

Tsunami two-year progress report : India



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.

In Brief

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Background/Operational context

The tsunami severely affected the coastal areas of the southern Indian states of Tamil Nadu, Andhra Pradesh, Kerala, Pondicherry and the Andaman and Nicobar Islands. In India, the tsunami left 10,749 people dead, over 5,640 missing, and made thousands of families destitute and homeless. Those who survived were left traumatized and psychologically shocked having lost their loved ones and possessions. The fishing communities were the hardest hit as they lost their property and possessions as well as their livelihood and source of income.

During the initial emergency phase much was done by the India Red Cross Society (IRCS) in providing immediate relief to the most affected communities. The IRCS and its branches took full responsibility during the emergency phase and the state branches of Andhra Pradesh and Tamil Nadu are working in full swing on the revised recovery plan. The Federation delegation and the IRCS have re-examined the needs of the affected people and are making changes to the programme, including efforts to speed up the procurement of 50,000 disaster preparedness stocks and 20,000 tents. A number of partner societies have been providing support to restore the means of livelihood for 17,000 families in Tamil Nadu, Andhra Pradesh and Kerala by providing fishing boats and motorized boats.

There is increasing pressure from the central government to hasten the relief and recovery efforts in

the three worst hit states. The IRCS headquarters, district- and state-level branches of the affected states continues to consult regularly with the central government and local authorities and are working towards programme implementation.

Key facts and figures

- Health and care programme reached close to 5,000 families
- Raised disaster preparedness capacity of 50,000 families
- Income generation and livelihood support to 2500 beneficiaries

Role of Federation and Country Delegation

Since the tsunami struck, the Federation has been coordinating with the IRCS state and district branches, partner national societies (PNS) based in India and the ICRC regional delegation. An advisory group, formed with representatives from PNS, IRCS, and the Federation was initiated within a few days of the disaster, and the group (now called the coordination team) meets as and when required to provide technical advice to the various sectors.

The appointment of the Federation tsunami recovery coordinator in March has helped to identify bottlenecks and common concerns surrounding the programme. To streamline the Movement's support to the IRCS recovery programmes, it was agreed through a series of meetings that partner societies will focus on Andhra Pradesh and Tamil Nadu states while the Federation

would focus on Kerala state programmes and the replenishment of disaster preparedness stocks.

The Federation and the IRCS have been coordinating information with international and local NGOs, UN agencies and the Humanitarian Aid Department of the European Commission (ECHO). The IRCS headquarters and the branches in the affected states are also in regular consultation with the government authorities.

Operational Summary

The India tsunami programme emergency phase can be termed as the most productive, yielding best results through good mobilization of resources at national, state and district levels. During this phase, coordination between the Red Cross and the corporate sector at local and national levels was excellent. Resource mobilisation conducted by the state and district branches was so effective to the extent that not only the vulnerable population in India was served, but also those in the Maldives and Sri Lanka.

The India Red Cross along with the Federation charted its road map for the rehabilitation phase, designing and agreeing the country strategy organisational framework. The only prerequisite for the long-term plan included completion of the short-term programme and undertaking assessments in the long term. Unfortunately, the turn of events at the NS headquarters was not favourable with the resignation of the secretary-general in the first quarter of 2005. Non-completion of the short-term programme and the corresponding delay in carrying out the assessments for the long term, led to confusion within the whole programme implementation cycle.

The signing of a memorandum of understanding (MOU) renewed donor interest and brought them back to the negotiation table. However the absence of a full-time secretary-general plus other administrative issues led to a further delay in implementing the tsunami programme.

A full-time secretary-general was appointed in November 2005 continuing regular consultations between the national society, the Federation and in-country partner national societies. This led to the re-designing of the whole programme and the common understanding for the needs of Andhra Pradesh and Tamil Nadu to be met by the Canadian Red Cross, Spanish Red Cross, Hong Kong branch of China Red Cross and the American Red Cross, while the needs of

the state of Kerala will be supported by the Federation. During the same period a detailed questionnaire was issued to all the affected state branches to re-assess their needs. Meanwhile the Federation was also undergoing a policy change on the tsunami programme through a global exercise to redefine the programme in relation to current needs, and to further scale down its presence for better cost-effectiveness.

Two assessment visits were organised to re-assess the current needs of the state as well as to look into the present capacities of the Kerala state branch. Procurement was jointly handled by the delegation and a temporary procurement officer from Geneva, to assist in technical and financial evaluation of tenders.

Achievements and challenges

Health

During the emergency phase the IRCS mobilized medical teams in all the affected districts in collaboration with the local administration, private enterprises and other social and religious organizations. These medical teams provided basic medical care to the affected and also helped in providing referral services for chronically ill patients. Since the emergency phase, IRCS has not taken up any health care project except for the one in collaboration with the Canadian Red Cross, which is a combination of health and care, water and sanitation and nutrition.

The Canadian Red Cross is presently working in the state of Tamil Nadu in seven of the districts which include Cuddalore, Nagapattinam, Kanyakumari, Tanjore, Tiruvarur and Pudukottai. The programme is till 2008 and is responding to needs in health, water and sanitation and nutrition. The programme was designed with full participation from the beneficiaries and thus ensures maximum impact on the beneficiaries.

Disaster Management

Since the tsunami struck, the IRCS has been active in search and rescue and in providing immediate relief activities like emergency ration (BP5 biscuits, drinking water and other food products) and assorted clothes. More than 26,000 non-food family kits were distributed to the state of Andhra Pradesh, Tamil Nadu and Andaman and Nicobar Islands. Psychological support services were immediately provided by trained volunteers to the affected families.

Teams of medical doctors were mobilized from Red Cross and non-Red Cross sources. It was encouraging

to see a huge public-private partnership being mobilized in all the affected states locally and also at national level in various fields. Resource mobilization by the non-affected states for tsunami was also tremendous. These non-affected state branches had planned interventions in coordination with the local branches, for example Bihar state branch mobilised 2000 family kits.

The Spanish Red Cross, Hong Kong Red Cross and the Canadian Red Cross were able to allocate funds immediately and also mobilize in kind help like water and sanitation units, non-food family kits and nutrition support for children. During the tsunami relief phase the Spanish Red Cross had given 60,000 Euros to the national society and an international delegate from the PNS headquarters for the disaster health response unit at the Andaman and Nicobar islands. *(Details of the IRCS response are available in the India special report annexed to this report)*

Presently, the Federation secretariat will focus on the replenishment of 50,000 family kits and 20,000 tents in regional warehouses (owned by the national headquarters) as well as strengthening the staff and volunteers' skills and capacities of the IRCS state branches in Andhra Pradesh, Tamil Nadu, and Kerala for implementing the tsunami operation.

Capacity Building

Capacity building, organization building and institution building involves direct as well as indirect beneficiaries. Canadian Red Cross has provided support to 48,956 people within the tsunami rehabilitation project. Full beneficiary participation was ensured during designing of the programme so the capacity built among the volunteers, staff and community under this initiative assists them in achieving their aims and objectives.

The Spanish Red Cross also has the capacity building element in their tsunami rehabilitation programme, and is in its planning stages. Care is being taken by the national society and the PNS to ensure full community participation.

Livelihoods

The Hong Kong Red Cross (HKRC) was one of the first PNS to respond to the Indian needs on tsunami and due to strict criteria of providing livelihood support in the affected states during the relief phase for its funds. The national society reached an understanding with the HKRC that it can directly liaise with the Andhra Pradesh

state branch, an MOU was signed and the HKRC requested the state branch to identify needs through the beneficiary consultation process. The state branch responded efficiently and a detailed analysis was undertaken by the state not only from the beneficiaries and the government but also from the technical authorities for the same, including the fisheries department to decide on the type of boats and nets which would be feasible. After drafting an action plan on not only the type of aid needed but also on the sustainability issue to maintaining these equipment, a detailed plan was designed with input from the beneficiaries, so that the equipment provided could be used to the maximum benefit of the community. The HKRC representatives came for the distribution along with a media team from their nation to cover the event.

The Canadian Red Cross is presently working in the state of Tamil Nadu in seven of the districts which include Cuddalore, Nagapattinam, Kanyakumari, Tanjore, Tiruvarur and Pudukottai. The programme is till 2008 and is responding to needs in livelihood, disaster management, health, water and sanitation and capacity building. The programme is based on verified beneficiary needs and the beneficiaries were consulted during designing of the programme so that the programme when implemented assists them in earning. Technical local bodies including local institutes and government institutes are being consulted so that the programme is able to provide maximum benefit to the beneficiaries and is relevant to the surroundings.

About 1.7 million Euros were allocated to India and the Spanish Red Cross India delegation had agreed to work in Tamil Nadu and Andhra Pradesh. The main programme area includes livelihoods where projects are based on local needs as identified by the communities. The programme districts in Tamil Nadu include Thanjavur and other districts need to be decided.

In addition to the bilateral support mentioned above, the Federation secretariat plans to provide basic furniture sets to families in Kerala who lost their belongings in the aftermath of the tsunami, following the assessment visits in mid-2006 to the state. The IRCS developed a plan of action based on the reports of these visits but the plan has to be shelved at the moment due to insufficient funds. The NS (national society) is still open to receiving funds on this programme partially or fully, in cash or kind. The plan of action basically includes livelihood and the branch capacity development project.

Coordination with other partners and stakeholders

The partnership developed by the IRCS with the Federation and PNSs, since the Gujarat earthquake response, initially led to the development of the disaster management (DM) programme by the national society (NS). The initiation of the DM programme in India helped in aligning the required structure and relevant tools at various levels, which helped in an efficient response to the tsunami affected population. This enabled the NS to deliver aid without much external support. This type of investment proved to be very useful for the future of the IRCS strategic response in a planned manner, creating a response mechanism for one of the most disaster prone countries in the world. These response plans and its mechanism form an integral activity of the IRCS programme under preparedness and capacity building.

The tsunami brought many players together and one of the lessons learnt is the complementary role of the partners such as the private sector and the government. The IRCS received tremendous support through donations of cash, water and other materials from various partners including Coca-Cola. The partnerships had various forms including free transport of relief materials by railway, shipping and airline authorities. These partnerships will benefit the NS in the long run for resource mobilization in kind or cash contributions.

The National Disaster Management Authority (NDMA), was established by the central government to coordinate and manage the relevant disaster mitigation, preparedness and response activities with representation and structure at national, state and district levels. The IRCS at state branches are

represented in their forums as well as involved in the policy and strategy development at all levels.

Community-based volunteers played a productive role in mobilizing the support for the affected people such as providing timely relief assistance such as water, clothes, first aid, search and rescue, psychological support and tracing services. The number of volunteers has increased and this momentum has to be managed through the concept of volunteer management. Basic motivation to a volunteer contributes to the building of the global volunteer base and thus results in alleviating the suffering of the most vulnerable, rendering essential humanitarian assistance.

The coordination among the IRCS partners within the Red Cross Red Crescent Movement and other stakeholders' needs to be further developed as well as the various branches of the IRCS coordinated response for effective aid delivery and wide coverage of the needs.

Future priorities

For the rest of the 2006 and 2007 the objective of the programme is to complete the procurement process by November 2006 excluding tents and plastic sheeting which will be completed by the second quarter of the next year.

During next year the procurement for tsunami will be reflected under the Federation annual programme and will also be reported on the federation standard reporting requirement. The plan of action for the state of Kerala will also be reflected under DM but will depend if the Federation is able to mobilize funds for its implementation.

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