and eco-tourism training schemes are aiming to capitalise on a growing awareness of these issues, particularly amongst the foreign tourist business which makes up a large part of the economy of these provinces, and thereby meeting growing needs for such products and services.

Gender Issues: A gender training sponsored by the American Red Cross was held in late August 2007, attended by 31 staff members from the Federation and the Finnish, Thai and American Red Cross societies. The training focused on incorporating gender needs into both project planning and implementation and discussed the Federation’s gender policy. Future trainings will include developing a gender check list for evaluating projects, modifying gender tools to the Thai context, and a case study to evaluate how well gender issues are addressed in recovery projects.

Host National Society Development

The Federation’s organizational development programme component has been responsible for overseeing support to the operations of first aid and youth, chapter development and volunteer management. Technical assistance and advice on the implementation of first aid training project activities have been shared in consultation with the Thai Red Cross Youth (RCY). The Federation offered its experience on volunteer management from other countries to the new volunteer manual draft. From its work with chapters, the OD team helped develop and strengthen the cooperation between the management and their members.

In addition, the Federation’s OD 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 online, the concerned Thai Red Cross bureaus have increased their staffing levels and skills to cover the new areas of work. The RCY bureau has hired three project staff to run the first aid training project, with more staff to be recruited; the administration department and provincial Red Cross coordination unit hired six chapter coordinators for placement in the affected provincial chapters, plus one at national headquarters. Five new provincial health officers have also been hired by the nursing college.



RCY first aid trainees in Trang assessing whether victims are conscious, prior to learning CPR techniques. Thai Red Cross/ Phavida Jeenawat.

The Federation has provided financial and technical support to the Thai Red Cross’ personnel department and strategy and planning department 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. Leadership training courses have been conducted for middle management levels 5-9; the existing training curriculum and teaching tools have been reviewed and developed. All existing strategies and plans will be reviewed and integrated into action plans for all departments.

The issue of chapter development and volunteer management will be one of the priorities in the coming year for the programme. Most of the projects have trained hundreds 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 this work may need to continue into 2008 if support remains available.

There is still much to do in the area of volunteer management at chapter level also. A volunteer manual has been drafted and the department involved in volunteering have participated in the working groups. The manual is meant to provide basic volunteer management guidelines, including definitions of volunteers, members, committees, how to recruit and train, and to identify systems for recognition and reward.

The presidents and secretaries from the six tsunami-affected chapters and from national headquarters went on a study trip to Sweden and Finland in May/June, aimed at studying and helping strengthen the relationship between provincial Red Cross chapters and other parts of the Red Cross Movement. Volunteer management was a regular focus of discussion and seen as a priority issue during their visits.

The Thai Red Cross Youth department has been able to expand the networking with their local partners to organize a first aid (FA) youth project in the six affected provinces. Youths and trainers - mostly students and teachers at non-formal education centres - are trained in first aid skills. The volunteers learn skills such as CPR techniques and other first aid skills, potentially useful in their communities at times of emergency.

In Krabi province for World First Aid Day in September, the Thai Red Cross chapter played a significant role in the events which included rehearsals, demonstrations and competitions about first aid. This brought together FA volunteers, professional FA practitioners and the public and was carried out in conjunction with the local hospitals, emergency response teams, search and rescue teams, medical personnel and the Royal Thai Navy, which helped set the scene with helicopters and boats.

Working as a Movement

As the Thai Red Cross scales up its own programming capacity and ability to support and manage bilateral programmes at different levels, they have identified a number of areas where there are inconsistencies between departments and these are now being addressed with inputs from the partners. One of these issues, specifically around the teaching of first aid, will hopefully be resolved through another sectoral meeting which will bring together those national societies with first aid projects and the directors from the several Thai Red Cross bureaus involved in first aid projects. The goal is to develop a single set of standards for manuals, trainings, volunteer assistance and first aid kits.

Other integration and parity issues have also been identified and several working group meetings on integration issues have been held. It has been agreed that the Thai Red Cross will now take the lead on this issue with the support of the partners.

A desk study of post-tsunami research was undertaken during this period, co-funded by the American and Finnish Red Cross with translation funded by the Federation. The desk study looked at all the research that had taken place to date to assist the national society and their partners to determine areas of greatest need for future interventions. The research was presented at the regular coordination meeting and provided in both Thai and English to all participants.

Four coordination meetings were held during this reporting period involving all concerned Thai Red Cross bureaus and the supporting national societies and the Federation, to design and develop the programme proposals for 2008-2010. These have now been finalised and are awaiting final approval.

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. Although project activities have been

carried out fairly independently all programme areas are now working to find linkages and ways to integrate with each other.

Looking Forward

The Federation's direct support to the various tsunami programme areas will finish in December 2007, and the last quarter of the year is being used to ensure a smooth transition and integration between the ongoing activities and those which will become supported directly by the other partners from January 2008. The office in Phuket will close and a reduced team will relocate to Bangkok.

At the specific request of the Thai Red Cross three key areas of support will be provided multilaterally through the Federation in 2008 and 2009. These are:

- **Organizational Development:** to help strengthen Thai Red Cross middle management to enable delivery on its strategic plans, to address identified issues arising out of the tsunami recovery operation;
- **Disaster Management:** to help strengthen the institutional capacity of Thai Red Cross to respond effectively to disasters and to support the preparedness of flood-prone communities, building on and replicating elsewhere the CBDP models developed in the tsunami operation;
- **Coordination:** Continuation of the current Federation role in coordination of the efforts of PNS and the Federation secretariat in support of the Thai Red Cross

The New Year will be a time of expansion for the American Red Cross as projects are transitioned from the Federation to American Red Cross oversight and expanded both in scope and coverage. The American Red Cross will support four programme areas in the six affected provinces. Certain Federation programme staff will be retained and will assist in this transitional phase and to ensure the new activities start positively, and overall coordination between the Thai Red Cross and its Red Cross partners will remain with the Federation team in Thailand.

Ongoing work on the various issues of integration, mentioned earlier, will continue to be a focus for all partners, as will the recruitment and training of new staff members joining the Thai Red Cross and partners at national headquarters and field level. Ideas on chapter development and volunteer management at chapter level are part of current discussions between the Federation and the administration department, and these will continue.

The results from the recent livelihoods assessment should help the Thai Red Cross and French Red Cross decide whether or not a new recovery project should be designed in tsunami-affected provinces, and if so, what kind of operation should be implemented.

Various construction works outlined above such as the health facilities will continue, some starting and some nearing completion.

It is anticipated that up to 3,000 people will be trained between January - June 2008 to be Thai Red Cross community health volunteers. In late 2008, 190 community health committees will be formed to work in assessing, prioritizing, designing and implementing activities to address the main health problems in their communities, with support from the Thai Red Cross, American Red Cross and the Federation.

A programme-wide evaluation is being considered for early 2008 to look at the developments and impact of the programmes over the last year, and the Federation will continue to offer its support to the Thai Red Cross in developing and piloting an internal monitoring and evaluation system.

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- Thai Red Cross Society, international relations department: email: intertrc@webmail.redcross.or.th; phone: +66 2256 4037, fax: +66 2255 3064.
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[NB: This office will close at end 2007, and the team will relocate to the regional office in Bangkok.]
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FIGURE 1: Analysis of programmatic performance indicators for Thailand

Ind. No.	Programmatic Performance Indicators	Total	NSs Totals	Secretariat totals	Where possible		
					Female	Male	
1	Overall estimated number of persons reached by International Federation and partners (using coverage methodology only, not by sector)	235,756	121,331	114,425	118,466	117,290	
	Health & care including water & sanitation infrastructure						
2	No. of persons with access to an improved water source (temporary settlements)	0	0	0	0	0	
	No. of persons with access to an improved water source (permanent settlements)	10,898	4,511	6,387	5,476	5,422	
	Total no. of persons with access to an improved water source	10,898	4,511	6,387	5,476	5,422	
	Total no. of persons targeted for access to an improved water source (planned)	34,065	34,065	0	17,117	16,948	
3	No. of persons with access to improved waste management facilities or improved latrines (built to sphere standards ¹)	4,127	2,727	1,400	2,074	2,053	
4	No. of persons certified or skilled in community based first aid (including psychosocial) by gender where possible	3,219	2,246	973	1,618	1,601	
5	No. of persons reached by community-based health services, by gender where possible	126,862	25,496	101,366	63,747	63,115	
6	Hospitals & Clinics built or rehabilitated	Operational/In Use	13	11	2	NA	NA
		Completed	13	100%	100%	NA	NA
		Under Construction	0	0	0	NA	NA
		Planned	2	2	0	NA	NA
	Regional Blood Centre	Planned	1 ²	1	0	NA	NA

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

² In addition to hospitals and clinics, a regional blood centre is also planned under the programme. These beneficiaries are not included under Indicator. 1.

	Solar power for Health Centre	Completed	1 ³	1	0	NA	NA
	Total number of hospitals & clinics to be provided		17	15	2	NA	NA
	Shelter & community construction						
7	Transitional shelters built	Occupied/ utilized	0	0	0	NA	NA
		Completed	0	0	0	NA	NA
		Under construction	0	0	0	NA	NA
		Planned	0	0	0	NA	NA
	Total number of shelters to be provided		0	0	0	NA	NA
8	Permanent houses built	Occupied	18	18	0	NA	NA
		Completed	18	18	0	NA	NA
		Under construction	0	0	0	NA	NA
		Planned	0	0	0	NA	NA
	Total number of houses to be provided		18	18	0	NA	NA
9	Schools built or rehabilitated	Operational/In Use	1	1	0	NA	NA
		Completed	1	1	0	NA	NA
		In progress	1	1	0	NA	NA
		Planned	0	0	0	NA	NA
	Total number of schools to be provided		2	2	0	NA	NA
10	Other community structures built or rehabilitated	Operational/In Use	1	1	0	NA	NA
		Completed	1	1	0	NA	NA
		In progress	1	1	0	NA	NA
		Planned	0	0	0	NA	NA
	Total number of other community structure to be provided		2	2	0	NA	NA

³ A solar power has been completed for the health centre and benefits 250 beneficiaries. These beneficiaries are included in Indicator. 1

Livelihoods							
11	No. of households reached by asset replacement or enhancement		7,639	2,959	4,680	NA	NA
12	No. of households that have received livelihood support grants		100	100	0	NA	NA
	Range and average grant size (in local currency): RANGE		NA	NA	NA	NA	NA
	AVERAGE GRANT SIZE		NA	NA	NA	NA	NA
13	% of (or no.) reporting improved, diversified or stabilized income		NA	NA	NA	NA	NA
Disaster Management							
14	% of population covered by International Federation early warning interventions		58% ⁴	NA	58%	NA	NA
	% of population targeted (planned) for coverage by International Federation early warning interventions		0.45% ⁵	NA	1.3%	NA	NA
15	% of population covered by a functioning emergency response set up		55% ⁶	NA	55%	NA	NA
16	Number and percentage of buildings built meeting or exceeding local hazard resistance standards	(1) schools NUMBER	0	0	0	NA	NA
		Percentage of schools	0%	0%	0%	NA	NA
		(2) temporary shelters NUMBER	0	0	0	NA	NA
		Percentage of Shelters	0%	0%	0%	NA	NA
		(3) permanent houses NUMBER	18	18	0	NA	NA
		Percentage of permanent houses	100%	100%	0%	NA	NA

⁴ This figure refers the approx. 16,897 people benefiting from the EWS out of the RCRC targeted population of 17 targeted communities (8,500 people), community leaders (600 people) and public awareness campaigns (20,000 people) .

⁵ This figure uses the national population of 64 million people as its baseline.

⁶ This figure refers to 4,718 people from the 17 targeted communities of 8,500 people.

		(4) Other	0	0	0	NA	NA
17	% of population covered by pre-positioned stocks		0%	0%	0%	NA	NA

No.	Programme support and coordination	Totals
18	% of projects that conform to joint key decisions (e.g. beneficiary selection, livelihoods standards etc.) <i>Specific joint decisions to be determined at the country level</i>	25%
19	% of Red Cross Red Crescent organizations able to adhere to joint operational decisions the majority of the time (e.g. security guidelines,	100%
	# of Red Cross Red Crescent organizations working in country (operational)	4
	# of Red Cross Red Crescent organizations contributing to the report this period	5
	# of Red Cross Red Crescent organizations newly arrived this reporting period	0
	# of Red Cross Red Crescent organizations exiting this reporting period	0
	# of Red Cross Red Crescent organizations with plans to exit in the next 6 months	0
	Beneficiary & Community Participation	
20	Estimated PERCENTAGE of projects with one or more forms of local participation ⁷	80%
	Sustainability	
21	% of projects with a sustainability plan or documented exit strategy	NA

⁷ 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.

Use NA for not applicable, or not available

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

Knowledge sharing and active learning							
	Total	Health & Care	Shelter & Community Construction	Disaster Management	Livelihoods	Emergency Relief	Cross- , multi-sector or other
By Country							
Number of evaluations, reviews or formal assessments completed or in-process this period	4	1		1	1		1
Number of evaluations, reviews, formal assessments planned for next period	3	1		1			1
New technical documents available from International Federation this period (evaluation reports, lessons learned reports, sectoral guidelines, tools, policies etc.) by type by NS	2	1		1			

Knowledge sharing/active learning events underway or completed (involving one or more Red Cross Red Crescent actor) this reporting period, by type by Red Cross Red Crescent society	2	2					
Knowledge sharing/active learning events planned for next period by the national society					1		

Other data points to be included:

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

- Thai Red Cross
- Finnish Red Cross
- American Red Cross
- French Red Cross

Additional funding from:

- Hong Kong branch of the Red Cross Society of China
- Swedish Red Cross, Norwegian Red Cross (not including those with regional bases in Bangkok)

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

- Finnish Red Cross
- American Red Cross
- French Red Cross
- Hong Kong branch of the Red Cross Society of China
- German Red Cross

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.