
The collective focus of the Federation is 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.

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Cover photo: A boy enjoying clean water out of a new borehole provided by the Red Cross. Lueng Tgk Yah village, Aceh Barat. ©Nobuyuki Kobayashi, JRCS
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Five years ago, on 26 December 2004, a massive earthquake off the coast of Sumatra created a tsunami that swept across the Indian Ocean. Millions of people around the world watched in horror as the aftermath of the biggest single natural disaster in living memory unfolded on their television screens. Almost 230,000 people lost their lives across 14 countries.

In its wake came extraordinary generosity. Over the past five years, the International Federation of Red Cross and Red Crescent Societies (IFRC) has channelled public donations into recovery programmes that have supported almost 5 million people across the four worst-affected countries - Indonesia, the Maldives, Sri Lanka and Thailand.

The enormous scale and scope of the operation has meant that thousands of people are now living in stronger homes supported by a more sustainable economic and social foundation. More than 57,000 houses have been built or are being completed. Over 650,000 people now have clean water to drink. More than 94,000 households have boats, fishing nets, agricultural tools or have used cash grants to help them recover their livelihoods. The finishing touches are being put on 363 hospitals and clinics that are being built or rehabilitated. 161 schools have been constructed with a further 11 under way.

These achievements would not have been possible without two unique features of the Red Cross Red Crescent: grassroots networks active before, during and after the disaster, coupled with the funds and expertise of more than 100 sister Red Cross or Red Crescent societies from around the globe. After the tsunami, the Red Cross Red Crescent was entrusted with an unprecedented outpouring of donations totalling more than 3.1 billion Swiss francs, approximately one-fifth of all global funds given to assist families and communities after this disaster. Initial activities focused on meeting people’s emergency needs. Later, the emphasis evolved into rebuilding communities and livelihoods.

Woven throughout the five-year operation has been the obligation to leave a legacy of safer communities and a stronger Red Cross or Red Crescent embedded with them. We aimed to build back better - and we have.

In the Maldives, Red Cross Red Crescent assistance in the aftermath of the tsunami provided an opportunity for a new National Society to be established. In August 2009, the newly established Maldivian Red Crescent held its first general assembly. Vulnerable people in the Maldives now have a new champion.

Over the past five years, the Red Cross Red Crescent has been consistently accountable and transparent, not only to the public, who gave 69 per cent of tsunami funds, but also to tsunami-affected communities, whose participation is vital to the sustainability of programmes.

As the immense task of rebuilding houses, hospitals, water systems and livelihoods finishes, we can see more clearly the lessons of the tsunami and how this operation has fundamentally changed the way the Red Cross Red Crescent responds to large-scale disasters.

Behind the impressive statistics are the people whose lives we have touched. Kannapan Sivalin in Sri Lanka, who for the first time has clean water for herself and her children, Mariyam Saamira from the Maldives, who is overjoyed to be living back on her “beloved island” after four years of living in temporary accommodation, and Ismet Nur who is happy to be getting on with his life and a new baby daughter in Indonesia after starting “from zero”.

Foreword
We also think of the capacity we have built up in National Societies. Umi Alfiyah, 25, a former volunteer with the Indonesian Red Cross and now a staff member, went into action after the tsunami in Aceh, an earthquake in 2006 in Yogyakarta and another in 2009 in West Sumatra. Her role is reconnecting families separated by disaster.

“I really enjoy the job, especially when we reunite families. Other programmes provide material goods. We look after people’s emotional needs. We find their family.”

Empowering families and communities to take preventive action on their own behalf, without being dependent on external support, is one of the clear, unalterable lessons learned from the tsunami experience.

The aim is always to leave people better off, to reinforce their existing coping mechanisms and to build their resilience to whatever the future holds. This is the true legacy of the tsunami operation.

Al Panico
Head of tsunami unit
International Federation of Red Cross and Red Crescent Societies

Cash grants from the Red Cross Red Crescent have helped to restore livelihoods in Aceh.
A note on reading this report

This progress report, the seventh in the series, marks the fifth anniversary of the Indian Ocean tsunami disaster.

The report provides information on progress achieved by the Red Cross Red Crescent over the past 12 months and a snapshot of the cumulative performance of the past five years. Caution is required in drawing conclusions from comparisons between the progress reports as information in each report is reflective of the number of Red Cross and Red Crescent societies reporting into it and this figure has changed between the reports as programmes are completed.

Consistent with previous editions, this report comprises two parts: a programmatic overview reflecting progress in tsunami-affected countries and a financial overview that analyses funds received and expended.

The programme information and indicators illustrate the variety of recovery support provided to people affected by the disaster. The scale of operations does not allow the indicator information to portray the full breadth of the support provided by the Red Cross Red Crescent. For example, the programme data does 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.

Methodologies used to gather information on programme progress continue to be refined as source data and data collection methodologies are updated to reflect the different contexts. These and other factors have resulted in the definitions of some indicators changing, leading to changes in figures reported. Annexes 1 and 2 provide more specific guidance on the methodologies applied.

The indicator data and narrative of this report are biased towards the three worst-affected countries (Indonesia, the Maldives and Sri Lanka) whereas the financial information also covers Bangladesh, East Africa, India, Malaysia, Myanmar and Thailand.

Glossary of terms:

**International Federation of Red Cross and Red Crescent Societies (IFRC):** refers to the secretariat and all member National Societies collectively. The term Red Cross Red Crescent is used interchangeably with IFRC. Both of these terms are different from the International Red Cross and Red Crescent Movement, or the Movement, which includes the International Committee of the Red Cross (ICRC), IFRC secretariat and member National Societies.

**Secretariat:** refers to the coordinating entity which represents the IFRC’s members. In the tsunami recovery operation – as in many other operations – the secretariat also performs an operational role.
Operational overview

“After the tsunami, we started from zero in this place... but look at where we are now.”
Ismet Nur, Kajhu village, Banda Aceh, Indonesia.

Over the past five years, Red Cross Red Crescent partners have undertaken the biggest disaster recovery operation in their history.

Within five years of the disaster, the Red Cross Red Crescent has helped build more than 51,000 houses in India, Indonesia, the Maldives, Sri Lanka and Thailand. This represents almost 12 per cent of the total housing needs in all affected countries or one in every eight new houses. In Sri Lanka alone, the Red Cross Red Crescent has funded 34,000 houses, representing 30 per cent of the total number of houses that were damaged or destroyed.

From the outset, the Red Cross Red Crescent has stressed that recovery is a marathon and not a sprint. We expected to take at least five years to implement most reconstruction projects. Building over 51,000 houses within this timeframe is a significant achievement, particularly when confronted with some of the challenges that have arisen. For example, it has taken years to resolve problems with land allocation and title deeds at some sites in Indonesia. In Sri Lanka, the long running conflict that ended this year meant many projects in the north and east were suspended or delayed.

Houses represent a secure financial asset. But they do not stand alone. The Red Cross Red Crescent’s holistic approach to recovery has also provided people with clean water, which has led to improvements in their health. People also have opportunities to start income generation projects that boost household revenues. To complete the approach, community-based risk reduction programmes help reduce the threats people face from future disasters.

Highlights of the Red Cross Red Crescent operation since 2004 include:

- 4,807,000 people received assistance
- 51,395 houses built with Red Cross Red Crescent funding
- 21,112 transitional shelters built in Indonesia, the Maldives and Sri Lanka
- 289 hospitals and clinics built or rehabilitated
- 161 schools built
- 688,100 people gained access to an improved water source
- 342,100 people gained access to improved waste management facilities or improved latrines
- 1,110,200 people reached by community-based health services
- 277,600 people certified or skilled in community-based healthcare and psychosocial support
- 31,170 households received help to replace or enhance assets and 62,840 households received livelihoods support grants
- 38,890 people trained in community-based disaster management.
From September 2008 to September 2009, achievements include:

- more than 9,500 houses completed
- access to an improved water source for more than 100,000 people
- more than 25 schools completed
- 90 community facilities completed
- more than 7,000 households received livelihoods support grants
- 17 hospitals completed in Sri Lanka
- almost all construction – including 970 houses – completed in the Maldives.

In the Maldives, the single biggest construction programme in Red Cross Red Crescent history has allowed the entire population of a tsunami-damaged island to move to a “new” island, Dhuvaafaru, where 562 houses and all of the island’s infrastructure has been constructed by the IFRC.

For the past five years, the IFRC’s secretariat has provided a continuous range of services to Red Cross Red Crescent partners including coordination, human resources, IT, fleet management, procurement and warehousing.

Many programmes are now integrated into the normal functions of National Societies, in line with their long-term objectives. The secretariat continues to responsibly scale down operations, dispose of assets and ensure programmes are smoothly completed.

New skills and capacities developed in the region after the tsunami are essential in helping people deal with the myriad of small and large disasters that befall this region every year. Post-tsunami, early warning and disaster risk reduction programmes continue to build stronger, safer and more sustainable communities that cope with the hazards around them.

In September 2009, a massive earthquake in the Indonesian province of West Sumattra brought tragedy. But it also showed the value of a radio network developed after the tsunami to link Indonesian Red Cross Society headquarters in Jakarta with local offices, allowing vital contact with emergency teams.

Tsunami recovery programmes are expected to be completed towards the middle of 2010 in Aceh and Sri Lanka. Remaining projects include 990 houses being built in northern Sri Lanka in an area only accessible since the end of conflict in May 2009. In Sri Lanka, a number of construction projects focused on building large scale water supply, treatment and distribution infrastructure will continue into 2011.

<table>
<thead>
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<th>At A Glance</th>
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<td>Number of people reached by the Red Cross Red</td>
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<td>Crescent through September 2009</td>
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<tr>
<td>Total expenditure through September 2009</td>
<td>2.590 billion Swiss francs</td>
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Red Cross Red Crescent
Tsunami recovery operation

Other countries*

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<th>Recovery</th>
<th>Impact</th>
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<td>64,500</td>
<td>24,931</td>
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<td>51</td>
<td>164,993</td>
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<tr>
<td>208,200</td>
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<td>9,990</td>
<td>21</td>
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Sri Lanka

<table>
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<td>267,000</td>
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<tr>
<td>27,987</td>
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<tr>
<td>152,900</td>
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Maldives

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<tr>
<td>1,514</td>
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<td>1,510</td>
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<td>26</td>
<td></td>
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<td>18</td>
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</table>

*Other countries: India, Thailand, Madagascar, Malaysia, Myanmar, Seychelles, Somalia, Tanzania, Yemen, Kenya, and Bangladesh.
*Other countries
India, Thailand, Madagascar, Malaysia, Myanmar, Seychelles, Somalia, Tanzania, Yemen, Kenya and Bangladesh
1. Building communities that thrive

<table>
<thead>
<tr>
<th>Shelter and community construction</th>
<th>To be provided by the Red Cross Red Crescent</th>
<th>Completed or under construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitional shelters</td>
<td>21,112</td>
<td>21,112</td>
</tr>
<tr>
<td>Permanent houses</td>
<td>58,979</td>
<td>57,307</td>
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<tr>
<td>Schools</td>
<td>172</td>
<td>169</td>
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<tr>
<td>Expenditure in shelter and community construction through September 2009</td>
<td>1.021 billion Swiss francs</td>
<td></td>
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</table>

On 2 March 2009, a new island was born in the Maldives. On this day, more than 4,000 people from Kandholhudhoo Island, which was made uninhabitable by the tsunami, celebrated their move to a purpose-built community on Dhuvaaafaru Island situated in the Raa Atoll.

The unique Dhuvaaafaru project is a demonstration of the Red Cross Red Crescent’s approach. In all construction, the aim is to build back better. Dhuvaaafaru was chosen by the government as a relocation site because of its size and the protection offered by its reef. Although the buildings on it are sturdier and built to withstand the monsoon, houses alone do not make a community. On Dhuvaaafaru, the Red Cross Red Crescent funded the construction of 562 homes plus other community infrastructure such as an administrative building, schools, an auditorium, water supply and sewage systems, a sports complex, roads and a power supply system. Dhuvaaafaru is the single biggest construction project ever undertaken by the IFRC’s secretariat.

On other islands in the Maldives, the Red Cross Red Crescent has built 952 houses together with roads and sewer systems.

Meeting the needs of a diverse range of communities and countries has meant adopting different approaches and a number of external partnerships. As far as possible, the Red Cross Red Crescent has placed affected communities at the forefront of recovery programming by involving them in planning, building and evaluating housing projects. Encouraging communities to take the lead requires good communication and a readiness to advocate for the interests of the target population.

Equity has been a cornerstone of Red Cross Red Crescent policy when meeting the housing needs of vulnerable and marginalized groups. With the end of the conflict in Sri Lanka in 2009, the Red Cross Red Crescent was finally able to resume some of its suspended housing projects in the north. Under this programme, more than 900 homes are being built by families affected by both the tsunami and the conflict.

Construction projects posed a range of challenges. A recent evaluation of the Sri Lanka housing programme under which people built their own houses found that some women-headed households would have preferred a ready-made house. Many women reported that they did not have the skills...
Hitting the housing jackpot

In late 2008, 4,000 Maldivians whose island was made uninhabitable by the tsunami began moving to a “new” island, Dhufafaru. The move took careful planning. The Red Cross Red Crescent established a team consisting of Maldivian staff, a specialist in displacement, an advocacy advisor, ten people from the displaced community and the community’s chief and his assistants. Groups visited Dhufafaru regularly during construction so they could see progress and feel part of decision-making processes.

The intention was to develop ways for the Red Cross Red Crescent team and the community to communicate about the project so that community members could ask questions, raise concerns and learn more about the Red Cross Red Crescent. To allocate houses, the Red Cross Red Crescent began by bringing heads of households from their temporary homes to Dhufafaru to participate in a two-part lottery. The first draw assigned people a place in a queue to select their new home. A second lottery allocated the houses.

Across the Maldives, five host communities accommodated 12,000 people who had been displaced from their homes on 18 atolls by the tsunami. Schools struggled to cope as student numbers in some cases doubled overnight. Sometimes displaced people could outnumber the host community so the relationship was strained at times.

In 2009, in recognition of this hospitality, the secretariat made a 47,000 Swiss franc grant to each host community for a project that would benefit the entire community. Among the selected projects were construction of a pre-school, buying computers for schools, completing a community burial house, repairing an ambulance and installing rainwater tanks.

Some tsunami-affected communities had to adapt to a new style of housing altogether. At Kalmunai, in Sri Lanka’s Ampara district, 180 families who lost their houses in the tsunami participated in the planning and building of their new apartment complex, comprised of six blocks of 30 apartments each. They met regularly to discuss additional features which were integrated into the design such as bars on the windows to prevent children falling from the first or second storey, or chimneys that allow people to cook in the traditional way on open fires inside their apartments.

To help people adjust to their new home, the Red Cross Red Crescent has run a range of programmes – from awareness workshops on limiting pollution and maintenance of communal areas, to advice on how to handle shared expenses and utility bills.

“People are still not quite used to the idea of living closely with others that they hardly know so it is important to establish a sense of community spirit. The key is to have a strong community group, strengthen their capacity and work through them,” says Thomas Russell, a Red Cross Red Crescent housing and community development delegate.

Eventually, this core community group will manage the apartments and maintain common areas.

One of the residents giving design input was Nallaiya Vijaya, 41, a mother of three, who lost her mother and a daughter to the tsunami. “Working to build my own home has helped me overcome my grief. I hope to open a small shop selling food and groceries to the other residents.”

“Today I am so happy and can’t even express it. It’s been more than four years of living in temporary shelters and today we are back on our beloved island.”

Mariyam Saamira, Vilufushi island, Maldives.

to supervise construction and check quality. Nevertheless, the same evaluation found high satisfaction with the safety aspects, functional layout of the houses, legal ownership of land plots and houses, and access to basic services.

In October 2009, a survey of 263 Sri Lankan households with new homes found 59 per cent believed they were better off than before the tsunami. For the first time, 20 per cent now had electricity, and 35 per cent had running water.

The construction programme has also involved major breakthroughs such as a law change in Aceh that allows women to own land. This resolved an impediment to ownership and assured an equitable treatment of beneficiaries, irrespective of gender.

January 2005

Red Cross Red Crescent engaged in major emergency operation in Indonesia, Sri Lanka, Thailand and 11 other countries.

March 2005

Indonesia: Red Cross Red Crescent responds to an earthquake off Nias Island, which leaves 1,000 dead and 70,000 displaced.
2. Boosting health

“Other mothers often ask me questions about their children, about nutrition or about how to detect if there is a serious problem, like dengue. I am glad that I can provide information and help people, as it could be a matter of life and death. Now I know exactly what to do if someone is seriously hurt and needs assistance.”

Cut Resmi, community psychosocial facilitator, Banda Aceh, Indonesia.

A significant part of the Red Cross Red Crescent legacy is the major improvement that has been made to upgrade and rebuild health infrastructure in Indonesia, the Maldives and Sri Lanka. Thousands of people living in rural areas are now benefiting from specialised services provided by new and improved hospitals and health centres. The past year has seen a major push in health infrastructure construction, which is the culmination of previous years’ planning and preparation. Of 367 planned hospitals and clinics, the Red Cross Red Crescent has now completed 289 and a further 74 are under construction, with four being planned. Projects range from the refurbishment or renovation of local clinics, dispensaries and oxygen storage facilities, to the reconstruction of entire hospitals.

Building hospitals and health facilities is a long and complicated process. The planning, design and tendering phases of a typical hospital project can take up to 12 months, while construction can go on for two years. Many projects have taken place in functioning hospitals, where the challenge is to work in stages over a longer timeframe to minimize disruption to essential services.

This investment is sorely needed. The tsunami caused severe losses to staff and health infrastructure in a sector that was already under-resourced as a result of conflict or lack of development. In the Indonesian province of Aceh alone, the disaster destroyed more than 400 health facilities and displaced or killed nearly one-third of all health workers, further weakening a healthcare system strained by nearly three decades of conflict. Preventable diseases such as dengue and malaria are common and all too often fatal. The challenge is to connect people in rural areas with quality health services.
To complement existing health services, the Red Cross Red Crescent tsunami recovery operation placed emphasis on community-based health and first aid training in order to increase the capacity of poor and vulnerable communities to cope with current and future health threats. In these programmes, volunteers learn and teach skills in topics such as emergency first aid, psychosocial support, mother-and-child health, and hygiene and health promotion. So far, more than 277,000 people across the region have been trained in community-based healthcare.

Among them are more than 2,550 volunteers trained by the Thai Red Cross Society to run a door-to-door campaign that reached more than 16,000 tsunami-affected households with messages about health priorities including dengue awareness, hand washing, stress management, breastfeeding and child health.

A particular focus of health programmes has been psychosocial support, which is an approach that fosters the resilience of both communities and individuals. Psychosocial activities address people’s immediate emotional needs after disasters and helps them to cope with future challenges. Post-tsunami psychosocial programmes include training Red Cross Red Crescent staff and volunteers, and implementing a variety of activities such as support groups, events that bring communities back together, livelihoods programmes and play activities for children.

The primary target groups of Red Cross Red Crescent health programmes are vulnerable and marginalized groups, including women, adolescents, older people and children, and communities living in rural and impoverished areas. Providing better access to clean water, promoting preventative health education and supporting kitchen garden projects that boost family nutrition are all approaches that recognize the important role played by women in such communities.

Other post-tsunami health projects include training midwives, carrying out mass vaccination campaigns, distributing mosquito nets and enhancing ambulance services.

Health training has long-term benefits for communities. In a project in Indonesia, a Red Cross Red Crescent team trained community members and promoted better sanitation and hygiene practices. As a result, malaria prevalence decreased from 43 to 23 per cent, cases of acute respiratory infection decreased from 46 to 25 per cent, and diarrhoea reduced from 45 to 19 per cent.

The region’s National Societies have taken the opportunity through tsunami programmes to build or enhance core programmes that respond to their communities’ needs. The secretariat will continue to support National Societies as they integrate post-tsunami programmes into their longer-term development plans.
3. Water and waste

Water, sanitation and hygiene promotion

| People with access to an improved water source | 688,100 |
| People with improved waste management facilities and/or improved latrines | 342,100 |

Addressing the social, economic and health impacts of a lack of access to clean water is a high priority for the Red Cross Red Crescent. The impact of water scarcity is felt mostly by women and children, traditionally responsible for bringing water to the household. For generations, communities living in coastal areas of some tsunami-affected countries have had to rely on poor quality and often scarce supplies of water for drinking, cooking and washing. This situation was exacerbated when the tsunami damaged or destroyed many regular water sources such as household wells.

Throughout the world, water-borne illnesses are increasingly the major cause of recurring disease and death. The situation is particularly acute after disaster, when poor hygiene practices, lack of awareness of disease transmission and a shortage of safe water increase risks.

The Red Cross Red Crescent approach is that safe water is an essential ingredient in the success and sustainability of disaster recovery. It is a key ingredient in building safer and more resilient communities, and a major contributor to development.

Various interventions were adopted in the tsunami operation, including:

- distributing household ceramic water filters
- rehabilitating damaged wells
- setting up communal latrines and village tap stands
- purifying and distributing water during the emergency phase
- installing rainwater harvesting systems in homes and schools
- installing sewer and waste management systems for newly constructed communities
- building large scale water supply, treatment and distribution infrastructure
- promoting health and hygiene awareness.

Already, more than 688,000 people across tsunami-affected countries have gained access to safe water and more than 342,000 people around the region now have improved waste management facilities and/or latrines. By the time remaining projects are finished and water distribution networks are connected to catchment areas, an estimated 858,000 people will have access to safe water.

“In our area, we face severe shortages of clean water for drinking and cooking. In my lifetime, this is the first time I have heard about water purification and water filters. This is also the first time my children and I have a chance to drink pure and clean water.”

Kannapan Sivalin, Vaharai, Sri Lanka, Widow, mother of three and owner of a household ceramic water filter.
If you mention water and sanitation, most people think of wells, taps and latrines. They don’t think of a lush garden, full of papayas, pomegranates, bananas, okra, squash, kankun (a kale-like vegetable) and spinach.

This is Nilanthi Gunasekara’s way of creating a hygienic and sustainable system in her home in Dadalla, a village on Sri Lanka’s southern coast. Hers is one of more than 2,100 families in a programme run by the Sri Lanka Red Cross Society in collaboration with other Red Cross Red Crescent partners that takes a holistic view of sanitation systems.

Her garden of paradise is growing over a household seepage bed, which helps purify septic tank wastewater and at the same time allows plants to flourish.

“We gardened before. However with help from the Red Cross Red Crescent, we have been motivated to grow even more vegetables and fruits,” says Gunasekara. “We’ve also learned about composting and its benefits for the environment.”

Red Cross Red Crescent volunteers and staff guide families to incorporate innovative and environmentally-friendly approaches – such as composting and gardening – into their sanitation systems. Families are encouraged to grow not just plants, but fruit and vegetables to keep their yards free of toxins, and to produce food for their families. The idea is to embed the programme in the lives of families and communities so the benefits are sustainable in the long-term.

“We now eat fruits and vegetables every day,” smiles Gunasekara. “And at times, we give extra to our neighbours whose gardens are smaller.”

In another Sri Lankan village, Sarath Fernando’s family is also reaping the benefits of a garden. This time, the Red Cross Red Crescent programme has a slightly different focus. Participants are using compost bins to reduce the impact of disasters.

Their village, Egoda Uyana North, has a long history of epidemics, urban flooding and other environmental problems. It was particularly affected by the tsunami, which destroyed part of the community.

With the help of the Red Cross Red Crescent, the Fernando family is using a compost bin to help remove household garbage that blocks the street’s drains and causes flooding during the rainy season. Stagnant floodwater led to an increase in mosquitoes and higher instances of mosquito-borne diseases, such as dengue fever.

With the support and guidance of the Red Cross Red Crescent, the community chose to establish an effective garbage disposal system, involving widespread use of compost bins, to mitigate urban flooding and decrease instances of dengue fever.

“Thanks to the compost bin, garbage is not a burden anymore... It helps prevent floods, makes the environment cleaner and also provides us with organic fertilizer to help us grow fresh vegetables,” says Fernando.

Safer water systems leave people healthier and contribute to their socio-economic development. In Thailand, a simple rainwater harvesting system has made life easier for low income families who no longer have to buy water in the dry season or carry it long distances. Now, Muslims in one village do not have to spend 3.50 Swiss francs a day on water to bathe before their daily prayers.

Over the past five years, 216,000 people in Sri Lanka have gained access to safe water thanks to large water supply infrastructure projects serving tsunami relocation housing sites and in some cases entire towns. Such large projects are only possible when the Red Cross Red Crescent works in partnership with other agencies such as the government’s National Water Supply and Drainage Board.

Piping clean water or building latrines is essential but lasting improvements in health can only come about when people adopt good hygiene practises. In 2009, a survey carried out following a hygiene awareness campaign conducted on the Indonesian island of Nias found the number of people washing their hands with water and soap before eating had increased by about 25 per cent.

To ensure that communities take ownership of community level projects, they are often asked to contribute materials such as sand, gravel or labour. In many cases, the Red Cross Red Crescent has established local water and sanitation committees to make sure that newly constructed facilities are maintained and managed in the long term.
Building stronger and safer communities is at the heart of all Red Cross Red Crescent programmes, whether in health, water and sanitation, construction or livelihoods.

As well as building general resilience, a number of Red Cross Red Crescent programmes focus on reducing people’s vulnerability to natural hazards. They work with and build on the knowledge and skills of the people who live in ‘at risk’ communities, so that they better appreciate the dangers in their environments, understand how to respond to early warning messages, and have the skills and equipment to help themselves and each other.

Since the tsunami, the Red Cross Red Crescent has helped create nearly 600 risk reduction programmes where communities take the lead in mapping the hazards they face and carrying out small-scale prevention and mitigation projects. Examples include improving drainage systems to prevent flooding during the monsoon season, building retaining walls or planting protective mangrove forests along exposed coastlines in Indonesia, Sri Lanka and Thailand. Already, more than 38,000 people have been trained in assessing and managing the risks in their own environments.

Programmes are also designed to help establish strong National Society branches that respond to local needs and build up the number of skilled volunteers. Somalia was the country worst affected in East Africa by the tsunami, which left 400 dead or missing. The Somali Red Crescent Society has since recruited 13 disaster management officers to oversee activities and manage volunteers. Nine Red Crescent branches have formed emergency response teams who conduct emergency drills.

Early warning systems – which were largely absent before the tsunami – are essential if people are to take early action to save lives and property. The Red Cross Red Crescent works with governments, donors, the media and local communities to strengthen early warning systems, particularly at the community level. In Sri Lanka, the Red Cross Red Crescent is supporting an early warning network that is reaching 51 communities with a population of 400,000. Digital hazard evacuation maps have been made of all 51 communities in collaboration with the government and the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), to identify safer routes and evacuation places.
Building capacity in tragedy

Tsunami-affected countries regularly have opportunities to test their capacity when confronted by threats such as natural disasters and epidemics. On average, Asia Pacific is hit by more than 40 per cent of recorded global disasters. Two to three large-scale disasters take place every two years. This situation is compounded by an increasing number of localized smaller scale disasters. Since the tsunami, the Red Cross Red Crescent has responded to no fewer than five major earthquakes that have struck ‘the ring of fire’, a highly active seismic zone running through the Indonesian archipelago.

The Indonesian Red Cross Society provides a good example of capacity building. After the tsunami, the Red Cross Red Crescent worked with government counterparts, other humanitarian organizations and local communities to strengthen early warning systems in the region, particularly at the community level. In Aceh, the Indonesian Red Cross established a radio communication network (both HF and VHF) across all its branches in Aceh and Nias. This network also links the National Society headquarters and its North Sumatra chapter. More than 60 radio operators were trained and they support the branches in day to day operation of the radios. This approach was fine-tuned after the Padang earthquake in West Sumatra, when teams of Red Cross volunteers received training and the first transitional shelters were being erected within weeks of the disaster which dramatically reduced the time that survivors had to live in tents or under tarpaulins. The network of radio operators swung into action keeping vital lines of communication open. Pre-positioned emergency relief items in the area meant that help was immediately at hand for survivors and 200 satgana (disaster response) volunteers fanned out into affected areas to assess the urgent needs. Psychosocial support volunteers, who had been trained in Aceh, also arrived in Padang to help adults and children cope with the trauma. Much of this effective disaster response capacity comes directly from experience gained through the tsunami operation.

Since the tsunami, it has been evident that National Societies in the region have forged stronger relationships with their governments’ national disaster management agencies. At an international level, the secretariat has led the process of developing guidelines for revising laws to facilitate the flow of relief goods and improve access for experts in the event of a large-scale disaster. The Indonesian government has already adopted a new disaster management law and a special regulation on the role of international relief organizations in disaster management, which includes a number of recommendations from the secretariat’s guidelines.

These activities save lives. In this disaster-prone region, preparations and systems set up after the Indian Ocean tsunami are constantly put to the test. Climate change is already bringing an increase in localized, smaller-scale disasters, and this trend is predicted to continue.

The Indonesian Red Cross Society has successfully used its enhanced disaster response capacity during recent emergencies. In the response to the 2009 earthquake in Padang, West Sumatra, veterans of the Indian Ocean tsunami who were trained in emergency water and sanitation arrived in Padang with purification units to turn filthy river water into 600,000 litres of drinking water a day.
The Right to Reply

“It started with a radio programme and soon evolved into a more complex mix of communication approaches,” says Red Cross Red Crescent representative Colm Byrne.

The idea was to keep people in Aceh informed of progress on rehabilitation and reconstruction, and give them another way to voice their opinions.

The Red Cross Red Crescent radio programme, Rumoh PMI (Palang Merah Indonesia, or Indonesian Red Cross Society), started in July 2006, with broadcasts on 38 stations of live discussions, bi-weekly dramas and public service announcements. Topics were based on questions received by email, SMS and telephone calls from listeners. Guest speakers were invited with specialist knowledge to answer questions on-air. A typical example might be a Government spokesperson invited to answer questions on land titles. The hottest topics were around housing and infrastructure, but people asked about education, microfinance, health, water and sanitation, and livelihoods too.

Rumoh PMI also helped educate Acehnese people on how and why natural disasters happen, while showing them how to prevent loss of life and livelihoods by being prepared and educated.

The radio show was joined by a weekly hour-long TV show called the Indonesian Red Cross Coffee Shop. Using a chat show format, for 18 weeks the show focused on a different topic. It included expert guest speakers, a live call-in question and answer session, audience participation and a quiz-show segment.

Another project, begun in January 2007, was a monthly tabloid newspaper of which 26 editions were distributed in 14 districts in Aceh, announcing up-to-date information on progress in tsunami recovery.

A Red Cross Red Crescent advocacy unit followed up on questions or problems on a daily basis. In three years, the unit received 6,000 SMSs requesting help on topics such as housing, water and sanitation, health, education and gender issues. In Lamulo village where 125 households lost their drinking water supply after the tsunami, the advocacy unit was able to successfully negotiate with the local water provider to reconnect the village to a potable water supply.

By late 2009, the TV show, newspaper and advocacy unit were winding down, having served their purpose. But some of the lessons learned along the way were applied in another disaster. After the Padang earthquake, the Indonesian Red Cross announced by radio, TV, newspaper and flyers that people could send an SMS to which it would respond to. During the operation, the Red Cross received about 300 messages on a range of topics including unmet needs and problems with assessments or distributions.

“Before the training I didn’t know how to identify and prioritize the most vulnerable beneficiaries with our relief distributions. Now, I understand effective and coordinated relief management and the importance of being personally well prepared to better help people.”

Sebastiampillai Ramya, Branch Disaster Response Team member, Sri Lanka Red Cross Society

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September 2007

**Indonesia:** Red Cross Red Crescent helps to evacuate 500,000 people after earthquake triggers tsunami warnings

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November 2007

**Indonesia:** transitional shelter programme in Aceh ends after Red Cross Red Crescent complete nearly 20,000 shelters

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4. A disaster risk reduction programme teaches villagers in Aceh Besar how to give First Aid to the wounded.

5. Red Cross volunteers warm up for their water safety training on Negombo beach, Sri Lanka.
5. A more secure income

<table>
<thead>
<tr>
<th>Livelihoods</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households reached by asset replacement or enhancement</td>
<td>31,170</td>
</tr>
<tr>
<td>Households that have received livelihood support grants</td>
<td>62,840</td>
</tr>
<tr>
<td>Expenditure in livelihoods through September 2009</td>
<td>160 million Swiss francs</td>
</tr>
</tbody>
</table>

Along with widespread loss of life and property, the tsunami destroyed people’s ability to earn a living. In the Maldives alone, a joint assessment by the United Nations, World Bank and Asian Development Bank estimated that the equivalent of 62 per cent of the country’s gross domestic product was wiped out in the disaster.

Red Cross Red Crescent livelihoods programmes focus on strengthening and diversifying sources of income. They also aim to build social cohesion and positive integration within and between communities.

So far, more than 31,000 households have received help to replace or enhance assets such as fishing boats damaged or lost in the tsunami, and more than 62,000 households have received grants to help them rebuild their livelihoods.

Reflecting the diversity and preferences of communities and individuals, the post-tsunami livelihoods programmes have taken varied forms including:

- restoring businesses such as fast food production or boat building
- vocational training in building trades, hospitality or dressmaking
- construction of communal buildings such as markets or fish-drying facilities
- improving access to credit and business expertise for vulnerable groups
- setting up cooperatives for activities such as smoking and selling fish, or tailoring
- cash grants that provide livestock, agricultural tools, seedlings and training

We also undertake programmes with partners with complimentary expertise in specific sectors such as agriculture and aquaculture.

“I can now send my children to school. My husband and I only completed junior high school but I hope that my children will be more educated.”

Mariani, 27, mother of four and recipient of three small business loans to expand her grocery business, Blang Krueng, Aceh, Indonesia.
Credit reduces risk for poorest

After a disaster it is not uncommon to find that aid fails to bring lasting benefits to some of the poorest and most marginalized families. One obstacle is a lack of access to commercial loans and financial services.

In Sri Lanka, the Red Cross Red Crescent began a four-year trial with SANASA, a micro-finance cooperative with more than 800,000 members and 25 years of experience. In the trial, 750 of the poorest families in the southern district of Matara will have access to SANASA’s small loans.

Most of the selected households are currently over-reliant on unpredictable sources of income such as seasonal agriculture, fishing and daily labour. Rising costs of basic commodities and high inflation has meant their economic situation has become increasingly precarious. The plan is to diversify their sources of income and introduce a culture of saving. The project offers a holistic package that includes everything from financial training to access to credit and insurance.

In Indonesia, the Red Cross Red Crescent linked with Yayasan Mitra Duafa (known as Yamida), a microfinance institution that uses the model pioneered by the Grameen Bank.

One of Yamida’s clients is Nasriah, 50, a mother-of-six who lost her husband and two children to the tsunami. Every morning, she walks more than a mile from her house to the Krueng Aceh River. After laboriously harvesting oysters, she shucks them and prepares them to be sold at the market.

Nasriah is using her credit to buy a small boat that will increase her oyster yield and cut down on harvesting time. Like other Yamida clients, Nasriah will be required to repay her loan in small instalments every week. Once the loan has been repaid, Nasriah will be eligible for another, larger loan.

Nasriah is one of about 17,500 women in Aceh Basar and Aceh Jaya with small business loans for enterprises such as grocery stalls, coffee shops, dressmaking or weaving and selling pandan rugs. A support system of weekly meetings and financial training will ensure they gain new skills and more stable incomes over the long term.

Mariani, a 27-year-old mother of four, recently received her third loan from Yamida. Her first loan helped her bake and sell karah cake when she and her family were living in a temporary shelter after losing their home to the tsunami.

Now she has a small grocery shop that helps provide for her family’s needs and pay her children’s school fees.

“I’m glad because I can now send my children to school,” she says. “My husband and I only completed junior high school but I hope that my children will be more educated.”

Red Cross Red Crescent livelihoods interventions are integrated across a range of programme sectors. For example on a Red Cross Red Crescent housing project we might link small loans for home gardening projects with education for families about nutrition and good hygiene practises.

Livelihoods programmes have been developed that served both communities relocated after the tsunami and host communities already residing in the area. Projects such as the construction of community centres, market places and libraries have brought both communities together. Reviews of these programmes showed positive results. One evaluation concluded that targeting both relocated, tsunami-affected communities and their hosts was effective in promoting cohesion and trust.

4. A woman in Aceh displays chillis from her garden produced with help from a livelihoods grant.

5. Asset replacement schemes have helped fishermen to get back to work by replacing boats, engines and fishing gear.

December 2008

Maldives: Dhuvafaru island, the biggest construction project in Red Cross Red Crescent history, officially opened. 562 houses provide homes for over 4,000 people.
6. Learning lessons

Mindful of the extraordinary scale and scope of the recovery operation, the Red Cross Red Crescent has ensured comprehensive and intense monitoring and evaluation of all aspects of the tsunami response. More than 200 reviews and evaluations during the life of the tsunami recovery operation have allowed the Red Cross Red Crescent to adjust programmes to make them more effective, inclusive, accountable and sustainable.

Lessons learned throughout the tsunami operation have not only been applied to ongoing operations but also to more recent disaster responses. They have also informed the development of Strategy 2020, the IFRC’s guiding document. To “save lives, protect livelihoods, and strengthen recovery from disasters and crises” is the first aim of the strategy. This approach ensures that links are made between past operations and future responses.

The secretariat has identified a number of key lessons that are able to be drawn from the shared experience of external and internal partners, governments and other agencies. The top ten lessons are outlined below.

1. For recovery to fully establish itself as an essential component of disaster response, it requires institutional recognition and strong leadership.

Building Recovery Capacity

The tsunami operation identified a need for the Red Cross Red Crescent to develop expert capacity beyond the traditional fields of emergency preparedness and response. Community needs for holistic programming that provides assistance in recovering from disaster, support in rebuilding inclusive societies and focuses on reducing vulnerability to future disasters have emerged as key lessons of the tsunami operation. Programmes that respond to these requirements include re-establishing essential services such as water, sanitation and shelter; protecting health – especially through psychosocial programmes; restoring livelihoods; and enhancing food security.

2. Plans linking relief, recovery and development must be created from the beginning of a disaster operation. This requires time for consulting with communities, governments and partners.

What do you need?

A needs assessment soon after the May 2006 earthquake in the Indonesian city of Yogyakarta found that a lack of shelter was the most urgent problem. In response, the Indonesian Red Cross Society and the Red Cross Red Crescent distributed cash to people who had lost their homes and trained university students who volunteered to work with communities to help them build transitional shelters.

Field Assessment and Coordination Teams and other disaster response mechanisms employed by Red Cross Red Crescent now routinely include recovery experts to ensure the needs of communities are understood and planned for in a holistic way and are considered from the very first stages of any disaster response.
3. Accountability to beneficiaries and communities is achieved by placing them at the centre of programming by including them in the design, implementation and monitoring of programmes.

Who is worst off?
In the Maldives, the Red Cross Red Crescent worked with communities to identify the most vulnerable households. One approach used was a well-being ranking, where community volunteers reviewed every household and allocated points based on agreed criteria. The households most in need were given assistance. A crucial benefit of the process was that the community itself, through volunteers, identified the most vulnerable people. Households who received assistance also indicated how they could contribute to the project and what type of support they needed.

4. Risk reduction must be an integral part of recovery to truly rebuild safer and more resilient communities.

Do you feel safe?
After the tsunami, early warning and disaster preparedness programmes were stepped up. Indonesian Red Cross Society staff and volunteers are trained to use a mix of high and low-tech means to alert people of risks. This includes hand-held walkie-talkie radios, SMS, sirens and megaphones. The presence of the Indonesian Red Cross volunteers within the community ensures that it is able to play a key role in encouraging people to participate in disaster training and exercises and become part of the early warning system network.

5. Partnerships can help expand an organization’s reach to meet the full range of community needs, especially in areas where expertise and capacity is limited.

Strength in partnerships
In Sri Lanka, the Sri Lanka Red Cross Society, Red Cross Red Crescent partners, the World Bank and UN-Habitat set up the Community Recovery and Reconstruction Partnership to help people rebuild their houses and community infrastructure. The partners pooled their expertise in community mobilization, water and sanitation, house engineering, social mobilization and commercial and development banking to the benefit of families affected by the tsunami. Additional partnerships with the private sector and other aid organizations helped the Red Cross Red Crescent support affected communities with livelihoods support projects.

“You only know lessons have really been learned when you stop thinking about them and simply do them.”
From The Tsunami Legacy, a report published by the Tsunami Global Lessons Learned Project.
6. Accountability to donors through effective monitoring, evaluation and reporting must be ensured.

Reporting back on performance
Recognizing the responsibility of holding and spending the considerable funds entrusted to us by the global public, the Red Cross Red Crescent tsunami operation is subject to annual internal and external audit by reputable international accountancy firms as part of our commitment to transparency and accountability. As far as possible, we also try to measure the impact of our work on communities and reflect this in our public reports. Every six months, operations updates that provide details of our programmes and financial performance are published on our web site, www.ifrc.org/tsunami.

At a global level, the secretariat is closely involved in the Tsunami Recovery Impact Assessment and Monitoring System, that aims to develop data analysis for multi-sectoral monitoring to help validate or update recovery plans. This in turn helps governments, donors, partners and beneficiaries by informing them of planning by stakeholders. It creates awareness among beneficiaries of progress and the impact of programmes and helps generate data for donors, partners and the public on how funds have been used and what the results are.

7. Capacity building of Host National Societies must be strategic, sustainable and focused on areas prioritized by the host, even during large-scale recovery programmes.

The birth of a new National Society.
The tangible benefits of the Red Cross Red Crescent tsunami operation in the Maldives prompted a groundswell of community interest in the establishment of the first National Society there. With the support of the government and Red Cross Red Crescent partners, the Maldivian Red Crescent attained legal recognition in 2009 and began planning programmes based on local needs.
8. Coordination must be effective on both strategic and operational levels. This requires sufficient resources and clearly defined roles.

Working together

Early in the tsunami operation, the IFRC secretariat, ICRC and National Societies agreed on a coordinated Movement approach to tsunami relief according to their respective mandates, assets, capabilities and previous involvement in the region. A Movement coordination framework was created and implemented in Indonesia and Sri Lanka to clarify the roles and responsibilities, enable information to be shared and harmonize the efforts of the host National Society, donor National Societies and ICRC. In addition, a regional strategy and country specific strategies were agreed.

9. A culture of risk management, supported by sound risk monitoring plans and systems, minimizes financial and legal exposure.

How do we manage risk?

Risk is inherent in delivering international emergency response and aid programmes, but it can be managed and actions can be taken to reduce exposure. In recent years, risk management practices have been refined and reinforced in the Red Cross Red Crescent. Delegations, teams and departments actively identify, monitor and address risks within their control and establish controls to reduce exposure for other identified risks.

The secretariat has established a risk and audit committee to assess wider risks to the organization and ensure appropriate strategies and responses are implemented.

10. Human resources systems need to meet the needs of large-scale disasters and recovery programmes.

Finding the experts

Finding the right person to fit the right job in the right place at the right time remains one of the key issues of human resource management in the challenging environment of an emergency response and recovery operation. A recent study confirmed that it was difficult to find highly skilled and motivated people to work in challenging conditions at short notice with lower than commercial rates of compensation. This was particularly the case for people with skills in high demand in the commercial sector, such as construction.
Looking forward to the future

As post-tsunami programmes are completed or become integrated into long-term National Society activities, communities are left better prepared for everyday life and the hazards they face. In most countries, the focus is shifting from a recovery operation to longer-term development in line with the core programmes of the National Society.

The majority of tsunami recovery programmes are expected to be completed towards the middle of 2010 in Aceh and Sri Lanka but across the region, risk reduction and disaster management programmes will continue well into the future. Disaster management is a core programme area for all National Societies and a long-term development process that involves building capacities both within local National Societies and at the community level. This capacity is built over years, not months and some donor National Societies have made long-term commitments to support community-based risk reduction programmes until 2012 and beyond. This includes training as well as providing equipment and funding for community-level projects.

Another priority is supporting National Societies in the transition from tsunami programming to their longer-term development plans. Red Cross Societies in Indonesia and Sri Lanka were present before the emergency and will continue to be based in communities providing humanitarian services long into the future.

Until 2009, the Maldives was one of the few countries in the world without a National Society. The newly established Maldivian Red Crescent now has an interim development plan that will support vulnerable communities in future years.

The secretariat continues in its coordination role by supporting and guiding the responsible exit from tsunami operations by National Society partners.

Around the region, donor-specific and programme reports will continue to demonstrate how funds have been spent. Final evaluations and beneficiary satisfaction surveys will be undertaken to better understand our performance and shape our approach to future operations.

“There is a great sense of participation and involvement in the communities. The people we have trained take the lead to evacuate others, take them to safe places, pass on information and keep the community together.”

Nadeeja Abeydheera, support officer, Sri Lanka Red Cross Society.
### Programmatic analysis

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

N/A: not available; N/ap: not applicable, Figures represent progress achieved up to 30 September 2009

<table>
<thead>
<tr>
<th>No programmatic performance indicators</th>
<th>Totals</th>
<th>Maldives</th>
<th>Sri Lanka</th>
<th>Indonesia</th>
<th>Other²</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Overall estimated number of persons reached by International Federation and partners (using coverage methodology only, not by sector)</td>
<td>4,807,000</td>
<td>256,000³</td>
<td>1,980,000⁴</td>
<td>1,247,000⁵</td>
<td>1,324,000⁵</td>
</tr>
</tbody>
</table>

### Health and care including water and sanitation infrastructure

<table>
<thead>
<tr>
<th></th>
<th>Totals</th>
<th>Maldives</th>
<th>Sri Lanka</th>
<th>Indonesia</th>
<th>Other²</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 No. of persons with access to an improved water source (temporary settlements)</td>
<td>167,900</td>
<td>107,900</td>
<td>63,700</td>
<td>104,200</td>
<td>0</td>
</tr>
<tr>
<td>No. of persons with access to an improved water source (permanent settlements)</td>
<td>412,300</td>
<td>107,900</td>
<td>152,300</td>
<td>203,600</td>
<td>56,400</td>
</tr>
<tr>
<td>Total no. of persons with access to an improved water source</td>
<td>688,100</td>
<td>107,906</td>
<td>216,000</td>
<td>307,800</td>
<td>56,400</td>
</tr>
<tr>
<td>Total no. of persons targeted for access to an improved water source (planned)</td>
<td>857,900</td>
<td>113,100</td>
<td>310,100</td>
<td>362,700</td>
<td>72,000</td>
</tr>
<tr>
<td>3 No. of persons with access to improved waste management facilities or improved latrines (built to sphere standards²)</td>
<td>342,100</td>
<td>92,400</td>
<td>51,000</td>
<td>190,600</td>
<td>8,100</td>
</tr>
<tr>
<td>4 No. of persons certified or skilled in community based first aid (including psychosocial)</td>
<td>277,600</td>
<td>2,400</td>
<td>232,900</td>
<td>27,400</td>
<td>14,900</td>
</tr>
<tr>
<td>5 No. of persons reached by community-based health services</td>
<td>1,110,200</td>
<td>64,300</td>
<td>152,900</td>
<td>684,8008</td>
<td>208,200</td>
</tr>
<tr>
<td>6 Hospitals and clinics built or rehabilitated</td>
<td>Operational/in use³</td>
<td>304</td>
<td>26</td>
<td>66</td>
<td>191</td>
</tr>
<tr>
<td>Completed</td>
<td>289</td>
<td>26</td>
<td>48</td>
<td>194</td>
<td>21¹⁰</td>
</tr>
<tr>
<td>Under construction</td>
<td>74</td>
<td>1</td>
<td>21</td>
<td>52</td>
<td>0</td>
</tr>
<tr>
<td>In planning phase</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Total number of hospitals and clinics to be provided</td>
<td>367</td>
<td>27</td>
<td>69</td>
<td>250</td>
<td>21</td>
</tr>
</tbody>
</table>

1. 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, China, Denmark, Finland, France, Germany, Hong Kong, India, Indonesia, Ireland, Italy, Japan, Korea, Netherlands, Norway, Seychelles, Singapore, Somalia, Spain, Sri Lanka, Sweden, Switzerland, Thailand, Turkey, United Kingdom, and United States.

2. Consists of Bangladesh, India, Seychelles, Somalia and Thailand.

3. **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).

4. **Sri Lanka**: It is still a challenge to estimate the number of persons reached in Sri Lanka by the lowest divisional level possible (Grama Niladhari or GN level), as the names of GNs are not recorded by all partners.
<table>
<thead>
<tr>
<th>No programmatic performance indicators</th>
<th>Totals</th>
<th>Maldives</th>
<th>Sri Lanka</th>
<th>Indonesia</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shelter &amp; community construction</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Transitional shelters built</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed</td>
<td>21,112</td>
<td>1,084</td>
<td>105</td>
<td>19,923</td>
<td>0</td>
</tr>
<tr>
<td>Under construction</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>In planning phase</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total number of shelters to be provided</strong></td>
<td>21,112</td>
<td>1,084</td>
<td>105</td>
<td>19,923</td>
<td>0</td>
</tr>
<tr>
<td>8 Permanent houses built</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupied</td>
<td>47,554</td>
<td>1,349</td>
<td>24,812</td>
<td>21,342</td>
<td>51</td>
</tr>
<tr>
<td>Completed</td>
<td>51,395</td>
<td>1,514</td>
<td>27,987</td>
<td>21,843</td>
<td>51</td>
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<tr>
<td>Under construction</td>
<td>5,912</td>
<td>0</td>
<td>5,905</td>
<td>0</td>
<td>7</td>
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<tr>
<td>In planning phase</td>
<td>1,672</td>
<td>0</td>
<td>1,468</td>
<td>200</td>
<td>4</td>
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<tr>
<td><strong>Total number of houses to be provided</strong></td>
<td>58,979</td>
<td>1,514</td>
<td>35,360</td>
<td>22,043</td>
<td>62</td>
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<tr>
<td>9 Schools built or rehabilitated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational/in use</td>
<td>155</td>
<td>11</td>
<td>34</td>
<td>94</td>
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</tr>
<tr>
<td>Completed</td>
<td>161</td>
<td>14</td>
<td>34</td>
<td>96</td>
<td>17</td>
</tr>
<tr>
<td>In progress</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>In planning phase</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total number of schools to be provided</strong></td>
<td>172</td>
<td>14</td>
<td>34</td>
<td>105</td>
<td>19</td>
</tr>
<tr>
<td>10 Other community structures built or rehabilitated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational/in use</td>
<td>332</td>
<td>147</td>
<td>21</td>
<td>158</td>
<td>6</td>
</tr>
<tr>
<td>Completed</td>
<td>362</td>
<td>150</td>
<td>21</td>
<td>184</td>
<td>7</td>
</tr>
<tr>
<td>In progress</td>
<td>59</td>
<td>4</td>
<td>0</td>
<td>55</td>
<td>0</td>
</tr>
<tr>
<td>In planning phase</td>
<td>8</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total number of other community structure to be provided</strong></td>
<td>429</td>
<td>156</td>
<td>21</td>
<td>244</td>
<td>8</td>
</tr>
</tbody>
</table>

5. **Indonesia**: The figure does not include the over 2.7 million people reached through an Avian and Human Influenza awareness campaign implemented in and outside of tsunami-affected areas.

6. The persons with access to an improved water source while living in temporary settlements eventually moved to permanent shelters. The numbers, therefore, are the same in this indicator to prevent multiple counting.

7. Fewer than 20 persons per latrine; communal latrines segregated by gender, water and hygienic supplies available.

8. **Indonesia**: The figure does not include people reached through an Avian and Human Influenza awareness campaign implemented in and outside of the of the tsunami affected areas.

9. Some hospitals and clinics, though operational/in use, are still considered “under construction”. In such cases, only part of an operational hospital or clinic is under construction/rehabilitation.

10. **Somalia**: After verification of data, the figure has been reduced.

11. This figure is based on the occupancy rates at time of handover of houses.

12. **Sri Lanka**: For some of the houses reported being under construction, the construction has already been completed but final completion reports are still pending.

13. **Sri Lanka**: The figure includes houses now being built in previously inaccessible areas.

14. **Indonesia**: Decreased number of schools is due to reassessment of needs.

15. Structures include community facilities such as meeting halls, community centres, kindergartens etc.
<table>
<thead>
<tr>
<th>No programmatic performance indicators</th>
<th>Totals</th>
<th>Maldives</th>
<th>Sri Lanka</th>
<th>Indonesia</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Livelihoods</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 No. of households reached by asset replacement or enhancement</td>
<td>31,170</td>
<td>20</td>
<td>7,930</td>
<td>13,870(^{16})</td>
<td>9,350</td>
</tr>
<tr>
<td>12 No. of households that have received livelihood support grants</td>
<td>62,840</td>
<td>1,490</td>
<td>37,480</td>
<td>23,230</td>
<td>640</td>
</tr>
<tr>
<td>Range and average grant size (in local currency): RANGE</td>
<td>N/Ap</td>
<td>MVR 2,000 – MVR 60,360</td>
<td>LKR 15,000 – LKR 42,000</td>
<td>IDR 11,713 – IDR 20 million</td>
<td>N/Ap</td>
</tr>
<tr>
<td>Average grant size</td>
<td>N/Ap</td>
<td>MVR 25,803</td>
<td>LKR 28,500</td>
<td>IDR 3,322,946</td>
<td>N/Ap</td>
</tr>
<tr>
<td><strong>Disaster Management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 % of population covered by pre-positioned stocks</td>
<td>N/Ap</td>
<td>N/A</td>
<td>40%</td>
<td>3%</td>
<td>N/Ap</td>
</tr>
<tr>
<td>14 No. of communities targeted for developing a disaster preparedness or contingency plan for all major risks</td>
<td>Completed</td>
<td>595</td>
<td>18</td>
<td>225</td>
<td>216</td>
</tr>
<tr>
<td></td>
<td>Planned</td>
<td>1,246</td>
<td>18</td>
<td>394(^{17})</td>
<td>389(^{18})</td>
</tr>
<tr>
<td>15 No. of persons trained in vulnerability and capacity assessments or community based disaster management</td>
<td>38,890</td>
<td>500</td>
<td>340</td>
<td>35,560</td>
<td>2,490</td>
</tr>
<tr>
<td><strong>Programme support and coordination</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 No. of Red Cross and Red Crescent organizations working in country</td>
<td>25</td>
<td>3</td>
<td>11</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>No. of Red Cross and Red Crescent organizations contributing programme data to the report</td>
<td>32</td>
<td>9</td>
<td>20</td>
<td>21</td>
</tr>
</tbody>
</table>

16. **Indonesia**: The reduced figure now reflects more accurate records.
17. **Sri Lanka**: After a revision of data of all disaster management projects, there has been a reduction in the no. of communities targeted.
18. **Indonesia**: Following the Government of Indonesia’s policy, any project related to tsunami recovery should be completed by the end of December 2010. The portfolio of projects has been adjusted to the policy. This has reduced the number of communities targeted.
Financial overview

The International Federation\(^1\) has received a total of CHF 3,125 million\(^2\). This represents CHF 10 million additional income reported since the last period primarily due to new income from interest earned.

As has been reported in previous periods, most of the funds received by the International Federation are unearmarked as reflected in Fig. 1.2.

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1. The information in this financial summary combines unaudited financial data from 42 independent National Societies (listed below) and the International Federation secretariat, which is conducting tsunami recovery operations on behalf of more than 100 national societies 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, Cyprus, Denmark, Finland, France, Germany, Hong Kong, Hungary, Iceland, India, Indonesia, Ireland, Italy, Japan, Korea (Rep. of), Luxembourg, 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.

2. 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 Secretariat income receipts from 27 December 2004 through 30 September 2009; the exchange rate to translate expenditure is the average rate from 27 December 2004 through 30 September 2009; and the rate as of 30 September 2009 is used for projected expenditure. The summary table of rates used is included in the financial reporting methodology notes, annexed to this report.
As of 30 September 2009, CHF 2,590 million or 83 per cent has been spent across all tsunami countries.

**Figure 2.1**
Total expenses by category – in million Swiss francs (CHF)

- Shelter and community construction: CHF 1,021 m (40%)
- Emergency and relief phase: CHF 406 m (16%)
- Programme support and coordination: CHF 371 m (14%)
- Livelihoods: CHF 180 m (6%)
- Disaster management: CHF 159 m (5%)
- Health and care: CHF 440 m (17%)
- Organizational development: CHF 53 m (2%)

**Figure 2.2**
Total funds spent by country – in million Swiss francs (CHF)

- Indonesia: CHF 1,254 m (48%)
- Sri Lanka: CHF 676 m (26%)
- Maldives: CHF 195 m (8%)
- Thailand: CHF 88 m (3%)
- India: CHF 67 m (3%)
- Myanmar: CHF 23 m (1%)
- Bangladesh: CHF 27 m (1%)
- Malaysia: CHF 6 m
- Regional and headquarters: CHF 222 m (8%)
- East Africa: CHF 52 m (2%)

Fig. 2.1 and 2.2 reflect spending through 30 September 2009 by programme area and location of operations. The largest amounts spent by Federation members by programme area continues to be in the area of Shelter and Community Construction (CHF 1,021 million).

Figure 2.2 shows that the highest amount’s by Country have been spent in Indonesia (CHF 1,254 million) followed by Sri Lanka (CHF 676 million).

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3. Financial reporting has been restricted to seven categories. Each National Society has its own, unique financial accounting and coding structures. Therefore, for the purposes of consolidating financial figures, the data supplied by the National Societies were simplified into the seven categories shown in Fig 2.1. For definitions and a detailed list of these categories, see the financial reporting methodology notes on the online version of this report.
Fig. 3 details the expenditure made by country and by programme.

<table>
<thead>
<tr>
<th>Country</th>
<th>Emergency phase/Relief</th>
<th>Health and Care</th>
<th>Disaster Management</th>
<th>Livelihoods</th>
<th>Shelter and Community Reconstruction</th>
<th>Organizational Development</th>
<th>Programme Support and Coordination</th>
<th>Total Expenditure by Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia</td>
<td>234.3</td>
<td>181.4</td>
<td>55.9</td>
<td>78.2</td>
<td>566.7</td>
<td>18.6</td>
<td>119.0</td>
<td>1254.1</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>92.7</td>
<td>106.1</td>
<td>28.0</td>
<td>50.7</td>
<td>303.5</td>
<td>18.0</td>
<td>76.9</td>
<td>675.9</td>
</tr>
<tr>
<td>Maldives</td>
<td>10.2</td>
<td>42.9</td>
<td>1.3</td>
<td>1.5</td>
<td>107.3</td>
<td>1.3</td>
<td>30.4</td>
<td>194.9</td>
</tr>
<tr>
<td>Thailand</td>
<td>1.5</td>
<td>26.8</td>
<td>3.2</td>
<td>2.4</td>
<td>15.7</td>
<td>3.0</td>
<td>7.3</td>
<td>67.8</td>
</tr>
<tr>
<td>India</td>
<td>2.2</td>
<td>21.2</td>
<td>6.7</td>
<td>10.2</td>
<td>22.7</td>
<td>1.2</td>
<td>3.5</td>
<td>67.7</td>
</tr>
<tr>
<td>Myanmar</td>
<td>6.0</td>
<td>21.7</td>
<td>2.1</td>
<td>3.0</td>
<td>0.2</td>
<td>0.1</td>
<td>0.9</td>
<td>23.3</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>0.7</td>
<td>23.5</td>
<td>1.6</td>
<td>1.0</td>
<td>3.2</td>
<td>0.1</td>
<td>0.1</td>
<td>27.6</td>
</tr>
<tr>
<td>Malaysia</td>
<td>0.0</td>
<td>2.7</td>
<td>0.3</td>
<td>1.6</td>
<td>1.1</td>
<td>0.6</td>
<td>0.9</td>
<td>5.7</td>
</tr>
<tr>
<td>East Africa</td>
<td>11.0</td>
<td>11.6</td>
<td>10.2</td>
<td>0.7</td>
<td>0.0</td>
<td>5.9</td>
<td>6.3</td>
<td>51.7</td>
</tr>
<tr>
<td>Regional and HQ</td>
<td>47.5</td>
<td>12.6</td>
<td>23.6</td>
<td>7.5</td>
<td>3.9</td>
<td>2.3</td>
<td>124.8</td>
<td>222.2</td>
</tr>
<tr>
<td>Expenditure by Category</td>
<td>406.1</td>
<td>439.5</td>
<td>138.9</td>
<td>160.3</td>
<td>1021.1</td>
<td>53.5</td>
<td>370.9</td>
<td>2590.3</td>
</tr>
</tbody>
</table>

Fig. 4.1 reflects how expenditure is split among the International Federation secretariat, the 42 National Society members reporting for this period, and other partners outside the International Federation. The majority of expenditure is being carried out by members of the International Federation, with 23% of the overall total being programmed 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 through the last few reporting periods, dropping somewhat since the earliest reports.

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4. The category East Africa represents the countries of Comoros, Kenya, Madagascar, Mauritius, Seychelles, Somalia, and Tanzania.
Many of the International Federation member National Societies report that tsunami recovery programming will continue into the year’s 2011+.¹ Estimated spending projections are shown in Figure 5 and now include the addition of 2011+.

The Projected Recovery spending of the remaining balance of Tsunami funds is allocated primarily in the programme areas of Health Services and Infrastructure, Water and Sanitation, Shelter and Community Construction and Livelihoods. There is also considerable expenditure planned for longer term Disaster Risk Reduction and Organisational Development Programmes.

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5. Financial reporting for the first five rounds of this consolidated report was restricted to the 2005-2010 timeframe, but was extended in the sixth round report to include 2011 as several National Societies have consistently projected plans into 2011 and beyond. For purposes of consolidating financial figures, National Societies were requested to adapt their plans to the time frame shown in figure 5.
Annex 1

Notes and methodology regarding the programmatic performance indicators.

1. Overall estimated number of persons reached by International Federation and partners

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

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

2. Health and care including water and sanitation

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

2.a.i. 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

2.a.ii. 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://milleniumindicators.un.org.

2.a.iii. 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.

2.a.iv. Finally, following the same methodology, partners have noted the numbers targeted for access to an improved water source in the future (planned).

2.b. 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.

2.c. Number of persons ‘certified’ or skilled in community-based first aid (including psychosocial first aid) This is the number of persons who have successfully completed community-based first aid training. At a minimum, Red Cross and Red Crescent societies have counted numbers trained using training records.

2.d. 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.

2.e. 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.
3. 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 under construction – this is the number of transitional shelters under construction but not yet completed.
- Number of shelters planned – this is the number of transitional shelters which remain to be built by the Red Cross Red Crescent or funded by the Red Cross Red Crescent but built by other partners.
- Total number of shelters to be provided – this is the total number of transitional shelters to be provided (summing built, under construction and planned).

Permanent houses built
This indicator will be disaggregated as follows:

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

Schools built or rehabilitated
This indicator will be disaggregated as follows:

- Number of schools built/rehabilitated – this is the number of schools built or rehabilitated. These are complete enough that the school can, and is being used.
- Number of schools built/rehabilitated that are operational/in-use – this is the number of schools that are fully functioning.
- Number of schools in progress – this is the number of schools to be built or rehabilitated that have begun the process, with some form of preparatory work at least.
- Number of schools to be built or rehabilitated (planned) – this is the total number of schools that remain to be built or rehabilitated.
- Total number of schools to be provided – this is the total number of schools to be provided summing the numbers completed, under construction/rehabilitation and planned (but not operational/in use as this would be double-counting).

Other community facilities built or rehabilitated
Methodology similar to above has been applied.
4. Livelihoods

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

4.b. Number of households that have received livelihoods support grants This is the number of households that have directly received some form of financial support.

4.c. Number of households reached by asset replacement or enhancement does not include 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.

5. Disaster management

5.a. In calculating the percentage of population covered by pre-positioned stocks The numerator is the number of persons covered by pre-positioned stocks. The denominator is the total population.

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

5.b. Number of communities with a completed 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.

5.c. 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 DP/contingency plans, has clearly stated objective(s), sets out a systematic sequence of activities in, assigns specific tasks and responsibilities, is practical and realistic and leads to actions.

5.d. 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 (VCA) training or community based disaster management (CBDM) 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 (CBFA, First Aid, PSP 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 42 Red Cross and Red Crescent societies referenced in the report. This data was collected and compiled over a period of six weeks, from 12 October 2009 to 30 November 2009. 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 and Red Crescent societies and organizations and used to generate this collective portrait reflected data through 30 September 2009, with the following exceptions: Five Red Cross or Red Crescent societies declined to give updated data for this reporting period and in all cases the most recent past submission of data was 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 seventh round of reporting are shown in the table below.

<table>
<thead>
<tr>
<th>Currency</th>
<th>Income</th>
<th>Expenditure</th>
<th>Projection</th>
<th>Currency</th>
<th>Income</th>
<th>Expenditure</th>
<th>Projection</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUD</td>
<td>1.06</td>
<td>1.07</td>
<td>1.12</td>
<td>LKR</td>
<td>90.22</td>
<td>90.33</td>
<td>111.09</td>
</tr>
<tr>
<td>BDT</td>
<td>51.81</td>
<td>56.15</td>
<td>52.24</td>
<td>MMK</td>
<td>1,111.10</td>
<td>1,259.50</td>
<td>1,070.70</td>
</tr>
<tr>
<td>CAD</td>
<td>1.01</td>
<td>0.96</td>
<td>1.06</td>
<td>MYR</td>
<td>3.31</td>
<td>3.02</td>
<td>3.37</td>
</tr>
<tr>
<td>CNY</td>
<td>6.42</td>
<td>6.39</td>
<td>6.50</td>
<td>NOK</td>
<td>5.19</td>
<td>5.19</td>
<td>5.65</td>
</tr>
<tr>
<td>DKK</td>
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<td>4.33</td>
<td>NZD</td>
<td>1.21</td>
<td>1.24</td>
<td>1.35</td>
</tr>
<tr>
<td>EUR</td>
<td>1.55</td>
<td>1.57</td>
<td>1.51</td>
<td>QAR</td>
<td>3.15</td>
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5. Some Red Cross and 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 at 30 September 2009. 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 2009.

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 and 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 support and 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 five-year progress report is reflective of contributions from the following National Red Cross and Red Crescent Societies and organizations.

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