



# Tsunami four-year progress report



International Federation  
of Red Cross and Red Crescent Societies

# The International Federation's Global Agenda (2006–2010)

Over the next two years, the collective focus of the Federation will be on achieving the following goals and priorities:

## Our goals

**Goal 1:** Reduce the number of deaths, injuries and impact from disasters.

**Goal 2:** Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

**Goal 3:** Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

**Goal 4:** Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

## Our priorities

Improving our local, regional and international capacity to respond to disasters and public health emergencies.

Scaling up our actions with vulnerable communities in health promotion, disease prevention and disaster risk reduction.

Increasing significantly our HIV/AIDS programming and advocacy.

Renewing our advocacy on priority humanitarian issues, especially fighting intolerance, stigma and discrimination, and promoting disaster risk reduction.

© International Federation  
of Red Cross and Red Crescent Societies

*Any part of this brochure may be cited, copied, translated into other languages or adapted to meet local needs without prior permission from the International Federation of Red Cross and Red Crescent Societies, provided that the source is clearly stated.*

Cover photo: International Federation

---

2008

International Federation  
of Red Cross and Red Crescent Societies

P.O. Box 372  
CH-1211 Geneva 19  
Switzerland  
Telephone: +41 22 730 4222  
Telefax: +41 22 733 0395  
E-mail: [secretariat@ifrc.org](mailto:secretariat@ifrc.org)  
Web site: [www.ifrc.org/tsunami](http://www.ifrc.org/tsunami)

Foreword	3
A note on reading this report	4
Operational overview	5
1 Boosting health	6
2 Water and waste	8
3 Building communities that thrive	10
4 Communities that cope	12
5 A more secure income	14
6 Learning lessons	16
Looking forward to 2009	19
Programmatic analysis (table)	21
Financial overview	24

# Table of contents

## Annex 1

Notes and methodology regarding the programmatic performance indicators	28
---	----

## Annex 2

Notes and methodology regarding presentation of combined financial data	32
---	----

## Annex 3

Red Cross and Red Crescent societies and organizations involved in tsunami recovery efforts	35
---	----





Four years after the Indian Ocean tsunami, some of the most important aspects of recovery are the least visible. The Red Cross Red Crescent programmes support communities to rebuild their own lives now and to cope with future threats – natural disasters, the effects of climate change, outbreaks of disease, conflict or the rapid rise in the cost of food and fuel. When livelihoods are secure, children are educated, safe water is plentiful, healthcare is accessible and houses are sturdy, then people are less exposed to future shocks. The result is stronger, more resilient communities.

The physical evidence of recovery is obvious in many countries. So far, we have reached more than 4 million people with new or rebuilt houses, improved water and waste disposal, health care, livelihoods and other essential activities. Of 3.1 billion Swiss francs raised through the Red Cross Red Crescent tsunami appeals, 2.3 billion Swiss francs – or 73 per cent of the money raised – has been put to good use.

Today, community life pulses through thousands of freshly completed houses, health clinics, hospitals, community centres and schools. This is a remarkable achievement, given the sheer scale of the task and the complexity of the obstacles. In many places, the emphasis is already shifting from a recovery operation to long-term development in line with the priorities of Red Cross and Red Crescent societies in the countries affected by the tsunami.

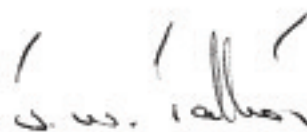
Meanwhile, the air still rings with the sound of construction projects being completed. In 12 months, at the five-year mark, most projects will be finished and many partners will have handed over the ongoing running of projects to local communities and local Red Cross and Red Crescent societies. As we hand projects over, Red Cross Red Crescent systems will continue to ensure accountability for the funds entrusted to us.

Yet 2008 has brought many challenges. Conflict or unrest limited or halted programmes in Somalia, Sri Lanka and three Thai provinces. In the north of Sri Lanka, where fighting continues, almost all tsunami projects remain suspended. Floods in Thailand and Sri Lanka, drought in Somalia and an earthquake in Indonesia also hampered reconstruction.

In many cases, these challenges also confirmed the value of national Red Cross and Red Crescent preparation. In early 2008, when floods swept across the north of the country, the Sri Lanka Red Cross Society's branch disaster response teams – formed after the tsunami – were put to the test. They swung into action, conducting assessments and delivering emergency relief such as food, bedding and hurricane lamps.

Such examples give us hope that, as programmes are completed and handed over to the community or national Red Cross Red Crescent societies, there remains a lasting legacy of resilience.

## Foreword



**Jerry Talbot**

*Special representative for the tsunami operation*

## A note on reading this report

This is the fifth Federation-wide tsunami progress report, with the first report published in December 2006, second in June 2007, third in December 2007 and fourth in July 2008.

Whilst this report does offer an opportunity to gauge the progress over the past 11 months, it presents what is best defined as a cumulative picture; therefore there should be some caution in drawing conclusions from comparisons between the reports. The data presented in each progress report is reflective of the number of Red Cross and Red Crescent societies reporting into it. This figure has changed between the reports.

The report comprises two parts: the programmatic overview which reflects the programme progress in the tsunami affected countries and the financial overview which shows an analysis of the funds received and expended for the tsunami recovery. The programme information and indicators aim to show the variety of recovery support provided to the people affected by the disaster. However, due to the scale of the operation the indicator information is not able to portray the full breadth of the support provided by the Red Cross Red Crescent. For example, the figures do not capture assistance given to people in the emergency phase, support provided to tsunami-affected foreign nationals (e.g. tourists) in their home countries or the attention given to people with special needs. These programmes are included in the financial information but do not feature in the programme indicators.

Methodologies used to gather information on the programme progress also continue to be refined. In addition, updated population data become available and data collection methodologies are better adapted to the different contexts. These and other factors have resulted in the definitions of some indicators changing, leading to changes in figures reported. For explanations of the methodology and definitions used for this report, please refer to Annexes 1 and 2.

Finally, the current report looks at achievements in eight countries affected by the tsunami (Bangladesh, India, Indonesia, the Maldives, Sri Lanka, the Seychelles, Somalia and Thailand) whereas the financial information also covers Myanmar and Malaysia. The indicator data and narrative are biased towards the three worst affected countries (Indonesia, Sri Lanka and the Maldives) and to a lesser extent, Thailand. Specific progress reports for the eight countries are available at [www.ifrc.org/tsunami](http://www.ifrc.org/tsunami).

**International Federation of Red Cross and Red Crescent Societies (International Federation):** refers to the secretariat and all member National Societies collectively. The term Red Cross Red Crescent is used interchangeably with International Federation. Note that both these terms are different from “the Movement”, which denotes the whole International Red Cross and Red Crescent Movement, including the International Committee of the Red Cross (ICRC) in addition to the International Federation Secretariat and member National Societies.

**Secretariat:** refers to the coordinating entity which represents the International Federation’s members. In the tsunami recovery operation – like in many other operations – the secretariat also performs an operational role. For the purpose of global reporting, the secretariat must report income, expenditure and the programme results of its operations in the field. The figures for income received represent the contributions of many member National Societies and other public and private donors to the secretariat’s tsunami appeal.

The past year has seen solid progress in the Red Cross Red Crescent tsunami recovery operation. Over the period, we have been able to report the completion of 19,884 houses. This brings to 41,215 the number of houses completed, of a planned 55,769. A further 12,722 houses are under construction. At the same time, 125 hospitals and health clinics were reported completed. As a result, of 383 total hospitals and clinics planned for the operation, 279 have already been built or renovated.

The real results of these the impressive construction statistics are communities that are starting to thrive again. Complementary issues such as water and sanitation, roads, and livelihoods are part of construction design and are all finally coming together after the long period of planning and implementation.

Ultimately, the best way to reduce communities' exposure to the threat of disasters, inflation, disease or conflict is to build community resilience. This is why the Red Cross Red Crescent builds houses to a level that can withstand predictable disasters, and locates them away from obvious dangers such as river banks. Livelihoods projects help people become more secure so they can afford to take care of their families. With safe drinking water and access to health care, people are less likely to fall ill and can seek help if they do. With these essential resources in place, communities are becoming cohesive, with residents able again to help each other to cope with the unknown.

In addition to strengthening general resilience, specific Red Cross Red Crescent programmes target acute threats. So far, more than 30,000 people across the region have been trained to identify risks and develop disaster plans for their families and communities. We have worked with 452 communities and plan to reach a total of 6,509. By building partnerships at the local level, we build realistic capacity and a culture of development.

With the increase in completion and handover of tsunami programmes, it has become even more important to develop the capacity of communities and civil society. Strong Red Cross Red Crescent volunteer networks and local branches –built up during this enormous operation – can continue to be an essential part of community resilience, working in their own communities before, during and after crises.

## Operational overview

Operational overview	Total
Estimated number of people reached by the International Federation through October 2008	4,136,000
Total expenditure through September 2008	CHF 2,270 <sup>1</sup> million

<sup>1</sup> CHF is Swiss francs

# 1. Boosting health

Health and care		
Hospitals and clinics	383 planned	375 completed or under construction
People with access to an improved water source	741,400 target	546,500 reached
People with improved waste management facilities or improved latrines		371,600 reached
Expenditure in health and care through September 2008		CHF 357 million

In a major push over the past year, 125 hospitals and health clinics were reported as completed. In total, of 383 planned hospitals and clinics, 279 have been completed and a further 96 are under construction.

This is remarkable progress, given the complexity of the task and the time that is required to plan, design and construct these vital community assets. An added complication is that many health facilities remain operational as they are being refurbished so that daily health care can continue. But this makes planning and construction more complicated; building has to be implemented in stages over a longer timeframe. Most construction work on health clinics and hospitals in Sri Lanka, for example, is to functioning facilities.

Clinics and hospitals alone do not ensure good health. The Red Cross Red Crescent works to support communities to sustainably strengthen their resilience to current and future health threats.

To date, 374,800 people have been reached by health programmes to address issues such as malaria, dengue fever, chikungunya fever, tuberculosis, HIV, avian and human influenza, mother and child health, and mental illness. Millions more people have been protected against future ill health in mass government vaccination campaigns carried out by the Red Cross Red Crescent.

Already, new skills and capacities have been useful in dealing with threats. For example, Somali Red Crescent Society staff and volunteers responded to an outbreak of acute watery diarrhoea in three zones of Somalia with chlorination of water sources, medical supplies, health care and health monitoring. The Indian Red Cross is working with its partners to distribute up to 30,000 insecticide-treated mosquito nets to help cut the mortality rates for children under five in 40 villages in tsunami-affected areas where malaria is endemic. More than 7,500 families will benefit.

First aid is a crucial skill for everyday life, especially when many communities are starting with poor health indicators. Overall, 250,200 people have been trained in community-based first aid (including psychosocial support).

People trained in psychological first aid, community and personal mental health and stress management contribute to the long-term resilience of the community and its ability to cope with new threats. The basic principle is that a disaster not only has an impact on individuals, but that it also pulls communities and support systems apart. Psychosocial programmes do not deliver traditional psychiatric treatment for mental health problems, but focus on knitting together communities that have become unravelled after a disaster has struck and equipping them to face future calamities..

Gradually, psychosocial programmes are being phased out or integrated into other Red Cross Red Crescent programmes. In June, for example, Red Cross Red Crescent partners held final meetings on 76 Maldivian islands where psychosocial support programmes were ending. By the official closing ceremony, the programme had reached more than 65,000.



Psychosocial programmes should have lasting benefits for communities. During tsunami alerts over the past two years, Sri Lanka's psychosocial support programmes proved their worth, according to Sri Lanka Red Cross Society psychosocial support officer Nadeeja Abeydheera. "There is a great sense of participation and involvement in the communities," she said. "The people we have trained take the lead to evacuate others, take them to safe places, pass on information and keep the community together." In the south of Sri Lanka, 8,000 people trained in psychosocial support are estimated to benefit up to 250,000 people.

Because of the catastrophic nature of the tsunami, the reality is that many people and places will never fully recover despite the best efforts of psychosocial specialists and other programmes. While we attempt to restore aspects of life that are essential for coping and thriving, we cannot restore normal life for many tsunami survivors.

The International Federation Reference Centre for Psychosocial Support has begun a review of psychosocial support in the tsunami response. In 2009, the centre will produce a practical handbook with examples of best practices. Early recommendations include starting psychosocial programmes immediately after a crisis, developing clearer definitions and guidelines to lessen confusion about approaches, and fostering a holistic response to psychosocial issues.



American Red Cross

Malaria prevention training in Lamno Aceh Jaya, Indonesia. Red Cross Red Crescent programmes aim to strengthen community response to current and future health threats such as malaria.

## 2. Water and waste

Safe drinking water, good hygiene and sanitary waste disposal are essential for human health. In response to the tsunami, the Red Cross Red Crescent has now reached more than 500,000 people with safe water.

Over the past year, about 100,000 people in Sri Lanka alone gained access to an improved water source, mainly thanks to large pipeline projects. A project to lay 200km of pipeline between houses and mains water supplies in Ampara district in Sri Lanka will benefit 40,000 people but, predicting population growth, has the capacity to serve up to 100,000. The Red Cross Red Crescent will also construct a 1,000 cubic metre water storage tower with the capacity to provide water to the entire town of Pottuvil. For generations, communities living in these towns have depended on unreliable private wells or limited water supply networks.

Over the past four years, 371,600 people have gained access to improved waste management facilities or improved latrines built to SPHERE standards. Across the tsunami-affected region, water and sanitation projects include upgrading sanitation in schools, cleaning wells, supplying rural water, installing solar pumps in wells, building waste management centres and waste water disposal systems, monitoring water quality and building water treatment plants.

In many cases, Red Cross Red Crescent partners are the major supplier of a service. A solid waste management programme in Gunung Sitoli, the capital of Nias, for example, was completed by Red Cross Red Crescent in February 2008 and reaches 26,600 inhabitants, or half of the city's population. The programme has now been handed over to the United Nations Development Programme who will continue to run it until at least the end of 2009.

Quality is a concern in water and sanitation as in other programmes. When the septic tanks on the Maldivian islands of Dhaalu Kudahuvadhoo, Kaafu Maafushi and Kaafu Guraidhoo, for example, did not meet durability and quality standards, works were halted while the contractor addressed the problem. Installation was resumed in September 2008.

But water and sanitation improvements will only make a sustainable difference if communities are involved. Communities must be part of the decision-making process. This applies to the largest Red Cross Red Crescent infrastructure project for a town of up to 100,000 people as much as it applies to the volunteer who treks into a remote location to help a family build a latrine.

Communities must understand hygiene, water conservation, solid waste management and vector control. And they must commit to maintaining systems into the future. Without community buy-in, a system will simply not succeed or be sustainable.

As an example, the Red Cross Red Crescent planned to establish rain catchment systems in some villages in the Indonesian province of Aceh to reduce their reliance on wells. However, many people in these villages prefer boreholes because they believe rainwater can have negative side-effects. Now the Red Cross Red Crescent must assess whether this is a perception we can address with education or whether we should find an alternative.

Grappling with this kind of issue – and finding viable solutions – is only possible with the valuable insider knowledge that local communities and volunteers bring. In many water and sanitation projects carried out by the Red Cross Red Crescent, the village forms a committee which ensures long-term local involvement in the construction and maintenance of new systems. Even in projects which leave less room for community input, such as building clinics, community representatives are involved in planning. This local ownership continues after the construction phase is over.

In Indonesia, Sri Lanka and Thailand, the Red Cross Red Crescent has been working with the World Wildlife Fund to ensure environmental considerations are taken into account by improving solid waste disposal, waste water treatment, home composting, gardening, recycling, aquaculture and agriculture.

A more secure supply of safe drinking water also helps communities cope with threats. The Maldives must cope with a dry season every January to April, when precious fresh water reserves run dangerously low. Climate change is likely to bring more floods and tidal surges, which can contaminate groundwater and damage rainwater harvesting tanks. To shore up communities' resilience, the Red Cross Red Crescent completed a supplementary water system that desalinates sea water. Communities manage the system themselves, with trained operators in charge of day-to-day operations. There is another benefit: some islands use surplus water to generate income. The Maduvvari Island water management committee, for example, was able to sell surplus drinking water to fishermen working nearby.

### Indonesia: starting from scratch

Even before the tsunami, thousands of families in remote villages on the Indonesian island of Nias endured ill-health because they were unable to reach a hospital or clinic. In March 2007, when the Red Cross Red Crescent launched a community-based first-aid programme to give people skills to respond to daily emergencies, it had to start from scratch.

"At the beginning, there were no volunteers," said Indonesian Red Cross Society health officer Mariani Gulo.

Once volunteers were trained, they needed to trek up to four hours into remote villages that were inaccessible even by motorcycle. To save time, volunteers stayed for three days to train villagers and arrange community activities.

The volunteers also developed training modules to suit the farming and local trading lifestyle. Modules included topics such as vector diseases like malaria and dengue fever; diarrhoeal diseases caused by poor hygiene; nutrition and first aid, disaster preparedness and response. Some first aid messages were also taught during religious services and in conjunction with a cultural festival called Maena.

Villagers appreciated the effort by volunteers who travelled so far and gave up so much of their time. Most telling, when Nias was hit by an outbreak of diarrhoea, villages with the programme suffered less than others.

"In many cases, we can now save the money we used to spend travelling to the city hospital," said Faolozisokhi Zega, a volunteer coordinator.

More importantly, people can respond quickly and locally when someone is ill or has an accident.



Indonesian Red Cross Society volunteers walk for two hours with all their equipment to reach remote villages such as Hiligodu Hulu in Nias.



Two Indonesian Red Cross Society volunteers explain first aid techniques to people from Gunung Sitoli Selatan in Nias.



### 3. Building communities that thrive

Shelter and community construction	To be provided by the Red Cross Red Crescent	Completed or under construction
Transitional shelters	21,112	21,112
Permanent houses	55,769	53,937
Schools	156	156
Expenditure in shelter and community construction through September 2008		CHF 911 million

In shelter and community construction, the dramatic increase in pace of the Red Cross Red Crescent recovery operation in the completion of permanent houses and schools is obvious. It was made possible by early consultation with communities, links to the authorities through our legally mandated role as an auxiliary to the government, working with partners such as UN Habitat, clarifying legal issues and overcoming logistical hurdles.

Over the past year, the Red Cross Red Crescent reported the completion of 19,884 permanent houses. In the same period, we completed 74 schools and 117 other community structures such as community centres, guest houses, markets or playing fields. The Red Cross Red Crescent invested 96 million Swiss francs in shelter and community construction in this period, making it once again the biggest investment.

The exception is in tsunami-affected areas the north of Sri Lanka, where fighting has forced the suspension of almost all projects until an appropriate time for implementation. Long term project planning takes account of these circumstances and allows room for delays or suspension when fighting heightens. However, the ongoing conflict between the Government and the Liberation Tigers of Tamil Eelam has had a severely negative impact on the humanitarian situation, particularly in the north and east. The International Committee of the Red Cross has remained in the area to address the humanitarian needs of hundreds of civilians on the move.

In its shelter programmes, the Red Cross Red Crescent recognises that building a group of houses does not build a community. From the outset, we have linked houses with the infrastructure necessary for the community to thrive. The tsunami recovery operation aims not only to build back, but most importantly to reduce communities' exposure to future hazards. New infrastructure and systems are more likely to be used and maintained for longer if they are accepted by their users. Communities are also more inclined to take ownership of these systems when they demonstrably generate improvements in people's lives.

Red Cross Red Crescent construction programmes aim to support communities to rebuild, by identifying local priorities such as playing fields and fences, community centres, midwife posts, markets and roads.

In keeping with our priority of improving the lives of the most vulnerable people, some houses have been modified to meet the needs of people with disabilities. In Aceh Besar, 15 houses out of a total of 1,653 houses were modified to make them more accessible.

Marinah Cut, a grandmother in Aceh, had to crawl into her home and rely on help from her granddaughter to go to the lavatory. "Sometimes I felt sorry for her, because she had to 'serve' me most of the time," said the 80-year-old whose house now has handrails at the doors and a sitting toilet. "But now, I don't have to wait for her to come to my house. I can go to the toilet by myself. I feel a lot more comfortable living here."



All Red Cross Red Crescent construction or reconstruction projects examine complementary issues such as water and sanitation, roads, and livelihoods. In the Maldives, where some islands were made uninhabitable by the tsunami, some projects had to think even bigger. Dhuvaafaru Island, previously unpopulated, is going to become home to 4,000 people who cannot return to their own island. In December 2008, the first families start moving to a new settlement on Dhuvaafaru. Here, the Red Cross Red Crescent has constructed 562 houses and community buildings such as a pre-school, primary school, secondary school, auditorium, administration complex and health centre, as well as establishing a sports ground, an electricity network, a road network and water and sanitation infrastructure. In 2009, a ceremony will officially hand over the island to its new community.

### Building a future

In Sri Lanka, some 24,000 households received cash grants and technical advice to help them build or rebuild their homes on their own land, in a partnership with the Red Cross Red Crescent, UN Habitat and the World Bank.

Owner-driven housing has proven quicker and simpler, and ensures a high level of community input. People are free to express their cultural preferences, taste, family size and traditions in the design of their home. Owners can build the houses themselves or engage local contractors to do the job. Funds are released based on owners reaching agreed milestones such as completing the foundations first.

In Ampara district, A.M. Fouze and his extended family were building the house of their dreams. "We got the money we needed through instalments," says Mr. Fouze. "We are local, so we know who the good people are to do the work. We got a local architect to draw up the plans and local masons to work on it."

In Marnkerny, Udhayakumar Subramaniyn has enough room at the back of his new house to raise goats to supplement the family income. "Here people are much better off than they were before. People in the community are getting help to improve their businesses and they are doing much better, farmers and fishermen. We are learning how to improve our yields," he said.

A major factor in the success of owner-driven housing is the Sri Lankan tradition of sramadana or donation of labour, where people work together to achieve tasks. Sramadana is used to speed up building, reduce costs and help vulnerable community members reach the same level of construction.



*By the end of 2008, Red Cross Red Crescent partners will have built or contributed funding towards the building of more than 30,000 houses in Sri Lanka.*



*A house nears completion at Kongalahena. It is one of more than 22,000 houses completed to date in Sri Lanka with Red Cross Red Crescent support. A further 9,000 are under construction.*

## 4. Communities that cope

Disaster management and risk reduction	Planned	Achieved
Communities with disaster preparedness or a risk contingency plan	6,509 communities targeted	452 communities reached
People trained in vulnerability and capacity assessments or disaster management		33,960 people trained
Expenditure through September 2008		CHF 113 million

Ultimately, the best way to reduce the risk of disaster is to build community resilience. That is why Red Cross Red Crescent tsunami recovery programmes aim to support communities to cope better with future threats. Houses are built to withstand predictable disasters, and they are located away from obvious risks such as river banks. People's livelihoods are secure so can afford to take care of their families. Environments are clean so disease-bearing mosquitoes have fewer places to breed. Families have safe drinking water and access to health care so they are less likely to fall ill and can seek help if they do. Communities are cohesive so people help each other to cope with disasters, conflict, epidemics or poor harvests.

In many cases, an improvement in one area of life can have positive effects on other areas. A Red Cross Red Crescent project in Indonesia, for example, uses a system of bamboo rods to irrigate agriculture, as well as to channel water after heavy rains, thus reducing flood risks.

In addition to strengthening general resilience, specific programmes target the worst threats. So far, more than 30,000 people across the region have been trained to identify risks and develop disaster plans for their families and communities.

Early warning systems allow early action to save lives, property and livelihoods. The Red Cross Red Crescent has installed 24 radio systems across Aceh and Nias in the first stage of an early warning system. To ensure the systems' sustainability, several Red Cross Red Crescent partners have signed an agreement on radio operation and maintenance.

Also in Indonesia, mangroves have been planted in three targeted districts to protect the coastline and provide a breeding ground for aquaculture. The Red Cross Red Crescent linked an Indonesian Red Cross Society youth project with the mangrove plantation through awareness-raising activities in the form of education on nature, disaster management and conservation. Youth volunteers are then involved in community activities, delivering messages on disaster management and the mangrove ecosystem. Elsewhere in Indonesia, a national warehouse and training centre in Surabaya was inaugurated in May, and the procurement of relief items to stock the warehouse was completed. Construction of a disaster preparedness warehouse in Aceh Besar started in July.

The Thai Red Cross Society is planning to run a trial with coastal stations staffed with volunteers trained in sea rescue in Krabi and Phang Nga Provinces. The Krabi station is likely to open in early 2009 in a renovated community building.

Expertise developed through the tsunami operation is a resource for disasters in other countries too. Trained Indonesian Red Cross Society volunteers joined the international relief effort in Myanmar after Cyclone Nargis in May 2008.





## 5. A more secure income

Livelihoods	Total
Households reached by asset replacement or enhancement	41,040
Households that have received livelihood support grants	55,810
Expenditure in livelihoods through September 2008	CHF 132 million

As with other aspects of recovery, livelihoods cannot easily be separated from other programmes. In Sri Lanka, for example, the introduction of a secure water supply not only enabled tsunami survivor Mr Piriyadasa to plant a vegetable garden to provide for his own family. It also brought him a new job as a metre reader for the community-based organisation that was set up to maintain and service it after handover from the Red Cross Red Crescent.

No matter what their form, the aim of Red Cross Red Crescent livelihoods programmes is to help communities affected by the tsunami to re-establish their businesses or careers to pre-tsunami levels or better, and to build their ability to withstand future shocks. Strong livelihoods support resilient and cohesive communities that have strengthened coping strategies to respond to challenges such as disasters, civil unrest and wider poverty factors such as rising fuel and food prices.

In some communities, a massive repair and reconstruction effort after the tsunami has created additional work opportunities that might have compensated partially for losses in other sectors. But the boom in building and transport will not last forever.

Since 2007, we have taken a common approach to displaced or newly resettled people and host communities. Livelihoods programmes aim to build social cohesion and positive integration. In Sri Lanka, host communities and displaced people pool their resources and labour to realise projects such as wells, drains or repairs to roads. Such cooperation builds trust and cohesion. It reduces the risk of tension and damage to property.

To ensure they are relevant, livelihoods programmes are based on assessments at the grassroots by communities and households. They include replacing assets such as fishing boats, sewing machines, mango trees or gardening tools, building an ice factory so people can keep fish cool for sale, vocational training and microcredit or cash grants, which allow people to support their own recovery on their own terms while also injecting funds into the local economy.

Over the past year, about 15,000 households had assets such as fishing boats replaced or enhanced, bringing the total reached so far to 41,040. In the same period, about 23,000 households received livelihoods grants to help them build or secure their income. This brings to 55,810 the total number of households reached with these grants.

Each project is tailored to community needs and capacities. In fishing communities in the Indian state of Tamil Nadu, for example, the Red Cross Red Crescent has helped construct five large sheds where people can mend their fishing nets protected from the intense heat and glare of the sun. The sheds are accompanied by new fishing nets and light-weight cargo vehicles to transport the daily catch to market where it commands a higher price. Each of these livelihoods capital assets is managed by a local community development group formed to ensure long-term sustainability.

The tsunami severely damaged Deudap Beach on the tiny Indonesian island of Pulo Nasi, taking lives, wrecking fishing boats and leaving the water too shallow for larger ships. In discussions with the



### Maldives: Island business

By early 2009, the people of Vilufushi will be able to return to their tsunami-ravaged island, where 250 houses, a school, a power station and a sewage system have been built by the Red Cross Red Crescent. The power station and the sewage treatment plant will require maintenance once the Red Cross Red Crescent has completed the project. So Vilufushi people are being trained to take up technical positions, and the community is being encouraged to take it on as a business enterprise. The facilities will create jobs in billing and payment collection. The plan is for them to be run as a business, but take into account people who cannot afford to pay much, such as the elderly and set aside funds to carry out any repairs that might be necessary.



*The Red Cross Red Crescent consults with the women of a displaced community in the Maldives.*

Salwan Amjad/International Federation

Red Cross Red Crescent, the Deudap community identified obtaining a boat as a priority to transport passengers and goods, and earn income. From January 2008, a wooden boat, bought with a grant of 13,620 Swiss francs, began ferrying passengers to and from the main island of Sumatra three times a week, with additional trips to transport goods for market or construction materials. The community's chairman Muzhar, 32, said, "We are happy because the boat has brought economic benefits. We have increased income and this is good for the community."

At Alue Riyeung village, also on Pulo Nasi, the tsunami flooded rice paddies with seawater and ripped out trees. "It's no good for paddy anymore, because without trees, the wind will blow in and damage the rice," said villager Ben Khari. He and a group decided to fence off a section of the now stagnant water and form a fishpond. In April 2008, using a Red Cross Red Crescent grant of just 3,164 Swiss francs, they stocked the pond with 3,000 fish. Ben Khari was keen to stress the ecological benefits of the pond, which the group is treating as an experiment for rehabilitating more land damaged by the tsunami. "We are aware that this activity takes a long time to produce benefits, but we see it as a good way of exploiting the potential of the natural resources here. It's an investment."

One of the key obstacles to economic independence is a lack of access to loans and financial services through commercial banks. Through a pilot project with SANASA, a micro-finance institution with more than 800,000 members and 25 years' experience in Sri Lanka, the Red Cross Red Crescent is providing credit and insurance to 750 of the poorest families in the southern district of Matara. Most of the target households rely on unpredictable sources of income such as seasonal agriculture, fishing and daily labour. The rising costs of basic commodities and soaring inflation has made life increasingly precarious. The project aims to strengthen, diversify and protect livelihoods in a way that is sustainable over the long term. Based on group-lending, it should also build social unity between the host communities and families that have been resettled.

Livelihoods projects also help build a sense of community and enhance cohesion in the community. Women's groups support each other in small business, a fishing group produces smoked fish and people work together at a hollow block factory.

During 2008, the Red Cross Red Crescent also encouraged children from low-income families in Indonesia to return to school by giving them grants for books, fees or uniforms. We also paid for adults who had not completed formal schooling to enrol, such as in the Ministry of Education's community learning centres which issue formal qualifications equivalent to those from schools.

## 6. Learning lessons

All through this complex, multi-partner, multi-country operation, the Red Cross Red Crescent has sought to adapt its approach to achieve better outcomes.

In 2008, with many smaller projects in the Maldives completed and handed over, Red Cross Red Crescent focus shifted to Raa Dhuvaafaru, the island to which 4,000 people would move from camps on five islands after their home was left uninhabitable. Beside the technical complexities, the logistical challenges and the time required to build this new settlement, a major new challenge emerged. Without adequate information about the “new” island, rumours swirled about conditions there. Tensions increased between displaced people and host communities.

In response, the Red Cross Red Crescent sought to stimulate greater community participation by promoting communication between internally displaced people, host communities, island authorities, the government and the Red Cross Red Crescent. Live radio shows answered call-in questions from the community. Other strategies included visits to Dhuvaafaru Island, community meetings and progress updates by newsletter, discussions, posters and a hotline.

In April 2008, a group representing the community of Aceh Barat district travelled to Banda Aceh to convey their disappointment with a programme to the Badan Rehabilitasi dan Rekonstruksi Aceh dan Nias or BRR, the Indonesian government’s agency for the rehabilitation and reconstruction of Aceh and Nias. The demonstration continued for a few days until the Red Cross Red Crescent offered to facilitate a session via radio, giving the community and the BRR an opportunity to find solutions. The discussion led to a commitment by the BRR to pursue the matter with a higher authority, which culminated in a resolution that was satisfactory to the beneficiaries.

Along the way, the Red Cross Red Crescent has addressed issues of equity. Concerns emerged about the welfare of immigrant workers on some of the construction projects in the Maldives. In addition to being stationed for long periods of time on isolated islands, the workers’ diet was too limited. The Red Cross Red Crescent enabled workers to have better living conditions, travel off the islands for breaks and contact their families. We began deliveries of fresh fruit, an initiative that was warmly received by the construction workers.

Lessons have also been learned about the need to care for volunteers who are exposed – especially in the early days of disasters – to difficult experiences such as the recovery of bodies. These lessons were put into practice in the May 2006 Yogyakarta earthquake in Indonesia. The challenge is to continue to capture these lessons and put them into practice.

In Sri Lanka, an evaluation of first-aid training made recommendations that have now been incorporated into the work plan. They include improving the quality of training, changing examination methodology and sustaining first-aid training into the future. In the overall coordination of the operation, the Red Cross Red Crescent has striven to collect consistent data from a wide range of sources. In every reporting period, refinements and adjustments lead to a more accurate picture of the number of people reached and our impact.

At a more strategic level, we continue to develop the Tsunami Recovery Impact Assessment and Monitoring System (TRIAMS), in a partnership among the International Federation, the World Health Organization and the United Nations Development Programme. TRIAMS allows adjustment of programmes to meet the dynamic ongoing needs.

At the same time, processes to gather and analyse the lessons learned from the whole tsunami operation continue.



International Federation

Indonesian ambulance crews are trained to respond quickly and effectively to emergencies.





Ahmed Zahid/International Federation



The year ahead should bring historic progress to the Maldives, which is one of the few countries in the world without a National Society. There are hopeful indications that this could soon change, following the submission of a Red Crescent bill to parliament in late 2008. The formation of a National Society will be an important step in guaranteeing community resilience and the capacity to cope in isolated and vulnerable small island communities in the Indian Ocean.

Behind the multitude of Red Cross Red Crescent tsunami programmes is the drive to sustainably improve communities' ability to cope with daily life and unforeseen shocks. The tsunami – and future disasters – must not be allowed to undermine decades of painstaking social and economic development. By building partnerships at the local level, we build realistic capacity and a culture of development.

With the increase in completion and handover of tsunami programmes, it has become even more important to develop the capacity of communities and civil society. Strong Red Cross Red Crescent volunteer networks and local branches –built up during this enormous operation – can continue to be an essential part of community resilience, working in their own communities before, during and after crises.

As many tsunami programmes approach their final stages, Indian Ocean National Societies are able to focus again on activities at a national level. The Indonesian Red Cross Society, for example, is in the process of linking tsunami programmes with its national strategic plan and its core mandate, and scaling down recovery activities in the tsunami-affected areas of Aceh and Nias. New partners gained through tsunami operations will continue to work with the Indonesian Red Cross on community-based health and disaster management.

To smooth the handover process, the Red Cross Red Crescent has developed tools including models and checklists for exit, and guidelines for closing bank accounts, addressing quality and accountability, human resources, office and housing lease, and other matters.

A challenge for 2009 will be to maintain our momentum in the face of several risks. Existing tensions in Indonesia might surface around the time of parliamentary elections in April, possibly delaying some programmes. For every country, the global financial crisis is likely to result in reduced demand for agricultural products, thus hurting poor farmers. In addition, higher prices for fuel, food and agricultural inputs will put pressure on households. The Red Cross Red Crescent will continue to monitor the vulnerability of target groups and take measures to support them to cope.

In Indonesia, the challenge for the provincial authorities will be to continue programmes that will be handed over in April 2009 from the Indonesian government agency of rehabilitation and reconstruction for Aceh and Nias (BRR).

Looking  
forward  
to 2009



*An aerial view of Dhuvaafaru, Maldives; houses and community buildings are now complete and ready for handover.*

Table 1 is a summary of the Red Cross Red Crescent's collective performance data in tsunami-affected countries. It reports cumulative data from the start of the operation to 30 September 2008.

## Programmatic analysis

**Table 1: Analysis of programmatic performance indicators<sup>2</sup>**

N/A: not available; N/ap: not applicable — Figures represent progress achieved up to 30 September 2008

Ind. No.	Programmatic performance indicators		Totals	Maldives	Sri Lanka	Indonesia	Other <sup>3</sup>
1	Overall estimated number of persons reached by International Federation and partners (using coverage methodology only, not by sector)		4,136,000	256,000 <sup>4</sup>	1,965,000 <sup>5</sup>	733,000	1,182,000
Health and care including water and sanitation infrastructure							
2	Number of persons with access to an improved water source (temporary settlements)		163,000	N/A	63,400	99,600	N/A
	Number of persons with access to an improved water source (permanent settlements)		279,600	N/A	139,800	129,600	10,200
	Total number of persons with access to an improved water source		546,500	103,900	203,200	229,200 <sup>6</sup>	10,200
	Total number of persons targeted for access to an improved water source (planned)		741,400	111,200	308,100 <sup>7</sup>	296,500	25,600
3	Number of persons with access to improved waste management facilities or improved latrines (built to sphere standards <sup>8</sup> )		371,600	92,400	48,300	221,700	9,200
4	Number of persons certified or skilled in community based first aid (including psychosocial)		250,200	2,200	226,200 <sup>9</sup>	15,700 <sup>10</sup>	6,100
5	Number of persons reached by community-based health services		374,800 <sup>11</sup>	64,300	151,300 <sup>12</sup>	103,600	55,600 <sup>13</sup>
6	Hospitals and clinics built or rehabilitated	Operational/in use	300	25	63	184	28
		Completed	279	26	31	190	32
		Under construction	96	1	35 <sup>14</sup>	59	1
		Planned	8	0	3	4	1
	Total number of hospitals and clinics to be provided		383	27	69	253	34

Ind. No.	Programmatic performance indicators		Totals	Maldives	Sri Lanka	Indonesia	Other
Shelter and community construction							
7	Transitional shelters built	Completed	21,112	1,084	105	19,923	N/Ap
		Under construction	0	0	0	0	N/Ap
		Planned	0	0	0	0	N/Ap
	Total number of shelters to be provided		21,112	1,084	105	19,923	N/Ap
	8	Permanent houses built	Occupied	36,697	469 <sup>15</sup>	19,188 <sup>16</sup>	17,022
Completed			41,215	542	22,665	17,957	51
Under construction			12,722	972	9,734	2,009	7
Planned			1,832	0	487	1,341	4
Total number of houses to be provided		55,769	1,514	32,886	21,307	62	
9	Schools built or rehabilitated	Operational/in use	128	7	28	77	16
		Completed	133	10	28	78	17
		In progress	23	4	6	11	2
		Planned	0	0	0	0	0
	Total number of schools to be provided		156	14	34	89	19
10	Other community structures built or rehabilitated	Operational/in use	264	135	19	106	4
		Completed	273	140	19	108	6
		In progress	25	6	1	17	1
		Planned	62	2	0	59	1
	Total number of other community structure to be provided		360	148	20	184 <sup>17</sup>	8
Livelihoods							
11	Number of households reached by asset replacement or enhancement		41,040	20	7,830	23,940	9,250
12	Number of households that have received livelihood support grants		55,810	1,490	36,460	17,760	100
	Range of grant size (in local currency)		N/Ap	2,000 – 60,360	15,000 – 42,000	625,000 to 20 million	N/Ap
	Average grant size		N/Ap	MVR 25,803	LKR 28,500	IDR 3,523,354	N/Ap
Disaster management							
13	% of population covered by pre-positioned stocks		N/Ap	N/Ap	39%	4%	N/Ap
14	Number of communities targeted for developing a disaster preparedness or contingency plan for all major risks	Completed	452	18	136	287	11
		Planned	6,509	18	345	6,084	62
15	Number of persons trained in vulnerability and capacity assessments or community based disaster management		33,960	490	210	32,950	310



Ind. No.	Programmatic performance indicators	Totals	Maldives	Sri Lanka	Indonesia	Other
<b>Programme support and coordination</b>						
<b>16</b>	Number of Red Cross and Red Crescent organizations working in country	<b>29</b>	<b>4</b>	<b>19</b>	<b>18</b>	<b>13</b>
	Number of Red Cross and Red Crescent organizations contributing programme data to the report this reporting period	<b>31</b>	<b>9</b>	<b>20</b>	<b>21</b>	<b>10</b>

- 2 The programmatic information in this report reflects contributions from Red Cross and Red Crescent societies and organizations working on site in the affected countries as well as the International Federation secretariat which is conducting tsunami recovery operations on behalf of more than 100 Red Cross and Red Crescent societies. The Red Cross and Red Crescent societies and organizations that have provided data for the programmatic performance section of this report are from: Australia, Austria, Bangladesh, Belgium – Flanders community, Belgium – Francophone community, Canada, China, Denmark, Finland, France, Germany, Hong Kong, India, Indonesia, Ireland, Italy, Japan, Korea, Netherlands, Norway, Seychelles, Singapore, Somalia, Spain, Sri Lanka, Switzerland, Thailand, Turkey, United Kingdom, and United States.
- 3 Consists of Thailand, India, Bangladesh, Somalia and Seychelles.
- 4 **Maldives:** The figure includes the beneficiaries of a measles vaccination campaign where the Measles Initiative partners and the government of the Maldives vaccinated more than 80 per cent of the country's population, consisting of boys/men between ages 6 and 25, and girls/women aged 6 to 35 (encompassing women of child bearing age). It was the first time in the country's history that a mass vaccination programme of this nature had been conducted. The figure also includes the number of people reached by the ministry of health with information on prevention of dengue and chikungunya fever (pamphlets jointly produced by the International Federation and the Maldives department of public health were extensively distributed in Male' and the atolls).
- 5 **Sri Lanka:** It is still a challenge to estimate the number of persons reached in Sri Lanka by the lowest divisional level possible (Grama Nildhari or GN level), as the names of GNs are not recorded by all partners. The increase in the figures comes from data collected at additional 5 GNs.
- 6 **Indonesia:** The figure has decreased from the previous report due to more accurate calculation.
- 7 **Sri Lanka:** Much of the Red Cross Red Crescent water and sanitation portfolio in Sri Lanka includes large infrastructure projects, such as laying pipeline networks to new resettlement areas. Targeted tsunami-affected families will only get access to the improved water sources once the entire project is finalised and water is connected to the catchments area, hence the discrepancy in number of persons who have already gained access to an improved water source versus number of persons targeted for access. The number of persons targeted for access has been reduced due to an update in the demographic data. In addition, the number reported in the previous report included beneficiaries who could in the future benefit from the built water systems. For this report the figure has been reduced to cover only the immediate targeted beneficiaries.
- 8 Fewer than 20 people per latrine; communal latrines segregated by gender, water and hygienic supplies available.
- 9 **Sri Lanka:** The definition for this indicator has been further clarified in the Sri Lanka context which has led to an increase in the figure.
- 10 **Indonesia:** The marked increase for this indicator reflects a broadened interpretation of certification, while taking into account the need for accurate reporting.
- 11 The total figure is not comparable to the one in previous reports since several re-definitions and clarifications on the use of the indicator have been made in the countries.
- 12 **Sri Lanka:** The definition for this indicator has been further clarified in the Sri Lanka context which has led to a decrease in the figure.
- 13 **Somalia:** The figure in the previous report broader data of people served in health programmes in Somalia. This report's figure focuses on people reached during 2008 in tsunami operation health programming.
- 14 **Sri Lanka:** There is a reduction in the number of hospitals under construction compared to the figure from the previous semi-annual report due to counting of 13 dispensaries which were reported on separately but were in fact all part of a single project spread over 13 different locations.
- 15 **Maldives:** Some beneficiaries of new houses are still living temporarily in Male' and on other islands. Sixty-six houses constructed in Sh.Funadhoo were handed over to the government but beneficiaries will move in once electricity is connected.
- 16 **Sri Lanka:** Houses are only handed over to the beneficiaries once the entire housing site is completed. Hence the discrepancy in the number of houses occupied and the number of houses completed.
- 17 **Indonesia:** The increased figures are due to the inclusion of projects not previously reported, such as playgrounds and retaining walls.

# Financial overview

The International Federation<sup>18</sup> has received a total of CHF 3,108 million<sup>19</sup>. This represents CHF 9 million additional income reported since the last period due to interest earned.

Most of the funds received by the International Federation remain unearmarked as reflected in Fig. 1.1 and 1.2. As of 30 September, 2008, CHF 2,270 million or 73 per cent has been spent across all tsunami countries.

FIGURE 1.1  
Total contributed to International Federation by original sources  
in millions of Swiss francs (CHF)

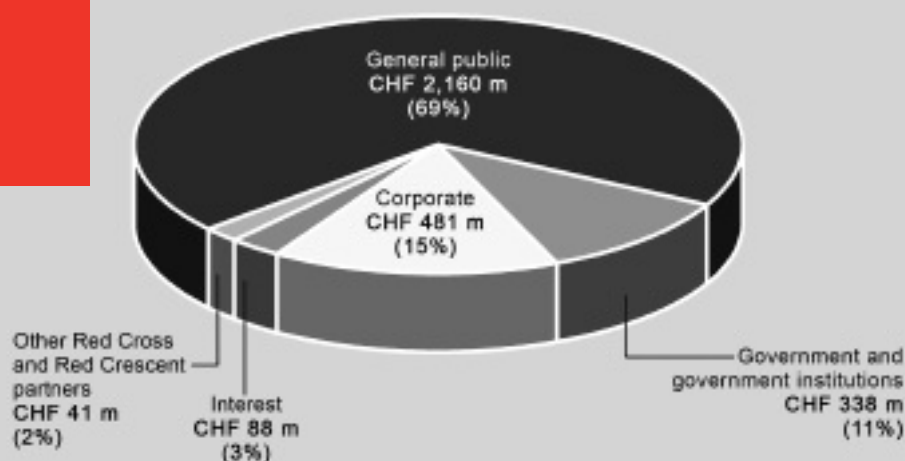
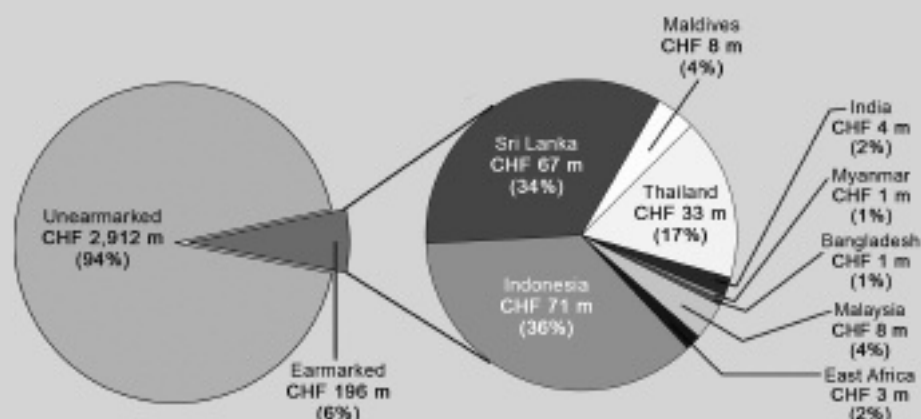


FIGURE 1.2  
Total contributed by original designation – in millions of Swiss francs (CHF)



<sup>18</sup> The information in this financial summary combines unaudited financial data from 40 independent Red Cross Red Crescent societies and organizations (listed below) and the International Federation secretariat, which is conducting tsunami recovery operations on behalf of more than 100 Red Cross Red Crescent societies and organizations which contributed directly to its tsunami appeal. The financial data for this report was provided by Red Cross and Red Crescent Societies and organizations from: Australia, Austria, Bangladesh, Belgium – Flanders community, Belgium – Francophone community, Canada, China, Denmark, Finland, France, Germany, Hong Kong, Hungary, Iceland, India, Indonesia, Ireland, Italy, Japan, Korea (Rep. of), Macau, Malaysia, Myanmar, Netherlands, New Zealand, Norway, Qatar, Seychelles, Singapore, Somalia, Spain, Sri Lanka, Sweden, Switzerland, Taiwan, Thailand, Turkey, United Kingdom, United Arab Emirates, and United States.

<sup>19</sup> Financial reporting was received in local currencies and converted to CHF, which is the official reporting currency of the International Federation secretariat. The foreign exchange rates used were derived in the following way: The exchange rate to translate income is the weighted average rate of International Federation secretariat income receipts from 27 December 2004 through 30 September 2008; the exchange rate to translate expenditure is the average rate from 27 December 2004 through 30 September 2008; and the rate as of 30 September 2008 is used for projected expenditure. The summary table of rates used is included in Annex 2.

Fig. 2.1 and 2.2 reflect spending through 30 September 2008 by programme area<sup>20</sup> and location of operations. The largest amounts spent by the International Federation continues to be in the area of shelter and community construction (CHF 911 million). Figure 2.2 shows that the highest amounts have been spent in Indonesia (CHF 1,125 million) and Sri Lanka (CHF 578 million).

FIGURE 2.1  
Total expenses by category – in millions of Swiss francs (CHF)

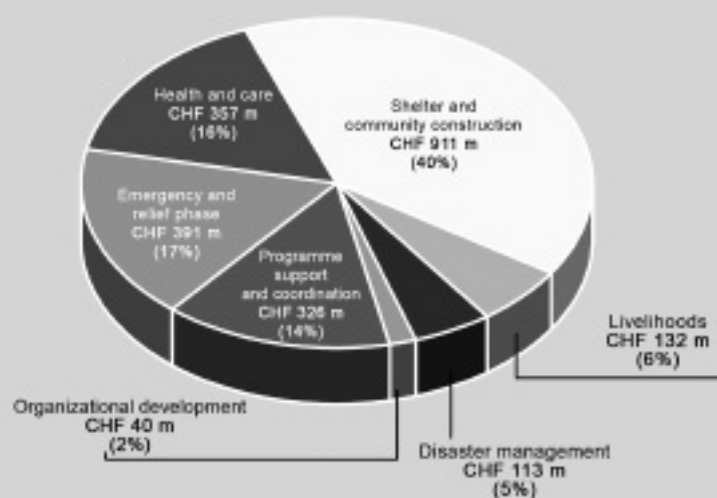
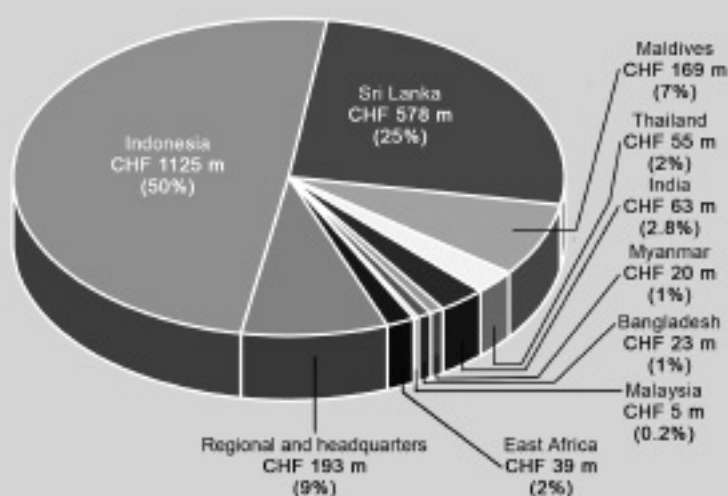


FIGURE 2.2  
Total funds spent by country – in millions of Swiss francs (CHF)



<sup>20</sup> Financial reporting has been restricted to seven categories. Each Red Cross Red Crescent society and organization has its own, unique financial accounting and coding structures. Therefore, for the purposes of consolidating financial figures, the data supplied by the Red Cross Red Crescent societies and organizations were simplified into the seven categories shown in Fig. 2.1. For definitions and a detailed list of these categories, see Annex 2.

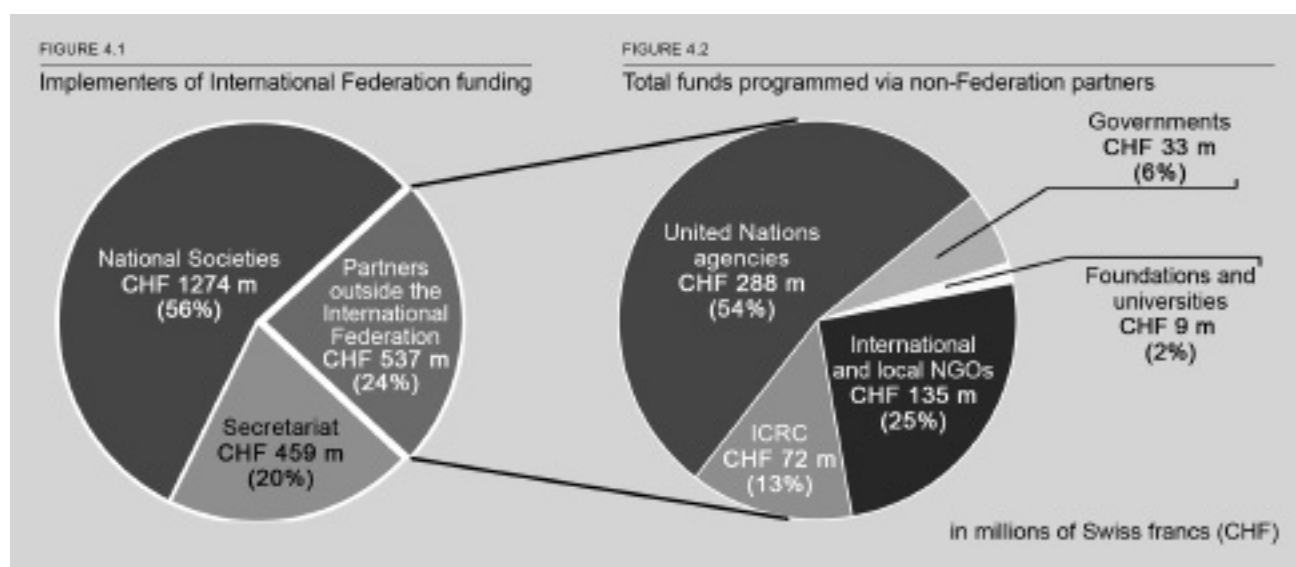


Fig. 3 details the expenditure made by country<sup>21</sup> and by programme<sup>22</sup>.

**Figure 3 - Expenditure details by country and by programme – in millions of Swiss Francs (CHF)**

	Emergency phase/ Relief	Health and care	Disaster management	Livelihoods	Shelter and community reconstruction	Organizational development	Programme support and coordination	Total expenditure by country
Indonesia	234.2	146.6	52.8	61.4	516.0	13.6	100.5	1125.1
Sri Lanka	92.2	80.1	23.5	41.8	261.8	13.0	65.8	578.2
Maldives	10.3	35.7	1.1	1.4	93.9	1.1	25.6	169.1
Thailand	1.9	18.7	1.9	8.4	15.7	3.2	4.8	54.6
India	4.4	20.4	1.8	10.1	21.0	2.8	3.2	63.5
Myanmar	4.2	12.1	1.8	0.3	0.0	1.3	0.4	20.1
Bangladesh	0.7	19.6	1.4	0.0	0.2	0.1	0.9	23.1
Malaysia	0.1	0.7	0.2	1.4	1.0	0.5	1.2	5.1
East Africa	10.4	10.8	9.9	0.7	0.5	3.0	3.6	38.9
Regional and HQ	32.1	12.6	18.9	6.5	1.1	1.5	120.1	192.8
<b>Expenditure by category</b>	<b>390.5</b>	<b>357.6</b>	<b>113.1</b>	<b>132.0</b>	<b>911.2</b>	<b>40.1</b>	<b>326.1</b>	<b>2270.5</b>

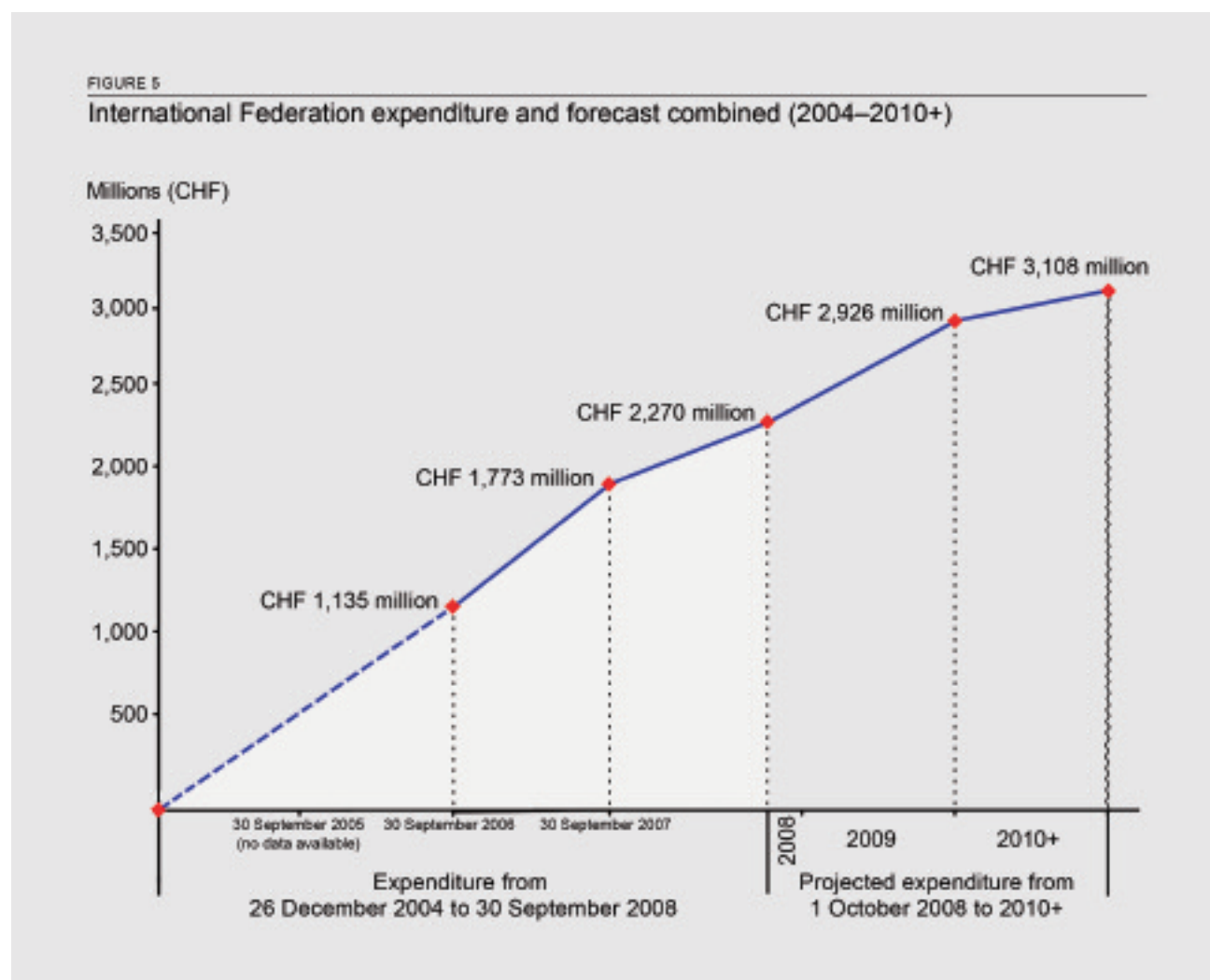
Fig. 4.1 reflects how expenditure is split among the International Federation secretariat, the 40 Red Cross Red Crescent societies and organizations reporting for this period and other partners outside the International Federation. The majority of expenditure is carried out by Red Cross Red Crescent societies and organizations, while the International Federation also coordinates relief and recovery efforts through other actors to avoid unnecessary duplications or gaps in the provision of assistance. The percentage of assistance programmed through these external agencies has remained steady with approximately one quarter of funds received being spent through them. More partnership initiatives took place during the first two years of the relief and recovery effort with less being expended via external organizations at this stage of operations.



21 East Africa represents the countries of Comoros, Kenya, Madagascar, Mauritius, Seychelles, Somalia and Tanzania.

22 Decreases of expenditures reported in some categories in Fig. 3 are caused principally by exchange rate fluctuation in the last six month period.

Many Red Cross Red Crescent societies and organizations report that tsunami recovery programming will continue at least through the year 2010, with some members indicating that programming will continue into 2011 and possibly longer.<sup>23</sup> Estimated spending projections are shown in Figure 5.



<sup>23</sup> Financial reporting for this consolidated report has been restricted to a six-year timeframe although some Red Cross Red Crescent societies and organizations project expenditure beyond that date. For purposes of consolidating financial figures, Red Cross Red Crescent societies and organizations were requested to adapt their plans to the time frame shown in figure 5.

# 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 United Nations post-Humanitarian Information Centre for population data disaggregated by the lowest divisional level possible.

Red Cross 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 have 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 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 Red Crescent societies have counted numbers trained using training records.

### Number of people reached by community-based health

This is the number of people who have received community-based health services from Red Cross Red Crescent interventions (first aid, hygiene promotion, psychosocial support, eyesight restoration and other medical treatments/services). It does not include those trained to provide/disseminate these services.

### 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 building work 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 (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 fishermen 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 fishermen 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.

## Disaster management

### 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 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.

#### Number of communities with a disaster preparedness or contingency plan developed for all major risks (completed)

This is the number of communities that Red Cross Red Crescent organisations have already worked with and assisted in completing a disaster preparedness or contingency plan.

#### Number of communities targeted for developing a disaster preparedness or contingency plan for all major risks (planned)

This is the number of communities that Red Cross Red Crescent organisations target to work with in preparing disaster preparedness or contingency plans. A community can mean different things in different contexts (e.g. an island community in the Maldives, a village in Sri Lanka or Indonesia). The terms disaster preparedness and contingency plan are used broadly here to cover all kinds of plans for preparing and responding to disasters and emergencies. It is assumed that the plan, like all good disaster preparedness/contingency plans, has clearly stated objective(s), sets out a systematic sequence of activities, assigns specific tasks and responsibilities, is practical and realistic and leads to actions.

#### Number of people trained in vulnerability and capacity assessments or community based disaster management.

This is the number of persons who have successfully completed community-based vulnerability and capacity assessment training or community-based disaster management training. Ideally this would include some sort of quality control check allowing verification of 'successful completion' e.g. pre/post test, skills demonstration or other form of quality control resulting in provision of a certificate or recognition of skills transfer. At a minimum, national societies would count numbers trained using training records. This number does not include the number of people trained in first aid (community-based first aid, first aid, psychosocial support, etc.) training since these are included in the indicator no 4.



## Annex 2

# Notes and methodology regarding presentation of combined financial data

- 1** The combined income and expenditure data in this report was generated based on financial data collected from the International Federation secretariat and the 40 Red Cross Red Crescent societies referenced in the report. The data were collected and compiled over a period of five weeks, from 20 October 2008 to 22 November 2008. The method developed to obtain financial data considered the flows of income and expenditure, and eliminated multiple counting (within the International Federation network) of income and expenditure.
- 2** This report is a combined cumulative portrait of International Federation financial information. All of the reports received from the Red Cross Red Crescent societies and organizations and used to generate this collective portrait reflected data through 30 September 2008, with the following exceptions: seven Red Cross or Red Crescent societies declined to give updated data for this reporting period; in four cases, previously submitted data through 31 March 2008 were used; in one case financial data submitted for the period through 30 September 2007 were used; in two cases financial data submitted for the period through 31 March 2007 were used.
- 3** Included in the reporting of income are in-kind goods and services (non-cash contributions). Due to variations in the way that in-kind goods are treated by International Federation members, the value of income and expenditure related to in-kind goods and services (non-cash contributions) may not be fully represented in this consolidation, due to the different accounting treatments of these non-cash items. As a result, the report possibly under reports the income and expense values for these in-kind goods and services. However, these values are estimated to be small, and immaterial to the overall report.
- 4** The exchange rates used to combine the financial data during this fourth round of reporting are shown in the table below.

Currency	Income	Expenditure	Projection	Currency	Income	Expenditure	Projection
AUD	1.09	1.04	1.06	JPY	94.07	94.16	100.00
AED	3.29	3.07	3.35	KRW	784.31	812.35	1,076.43
BDT	51.81	55.01	62.50	LKR	97.37	87.64	98.04
CAD	1.01	1.07	1.04	MMK	1,111.11	917.43	1,136.36
CNY	6.44	6.49	6.24	MYR	3.31	2.98	3.10
DKK	4.49	4.69	4.62	NOK	5.19	5.04	4.90
EUR	1.55	1.59	1.62	NZD	1.20	1.18	1.30
GBP	2.23	2.27	2.01	QAR	3.12	3.04	3.31
HKD	6.40	6.50	7.13	SCR	6.08	5.00	7.37
HUF	163.40	158.48	153.05	SEK	5.88	5.83	5.84
IDR	7,142.86	7,692.31	8,333.33	SGD	1.40	1.30	1.29
INR	34.18	36.08	40.00	THB	34.25	29.98	31.15
ISK	52.66	55.68	89.29	USD	1.19	1.20	1.10

- 5** Some Red Cross Red Crescent societies and organizations report operating on a cash accounting basis, while others work on an accrual basis. Cash basis means that the reported financial income and expenditure include only income received and expenditure paid as of 30 September 2008.

Accrual basis means that the reported financial income and expenditure include all income received and receivable and expenditure paid or payable as at 30 September 2008.

- 6 Treatment of interest income: Each Red Cross or Red Crescent society or organization's treatment of interest earned on donations is governed by their own financial policies. In the cases where interest is not allocated back to the tsunami operation, Red Cross Red Crescent societies report interest being allocated to future international and emergency operations or to general headquarters operations.
- 7 Categories and definitions used for classification of expenditure
  - a Emergency phase/Relief: For activities and related programme running costs, which are relief-oriented to address acute needs or are for a specified duration of time, such as for the first three to six months of the operation. They may include: emergency and short-term interventions across all sectors (supply distributions, water tankering and other temporary water-supply activities, support to internally displaced persons, etc.); Field Assessment & Coordination Teams and the costs associated with their deployment; Emergency Response Units of all types and associated costs (staff, travel, transport, supplies, cash, etc.); cost of supply distributions during the emergency phase; operations support and assessment (staffing, transport, etc.) in relation to these defined activities or time period, if not included in the programme support and coordination category.
  - b Health services and infrastructure: For activities and related programme running costs that achieve the objectives of health and care during either the relief or recovery phases such as health education and campaigns, water and sanitation hygiene education, social welfare such as ongoing support to camps for displaced people, psychosocial and mental health support, strengthening of community resiliency and training, disease control; vaccination programs, and mosquito bed net distributions; health preparedness; hospital Emergency Response Units if not included in emergency/relief category; construction and refurbishment of clinics and hospitals, water- and sanitation-related construction if not indicated above in the health services category; staff costs associated with these projects if not included in the programme support and coordination category.
  - c Disaster management refers to activities and related programme running costs, such as mobilizing members of the International Federation at all levels to respond; volunteer development; improving the speed and effectiveness of coordination mechanisms; setting and working towards improved standards; building disaster response mechanisms; raising community awareness and public education; disaster mitigation and reduction; Red Cross Red Crescent society capacity-building in disaster preparedness; risk reduction programs; early warning systems; community-based disaster preparedness; replenishment of stocks; tracing services and capacity-building of tracing staff if not included in other categories; staff costs associated with these projects if not included in the programme support and coordination category.
  - d Livelihoods refers to activities and related programme running costs, such as: "cash for work" programmes, economic resiliency and development programmes, diversification of household income, asset replacement programmes if not already included in the other categories; staff costs associated with these projects if not included in the programme support and coordination category.
  - e Shelter and community construction refers to activities and related programme running costs, such as transitional shelter (not already included in relief), home construction and repair, school repair, refurbishment, and construction; community centre repair, refurbishment, and construction; other community construction such as roads, bridges, and other structures; water and sanitation related to this construction if not already indicated above in the health services and infrastructure category; staff costs associated with these projects if not included in the programme support and coordination category.
  - f Organizational development may include the following activities and related programme running costs if not already incorporated into another category: assisting the local Red Cross or Red Crescent society in serving beneficiaries and communities; strengthening of the local Red Cross or Red Crescent society in all sectors; capacity-building support; provision of technical assistance, training materials and performance indicators to local Red Cross or Red Crescent societies; professional development of local Red Cross or Red Crescent society staff; volunteer capacity building; branch and headquarter refurbishment or rebuilding; staff costs associated with these projects if not included in the programme and support & coordination category

- g** Programme support and coordination includes the following at either headquarter level or in the field if not already attributed to the other categories above: headquarter and field management and staff costs such as local or international staff costs; planning and reporting staff and associated costs such as workshops and trainings; monitoring and evaluation (surveys, assessments, etc.) and other quality and accountability activities; communications and advocacy staff, publications, etc.; human resources recruitment and support; logistics functions; coordination and direction; accounting, audit, and other financial services, work on cross-cutting themes such as gender, the environment, sustainability, beneficiary participation, and others; fundraising costs and donations processing; head office costs (core cost recovery and similar); other indirect support; foreign exchange loss and gain.



# Annex 3

**The information portrayed in this Tsunami four year progress report is reflective of contributions from the following Red Cross and Red Crescent societies and organizations**

Albanian Red Cross	Ethiopian Red Cross Society
Algerian Red Crescent	Fiji Red Cross Society
American Red Cross	Finnish Red Cross
Andorran Red Cross	French Red Cross
Argentine Red Cross	German Red Cross
Australian Red Cross	Grenada Red Cross Society
Austrian Red Cross	Hellenic Red Cross
Bahrain Red Crescent Society	Honduran Red Cross
Bangladesh Red Crescent Society	Hungarian Red Cross
Belgian Red Cross	Icelandic Red Cross
French speaking community Flanders	Indian Red Cross Society
Belize Red Cross Society	Indonesian Red Cross Society
Bolivian Red Cross	International Committee of the Red Cross
Botswana Red Cross Society	International Federation of Red Cross and Red Crescent Societies
Brazilian Red Cross	Irish Red Cross Society
British Red Cross	Italian Red Cross
Bulgarian Red Cross	Jamaica Red Cross
Cambodian Red Cross Society	Japanese Red Cross Society
Chilean Red Cross	Jordan National Red Crescent Society
Colombian Red Cross Society	Lao Red Cross
Cook Islands Red Cross Society	Latvian Red Cross
Costa Rican Red Cross	Lebanese Red Cross
Croatian Red Cross	Lesotho Red Cross Society
Curaçao Red Cross	Libyan Red Crescent
Cyprus Red Cross Society	Liechtenstein Red Cross
Czech Red Cross	Lithuanian Red Cross Society
Danish Red Cross	Luxembourg Red Cross
Ecuadorian Red Cross	Malagasy Red Cross Society
Estonia Red Cross	Malaysian Red Crescent Society

Malta Red Cross Society  
 Mauritius Red Cross Society  
 Mexican Red Cross  
 Micronesia Red Cross  
 Mongolian Red Cross Society  
 Moroccan Red Crescent  
 Myanmar Red Cross Society  
 Namibia Red Cross  
 Nepal Red Cross Society  
 New Zealand Red Cross  
 Nicaraguan Red Cross  
 Norwegian Red Cross  
 Palau Red Cross Society  
 Papua New Guinea Red Cross Society  
 Paraguayan Red Cross  
 Peruvian Red Cross  
 Polish Red Cross  
 Portuguese Red Cross  
 Qatar Red Crescent Society  
 Red Crescent Society of the Islamic Republic of Iran  
 Red Crescent Society of the United Arab Emirates  
 Red Crescent Society of Uzbekistan  
 Red Cross of Monaco  
 Red Cross of Viet Nam  
 Red Cross Society of China  
 Red Cross Society of China - Hong Kong Branch  
 Red Cross Society of China - Macau Branch  
 Red Cross Society of Panama  
 Red Cross Society of the Democratic People's Republic of Korea  
 Romanian Red Cross  
 Saint Kitts and Nevis Red Cross Society  
 Salvadorean Red Cross Society  
 Samoa Red Cross Society  
 Saudi Arabian Red Crescent Society  
 Seychelles Red Cross Society  
 Singapore Red Cross Society  
 Slovak Red Cross  
 Slovenian Red Cross  
 Somali Red Crescent Society  
 Spanish Red Cross  
 Suriname Red Cross  
 Swedish Red Cross  
 Swiss Red Cross  
 Taiwan Red Cross Organisation

The Bahamas Red Cross Society  
 The Barbados Red Cross Society  
 The Canadian Red Cross Society  
 The Guyana Red Cross Society  
 The Netherlands Red Cross  
 The Philippine National Red Cross  
 The Red Cross of Serbia  
 The Red Cross of The Former Yugoslav Republic of Macedonia  
 The Red Cross Society of Bosnia and Herzegovina  
 The Republic of Korea National Red Cross  
 The Russian Red Cross Society  
 The South African Red Cross Society  
 The Sri Lanka Red Cross Society  
 The Thai Red Cross Society  
 The Trinidad and Tobago Red Cross Society  
 The Uganda Red Cross Society  
 Tonga Red Cross Society  
 Turkish Red Crescent Society  
 Ukrainian Red Cross Society  
 Uruguayan Red Cross  
 Vanuatu Red Cross Society  
 Venezuelan Red Cross

# The Fundamental Principles of the International Red Cross and Red Crescent Movement

---

## **Humanity**

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

## **Impartiality**

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

## **Neutrality**

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

## **Independence**

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

## **Voluntary service**

It is a voluntary relief movement not prompted in any manner by desire for gain.

## **Unity**

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

## **Universality**

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.





The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.

