

Report 2004-2009



International Federation
of Red Cross and Red Crescent Societies

Federation-wide country-level tsunami 5-year progress report

This report covers the period of 1 May through 30 September 2009, but reports cumulative totals from December 2004 onwards.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society groups to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



Upali, a dry fish seller, opened his shop with livelihood grants received by the Spanish Red Cross. Cash grants served as one of the main programme implementation mechanisms for livelihood projects in Sri Lanka. *Spanish Red Cross*

About this report

This is the seventh International Federation-wide tsunami progress report, with the first report published in December 2006, second in June 2007, third in December 2007, fourth in July 2008, fifth in December 2008 and the sixth in June 2009.

While this report does offer an opportunity to gauge the progress over the six-month period of April 2009 to September 2009, it presents what is best defined a cumulative picture; therefore there should be some caution in drawing conclusions from comparisons between the reports. The data presented in each progress report is reflective of the number of Red Cross and Red Crescent societies reporting into it. This figure has changed for each report.

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

Finally, the current report looks at achievements in all eight countries affected by the tsunami – but the indicator data is biased towards the three worst-affected countries (Indonesia, Sri Lanka and the Maldives) and groups together data from the other countries (Thailand, India, Bangladesh, Seychelles and Somalia).

Glossary of terms:

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

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

Host/Local National Society: refers to the National Society of the country where the recovery operation is taking place.

Click here for [Annexes 1 and 2](#): notes and methodology regarding financial data and programmatic performance indicators.

Indonesia

Operational Overview

Two major events had negative impacts on the implementation of the programmes during this reporting period. With the closure of BRR, all decision-making procedures have gone “back to normal”. The local authorities now take a long time to make decisions and these are often deferred to Jakarta for final approval. During the term of office of the BRR, decision making was relatively fast and easy on the part of the authorities. The other problem occurred during the run-up to the local and national elections, which saw an increasing trend in crimes during the campaign period and forced the local authorities to increase security and activated the community-based security patrols. As a result, field visits were restricted, causing problems to programme implementation and management.

In Nias, the government has established a District Social Office with the mandate to manage disaster response. This initiative includes a Youth Response Team (DSO), and has considerable overlap with the PMI’s SATGANA emergency response team. The Federation is supporting PMI efforts to establish standards of operational practice for deployment of these teams for emergency response. Central and northern Nias have now been subdivided into three districts (Nias, Nias West and Nias North) and Gunung Sitoli City (municipality). Two new district heads (Bupatis) and a Mayor of Gunung Sitoli have been appointed. The local government administrators in these new districts have made requests to establish new PMI branches, but the PMI North Sumatra Chapter has reaffirmed that these areas will remain covered by the existing Nias branch for now.

There have been no changes in policies or strategies in Nias. Current activities in Nias focus on completing two water and sanitation projects in Lahewa and Mandrehe and a second phase of Community-Based First Aid, implemented directly through PMI. The Federation is also strengthening the organizational development and DM/DR capacity of the two existing PMI branches on Nias island. The Nias branch successfully implemented a timely response to recent flooding in the central and north part of the island. Although rocked by the earthquake of 30th September 2009, no damage was reported on Nias. As part of organizational development, the Federation has placed a technical resource person in the North Sumatra Chapter to strengthen branch development within the province, with a focus on Nias.

Performance Table

Programmatic Performance Indicators for Indonesia	Total
Overall estimated number of persons reached by the International Federation	1,247,000
Total number of people with access to improved water management facilities or improved latrines	307,800
Total number of hospitals and clinics completed	250
Total number of shelters provided	19,923
Total number of permanent houses completed	21,843

The above programmatic indicator table shows cumulative achievements up to 30 September 2009.

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

Health and Care

In health and care, the International Federation has continued to focus on its community-based first aid (CBFA) programme. The International Federation operates in seven districts in the tsunami-affected areas, namely Aceh Jaya, Banda Aceh, Bireuen, Sabang, Nias, Nias Selatan and Simeulue.

The American Red Cross and PMI are addressing health needs in 99 villages through the Community-Based First Aid (CBFA) project. Over 120 PMI volunteers and 1,916 Village Health Volunteers (VHVs) have been trained in community-based first aid and are active in promoting key health messages in their communities. To

date, over 9,000 people have received these health promotion messages. The American Red Cross have also been making good progress in strengthening the capacity of PMI to provide basic health services to communities. The CBFA Implementation Guide, Volunteer Manual and Community Toolkit have been printed and distributed to Banda Aceh, Sabang, Aceh Jaya and Bireun PMI Branches for roll-out. Focusing on child health and nutrition, the Youth Red Cross/Support to PMI project, personal hygiene supplies such as soap, toothbrushes and nail clippers as well as cleaning supplies such as mops, brooms and buckets were distributed to all 100 targeted schools. Over 2,000 YRC members are active in 100 schools promoting nutrition, hygiene and environmental sanitation practices to their peers. Both parents and teachers have reported a change in attitude and behaviour of the children since the project commenced. Additionally, following completion of activities in Banda Aceh and Aceh Besar in February 09 the psychosocial programme is now focusing on 4 sub-districts of Aceh Jaya: Sampoiniet, Setia Bakti, Jaya and Krueng Sabee.

As part of its support to the Aceh Mental Hospital Management, the Norwegian Red Cross has facilitated a coordination meeting and developed training curriculum for "Raising Youth Awareness on Mental Health". It has also handed over the CBFA programme to PMI. PMI Simeulue Barat sub branch now has 128 volunteers for the CBFA programme and three staff. Collection of data for end line study has been completed. Norcross has continued to give financial support to the NAD Ambulance project implemented by Australian Red Cross.

In support of the PMI ambulance services, the Australian Red Cross has continued to train young PMI volunteers in first aid, ambulance management and increasingly HR and financial management as well as business development. The Provincial House of Representatives is supporting the establishment of an ambulance call centre and the Governor decree is ready for signing. The call centre, an independent business unit of the department of health, will coordinate ambulance services and pay call out charges - providing a sustainable revenue stream for the PMI ambulances in the City of Banda Aceh and Great Banda Aceh.

The Swiss Red Cross project was completed in July 2009. CBFA programmes have been set up in all 15 target villages. In full coordination with PMI partners during the final year, 45 PMI volunteers were trained in CBFA and several have since reported that they have already had the opportunity to use their skills. Close collaboration with the PMI and ministry of health partners in the final year resulted in a proper handover of project activities, and this is expected to lead to greater self-sustainability.

The Spanish Red Cross has CBFA projects in 30 rural communities/villages in Aceh Barat district and 30 rural communities/villages in Nias district. The overall CBFA programme 2008 - 2009 aims to improve the health status of the communities in Teluk Dalam and Gomo sub-districts through health education, prevention of disease and first aid practice.

Health and Care: Water and Sanitation

In Nias, the water and sanitation project has been extended to June 2010 to enable the original project objectives to be achieved with the revised population of 37,000 people (23,000 in 2006), while diversifying the project approach in some villages and providing water and sanitation support to schools and health clinics in the project area. Over the reporting period, the project has installed seven village water systems, constructed eight new wells and rehabilitated 32 existing wells. In sanitation 156 family double cubicle MCK latrines and 64 public double cubicle MCK latrines were constructed. In addition, operation and maintenance training were carried out for 9 village water systems and final KAP (knowledge and aptitude) surveys were completed (with the help of PMI volunteers), in 16 villages. Compared to the first KAP survey in 2006, one of the initial findings of the 2009 survey showed that the number of people who wash their hands with water and soap before eating has increased between 20 to 30 percent.



Villagers and International Federation's technicians lay piping through the jungle for Sisobaoho village. *International Federation/Neil Hitchen*

A major challenge has been the high staff turnover during the period. This has caused some delays in the projects. Road and bridge access for the delivery of materials and field movement of staff has continued to be an ongoing challenge, as all roads in the area including the main road from Gunung Sitoli to Mandrehe have required ongoing repair throughout the project period due to constant sliding, shrinking and swelling of the predominantly clay road base. Weather conditions, especially during the wet season have also been a constant challenge causing delays in construction works and making material deliveries more difficult.

In Lahewa, the following were completed: 18 spring catchments, 10.3 km pipeline; 12 reservoirs, 43 tap stands, 17 rainwater harvesting tanks, 15 hand dug wells, 9 public washing areas, 1 public latrine, 586 family latrines, and 213 metres of drainage ditch. The project team conducted participatory hygiene and sanitation transformation (PHAST) training in Faechuna'a and hygiene promotion activities were implemented in five villages (Lukhulase, Ombolata Lahewa, Afulu, Luru Fadoro, and Faechuna'a) and all 23 target schools. As a result of these activities, malaria prevalence has decreased from 43 to 23 per cent, cases of acute respiratory infection prevalence has decreased from 46 to 25 per cent while prevalence of diarrhoea has reduced from 45 to 19 per cent. These changes can be attributed to the increased awareness of the way these diseases are spread.

Among the partner national societies, the American Red Cross has been working with IOM and other Red Cross societies to provide safe water supply and sanitation systems to over 13,000 families now settling into newly-built homes. The programme includes the construction of communal and domestic water supply and sanitation systems in rural areas in 7 districts and construction of a municipal water supply and sanitation systems for over 1,400 households in Calang City. Under the rural water and sanitation component, over 9,000 permanent water supplies have been completed along with a 8,000 sanitation systems. Water and Sanitation Committees have also been established to ensure that the newly constructed facilities are maintained and managed in the long term. To maximize the impact of water and sanitation systems constructed, the American Red Cross is working at village level to reinforce health messages and improve hygiene habits through public meetings and household visits. To date over 32,000 people in targeted villages have benefited from hygiene promotion activities.

The Canadian Red Cross successfully implemented a number of activities to improve access to water, sanitation and hygiene education. These included the construction of: 14 rainwater harvesting tanks; 13 shallow wells; two boreholes; one gravity-feed system, and 66 tap-stands. A total of 2,235 beneficiaries gained access to these improved facilities. In sanitation, the following were carried out: construction of 25 latrines; rehabilitation of 29 latrines; improvement of 12 septic tanks and leach fields; as well as 1,014 meters of drainage channels, and 16 solid waste storage units. A total of 1,587 beneficiaries gained access to these improved sanitation facilities. Hygiene education was delivered to 19 schools, reaching 1,433 beneficiaries. The Canadian Red Cross also implemented a community-based solid waste management programme, consisting of four main components: composting; solid waste management education in schools; medical waste management; and household waste management.

During the reporting period, the Irish Red Cross continued to focus on the funding and completion of a small-scale water and sanitation project initiated by the community, based on their needs and prioritization. Projects were selected using grant funds where communities contribute inputs in the form of labour. To-date, the Irish Red Cross has funded seven such activities, ranging from design and provision of community water and sanitation systems to the provision of latrines and hygiene promotion for schools. Irish Red Cross will also fund several more grant proposals from communities by the end of December 2009.

On the mainland, the Norwegian Red Cross has completed its project and handed over the drill rig and staff to PMI Aceh. In Simeulue, the laying and construction of pipes, spring box and reservoir has been completed. Pumps and generator have been installed, while training of PDAM staff in operation and maintenance was carried out.

The Swiss Red Cross water and sanitation intervention has rehabilitated 597 wells and constructed 53 new wells, providing access to clean water for 1,658 households or 69% of the target. In coordination with the communities, 4 MCKs (public bathing, washing and latrine facilities) and one communal latrine have been constructed while another communal latrine has been renovated. In the final year, 30 communal latrines in 15 communities were completed by August 2009, with full cooperation of PMI and MOH partners and the communities.

The water and sanitation programme of the Australian Red Cross in Salang, Simeulue island was completed in June 2009. Sixteen villages were each provided with a new outside toilet building, septic tank and drainway, as well as a new concrete ring well and washing slab, through community-driven construction. A technical audit cross showed that 1,078 toilets were constructed, but identified that water wells in many villages were incomplete. A follow-on consultancy has been awarded to support the delivery of materials and completion of the water wells.

In South Nias, the Spanish Red Cross is working to improve access to clean, safe drinking water and sanitation for 7,000 people in eight villages. The project involves the construction of family latrines, gravity and rainwater water supply systems and hygiene promotion

Disaster Management

A significant development during this reporting period was the workshop on “Community-based Early Warning System Development” in Banda Aceh organised by the Federation together with movement partners, and included the participation of PMI and key stakeholders like BNPB and BMKG as well as VSI and Dept of Public Works. The output of the workshop was a draft outline of standard operating procedures. This workshop is significant in terms of linking PMI's Early Warning System to the government's, and the participation of BNPB and BMKG in the discussion is a key milestone in the EWS development process. Another workshop was subsequently held to finalize the standard operating procedures (SoPs) for early warning dissemination. These SOPs have been endorsed by the PMI and are now being socialised to the chapters.

As part of the efforts to strengthen community capacity to respond to disasters and mitigate the effects of hazards, the Red Cross Red Crescent has continued to focus on integrated community-based risk reduction (ICBRR) programmes, as well as disaster management capacity building activities for the host national society.

The International Federation supported PMI NAD to conduct refresher Integrated Community-Based Risk Reduction training for selected KSR (Korps Suka Rela) volunteers, who were later deployed to targeted communities to conduct base line surveys, risk mappings and develop risk reduction plans together with the community-based action teams (CBATs). Other activities included orientation on CBAT for 38 facilitators from nine branches, who are expected to facilitate CBAT trainings in the targeted villages in their respective districts.

As a part of branch capacity building, PMI NAD, with the support of the International Federation conducted training on ICBRR specialisation for 20 KSR volunteers and two disaster management staff of Aceh Singkil and Aceh Tenggara branches. PMI NAD also conducted a ICBRR project review with the participation of branch disaster management and finance officers. The review focused mainly on the financial management and the technical aspects of ICBRR. In addition, the International Federation helped to procure tools and equipment for 22 CBATs and distributed them among the PMI branches. CBAT members in each community are expected to use these equipment during disaster preparedness and response operations.

ICBRR socialisation & orientation activities were also carried out. The PMI Pidie and Aceh Barat branches conducted such activities in seven targeted villages, while PMI conducted socialisation for district level stakeholders, including high ranking government officials. CBAT trainings were carried out by the PMI Simeulue, Pidie and Lingsa branches for village volunteers. As part of response preparedness, Satgana equipment were procured and delivered to eleven branches, and two Satgana trainings were carried out in Gayo Lues and Aceh Tenggara branches.



As part of the effort in reducing the vulnerability of the communities, the Canadian Red Cross carried out training for community-based action teams in Calang, Aceh Jaya.
Canadian Red Cross

As part of its efforts to coordinate and collaborate with other agencies, the International Federation participated in a workshop organised by the Tsunami Disaster Mitigation and Research Center (TDMRC), Banda Aceh, to develop their strategic plan. Other participants included the UNDP and the ADPC. The International Federation also participated in a workshop organised by Governor's Office/UNDP on 'Data and Informasi Bencana (Disasters) Indonesia (DiBi)' to introduce DiBi system to Aceh government officials and other relevant stakeholders.

In Nias, the PMI branch successfully demonstrated its disaster response capacity during the seasonal floods which affected villages in two sub-districts in the northern part. PMI volunteers from surrounding areas completed the process of relief distribution (rapid and detailed assessment, coordination, distribution, and reporting) within four days, covering 198 families with family kits and mosquito nets. Positive feedback was received from government agencies.

Among the partner national societies, the American Red Cross is working closely with PMI in 100 villages to help communities identify risks, reduce vulnerabilities and be better prepared for future disasters. Seventy-five schools have also been targeted by the ICBRR programme to educate teachers and students in potentially life-saving disaster preparedness skills. In addition, the programme is enhancing PMI and local government disaster management capacity through training, technical advice and strengthening links to nationwide early warning systems. CBATs have been established in all 100 targeted villages, and 99 villages in Banda Aceh, Aceh Besar and Aceh Jaya have completed HCVAs, out of which 96 have developed contingency plans based on assessment results. Seventy-one villages have successfully conducted disaster drills and tested their level of preparedness. The American Red Cross is also working to strengthen local government capacity in disaster management and research in disaster risk reduction. Activities commenced in April 2009 with the signing of an MoU with the Tsunami Disaster Mitigation and Research Centre of Syiah Kuala University (TDMRC).

The Spanish Red Cross is supporting the PMI water and sanitation Emergency Response Team (ERT) programme based in Bandung. The support consists of training, maintenance and repair of equipment, elaboration of SoP and construction of new warehouse for water and sanitation emergency response equipment. During the reporting period, the water and sanitation ERT has been deployed on three occasions

during the emergencies in Central and West Java. A final draft of the SoP has been completed. A new warehouse has been constructed and is currently operational.

The Canadian Red Cross have installed radio systems in 3 locations. Some 79 staff and volunteers of the Indonesian Red Cross (PMI) have received training on radio operation and Training of Trainers. Standard operating procedures and communication guidelines have been formulated. The PMI early warning system has been effective in communicating messages in times of disasters. During the floods of December 2006/January 2007 in six districts of NAD province, PMI radio systems were the only means of communication for government as well as aid agencies and humanitarian organizations. Similarly, during the earthquake in mid-2008 on Simulue Island, PMI radio systems were the only means of communication for PMI and government agencies. In ICBRR, risk assessments (hazard, vulnerability and capacity assessment) were conducted in 30 villages in NAD and Nias. CBATs from 35 villages have submitted proposals for implementing plans to concerned PMI branches and chapters.

Under the PMI Teunom ICBRR programme, the Danish Red Cross conducted CBAT basic training for 30 newly-recruited CBAT members from 16 villages in Teunom in April. This was followed by CBAT refresher training for 90 CBAT members in June. Several meetings were held with the LGU (Local Government Unit) concerning mitigation plan. Project proposals for mitigation plans for 16 villages were completed by PMI Teunom in June. In August 2009 construction was initiated on evacuation centers, multipurpose centers, drainage systems, box culverts, a village clinic, protection wall for floods, and a coastal plantation. By September, some 25 per cent of the work has been completed. Other activities included a CBFA training for CBAT members; disaster preparedness awareness raising campaign for the school children in 12 targeted schools; and a Management and Planning Workshop by PMI in Calang for programme coordinators and finance officers from PMI NAD Chapter, Aceh Jaya Branch and Teunom Sub-Branch. The programme has led to a positive change in mindset of the community people with respect to disaster risk reduction measures.

Under the Norwegian Red Cross, the construction of central warehouses in Surabaya and a regional warehouse in Aceh have been completed and handed over to PMI. Training in warehouse management and operational support for these warehouses is ongoing.

Under the Belgian Red Cross three-year (2008-2010) ICBRR project with the PMI, several milestones have been achieved during this reporting period. These include: establishment of 40 Community-Based Action Teams; raining of CBAT members; HVCA training for the volunteers; 40 HVCA conducted in 40 targeted communities; observance of DRR Day; community level awareness campaign; and evacuation drills. These are a few of the many core elements of ICBRR programme.

The Swiss Red Cross intervention aims to strengthen PMI's role in school health, disaster prevention, disaster preparedness and disaster management (DM) through the Youth Red Cross (YRC), and enable three schools funded and built under supervision of the SRC to provide shelter, first aid and assist in disaster management in the event of a disaster. As part of this intervention and the DM centre concept, relief items will be pre-positioned in the school, in addition to the PMI Nadi chapter and branches.

Construction

A number of Red Cross and Red Crescent partner national societies are currently still active in construction works. The Australian Red Cross (ARC) completed its construction programme with the handing over of the last of 1,623 houses. ARC also completed the supporting infrastructure – a road in Labuy, bore-hole water in Ladong Depsos, Ladong II and Kota Batu Simeulue. Land sinking of 71 houses on soft land in Depsos was mitigated through underpinning of each affected houses. ARC is working with other movement partners to advocate for the completion of the land certificates on all relocation sites.

Work on the mental hospital in Banda Aceh under the Norwegian Red Cross is about 70% completed. The construction of livelihood market in Sibigo was completed in August 2009 and handed over to the Market Management Team. The new PMI Branch Building in Simeulue completed in May 2009 has been handed over to PMI.

The Swiss Red Cross has completed and handed over two out of the three planned schools. They are the Empe Awee School and Inshafuddin School. The construction of the third school in Sigli is over 90% complete.

Under the Spanish Red Cross housing programme, the reconstruction and rehabilitation of houses located in Samatiga, Meureubo, Bubon and Kaway XVI sub-districts in Aceh Barat have been completed and handed over to the beneficiaries. They include 131 reconditioned houses, 486 rehabilitated houses and 798 houses constructed under its cash grant project. The methodology involves community participation through the implementation of community works before the reconstruction and rehabilitation process. In addition, a new office building has been constructed for PMI Aceh Barat in Johan Pahlawan sub district, while six permanent schools in Teluk Dalam sub-district, Nias will be upgraded

Livelihoods

The American Red Cross tsunami recovery livelihood portfolio includes seven active projects being implemented by external partners in Indonesia. Two projects were completed in April 2009. During the reporting period, despite procurement and construction delays, the distribution of productive resources and disbursements of livelihood grants and loans have doubled. The majority of the indicators reached over 100% of the fiscal year's targets. With projects in full implementation, the focus now is on ensuring programme quality, relevance and timeliness.

Under the Belgian Red Cross livelihood projects, 17 new fishing boats equipped with fishing gear have been constructed and provided to fishermen whose fishing vessels were seriously damaged or totally destroyed by the tsunami. As part of the efforts to reestablish a social fishermen cooperative, the following were carried out: membership registration; accident and death insurance coverage; machine repair and maintenance training, as well as navigation and safety training. To date, 289 fishermen have resumed economic activities through the new boats provided. The ice factory handed over to the fishermen cooperative of Sabang has continued to generate income for the cooperative members.

As part of the Puga Gampong (Community Grant) Programme in Aceh Besar and Aceh Jaya under the Canadian Red Cross, 96 projects have been approved and being implemented by the communities. 38 were completed during this reporting period, with another 37 projects (with 90% progress) still in the implementation phase.

In partnership with Islamic Relief, there are plans to construct 18 community centres. Four are currently under construction in Aceh Besar, eight in the Lamno area and six in the Calang area. Two centres in Aceh Besar have been completed and will be handed over to the communities after a quality audit is completed in November

In partnership with ACTED, the Canadian Red Cross intervention in Nias is focused on building occupational skills, targeting 4000 farmers and 600 fishermen. Also 188 self-help groups (learning groups at this stage) have been created and 88 have been registered as cooperatives. ACTED is also building the capacity of local governance by providing training to village leaders and BPD (village counsel/parliament)

The SECAP livelihood project of the Irish Red Cross developed and implemented a comprehensive exit strategy during the reporting period with the aim of ending the project by November 2009. A one-hour television show on education issues on the Rumoh PMI TV programme was broadcast, while a general promotional video highlighting the SECAP work with PKBMs (non-formal education system) has been completed. It is expected that the footage will be utilized by IRCS-Dublin in a general promotional video highlighting tsunami activities.

The Norwegian Red Cross Simeulue Livelihood project was completed in November 2008, except for the construction and running of a traditional market in Sibigo. The market building has been completed and was inaugurated in August 2009. A market management team has been set up and is now formulating a mechanism of using the market. The established women groups have continued to produce and sell mats and also managed their micro-finance project with minimal external support.

The next phase of the PMI/Spanish Red Cross Livelihood project in Nias is still in the planning phase. It will cover 3 sub-districts (Teluk Dalam, Fanamaya and Mazingo) and include interventions in the following sectors: agriculture and horticulture; husbandry; and small businesses. A 'livelihood committee' will be created in each village, with representatives from all sectors of activities and include men and women.

Cross-cutting Issues

Programme linkages and sustainability

The Danish RC/PMI mitigation projects established linkages between the 16 targeted communities and the LGU (Local Government Unit). As a result of these linkages, the LGU has provided good support and technical assistance to the communities and projects. The communities are now in a better position to convey their other mitigation-related needs to the LGU.

For the Canadian Red Cross, coordination with partners such as Help-Age International, ACTED and the UNDP have helped to garner more support at the community level. Its Emergency Health programme has linked all its activities, water sanitation committees and waste management committees up with the local government, existing community organizations, the Indonesian Red Cross (PMI) and other agencies as part of the effort to ensure sustainability. Community knowledge on the implementation and practice of various Emergency Health programs has also been strengthened as part of the process. In disaster management, sustainability has been pursued through the development and strengthening of CBATs, capacity building of PMI and the development of linkages with local government agencies. Livelihood activities address gaps by providing additional training and establishing linkages with local stakeholders.

American Red Cross is working closely with World Wide Fund for Nature (WWF) to incorporate environmental sustainability into reconstruction projects. Under its ICBRR project, planned mitigation projects are checked for environmental compliance. During the reporting period, assessments were made of small-scale mitigation projects including re-greening activities, which also contribute to disaster risk reduction.

For the Swiss Red Cross, the improvement of disaster management systems in the schools they have constructed, the capacity building of Youth Red Cross and the linkage to PMI are the means to ensure a sustainable DM centre.

Disaster Risk Reduction

The Canadian Red Cross EWS and ICBRR programmes have helped PMI and communities build their response and risk mitigation capacities significantly. The formation and strengthening of CBATs, CBAT training, community risk assessments, risk reduction planning and implementation of risk mitigation plans are contributing to the development of more disaster-resilient communities. Environmental improvements being implemented by the Emergency Health programme will directly assist in reducing the risks faced by local populations. Four villages have been provided retaining walls/canal rehabilitation to reduce the risk of floods.

The Swiss Red Cross conducted DRR and Youth Red Cross trainings in the three schools that they have built.

Quality and accountability

The American Red Cross TRP has considered accountability to beneficiaries as one of its major cross cutting themes. The delegation adopted the HAP International standard as its framework, which comprises four dimensions of accountability including transparency, participation, monitoring & evaluation, and complaint and response mechanism. The American Red Cross has conducted an orientation workshop for all programme staff and set minimum standards for each component of accountability as a guideline for project teams. The Canadian Red Cross has established a community-based monitoring system to help ensure quality and transparency, while the Swiss Red Cross continuously monitor its projects during implementation and carry out project evaluations and joint planning sessions.

Equity and conflict sensitivity

While the Canadian Red Cross DRR programmes focus on vulnerable groups, they target people of all socio-economic structures and without gender discrimination. All community members are involved the Emergency Health programme in an effort to avoid conflict and provide equal opportunity to all beneficiaries.

Gender equity

To promote gender equity and equality, the American Red Cross Tsunami Recovery Program has developed a gender mainstreaming strategy which approaches the issue from three main objectives, namely : 1) Increase knowledge and awareness of gender equity issues among all staff and foster gender equity throughout the organization; 2) Ensure that gender equity is incorporated into all programs; 3) Encourage information sharing on gender equity issues among staff, Movement, external partners and other organizations working in-country. In the last 18 months, a gender policy has been included into a mandatory staff induction package offered by HR to all new recruits. Also all projects have conducted a gender review and subsequently developed action

plans to address gaps identified. In addition, gender checklists have been developed as a critical tool to help each programme ensure that they are addressing gender concerns in their programs over the long term. Training materials and modules produced have been shared with other partners such as the International Federation and Irish Red Cross. Despite the success, the delegation has also faced challenges in implementing the gender initiative. Staff participation and commitment, conflicting priorities with project workload, and cultural and religious barriers are among the most frequently raised challenges. To address these, the American Red Cross tsunami programme has included the topic on gender from a religious (Islam) perspective into gender modules, and integrates gender objectives into senior staff job descriptions and performance appraisals. So far, the strategies have worked well in anticipating and addressing the challenges.

Danish Red Cross programmes have ensured that there is a 50:50 ratio of men and women on average in the SATGANA volunteers and community-based action teams (CBAT). The issue of gender was also considered during the recruitment of staff at all levels.

In its programmes, the Canadian Red Cross give high priority to women's involvement - more than 43 per cent of training participants and members of CBATs are women. The Environmental Health programme has incorporated gender mainstreaming into its design and implementation. Women and men have equal opportunities to be involved in all activities such as training, socialization and community meetings, committees on water and sanitation, volunteers of waste management and all aspect of environmental health activities. A number of its livelihood projects are gender-specific. The village utensils/catering services, sewing training, cake making, and household gardening activities focus on women groups, while carpentry training, fish landing focus on men groups. Both male and female youth groups are involved in the design of facilities such as children and youth centres and volley ball/basketball courts, which provide equal access to all groups.

The Irish Red Cross implements a quarterly Gender Equality Questionnaire which measures staff knowledge, attitude and practices regarding gender mainstreaming activities within the Irish Red Cross delegation. Results are disseminated amongst the staff to show progress of practices to-date.

Beneficiary and community participation

The Emergency Health programme of the Canadian Red Cross involved community members in the assessment stage right through to monitoring and evaluation. Ninety-six of the livelihood proposals were developed and implemented by communities under the community grant programme.

Communication and advocacy

The Emergency Health programme of the Canadian Red Cross always coordinated with the local government for their advocacy and support. New activities from the Community Outreach Project of the Irish Red Cross include the addition of a weekly hour-long TV show called "Warung Kopi: Rumoh PMI" or the "Coffee Shop: House of PMI". Based on the chat show format, each week the show focuses on a different topic, including tsunami reconstruction and general development issues in Aceh, and includes expert guest speakers, live call-in question and answer session, audience participation and a quiz show segment.

Host National Society Development

The focus of the International Federation's Organizational Development Programme during the reporting period was to provide technical and financial support to PMI Aceh to build its capacity on key issues such as strategic planning, human resource development, volunteer development & retention, and advocacy with a chapter on better programme management at branch level. The lack of an effective and accountable organizational structure, a strategy to scale down from the Tsunami operation to regular National Society work & sustainability, as well as lack of motivation / commitment of the Branch Board in coordination and cooperation, were the main challenges identified by PMI Aceh Chapter governance and management. To address these issues, the International Federation facilitated a process of restructuring the organization and redefining the role of the chapter and branch. The priority is to develop a human resource management methodology in order to create a proactive working culture and accountable management system at all levels. A draft organigram proposed for the chapter level has been developed with inputs from all departmental heads and governing board members of Aceh Chapter and was adopted in April by the governing board.

The International Federation and Movement partners are also working closely with PMI NAD on its strategic planning process. To address the issues related to coordination and cooperation between the PMI branch, chapter and NHQ, a branch development workshop was held. Volunteers, officers and Governing Board

members from the branches under Aceh Chapter took part in the workshop. The main outcome was a coaching and supporting mechanism between NHQ, chapter, branch and sub-branches.

To engage with the International Federation's water and sanitation projects and the Canadian Red Cross's ICBRR activities, the Nias branch has inaugurated three sub-branches in Lahewa areas of northern Nias.

The building of PMI's capacity was also undertaken through their direct involvement in the recovery operation. Through the programmes and activities of partner national societies, the capacity of PMI chapters and branches to run DRR, emergency health, hygiene promotion, waste management, water and sanitation, construction and livelihood programmes has been significantly enhanced. The formation and strengthening of CBATs/CDMC (Community Disaster Management Committees) has helped to build strong bridges between PMI and the communities. A key host national society capacity building achievement is the establishment of trained SATGANA (PMI disaster response) teams at branch level. The ICBRR initiative of the Danish Red Cross helped to establish the PMI Teunom Sub-Branch, recruited the KSR, SATGANA volunteers, CBAT members and set up a disaster risk reduction programme in the 16 tsunami-affected villages in Teunom. Through the work and support of the Spanish Red Cross, the PMI branch in Nias Selatan was established in 2007, while the Norwegian Red Cross helped to establish a sub branch in SIMBAR through its programmes.



Chairman, OD PMI NHQ, delivering his speech in the concluding session of branch development workshop. *International Federation*

As part of its community outreach programme, the Irish Red Cross conducted a joint mentorship programme with PMI, which addresses beneficiary communication and at the same time capacity development of the national society, in the field of media communications and volunteer development. Once the mentorship is completed, volunteers in the programme will help to develop the communication department of PMI Aceh chapter. The Australian Red Cross has continued to support the improvement of blood management and ambulance services of the PMI, with the intention of a full hand-over of programmes at the end of 2009. The ARC is now supporting PMI's advocacy to provincial government for appropriate funding mechanisms for ambulance and blood services.

Working as a Movement

The response of the Red Cross and Red Crescent Movement to the tsunami and earthquakes in Indonesia marked a new direction for cooperation and coordination within the Movement. Five years on, the structures developed to ensure adequate communication and unity of action in favour of the most vulnerable have served their purpose and enabled an ongoing process to share experiences, constraints and improve work overall. The Indonesian Red Cross has recognised the value of the Movement coordination framework and is now using it as the basis of their permanent coordination mechanism for partner national societies interested in working in Indonesia.

Looking Forward

There will be two major priorities for the next reporting period. They are:

1. Capacity building of the PMI Chapter in Aceh;

Most PNSs and the International Federation are planning to wrap up their tsunami programmes by first half of 2010, so it is important to make sure that PMI Chapter has the capacity to maintain and follow up on these programmes. It is vital that PMI Chapter has the skills to be able to do this. Branch development workshops have been held as part of this strategy. The input from the branch development workshops will be used to finalize the strategic plan of the Chapter. Further training will also be provided in disaster preparedness and response.

2. Asset demobilization;

The International Federation has begun work on its exit strategy for the Tsunami operation, with a strong focus on the issue of asset demobilization. Given the large volume of assets of both the International Federation as well as PNSs, it is vital that asset demobilization is carried out in focused and well coordinated manner. A further refining of the exit strategy and assets demobilization plan will be developed through 2 planned workshops on both of the topics

In Nias, the International Federation is currently phasing down its operations with the view to close its recovery programme by late 2010. The priorities include undertaking a responsible exit from all community-based water and sanitation and CBFA activities, and providing a smooth transition to PMI of some of the programme elements. The International Federation plans to continue providing support after 2010 to Nias through PMI, and considerable programme focus is being given to build branch capacity to manage this. The Spanish Red Cross, one of the two remaining partner national societies present in Southern Nias, expects to end its support in CBFA, water and sanitation, school construction and livelihood development in 2010, with subsequent branch support channelled through the PMI chapter. The Canadian Red Cross will continue some DRR and livelihood activities in Lahewa, working with partners.

Sri Lanka

Operational Overview

With the official declaration of the end of the war following the armed forces' capture of the Liberation Tamil Tigers Eelam (LTTE) last remaining stronghold and the death of its leader in April, including the displacement of thousands of civilians to government controlled areas, the humanitarian crisis was not yet over as the scale of the relief and eventual resettlement operation presented a monumental challenge for the government. As civilians kept trickling in from the conflict areas and the no-fire zone, the involuntarily displaced civilians (IDPs) were immediately placed in transit camps and then moved to welfare centres in various districts in the north and east – including Mannar, Trincomalee, Jaffna and Vavuniya. Menik Farm, in Vavuniya district currently holds the largest number of IDPs – which estimated over 260,000 individuals at the end of July (according to UN OCHA). UN Secretary-General Ban Ki-Moon, following his visit to Sri Lanka and Menik Farm expressed deep concern at the conditions in which the IDPs live in, the lack of resources, food and basic needs in the welfare centres.

However, the government maintains that it has established an all-inclusive framework to guide the process of reconstruction, resettlement and socio-economic renewal under the "Northern Spring" programme set up by the President. Measures also included a post-war peace building and development processes in the north and the reintegration of the ex-combatants into civilian life and the resettlement of the IDPs would proceed as soon as the de-mining of the post conflict ends. The resettlement of IDPs has already begun. Meanwhile the International Committee of the Red Cross (ICRC) has been asked by the government to scale down its operations in the east following the cessation of hostilities between Sri Lankan forces and the LTTE.

Sri Lanka is also on red alert as the dengue epidemic has spread at an alarming rate throughout the island. Reports released by the Epidemiology Unit of the Ministry of Health (MoH) indicate that the number of dengue related deaths has risen to 227 and another 20,896 have been affected this year. The International Federation has launched a DREF Operation and in collaboration with a few Partner National Societies supported the national society in an emergency response plan for the dengue outbreak in the country. SLRCS has identified 12 district branches for these interventions targeting approximately 300,000 people.

Nearly five years after the devastating tsunami, Sri Lanka is now in a position to take yet another turn towards development. The huge amount of humanitarian assistance received through the tsunami operation and the experience gained from the operation have done much to strengthen the capacity of the National Society ensuring a better recovery process for more resilient communities and structures not only in the north but for the country as a whole.

On the whole, the level of progress is in line with the original five year projected time frame. The Red Cross Red Crescent has a portfolio of 507 projects both completed and ongoing. The ongoing projects are being implemented by the International Federation of Red Cross Red Crescent Societies and nine Partner National Societies currently operating in the country, with the Sri Lanka Red Cross at the forefront of the operation. Since the tsunami, 385 projects have been completed. These projects include non-food relief items, water and sanitation, housing and hospital construction, livelihood programmes and health and care.

The table below reflects the construction of hospitals and health facilities that are long and complex processes. The planning, design and tendering phases of a typical hospital project can take up to 12 months, whilst the construction period can go on for up to two years. Almost all the RCRC health infrastructure projects are focused on the rehabilitation of General and District Base hospitals, which means the planning and construction is more complex and has to be implemented in stages over a longer timeframe.

Much of the RCRC water and sanitation portfolio in Sri Lanka includes large infrastructure projects, such as laying pipeline networks to new resettlement areas. Targeted tsunami-affected families will only get access to the improved water sources once the entire project is finalised and water is connected to the catchments area, hence the discrepancy in number of persons which have already gained access to an improved water source versus number of persons targeted for access.

Performance Table

Programmatic Performance Indicators for Sri Lanka	Total
Overall estimated number of persons reached by International Federation and partners	1,980,000
Total number of persons with access to an improved water source	216,000
Number of hospitals and clinics completed	48
Total number of houses provided	27,987
Number of persons certified or skilled in community-based first aid (including psychosocial support)	232,900
Number of households that have received livelihood support grants	37,480

The above programmatic indicator table shows cumulative achievements up to 30 September 2009.

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

Health and Care

The primary target beneficiaries of the International Federation’s health and care projects are the vulnerable and marginalized groups, including women, adolescents, elderly and children often living in rural, remote and impoverished areas.

Red Cross Red Crescent (RCRC) partners operating in Sri Lanka aim at placing Sri Lanka Red Cross Society (SLRCS) as an important contributor to health development in Sri Lanka. Nine Partner National Societies (PNS) along with the International Federation are working closely with SLRCS Health Department both at central and at



Nurses walk past the completed Badulla General Hospital . This hospital is one of the many health facilities that are undertaken by the International Federation and its partners. *International Federation*

branch/unit levels, to build capacity of the National Society in contributing and responding to priority health needs particularly aimed at meeting needs of vulnerable and poor communities across 26 districts in Sri Lanka.

To meet the health objectives, the International Federation supports SLRCS in five sectors related to health and care activities and one related to the improvement of service delivery. Community-based health and first aid, HIV/AIDS awareness and prevention, blood donor recruitment and training in health in emergencies are the sectors in which the International Federation supports SLRCS' health and care initiatives.

The First Aid training programme, has reached countrywide coverage with exception of one district out of 26 and efforts are ongoing to strengthen the quality of this programme. The programme has been subject to Mid-Term evaluation, which produced a range of important recommendations such as strengthening quality of training, exam methodology, programme sustainability and exit strategies. These recommendations are now incorporated into the work plan. Activities on World First Aid day celebration were carried out during the reporting period. The activities focussed on road traffic accident prevention, targeting the youth.

Since the Community Based Health (CBH) programme will phase out during 2009/10, it links strongly with the Community Based First Aid (CBFA) programme. The CBFA community activities will take over and replace the CBH activities. CBFA remains to be a vehicle for integration across programmes. Refresher training for trainers, on the new CBHFA tools, was conducted for representatives from the NHQ and five branches. With the availability of CBHFA trainers in most of the branches, it is envisaged that most community based health interventions shall be delivered through an integrated CBHFA programme. Community toolkits for Psychological First Aid and Stress & Self Care have been developed and are expected to be used extensively through PSP interventions in the community.

The Public Health in Emergencies programme includes plans for establishing joint branch disaster preparedness and health response teams and exploring collaboration with WHO under a present Memorandum of Understanding (MoU). The latter collaboration will potentially address violence prevention and reconciliation in pilot districts. An emergency response plan for Dengue outbreak in the country was developed and shared with the Ministry of Health and Partner National Societies. 12 Sri Lanka Red Cross district branches will be supported through this response. At least 300,000 people are expected to be reached out to through this project that will get completed in April 2010.

SLRCS has become a member of the Global Alliance on HIV. The HIV/AIDS prevention programme in the Tea Estate sector is being expanded, and capacity for countrywide HIV awareness raising has been strengthened. Project collaboration has started between SLRCS and the National Blood Transfusion Services, Ministry of Health, in two pilot districts in addition to some promotion activities taking place across country.

Water and Sanitation

Water and sanitation projects continue to play an important role in the tsunami operation. RCRC partners are carrying out large infrastructure projects to provide water supply improve sanitation systems, both for RCRC relocation housing sites and for tsunami-affected communities as a whole. Today, the RCRC is one of the biggest donors and implementers of post-tsunami water and sanitation projects in Sri Lanka.

The Sri Lankan Red Cross Society signed an MoU with the government through the National Water Supply and Drainage Board (NWSDB) determining Red Cross Red Crescent support in water and sanitation in the country.



Construction of the Akkaraipattu Hospital Water distribution system and sewerage system. *International Federation.*

Federation-wide, this MoU consists of 26 significant water and sanitation infrastructure and water supply projects. To date, the International Federation has been implementing eight of these projects, having successfully provided approximately 31,000 beneficiaries access to clean drinking water.

The aim of these large infrastructure projects is to link existing water supply schemes to new resettlement areas as well as surrounding townships by constructing water treatment plants, water towers, collection tanks and piping required to bring safe water directly into people's homes. Four of these projects, which are targeted for completion in 2010, are in Ampara, the district hardest hit by the Tsunami. Three others are in Galle, from which one has already been completed. An additional three projects are in Matara from which one has already been completed. The final project, which is in its planning stage, is in the northernmost district of Jaffna. Since the conflict has ended, the International Federation is currently in the process of discussion regarding access to this project, thus allowing for this project to be retaken.

Outside the MoU an additional 56 water and sanitation projects are under implementation in nine coastal districts. 52 of these projects are now completed. These include upgrading the sanitation facilities in schools, cleaning of wells and improvement of water supply. Special attention is given to the hygiene promotion by transmitting appropriate hygiene behaviours to the communities whose water supply connection reach household level. International Federation also provides assistance and support to partner national societies in their water and sanitation activities through logistics and procurement.

As few of the projects draw to a close, one of the main challenges faced in the water and sanitation component is in terms of the physical construction itself. Contractors who implement the project face obstacles such as the limitations of cash flow to purchase imported materials which in turn causes further delay in completing the project. Other issues such as sudden needs for water due to well contamination, delays to existing plans to expand the water supply scheme and leaks in the existing water scheme are just a few of the obstacles contributing to delays in the implementation of the government programme.

Under the Community Water and Sanitation Support Programme in the CRRP programme, 5,435 families have access to individual water and sanitation facilities as phase one of this programme has successfully been completed.

Shelter / Community Construction

As of September 2009, Red Cross Red Crescent partners have collectively either fully funded or co-financed the construction of 27,987 in Sri Lanka. Of the completed houses so far, 13,615 have been built by the International Federation with multilateral funding and 12,485 houses with bilateral funding. An integrated approach using various other segments within the Red Cross such as water and sanitation, livelihoods, health and care and disaster management are taken into serious consideration. Construction activities have been one of the key tasks of the International Federation in Sri Lanka as a response to the tsunami.

As mentioned in the previous reports, in the case of donor-driven houses, beneficiaries have been resettled where contractors



An aerial view of the 193 completed houses Ismailpuram, Ampara district completed by the International Federation and German Red Cross. This housing site provides homes to nearly 1,000 beneficiaries. *International Federation.*

built new houses on sites selected by the government. The process for construction of donor-driven houses involves hiring commercial architects, engineers and builders to construct the houses for beneficiaries. These are relocated because their previous dwellings, adjacent to the coast were deemed hazardous by the government, otherwise known as the “buffer-zone”. To date, 3,190 houses have been completed.

Because beneficiaries are resettled on housing sites that are selected by the government, which is not located near their original housing site, the construction of new houses and communities requires careful planning and coordination of those parties responsible for provision of water, drainage, road access, electricity and other services. Through outlining respective responsibilities in MoU's concerning specific sites, coordinating closely with the local authorities, and drawing on the support of SLRCS branches, the various components have been drawn together in a broad development effort to allow the communities to establish themselves. As a safety measure the International Federation had a contingency fund to mitigate any risk factor that constituted to these projects. In addition, the International Federation is also involved in community engagement which focused on beneficiaries being more accountable for the houses they have received which had proven to be a challenge in terms of the exit strategy. As a solution, Community Based Organizations (CBOs) were formed in each housing project appointing leaders in each community to disseminate ways of maintaining the facilities provided hence giving them a sense of ownership and responsibility of their new homes.

Under the owner driven approach, RCRC partners are providing cash grants to help people rebuild their own homes. In some cases, RCRC partners are providing the beneficiaries with grants to cover the entire cost (Full Cost) of rebuilding their homes, in other cases the RCRC are providing supplementary grants (Top-up) to finalise the reconstruction of houses that were initiated through the government's base grant programme. In some construction projects, RCRC partners are members of multi-agency consortia. There are also projects where RCRC partners have co-funded other organisations to build houses.

The Red Cross Red Crescent is taking an active part in the owner-driven housing programme, through a partnership agreement named the Community Recovery and Reconstruction Partnership (CRRP) with the government, the World Bank's International Development Association (IDA) and UN-HABITAT. It provides funds to families to rebuild on their own land with two approaches:

Base grant: households are identified through an island-wide standardized approach that targets households who were affected by the tsunami but do not need to relocate from their original housing site. The total number of households that have been assisted by this element stands at 11,692 from which 8,336 have been completed.

Top-up grant: serves to match the base grant. Eligible families receive phased disbursements of cash grants directly to a savings account held by the beneficiary. In both cases the beneficiary is responsible for reconstruction of his or her own house with technical support provided by the partnership. To date 5,435 houses have been completed.

The Community Recovery and Reconstruction Partnership was able to support households to reconstruct 5,435 houses island-wide including Jaffna District as phase 1 of the programme. There are about 3,000 tsunami-affected households in Jaffna that could not complete the houses when access to their villages was restricted during the conflict. Now with the situation improving, these families are returning back to their villages and the CRRP is assisting approximately 900 households in completing the houses. The programme covers two DS divisions, Point Petro and Maruthankerny funded by partner national societies.

Reconstruction and rehabilitation of Sri Lanka's health infrastructure represents another long-term commitment by the International Federation in the field of construction. The health infrastructure programme covers a wide range of health facilities including hospitals, dispensaries, health centres and health staff teaching units.

Support to the improvement of delivery of health services in Sri Lanka has led SLRCS and the International Federation to agree with the government, through a MoU, to reconstruct, rehabilitate and refurbish 69 health facilities. 48 of these large infrastructure projects have been completed across 10 districts while 21 projects are still under construction. The International Federation and its partners continue to support the government to rebuild health clinics and hospitals, and is providing equipment and training for medical staff. Improving the health of vulnerable communities also means increasing access to quality health care services. The activities at each of the health facilities adopt a combination of refurbishment of damaged or old components of the health facility, reconstruction of new buildings in line with hospital development plans, and the provision of upgraded equipment for use in the hospital as agreed with the Ministry of Health. High specification equipment will also be supported with the requisite training and maintenance contracts from suppliers.

Livelihoods

For the Movement, more than 37,840 families had been assisted to date by over 40 individual projects and programmes, to the value of at least USD 13 million, through a wide range of projects which addressed the specific needs of the affected population. Within the Movement, the International Federation has specifically supported over 4,000 households to recover and strengthen their livelihoods. In line with exit planning of the International Federation's recovery operation, livelihoods will exit from Sri Lanka at the end of 2008 with some programming continuing until the middle of 2009. In the three and half years following the tsunami disaster the overall and ongoing programme goal has been to assist tsunami affected communities re-establish their livelihoods to pre-tsunami levels or better, and to build resistance to future unforeseen shocks.

As the humanitarian situation has evolved since the tsunami disaster, the livelihoods programming now reflects a greater need to support more resilient and cohesive communities that have strengthened coping strategies to respond to the ongoing impacts of conflict in the North and East of the country and wider poverty factors such as the rising fuel and foods prices that are affecting the whole island. Therefore livelihoods recovery support is focused on strengthening and diversifying and so supports the building of communal assets and social capital as well as economic support programming for families to diversify the income streams into their household so improving their economic security. This generally includes a business or vocational training component, support to relevant community based structures and co-operatives alongside the provision of cash grants.

Since 2007, livelihoods in the Movement have aligned with a strategic common approach to work with newly resettled housing beneficiaries and surrounding host communities. Many of the directly affected households, often originating from a number of different communities themselves, are being re-housed in sites that can be up to 15 km from their original homes. The ongoing livelihoods recovery programmes of a number of Red Cross Red Crescent partners aim to build social cohesion and positive integration to both address the inequities created by the tsunami response as well as ensure programming is in line with the humanitarian principle of 'do no harm'. Livelihoods strengthening, diversification and protection programmes are based on grassroots-level community participatory assessments to identify and prioritize all vulnerabilities and existing capacities within the community and aim to strengthen community and households level livelihoods asset bases.

Disaster Management

The Sri Lanka Red Cross Society (SLRCS) with the support of the Movement partners continues to implement its disaster management programme in disaster prone districts/communities in Sri Lanka. During the reporting period, SLRCS initiated to finalize its five year strategic plan (2009-2013). The focus of SLRCS Disaster Management programme is to maintain organisational readiness to respond to natural & man-made disasters, while continuing to improve community resilience. This will contribute to the realisation of International Federation global agenda goal 1: reduce the number of deaths, injuries and impact from disasters and also to the five priority areas of Hyogo Framework for Action.

Community-based disaster risk management (CBDRM) programme supported by the Red Cross Red Crescent partners is currently being carried out in 225 communities in 14 districts in Sri Lanka, focusing on saving lives and reducing the vulnerability of disaster-prone communities by improving disaster preparedness measures at both household and community level. It also seeks to raise awareness of appropriate action when a warning is announced and household preparedness measures to be taken.



An art competition on disaster management for school children being conducted in Trincomalee district. *International Federation.*

It also seeks to raise awareness of appropriate action when a warning is announced and household preparedness measures to be taken.

During the reporting period, community organizing, formation of Village Disaster Management Committees (VDMC) and volunteer action teams (VATs), development and implementation of disaster risk reduction plans, were ongoing in all 225 communities. 12 school risk assessments as well as school disaster risk reduction were conducted in 40 schools in four districts (Ratnapura, Gampaha, Nuwara Eliya and Trincomalee) during the reporting period. In addition, progress review and planning workshops of CBDRM projects implemented in Ratnapura, Gampaha, Nuwara Eliya and Trincomalee districts were also conducted. The Sri Lanka Red Cross Society conducted a needs assessment to initiate Disaster Risk Reduction activities in Jaffna & Mannar districts.

The Early Warning Project supported by the International Federation started in January 2008 and is being implemented in three cyclone/tsunami prone districts (Trincomalee, Batticaloa and Ampara). During the reporting period, the project completed the recruitment of 17 Field Officers for the selected 17 Divisions (out of the 20 planned) in three districts. Volunteer selection and recruitment has been completed to a great extent in the divisions and is still ongoing in order to recruit rest. District and Divisional level stakeholder orientations were held and completed in all the areas with close coordination with the Govt. Disaster Management Coordinator (DMC) and Divisional DMC.

The SLRCS strives to improve the disaster response mechanism including skill development of the staff and volunteers involving with emergency relief activities. The Branch Disaster Response Team (BDRT) has been established in 3 districts, each team comprising of 25-30 volunteers and staff. SLRCS also established NDRT to be deployed in the case of medium and large scale disasters. SLRCS formed a working group to develop and strengthen its response mechanism. 4 BDRT refresher trainings were conducted in Ratnapura, Nuwara Eliya, Batticaloa and Trincomalee branches. And additional 2 BDRT induction courses to train new staff/ volunteers as BDRT members were conducted in Ampara, Batticaloa, Trincomalee, Nuwara Eliya, Gampaha and Ratnapura branches during this reporting period.

Regional warehouse in Anuradhapura was completed in July 2008. As a result the International Federation closed down its rub halls in Anuradhpura district. Following the construction of the warehouse in Anuradhapura last year, NFRI (non food relief items) stocks for 1,500 families are being purchased as buffer stocks to be stored in the warehouse. These items will be distributed as required during emergencies. A three day basic logistics workshop focusing on warehousing was conducted to enhance the logistics capacity of the national Society. Support was also provided to the National society to develop its five year development plan.

Cross-cutting Issues

Post-Tsunami operations will be guided by the SLRCS' Five Year Development Plan 2009-2013 (FYDP), the operational document for the revised Strategic Plan 2009-2013. Through the FYDP the SLRCS aims to increase the capacity of its Divisions and Units in order to ensure more efficient and streamlined service delivery to communities.

This will be achieved through the Integrated Programme Approach (IPA) which will be piloted in key programme areas. The IPA seeks to adopt a more horizontal programme approach that will omit duplications thereby safeguarding against wastage of resources and contributing to the SLRCS' overall sustainability. Eventually key components of core programmes will be incorporated into a holistic programme model that will deliver services, through the Divisions, to the communities. This will in turn lead to the development and strengthening of the Divisional level structures within the SLRCS. Eventually NHQ will be eased of the burden of overseeing the administration of 26 Branches as administrative authority is gradually decentralised.

The recent conclusion of the military campaign in the North has caused the SLRCS to think in terms of peace building when it comes to project implementation. Apart from the standalone IDP response and Recovery plans the National Society has begun to look at how it can promote peace building through its overall project implementation. For example, the SLRCS recently sent trained volunteers from the South of the island to work in the Northern Branches. Initiatives such as these not only ensure the effective use of resources to meet needs throughout the SLRCS' wide network, but also incorporate much needed peace building efforts.

All projects under the FYDP will be gender sensitive. This together with the SLRCS' non discrimination policy will mean more gender equality in communities. The FYDP calls for the setting up of a PMER system particularly a Results Based Management system for the SLRCS to further ensure the efficient and effective use of resources and increase transparency in order to achieve objectives. This will lead to improved performance and encourage the development of a learning culture.

Host National Society Development

Having undergone a comprehensive and consultative strategic planning process, followed by a revision and elaboration of concrete programme plans, SLRCS has completed its Strategic Plan 200-2013 and the FYDP. The International Federation's support in OD is focused in ensuring that SLRCS has the adequate organisational structures, policies and procedures, capacities, skills and resources to meet the needs of the most vulnerable in Sri Lanka. High quality service delivery mechanisms, along with a good public image, are the main goals searched with these objectives.

Training on good governance and management was held in the Ratnapura and Kegalle branch during the reporting period. These workshops have helped to clarify roles and responsibilities and have contributed to improving levels of professionalism within SLRCS.

The youth programme has made huge achievements by conducting branch level youth sport festivals and finally the National Youth Sport Festival with the participation of nearly 500 youths from all 26 branches. The national youth Annual General Meeting (AGM) was conducted after completing all divisional and branch level youth AGMs. A national level drama completion was held with the participation of youth wing members meetings to unveil hidden talents of youths and to keep them motivated. Apart from that respectively 2 youth delegates and 5 youth delegates from SLRCS attended to international youth friendships camps held in Austria and South Korea.

A volunteer database has been installed in all 26 branches by giving basic awareness on operation of the system. The SLRCS Volunteer Resources Development department is currently in the process of customising their volunteer database system to make it a web based system so it can be easily accessible to all branches. Some branches received anti-virus software and computers during the volunteer database installation process in order to match with system requirements for the database.

The 2008 branch capacity assessment was completed and the report shared with stakeholders. The process was focussed on supporting strategic planning process for SLRCS branches. The national society has conducted all unit, divisional and branch level elections in preparation of the Annual General Meeting which was held in December 2008 where election of key level positions will take place. The OD team has completed a SWOT analysis in four branches as the first step in the branch strategic plan development process which aims to align the branch strategic plan with the SLRCS strategic plan 2009 – 2013. The process of selecting a consultant to complete this project is currently underway.

During last six months construction and procurement process of branch buildings has shown significant progress in planning. Eight of the 26 branch buildings are currently under construction and three have been successfully completed. The Colombo district branch, Kandy branch and Ratnapura branch are in its design and tendering stages.

The International Federation is very keen on finalizing exit strategies, monitoring and evaluation guidelines and addressing quality and accountability issues of on going future projects which immensely contribute for capacity development of national society.

Working as a Movement

In Sri Lanka, the recovery operation is instigated under a Movement Coordination Framework. The framework is comprised of the International Federation, SLRCS, the International Committee of the Red Cross (ICRC) and nine Partner National Societies (PNS) with an operational presence in the country. As the tsunami operation draws to a close, new coordination mechanisms incorporating strategic, operational and coordination levels for conflict relief and long term programming are currently being discussed.

The Movement continues to look into the effective ways to exit from programmes whilst building in sustainability measures. An Exit Guidance document comprising of tools and guidance on supporting the host national society has been developed and shared amongst all partners to assist them with all aspects of exit planning.

The Partnership Process is of great importance to the national society as it aims to build the capacity of the

national society and its core programmes beyond the tsunami operation. In June this year, the national society launched its Five Year Development Plan (FYDP), detailing their revised plans regarding clearer objectives, time frames and resources for core programme areas. This process invites Movement partners to look onto long term cooperation, for which bi-lateral discussions continue to take place. This exercise has brought together both management and SLRCS staff to visualize the future of the national society.

The end of the conflict has seen the Movement actively involved in the emergency relief activities, for which partners continue working closely with the ICRC and SLRCS. The Movement continues to closely monitor the rapidly changing environment in order to better assist those in need, and also for more effective working modalities in the affected areas.

The Red Cross Red Crescent continues to collaborate with other partners in the country including United Nations agencies, the Sri Lankan government and other NGOs. Key working partners in the government include the ministry of nation building, ministry of health, the National Disaster Management Centre and the National Water Supply and Drainage Board.

Looking Forward

This year, the Sri Lanka Red Cross Society (SLRCS) have concluded its five-year Strategic Plan and Framework for Action and presented to around 20 Partner National Societies in Kuala Lumpur in June. The five-year Strategic Plan which lays out a plan to transition from Tsunami recovery to long-term core programming with a view to becoming self sufficient by 2013

The Partnership Meeting held in June 2009 provided a platform for the SLRCS to present its final plans for priority programmes, reviewing the strengths, challenges and lessons learnt from existing projects over recent years, enabling both the SLRCS and Movement partner to identify the opportunities for the years ahead.

Transition planning is taking into account the capacity of the SLRCS and available resources. Exiting from tsunami programming back into regular core programming must be managed in a way that is strategic and sustainable for the SLRCS. The closure process of housing and health infrastructure projects requires meeting legal commitments according to memorandums of understanding agreed with the government as well as contractual arrangements with building contractors and consultants. This process goes beyond the legal commitments and physical construction to ensure the beneficiaries are involved and built capacity in management through the community engagement exercises such as the formation of community-based organisations. The transition and exit process also involves planning for evaluations and collection of lessons learned that will provide the Red Cross Red Crescent with valuable inputs for improving programming in the future.

Maldives

Operational Overview

The tsunami of 26 December 2004 had a considerable impact on the peaceful island nation of Maldives; entire communities were wiped out, houses destroyed, and lives ruined. According to official figures, 82 persons died, 26 went missing, 1,313 were injured and over 15,000 lost their homes when all but nine islands were flooded, with 13 island communities forced to evacuate. It is estimated that the damage caused was over 60 per cent of the country's GDP and one in every ten persons was displaced – translating to more people per capita than in any other affected country.

Five years on, while the memories of the fateful day may still remain, the physical evidence of recovery and the buzz of life in newly resettled islands show how remarkably far the communities have come. The year 2009 is the culmination of recovery efforts as it has seen the resettlement of the last group of beneficiary families targeted by Red Cross Red Crescent construction programmes. The programme has taken into consideration that building houses alone does not build communities. As such, construction of houses has been linked with

other sectors – such as water and sanitation, health facilities, roads, electricity networks, schools, sports centres livelihoods, etc – that are necessary for any community to thrive.

As the new homeowners settled and began to rebuild their lives, a prolonged dry spell in the early part of the year resulted in a situation where many inhabited islands experienced severe water shortages. The National Disaster Management Centre (NDMC) had to intervene by shipping freshwater supplies to the affected islands. Despite the considerable rainwater-harvesting capacity established in Raa Dhuvaafaru during construction, it was one of the hard-hit islands. The situation highlighted a need to increase the community's rainwater-harvesting capacity and as a result, the International Federation Secretariat has allocated additional resources to install more community rainwater-harvesting tanks at different corners of the island.

During the period under review, attention was given to the government's ability to complete tsunami recovery projects. Of particular concern were projects being undertaken jointly by the Red Cross Red Crescent and the government. There also continued to be uncertainty of governmental policy in relation to the ongoing operational costs of sewer systems, as communities remained hesitant to assume full responsibility of running costs. However, positive developments were noted following the appointment of government-salaried operators for the sewer systems on Kaafu Guraidhoo and Maafushi. These appointments will contribute to better maintenance and sustainability of the systems.

As expected, minor disruption to travel and transport was experienced following the arrival of the monsoon season in the first half of the year. The monsoon was particularly severe this year, resulting in beach erosion in one part of Dhuvaafaru. Some activities were further slowed by Ramadan, August/September, due to restricted business operating hours. Red Cross Red Crescent activities were mindful of the month-long focus on prayer and fasting, adjusting activities (such as trainings and community engagement) around this time.

Meanwhile, the French Red Cross and British Red Cross closed their country offices during the first half of the year. Now, American Red Cross and the International Federation Secretariat are the two international Red Cross Red Crescent partners still having country offices in Maldives.

Performance Table

Programmatic Performance Indicators for Maldives	Total
Overall estimated number of persons reached by International Federation and partners	256,000
Total number of persons with access to an improved water source	107,900
Number of hospitals and clinics completed	26
Total number of houses provided	1,514
Number of persons certified or skilled in community-based first aid (including psychosocial support)	2,400
Number of households that have received livelihood support grants	1,490

The above programmatic indicator table shows cumulative achievements up to 30 September 2009.

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

Health and Care

Red Cross Red Crescent health and care activities in the Maldives have focused on improving access to safe water and sanitation, hygiene promotion, promoting better waste management, psychosocial support, and raising awareness on health risks. These areas reflect the particular vulnerabilities of the country, such as limited fresh water resources and the fragile ecosystem.

Sewer systems

Following the completion and handover of sewer systems in Kaafu Maafushi, Kaafu Guraidhoo and Dhaalu Kudahuvadho in 2008 [by the International Federation Secretariat], American Red Cross began installation of household septic tanks in the three islands. Installation of septic tanks on all households was completed in April

2009. The defects liability periods for the systems were also completed during the same period; some problems were detected during the process, and were rectified.



Alitho and Mohamed are two of the thirteen sewer operators who were trained during by the International Federation. In this picture, they are doing a routine check at the out-fall pump station, which pumps all the island's wastewater 200 m away from the reef into the deep sea. **International Federation/Ahmed Zahid**

While undertaking septic tank installation, American Red Cross provided funds to the three island offices to pay operator salaries for three months. The Ministry of Housing, Transport and Environment has since hired the sewer operators on a permanent basis to maintain the systems on Kaafu Maafushi, Kaafu Guraidhoo. Prior to being hired as salaried employees, the operators did not provide adequate care and maintenance to the systems and as a result, there was a considerable volume of teething problems. The majority of the problems were directly attributable to failure to follow operating procedures, such as regular servicing of pumps. The appointment of the operators as salaried employees should be a motivator, thus

contributing to better maintenance and sustainability of the systems.

In addition to those mentioned above, two sewer systems were completed and handed over during the reporting period – one in Raa Dhuvaafaru [by the International Federation Secretariat] and another in Thaa Vilufushi [by British Red Cross]. It is desirable that sewer operators on these islands, as well as those on Dhaalu Kudahuvadho, are given contracts by the government, thus ensuring that they are salaried. Despite delays to be hired as salaried employees, the operators in Raa Dhuvaafaru have proven their effectiveness, efficiency and dedication as the system has been almost completely problem-free to this day.

To date, only three sewer systems are pending completion. The American Red Cross only recently finalized the list of beneficiary households for septic tank installation in Gaafu Alifu Villingili and Dhaandhoo. Construction of sewer systems on both islands is ongoing, and is projected to be completed by the second quarter of 2010. Looking ahead, potential sewer operators have been identified and will undergo extensive training in sewer operation, maintenance and repair prior to the completion of the project.

Meanwhile, the sewer system on Laamu Gan is yet to be completed, almost two years after the works were handed over to the government. The transfer of the works to the government was necessitated by the continued disruption by the community, vandalism and staff security concerns. Because of the continued delay, occupants of the 80 houses previously handed over by the French Red Cross are using an unsatisfactory temporary drainage solution, which poses an environmental and health risk to the community. As such, remaining sewer works need to be completed as soon as possible. There is a serious concern that some 110 houses recently completed and handed over to the Island Office will be occupied before the system they are to be connected to is functional. The International Federation Secretariat will continue to advocate for government action and is confident of the government's commitment to provide a speedy solution.

Hygiene promotion

American Red Cross continued to undertake hygiene promotion activities in Kaafu Maafushi, Kaafu Guraidhoo and Dhaalu Kudahuvadho in parallel with septic tank installation. This was done through facilitating hygiene promotion trainings for community-based volunteers, who in turn conducted follow up activities in their communities. In addition, child hygiene and sanitation training (CHAST) trainers have completed one round of training for students in schools in Gaafu Alifu Villingili and Dhaandhoo. However, a lack of volunteerism and volunteer motivation has delayed follow up activities in the two islands.

Waste management centre

The construction of a waste management centre on Raa Dhuvaafaru has been delayed for several reasons. Among them was the concern by the International Federation Secretariat regarding the ability of the community to operate a sustainable waste management programme. This is because currently there is limited capacity for collection, treatment and disposal of solid waste from the islands. However, there are positive indications that construction of the facility could go ahead since the government is working with the International Finance Corporation (IFC) to modernize the country's solid waste management system.

Shelter and community construction

As mentioned earlier, Red Cross Red Crescent reconstruction efforts have taken into consideration that building houses alone does not build communities. As such, house construction has been linked with other sectors, such as health facilities, roads, electricity networks, schools, community buildings and sports centres. All houses and buildings meet the local hazard resistance standards.

In all, the Red Cross Red Crescent is the largest international agency providing permanent housing to tsunami survivors in the Maldives, having completed construction of 1,514 houses. Consideration has also been given to sustainability of the projects by providing a variety of trainings, ranging from plumbing to specific utility system operation and maintenance.

During early months of 2009, the British Red Cross completed the construction of 250 houses in Thaa Vilufushi. Beneficiary families have since relocated to their new homes. The project also includes an electricity supply and distribution system and a secondary school.



After resettling, beneficiary families – such as this one in Dhuvaafaru – have made some improvements to their new homes. **International Federation/Ahmed Zahid**

In Laamu Gan, some 110 houses constructed by the French Red Cross were completed and handed over to the island office. This leaves construction of a sports centre and extension – as well as equipping – of the Laamu Gan regional hospital as the only outstanding projects of the French Red Cross in Maldives.

Development of Raa Dhuvaafaru by the International Federation Secretariat continued in the first half of 2009. The sports facility was completed during this period and the new community began utilizing it immediately; it comprises of a stadium building, a basketball court, netball court, volleyball court, soccer pitch and running track. Across the island, changes have been made as the new homeowners 'improve' their houses – boundary walls have been built, 'lean-to' roofs have been put up to allow for extra shade, and small backyard gardens are blooming. Boundary walls have also been constructed around the primary and secondary schools, with funding from the Ministry of Education.

Meanwhile, the electrical operators trained by the International Federation Secretariat prior to relocation of the community to Dhuvaafaru are performing well. The new Dhuvaafaru community has put in place a tariff system, which is generating adequate revenue to cover the operators' salaries as well as the system's running and maintenance costs. This has ensured sustainability of the system and is proof of increasing community ownership.

For the construction projects completed across the three islands – Thaa Vilufushi, Raa Dhuvaafaru and Laamu Gan – the focus in the better part of 2009 has been on managing the defects liability periods. It is worth noting

that defect rectification works are not critical to the structural integrity of the buildings, rather they are related to the aesthetic finishing works such as painting, door handles, hinges, window hardware.

Again on Raa Dhuvaafaru, road construction works could not be undertaken during the period due to the inability to find a suitable contractor who could implement the project. A solution has since been worked out where the International Federation Secretariat will provide funding for the government to purchase road construction machinery and then the government would undertake road construction works through the Maldives National Defence Force (MNDF). After road construction works on the new island are complete, the machinery would be available for use in case of future potential emergency operations and clean-up activities. The government is considering establishing a Civil Defence Unit (CDU) as part of its endeavours to strengthen local disaster preparedness and response capacity. As such, the machinery would help equip this unit.

Host community appreciation

The International Federation Secretariat is implementing a 'host community appreciation' project covering five islands in Raa Atoll – Alifushi, Hulhudhuffaru, Meedhoo, Maduvvari and Ungoofaaruu. The project aims at expressing gratitude to the five island communities for the hospitality that they gave to internally displaced persons from Kandholhudhoo. It entails provision of a USD 40,000 grant to each of the island, with which they can undertake projects that will benefit the entire community.

During the reporting period, meetings were held with various community stakeholder groups and respective islands have since identified specific projects. For Alifushi, it is construction of a pre-school. Meedhoo has chosen to upgrade the community electricity supply and the island's pre-school. Maduvvari will equip the school computer laboratory with 15 new computers, undertake outstanding works to complete the community burial house, purchase some additional equipment for the health centre, install floodlights on the football ground, construct a boundary wall around the cemetery and repair the health centre's ambulance, which is currently stalled. Hulhudhuffaru will upgrade classrooms in the pre-school, purchase a sound system for the youth club, purchase reference books for the school library, purchase two multimedia projectors – for the school and for the health centre (for conducting health awareness sessions), purchase an antenatal scanning machine for the health centre, undertake finishing works on the women's centre and install community rainwater tanks. Ungoofaaruu will purchase material for the audiovisual room at the island's school and develop a new children's park.

Host National Society Development

Besides serving as an introduction of the International Red Cross and Red Crescent Movement to the Maldivian community, the extensive tsunami operation highlighted the need for a local strong voluntary humanitarian organization with a nationwide reach and a strong grassroots network. Consequently, just nine months after the tsunami, the process of forming a National Red Crescent Society was initiated. The legal foundation was firmly set in May 2009, following the ratification of the Maldivian Red Crescent Law. The Maldivian Red Crescent was institutionally formed on 16 August 2009 when it held its first General Assembly.

While the new National Society will not inherit tsunami recovery activities, it will benefit from the goodwill that tsunami recovery work has generated. It will begin by implementing an interim development plan – approved by its first General Assembly – that will enable it develop services supported by appropriate structures, systems and capacity. The goal is to ensure that by the time it holds its third General Assembly in 2011, Maldivian Red Crescent will have fulfilled the 10 conditions for recognition by the International Committee of the Red Cross (ICRC) and simultaneously becomes a full-fledged member of the International Federation. Support by Red Cross Red Crescent partners to the new Maldivian Red Crescent is needed since it was not in place over the last five years, to benefit from the investments made who have undertaken tsunami recovery programmes. As such, opportunities have been lost for capacity building.

Working as a Movement

In the absence of a National Society in the Maldives [until just recently], the Red Cross Red Crescent has implemented tsunami recovery programmes in direct partnership with the Government of Maldives. For a majority of construction projects, commitments have been in the form of agreements with the government, whereby the government is the 'client' and Red Cross Red Crescent organizations are 'donors'.

Focus during 2009 has been on concluding pending projects and managing the defects liability periods for various projects completed in 2008. In April, the International Federation Secretariat supported the British Red Cross, the National Disaster Management Centre (NDMC) and island authorities in organizing a lottery for 250 houses on Thaa Vilufushi. Following completion and handover of the houses on Vilufushi, the Secretariat is managing their defects liability period on behalf of the British Red Cross, while closely coordinating with the disaster response unit (DRU) of the NDMC.

In all, the success of the coordination mechanism has been largely due to the continued and active participation of the Red Cross Red Crescent partners active in the country. In particular, the 'Maldives Red Cross and Red Crescent Tsunami Operation In-country Strategy' has – since 2006 – served as an efficient mechanism to ensure a consistent, coherent and coordinated approach to successfully address common objectives and effectively address common challenges. The successful coordination has reinforced the fact that partnership between beneficiary communities, humanitarian agencies, government, donors, island authorities and the private sector helps to provide synergy in interventions.

Looking Forward

The remaining two Red Cross Red Crescent partners have projected to bring to closure all tsunami programmes by the second quarter of 2010. As projects are closed, a number of evaluations and beneficiary satisfaction surveys will be undertaken to review the design, relevance, appropriateness, connectedness, efficiency and effectiveness of the programmes and to document lessons learned. Donor-specific and general final reports will then be issued to explain how donated funds have been spent. This is in recognition of the fact that it is through the generosity of hundreds of thousands [if not millions] of people worldwide that tsunami-affected communities are now living in stronger, better homes.

Thailand

Operational Overview

The Red Cross and Red Crescent enhances the resilience of beneficiaries in the tsunami-affected areas. Communities now have better access to health and care facilities, youth volunteers have built up their capacity and people have now gained back their income through livelihoods initiatives in the areas and are more prepared for future disasters through community-based interventions. The programme in the past five years was achieved through the strong collaboration and efforts of the Thai Red Cross Society (TRCS), all partner national societies and the International Federation.

The International Federation is working with TRCS to support disaster management and organizational development activities. TRCS has also explicitly requested the International Federation Secretariat to play a role in coordinating the assistance offered to them by partner societies.

The American Red Cross, in close collaboration with TRCS and the International Federation, began its tsunami recovery operations in Thailand in late 2005 focusing mainly on the following sectors:

- **Health and Care;** First Aid and Youth Development Project (FA&Y), Community-Based Health Project (CBH), and Water and Sanitation and Health Promotion Project (WSHPP);
- **Disaster Management;** Community-Based Disaster Risk Reduction Project (CBDRR).

The Water, Sanitation and Health Promotion Project is the largest project of Thailand TRP portfolio, and is being implemented bilaterally by American Red Cross while the three other projects are being implemented by TRCS with the technical and financial support from American Red Cross.

Significant programmatic progress was been made over the past six months. In terms of community based health, key health issues continue to be addressed via health promotion campaigns, household visits and small grants. More than 2,550 TRCS trained volunteers led community activities and conducted household visits to raise awareness and promote healthy behaviours, and to date, more than 16,000 households have been reached. There has been a continued focus on capacity building of national staff, and American Red Cross has continued to support training to build their skills further. In the First Aid Youth program, via the non-formal education (NFE) centres, 3,956 youth volunteers have completed a 5-day first aid training course and 3,880 have completed a 2-day first aid training course. Youth Cubs are active and working well in the communities.

In the CBDRR project, all target communities and two (of four) of the targeted schools have established community/school disaster committees, and 71 per cent of targeted communities have successfully completed mock Tsunami Evacuation drills. Linkages, coordination and trainings with the Disaster Operations Centre (DOC) and the Rapid Action Teams (RATs) continue to have positive results. The Water, Sanitation and Hygiene Promotion Project is currently on track to complete all remaining 27 projects by the end of the year, which will result in a total of 125 water and sanitation systems in the 5 targeted provinces. Schools will be further supported by hygiene promotion activities to ensure positive behaviour change in terms of hand washing, sanitation and improved solid waste management in schools. The work with World Wildlife Fund (WWF) in Krabi Province continues to be encouraging with recycling and revenue generation for target schools, and grease traps in over 150 small businesses progressing strongly.

Performance Table

Programmatic Performance Indicators for Thailand	Total
Overall estimated number of persons reached by International Federation and partners	440,000
Total number of persons with access to an improved water source	56,400
Number of hospitals and clinics completed	15
Number of persons certified or skilled in community-based first aid (including psychosocial support)	11,400
Number of households that have received livelihood support grants	100

The above programmatic indicator table shows cumulative achievements up to 30 September 2009.

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

Health and Care

During the reporting period, Red Cross Red Crescent tsunami recovery efforts in the health and care sector covered the following areas: blood services; community health (including basic health care services and first aid); water and sanitation.

Water, Sanitation and Hygiene Promotion

The American Red Cross' Water, Sanitation, and Hygiene Promotion Project (WSHPP) saw the final completion of the 34 water and sanitation projects for Phase I in Phang Nga Province by June 2009 while construction of new water and sanitation facilities continued in Phang Nga, Krabi, Ranong, Trang, and Satun provinces under Phase II. By the end of September 2009, 62 Phase II water and sanitation projects had reached completion, with an additional 27 projects expected to be completed by the end of 2009. These projects include water supplies for schools and communities, toilet and hand washing facilities at schools, and rainwater harvesting systems at targeted health centres. Overall emphasis is now turning to post-construction monitoring activities to support in the long-term management, maintenance and operation of these new facilities through to March 2010.

In addition to these 89 construction projects, World Wildlife Fund (WWF) is working with the American Red Cross team in establishing 8 school garbage banks to encourage recycling and revenue generation for target schools as well as a pilot grease trap project with the Provincial Natural Resources and Environment Office in Krabi. This grease trap project aims to improve water quality discharges from over 150 small businesses operating along the coast in two target communities.

The project team has focussed its hygiene promotion activities on 61 primary schools in the five tsunami - affected provinces. The programme targets key behaviour changes revolving around hand washing, keeping toilet facilities hygienic, and improved solid waste management at their schools. After assessing their own needs and how best to address them, the schools developed a yearlong work plan to support improvements in these areas. American Red Cross has further supported each school technically and with a small activity fund provided each semester (approximately USD 290). The activities are organized jointly by lead teachers and student hygiene clubs, using IEC materials such as lesson plans, posters, stickers and songs developed jointly with the American Red Cross hygiene promotion teams. The main appeal of the programme has been its grassroots approach that allows teachers and students to develop and organize their own activities.

Community-Based Health (CBH)

The community based health programme aims to improve health in 134 tsunami affected communities through a series of integrated activities including health promotion campaigns, household visits and small grants. To support these activities, a variety of health education materials have been developed and distributed to communities addressing key health issues identified in the baseline survey including: dengue, hand washing, breastfeeding and child health and stress. More than 2,550 Thai Red Cross trained volunteers led community activities and conducted household visits to raise awareness and promote healthy behaviours around these health issues. To date they have reached more than 16,000 households. In terms of small grants, all communities have conducted a health needs assessment and are at various stages of developing a proposal and action plan to address the specific health needs in their community.

A collaborative Thai Red Cross and American Red Cross mid-term evaluation conducted in May 2009 showed that volunteers are proud to be associated with the Red Cross movement and value the skills that they have learned. It also revealed challenges in supporting volunteers, building confidence and ensuring systems are in place to monitor all activities. Consequently, a robust monitoring system has been rolled out to all communities to track the progress and provide feedback on the efficacy of proposed solutions.

Staff supporting the project continues to receive training to enhance their skills. Field staff has recently completed Behaviour Change and Supervision training. Staff and communities can also access resources through the Disaster Health Training Centre, a web based portal to health information and e-books. Project Trainers who supervise the volunteers participated in "helping the helper" training to build resiliency skills so they are well equipped to support volunteers.

First Aid Youth

The First Aid Youth Programme increases community's ability to respond to emergencies and disasters by increasing the skills of Thai Red Cross Youth Volunteers enrolled in non-formal education centres. The programme reaches 41 tsunami-affected districts. To date 3,956 youth volunteers have completed a 5-day First Aid training and 3,880 have completed a 2-day First Aid training. Additionally, there were 300 community members trained in 5 days First Aid training supported by the Provincial office. Volunteers actively update and practice their skills through first aid competitions, refresher training courses and participation in national evacuation drills.

All targeted districts have established youth clubs designed to provide services to communities and can develop proposals to support their community's unique needs. To date five clubs have helped their communities with road safety activities and assisting health care personnel to demonstrate first aid services. First aid teams, a sub-group of the youth club trained in advanced first aid, are able provide first aid services to community events such as sport tournaments, sea rescue activities, rallies, and blood donation days.

The collaborative Thai Red Cross and American Red Cross mid-term evaluation conducted in May 2009 showed that volunteers receiving the 5-day advanced training were much more confident and had better retention of first aid skills than those receiving a 2-day training. Project staff are looking into ways that 5-day training can be sustained given timing and cost restraints associated with the longer training. The project monitoring system has been introduced all Non-Formal Education (NFE) centres and volunteers and continues to be adjusted for practical purposes for all stakeholders.

HEALTH / BLOOD SERVICES

National Blood Centre and Blood Services

The French Red Cross is providing financial, technical and human support to the Thai Red Cross to set up a new IT system (software and hardware) for the blood transfusion services throughout the country. This system will be installed in the National Blood Centre (NBC) in Bangkok and the 12 Regional Blood Centres. French Red Cross will also support the maintenance of the new system during the first five years. It will benefit directly approximately 150.000 people per year but the entire population (64 millions inhabitants) could potentially benefit from it. A provider has been identified and the procurement contract should be signed in December 2009. Implementation is planned to start beginning of 2010 and should be finished by mid/end 2011.

Regional Blood Centre Phuket

Objective 1:

There is a functioning system of regional blood services in the six Andaman Sea provinces and the 12th Regional Blood Centre based in Phuket. This is a joint project between TRCS, TRCS National Blood Centre, Finnish Red Cross and French Red Cross Blood Service.

Results achieved

The construction of the Phuket Regional Blood Centre (RBC) and its Technical Building was finalised in July 2009, with some corrections for deviations in August and September 2009. The procurement of equipment for the RBC were also finalised for the main part, some more minor purchases will be made during September – November 2009.

Open Doors Day was organized at Phuket RBC at the end of July 2009. Almost 300 active blood donors in Phuket received a guided tour of the building and its processes, and were given some promotional items.

Phuket Regional Blood Centre was opened on 12 August 2009 on HM the Queen's birthday, one of the most popular blood donation days in Thailand. 249 blood units were collected that day. The official opening is planned later this year.

There are now 20 people employed by TRCS at Phuket RBC. The staff organised the first mobile blood collection session in April 2009 in Phuket and has been collecting blood ever since both in Phuket, Phang Nga and Krabi provinces.

The joint Thai-Finnish Steering Group for the project met for the third time in Phuket in June 2009, with updates on the regional model and its logistics and opening of Phuket RBC. The Group also visited the nearly ready RBC buildings. The second meeting of the Thai Advisory Group was organised a week after with TRCS and Thai stakeholders from Phuket and Phang Nga provinces. The Group showed interest in joining the regional model, with some reservations.

Heads of the provincial bloods in the Andaman Sea provinces were invited to Phuket RBC in September 2009 to get acquainted with the new Centre. Most of the blood banks are already ordering blood components from Phuket RBC and will gradually discontinue their own blood collection and production. Phuket private hospitals have also started ordering blood products from the RBC.

Objective 2:

Blood donor recruitment capacity is maintained in all the six TRCS chapters in the Andaman Sea region through their chapter Blood Coordinators, supported by Finnish Red Cross.

Results achieved

There is one blood coordinator in each province; French Red Cross supports their salary and promotion costs to recruit voluntary blood donors. Monthly meetings were held with the coordinators. Finnish Red Cross has agreed to fund the programme at least until the end of year 2009, and discussions were started about the future of the programme.

A mid-term evaluation was organized in April 2009, with participants from each of the six Andaman Sea provinces – heads of provincial blood banks, representatives from provincial TRCS chapters and network

coordinators from the companies where the mobile blood collection session are organised, in total around 60 people. Based on these discussions and input from the stakeholders, Finnish Red Cross decided to continue supporting the programme until the end of year 2010. This will be done in cooperation with TRCS National Blood Centre, they will pay the programme money and Finnish RC will fund the salaries of the Blood Coordinators. One Finnish Red Cross Thai staff member will stay and support them after closing its office in Thailand in February 2010.

During the three years that the Blood Coordinators have worked in blood donor recruitment in the six Andaman Sea provinces the provincial blood banks have been very satisfied with their work.

Disaster Management

The Thai Red Cross is continuing its plan to build disaster preparedness and response capacities, based on the development of response strategy and related disaster management policies, scaling up of the disaster operations systems and building the national society's capacity and knowledge on disaster risk reduction.

The integrated disaster management plan for Thai Red Cross was adopted, with the aim of establishing effective and efficient coordination for future emergency response. Contingency plans and standard operating procedures for floods at national level were developed. Further contingency workshops at provincial level were conducted, with more being planned.

With technical assistance from the International Federation's zone office in Kuala Lumpur, logistics and warehousing of the health stations are being improved. A strategic planning workshop in logistics was held in Thailand with the aim of streamlining the logistics requirements for all the Health stations.

Community Based Disaster Risk Reduction

The Thailand Community Based Disaster Risk Reduction (CBDRR) project has experienced considerable success in the past six months. Within the CBDRR project, all target communities have successfully established community disaster management committees (CDMC). The CBDRR project has coordinated a total of 2,120 of the committee members to receive training in: Sea Search and Rescue; communication radio use; IT and communication equipment use during disasters; First Aid; understanding of CBDRR concepts; Effective communication techniques; and the Royal Thai Government's Department for Disaster Preparedness and Mitigation's (DDPM) "Mister Warning" training. A total of 35 target communities have successfully completed a mock disaster exercise including 25 target communities, which participated in the Thailand National Tsunami Evacuation drill held on August 21, 2009. The completion of the mock exercises has also provided the target communities an opportunity to assess their capacity and use that knowledge to update their contingency plans and identify any needed refresher trainings. Furthermore, the CBDRR project has set up school disaster management committees in two of four target schools and has completed disaster management trainings with teachers and students in both of those schools.

The disaster response (DR) and Disaster Operations Centre (DOC) have also continued to meet project objectives during this period. The DOC has also continued to test and refine their communication systems. The centre has been receiving regular reports and communication on disasters that have occurred in Thailand during this period, primarily floods. The SMS system for distributing tsunami alerts and warnings has also been utilized in real life situations and has been recently evaluated for efficiency and effectiveness (results pending). In April, the mobile communication vehicle was deployed to work to coordinate communication during the social unrest in Bangkok. The DR team continued the training of RATs (rapid action teams) with the RAT teams being deployed to the field in several southern Thai provinces to assess the situation on the ground after severe flooding during the rainy season. The DR team has also assisted the TRCS health stations, chapters and bureaus in the development of contingency plans and also for the development of standard operating procedures during disaster situations.

SEA SEARCH AND RESCUE (SSAR)

Objective:

Four Sea Search and Rescue (SSAR) stations are established (in Phang Nga, Krabi, Trang and Ranong) and equipped with telecommunication systems and manned with volunteers (joint project for Finnish and Norwegian RC).

Results achieved

Four permanent pilot stations have been planned in Krabi, Phang Nga, Trang and Ranong provinces; three pilot stations in Krabi, Kuraburi and Trang have been set up during the period. They were all unofficially opened in June 2009 when representatives from Finnish, Norwegian and Swedish Red Cross societies visited the sites, with a Sea Rescue demonstration in Krabi. TRCS and Norwegian Red Cross have been doing the procurement of the rescue equipment for the stations in Thailand; some more equipment will come from Norway. The major purchase was the rescue RIB boats for the stations; they were manufactured in Phuket to ensure smooth maintenance and after sales services in the future. The boat was delivered to Krabi station in July 2009, to Kuraburi station in September 2009 and it will be delivered to Trang station in October 2009. The trained volunteers in Ranong province are looking for a suitable place for the SAR station but it has not been identified yet. Norwegian Red Cross sent a delegate to assist TRCS in procurement and training the volunteers in SAR station operations in June 2009 for six months. The delegate worked closely with Finnish RC Telecom Delegate in all the issues related to the stations and volunteers.

TRCS and Norwegian RC also provided basic SAR and First Aid equipment to the trained volunteers on Libong Island, Trang province. They were officially handed over in June 2009. It also agreed with DDPM (Department of Disaster Prevention and Mitigation, Ministry of Interior) to include the trained SAR volunteers into DDPM volunteer core in the provinces to provide them with adequate insurance coverage during their rescue missions. The first volunteers to join DDPM were in Trang province, after their SAR training in June 2009.

Cross-cutting Issues

From April 2009 – September 2009, activities have been steadily progressing for Accountability to Beneficiary (A to B) initiatives in Thailand. The American Red Cross team has been working towards raising awareness of A to B issues, and the importance of this concept particularly as it relates to dissemination of findings of the Project Final Evaluations to the key stakeholders and community beneficiaries. It has been promoting A to B learning and awareness via general sessions to its staff and TRCS staff in quarterly meetings, and through more detailed educational sessions by the Liaison Representatives (LRs) who are the point people for A to B in each province. The LRs continue to focus on the “transparency” goal of A to B and are working with a variety of communication approaches with “overlapping” project communities, as well as promoting communication ideas with project teams in single-project communities. Several communities have established message boards in many of the communities where American Red Cross/TRCS projects overlapped. In addition to message boards, the provincial liaison representatives had strong success with other forms of communication to the communities, such as project factsheets, monthly newsletters and, most interestingly, developing weekly scripts about project activities for volunteers to read over the morning community broadcast radio.

In terms of sustainability and exit planning, during the reporting period American Red Cross in Thailand continued to engage in various types of strategic planning, including the development of sustainability and exit plans for the Thailand field office and projects. It has followed the overall TRP disseminated exit planning guidance formats, and through participatory planning processes focused on engaging key stakeholders, has developed exit and sustainability plans for the four projects and for the delegation in Thailand. Key activities and needed resources have been identified to effectively close down projects and offices without compromising the quality and sustainability of program outcomes or the value of relationships (institutional, community) created as a result of TRP initiatives. As part of the exit planning process, a final programme plan and schedule has been developed and disseminated regarding the Final End line and Evaluations for the four projects in Thailand.

Host National Society Development

The Federation’s Organizational Development (OD) programme component has been responsible for overseeing support to the operations of Chapter Development and Volunteer Management. The Federation offered its experience on volunteer management from other countries to the new volunteer manual. From its work with chapters, the OD team helped develop and strengthen the cooperation between the management and their members.

The OD programme slowed down over the last 6 months because of staff change. As of November, there is now a liaison officer and OD officer as staff on loan from TRCS and the implementation speed is expected to increase again.

The Federation has provided financial and technical support to TRCS's Personnel Bureau and Strategy & Planning Bureau to support the implementation of strategic planning and policy decisions, and the capacity development of middle management in monitoring and evaluation skills. Measurements for monitoring, coaching and evaluation have been put in place. All existing strategies and plans will be reviewed and integrated into action plans for all bureaux.

The issue of Chapter Development and Volunteer Management will be again one of the priorities in the coming year for the programme. Most of the projects have trained a number of volunteers and more of them are expected but there has been no proper database or management system established, and they are not really seen as a single resource for the whole Society to mobilise when needed. The plan to create the volunteer management software has been completed mid of 2009 and is now being implemented in the six tsunami-affected provinces.

The American Red Cross continues to have good collaboration with the TRCS through monthly project meetings to discuss and analyze indicator progress, delegation-level quarterly reflection meetings, TRP sector meetings, First Aid regional youth meetings and recently at the Quarterly and an Annual retreat. Additionally, TRCS has demonstrated improved reporting during recent months by working closely with TRP staff to prepare accurate, complete and timely program and finance reports. There has been strong progress with the quality of quarterly reports in terms of the validity of the indicator table, improved narrative and analysis and increased HNS participation in and ownership of programme management processes.

Working as a Movement

The International Federation continues to co-chair the "Solutions Findings Committee" which meets regularly with TRCS bureaux members, Finnish Red Cross, and American Red Cross. A variety of crosscutting operational and programmatic issues are discussed, with particular focus in this period on exit and sustainability planning. The American Red Cross has further led discussion on the importance of recognizing "specialized" volunteers- those trained by TRP partners. A strong recommendation came out of the first aid youth and community-based health mid-term evaluation that there should be a volunteer recognition event sometime before the end of the project, with the goal for this would be a morale-booster and motivator for the upcoming year for project volunteers who are still not recognized as "official TRCS volunteers." This volunteer recognition event is planned in the coming months and further discussion is occurring around how this event should take place and the role of each project team, chapter and partners.

Looking Forward

Throughout the reporting period, there has been close and regular interaction between TRCS and the various partners through a series of coordination meetings, working groups, programme and sectoral meetings, to discuss the ongoing recovery operation and to work on future plans. Especially the "Solutions Finding Committee" is an excellent way of getting the Federation secretariat, partner national societies and the various TRCS bureaux together and we will continue in future with these meetings.

Although American Red Cross is in the process of winding down activities in Thailand, there are still programme activities continuing in the target communities until June 2010. The Finnish Red Cross assistance to TRCS will conclude and be handed over by the end of February 2010.

India

Operational Overview

The Indian Red Cross Society (IRCS) has continued its development projects with the active participation of the tsunami affected communities in Andhra Pradesh and Tamil Nadu. The efforts are made towards the overall development of the communities addressing key issues like health, disaster risk reduction and livelihood. During

the reporting period many of the programme areas have been affected by the floods pushing communities and IRCS state and district branches to redirect their efforts to overcome the challenges posed by the floods.

Presently, IRCS is implementing the tsunami integrated recovery programme, integrated programme for the community development (IPCD), and livelihood projects in the state of Tamil Nadu with the support of American, Canadian and Spanish Red Cross respectively. However, in Andhra Pradesh, the disaster management programme and livelihood projects are being implemented with the support of American and Spanish Red Cross.

The IRCS managing body has approved the disaster management strategy for 2009-2012 which will be guiding the future actions of the IRCS and its partners in the country, especially in the area of disaster management.

Performance Table

Programmatic Performance Indicators for India	Total
Overall estimated number of persons reached by International Federation and partners	695,000
Total number of houses provided	33
Number of households that have received livelihood support grants	540

The above programmatic indicator table shows cumulative achievements up to 30 September 2009.

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

Health and Care

The implementation of the mother and child health (MCH) action plan in 29 IPCD villages is ongoing. In effect to this door-to-door health promotion was carried out by the health promoters (HPs) on the topic – antenatal care. Significant of mention is the letter of cooperation obtained from the Ministry of Health at district level to conduct MCH-specific health camps in 29 IPCD programme villages. During the reporting quarter, 28 MCH specific health camps were conducted in 28 of the 29 IPCD programme villages. In all, 356 pregnant women, 570 nursing mothers, 1,901 children (below five years of age) received MCH services and 734 other community members received general health care services and treatment for various ailments thus bringing the total beneficiaries of health camp to 3,561 persons. Additionally, the procurement of refill items for the 400 first aid kits towards replenishment was done. The process for the procurement of caps, vests and sling bags for HPs has also been initiated.



Health awareness sessions conducted by integrated programme technicians. *International Federation*

On 16 May 2009, the World Health Organization South East Asia Regional Office (WHO SEARO) confirmed India's first case of H1N1 reported in a laboratory sample for a 23-year-old male passenger from New York, USA, who arrived in Hyderabad, South India. With the 39 countries having officially reported 8,480 cases of influenza A (H1N1) infection and 72 deaths by 17 May 2009, the IRCS recognized the need to spread awareness regarding this potential pandemic through its network. Canadian Red Cross has begun to work with the IRCS to draft a concept note and handouts that may be shared with IPCD target community by trained practitioners.

As part of American Red Cross-supported tsunami programme, specialists in the IRCS Kanyakumari (KK) branch were trained on project interventions for 14 days. These specialists regularly visited targeted

areas and schools to initiate community mobilization process and facilitate the self-selection process of community volunteers known as integrated programme technicians (IPTs). The selected IPTs had undergone

eight-day structured training to initiate the project in their respective communities. This training included three compulsory modules on community-based first aid in action. IPTs with the support of IPS facilitated 16-hour training at the grassroots-level for the selected community facilitators (CFs). The methodology and curriculum of CF training was designed to ensure that they obtain necessary knowledge and skills to be disseminated among the communities.

As of 30 September 2009, 22 IPS, 318 IPT and 1,963 CFs had been trained in 40 communities. To facilitate project implementation activities at the community level a CF was assigned 50 households and six CFs were supported by one IPT. This voluntary workforce in the target communities has completed community mapping, formation of community committees, and implemented first phase of CBHFA action plan in their communities. As many as 71 small projects to improve community resilience and health activities to improve health of community members have been completed in the communities.

All the IPTs have been trained in community-based first aid (CBFA) in action which adopts a learning-by-doing approach, and helps to utilize health needs assessment tools in the community. To promote healthy behaviour in community, the folk media performances have been planned in each community. As of 30 September, 170 folk media performances have been performed in 40 targeted communities.

Community health *melas* (fair) are the platform for showcasing the Red Cross interventions that help the community to gain knowledge and skills on health issues. These *melas* are like a community festival which ensures community mobilization, the use of community resources, and helps in better connectivity of community with both government and non-government (NGO) sectors. *Melas* helps in providing free medical check-ups by the local hospital, in coordination with the local primary health centre (PHC). Local NGOs, who are involved in projects on de-addiction, self-help groups, and blood banks also participate and render their services. In-fact the community mela gives a platform to other organizations to reach to the masses, and helps the local government department to maximize their outreach. For example, project trained IRCS volunteers assisted Kanyakumari (KK) district health department in conducting TB survey and organizing health camps for the disabled. So far, 40 community health melas have been completed.

To implement the “child-friendly”, “sense of place” and “safe school” approach, the school activities have been initiated. As part of school activities, 283 school teachers from 51 schools have been trained in psychosocial, health, and hygiene promotion activities. School chests, recreation kits and first aid kits have been distributed in all 53 schools during the reporting period.

To harness the creative abilities of students, all the project targeted schools have been provided display boards. Students use these boards to display their creative expression through displaying drawings, poems, paintings, etc. Display of students drawing, poems, articles, etc on display board helps to enhance their self esteem and confidence.



Students using a notice board to display creative activity.
International Federation

Furthermore, a stratum of college students as community volunteers has been developed. These groups of college students – called Gandhi Brigade volunteers, and part of the Youth Red Cross have been extensively trained on first aid. Each volunteer is committed to 200 hours of voluntary service in the target communities, providing first aid, and facilitating disease prevention and health promotion. A total of 368 Gandhi Brigade volunteers have been trained.

The psychosocial platform and community mobilization process has begun, with community members coming forward as willing participants of the programme. As a result, community awareness has improved outreach coverage. As volunteers are being trained on basic first aid skills, disease prevention, and health promotion, beneficiaries are being led towards building a safer community.

In TN project area, more than 70,000 insecticide treated nets (ITNs) have been distributed in 40 targeted communities. Of these 20,000 nets were received as donation from a UK-based charity Against Malaria Foundation and 12,000 nets were received from the International Federation.

IRCS KK branch has conducted information sharing meeting with NGOs and district government officials to inform them about the project exit strategy and initiate discussion about activities to be continued beyond the project period.

Disaster Management

On the community based disaster risk reduction (CBDRR) programme front, the last quarter was a period of knowledge transfer with a four-day CBDRR MToT organized and conducted for 25 district coordinators and village coordinators from six IPCD project districts from the 25-28 May in Thanjavur district. Besides this, a one-day orientation on CBDRR project road map for three years was organized on the 29 May for 25 staff members, six district secretaries and one senior management team member from Tamil Nadu branch (TNB) whereby the three-year CBDRR project plan was finalized. Likewise, following the CRC cascade approach for programme implementation in the month of June a two-day CBDRR ToT was organized and conducted at four different venues to cover 310 HPs from 22 June to 2 July 2009. Besides this, efforts have been initiated during the reporting quarter towards establishing community micro groups in Pudukottai district. Parallel, efforts were made to establish contact with DM inter agency group, Tamil Nadu chapter to include IRCS TNB as a member of the group.

One major output of this CBDRR orientation programme was the formation of a project monitoring and review team (PMRT) for IPCD programme activities. This entity comprised of district secretaries (DSs), district coordinators (DSs), a TNB representative and a Canadian Red Cross representative is mandated to support and monitor the implementation of the programme and to relay technical support requirements on a timely basis. Going forward, the idea is to create similar monitoring entities at the community level engaging beneficiaries who will get advice and support from the PMRT team.

The American Red Cross-supported disaster management project is being implemented at national headquarters and Andhra Pradesh (AP). The project aims at:

- ◆ Strengthening the disaster management centre with supplies of communication and networking devices.
- ◆ Capacity building of key staff and volunteers involved in disaster response.
- ◆ Developing the standard operating procedures and protocols for emergency communication and response.

In September, the AP government department of disaster management invited IRCS, APSPB to carry out disaster management awareness trainings in eight districts. It shows that the good work done by IRCS APSPB disaster management staff has reached the Government of AP.

Emergency Communication Unit starts functioning - A new chapter has been added on the disaster communication in the IRCS AP branch. The emergency communication unit (ECU) at the IRCS AP disaster management centre (DMC) has become fully functional. DMC enables emergency communication through HAM radio, email, phone, fax and mobile.

- 24x7 communication centre activated to receive information, support crisis response, share information on crisis to communities in the state.
- Established contact with the Centre for Disaster Management, at the prestigious Lal Bahadur Shastri National Academy of Administration, which trains the government administrators. The academy has sent its publications to the IRCS AP branch.
- Established contacts with 16 HAMs who could be potential Red Cross volunteer at the time of emergencies.

School Safety is another area on intervention in KK project. The initial TOT of teachers and school mapping on School Safety has been completed.

Livelihood

In the livelihood programme, periodical in-group meetings continue to strengthen and build capacities of the 25 CDG-RL groups. These meetings are being closely monitored by IPCD project staff with regular review of the books of accounts and follow-up of livelihood activities being done by the Village Coordinator and District Coordinator. Besides this, CDG-RL Grant II group proposals were read, discussed and reconfirmed with members of all 25 CDG-RLs (500 women members). As part of the process the livelihood Grant II business proposals were forwarded by the District Branches to the TNB for their review and approval. Having gained approval at all levels regarding the business proposals developed by the 25 CDG-RL groups Grant II funds disbursement was done to all 25 CDG-RL groups in 5 IPCD districts of Tamil Nadu in last week of June 2009.

As a result of the Nov 2008 NISHA cyclone that affected livelihoods of CDGRLs in Tiruvavur district by way of damages to boats, repairs in water logged boat motors and cargo autos, perished pickle raw materials, loss of fishing nets etc. these were assessed by the district branch and the groups made a request for support to restore the damages. The IRCS-Canadian Red Cross agreed to the same, processed the proposal/request and released NISHA support to groups. With this experience the groups now look to creating a saving based 'disaster support fund' that is under discussion currently.

In Andhra Pradesh, the Spanish Red Cross-supported tsunami livelihood project intends to improve the livelihood capacities of the fisher folk communities affected by the tsunami in East Godavari and Srikakulam districts.

The activities being implemented are based on a needs assessment done by the IRCS state and the district branches. Fisheries department which is a government organization works for the fisher folk communities has extended support in identifying and prioritizing the needs.

The main activities include:

1. Providing office equipments to the IRCS state and district branches.
2. Training of staff and volunteers.
3. Baseline study.
4. Impact assessment of the project.
5. Trainings for fisher folks on use of smoking bins, curing tubs, ice boxes, fish drying platforms along with the hygienic way of handling fish.
6. Distribution of 4,480 ice boxes to the fisher men and women.

Capacity	Quantity
70 Litres	500
100 Litres	3,480
150 Litres	500

7. Distribution of 200 cylindrical fish curing tubs to fisherwomen SHGs / cooperatives.
8. Distribution of 140 smoking bins to fisher women SHGs/ cooperatives.
9. Construction of 22 fish drying platforms.
10. Construction of 20 dry fish storage sheds.

In Tamil Nadu, the Spanish Red Cross-supported tsunami livelihood project intends to improve the livelihood capacities of the fisher folk communities affected by the tsunami in Thanjavur district.

The main activities of the project are as follows:

1. Baseline study.
2. Training of staff and volunteers.
3. Construction of three multipurpose net mending sheds.
4. Procurement and distribution of 904 ice boxes.
5. Impact assessment of the project.

Cross-cutting Issues

Environmental sustainability

In American Red Cross-supported projects, a common approach has been that projects should not propose any hardware interventions that pose risks to the environment (e.g. roads, wells, agricultural inputs, fisheries, etc.). The strong sanitation component, in fact, contributes to improved environmental conditions both through training and imparting corresponding behaviour change on the proper disposal of solid waste. Vector control for rats and mosquitoes can contribute to improving environmental sanitation that is well within the ability of tsunami-affected people to maintain, and which will create better environmental practices in the long-term.

Protection/human rights

The school health and behavioural health programme is focusing on the emotional and human rights of children and adolescents, as well as under-represented groups in the community. Branch staff are identifying and responding to protection threats by devising social protection activities. Personnel are interfacing with government protection agencies and developing a mechanism for referral. Activities have already been initiated to educate project staff in the Code of Conduct for the Red Cross and Red Crescent Movement, as well as International Humanitarian Law.

HIV and AIDS

HIV and AIDS awareness and prevention messages are included in training of IPS and IPT training. HIV and AIDS are being addressed at community level as part of health plan implementation.

Gender equity

Project design across all the technical sectors has ensured that there is appropriate and effective gender representation. At the same time, the special needs of women survivors are recognized and prioritized. When selecting household beneficiaries, marginalized groups such as widows, female-headed households, people with disabilities, the elderly, orphans, scheduled castes and minorities are sought out and targeted.

Community Participation and Inter Agency coordination

Spanish Red Cross and IRCS have involved communities having them at the centre of focus for designing the livelihood projects. Several personal interviews, focus group discussions, semi structured interviews were conducted with the communities, village elites, village leaders, fisheries department officials and district collectors to identify the most vulnerable people and their needs for the project through exploratory visits.

Example: Fisheries department state and district branch department and State Institute of Fisheries Technology (SIFT) staff gave their time and technical inputs for designing of training posters and deputed trainers for training the fisher folks.

Village Maintenance Committees (VMC) formed in the villages for maintaining the livelihood infrastructures has empowered the women and has given a voice for them. Women are the decision makers in the village which has put in place a system for sustainable use and maintenance of the assets.

Community's participation throughout the project life cycle has been ensured. For example:

- Communities participated in sharing problems and needs which were prioritized and project was designed.
- Beneficiaries contributed 10% of the cost for the ice box.
- Coordination has been established between communities and local authorities and fisheries department in land identification for construction.
- Communities Participated in trainings on use and maintenance of livelihood assets and hygienic handling of fish.
- Organized village maintenance committee for maintaining the livelihood infrastructures.

Obstacles for the project were foreseen as external factors before commencing, but the IRCS branches and fisheries department were very cooperative in implementing the activities on time to obtain the expected results.

Host National Society Development

The American Red Cross is working closely with the Kanyakumari (KK) IRCS branch in building the capacity of volunteers and paid staff to conduct community-based interventions. The American Red Cross and IRCS are also closely working with district health and education departments in KK. Further, American Red Cross is assisting IRCS AP branch and national headquarters staff and volunteers in disaster preparedness.

Spanish Red Cross and IRCS are working together in all the phases of the project life cycle which has created a sturdy platform and has given an insight to the IRCS at the national and state levels on the project management cycle. IRCS staff at the state and district levels are fully committed and involved in implementing the activities.

In Andhra Pradesh, in relation to project formulation and implementation the interaction between the affected communities and the IRCS district and state branches has improved because of the regular field visits.

Beneficiaries from the communities have an integral part in the project planning process resulting in choosing the activities that they most need and the problems that they want to address. The involvement of beneficiaries since the planning of the project has benefited in a great way in contributing for ice boxes, land identification for construction, participation in trainings and maintenance of constructed livelihood infrastructures through maintenance committees.

Some of the significant achievements are there is active community participation, increased coordination with the fisheries departments at states and districts, trained volunteer base, increased capacities of the project stakeholders and recognition of IRCS in the communities.

Government elections and unfavourable monsoons delayed some of the project activities but the IRCS branches and fisheries department were very cooperative in implementing the activities on time to obtain the expected results.

Spanish Red Cross is supporting the states and district branch staffs in the implementation of the project both technically and financially for an effective and result oriented implementation.

Working as a Movement

IRCS is collaborating with the department of education in implementing the integrated programme for the community development in 53 schools. This includes signing of Memorandum of Understandings with the 53 schools.

Malaria Foundation donated 20,000 insecticide treated nets to be distributed in target areas of Kanyakumari district. A total of 12,000 more nets were received from the International Federation.

In Andhra Pradesh, the IRCS state branch has developed good rapport with disaster management department of the government by providing disaster management awareness training to AP government staff in eight disaster prone districts. Through this project IRCS state and district branches have developed their capacity tremendously in terms of project implementation at various levels like beneficiaries identification, following the timeline, capacity building of technical knowledge, interaction with communities, achieving the targets. Capacity building of the states and district branches has been improved through both in terms of material and technical resources. The knowledge of project implementation has increased through the human resources.

IRCS district branches have conducted trainings for fisher folks in coordination with the fisheries department on use of smoking bins, fish curing tubs, ice boxes, fish drying platforms, dry fish storage sheds and the hygienic way of handling fish. These trainings have improved the fisher folk communities to understand the efficient use of the equipments. This has improved the quality of their product which has enhanced their livelihood.

The project has created an environment that has improved the livelihoods of the tsunami affected coastal fisher folk communities through the provision of basic livelihood related infrastructure and equipments. These material resources have created a positive change in the lives of the fisher folk communities. The assets supported through the project are maintained by the village maintenance committees in coordination with local Panchayat, fisheries department and IRCS district branches ensuring sustainability of the intervention.

Coordination among the project stakeholders was very effective in implementing the activities on time and in obtaining the results. IRCS is facilitating the process of the formulation for the new project in interacting with the district collector's, fisheries departments and communities. The Spanish Red Cross and other partner national societies are coordinating to avoid the duplication of work. A pre-assessment study is conducted in the project area to understand the level of understanding of the beneficiaries before the project intervenes and to measure its impact at the end of the project.

Looking Forward

The American Red Cross will continue to provide technical assistance to the IRCS by building the capacity of Red Cross volunteers and paid staff in Kanyakumari. Trainings for IPTs, CFs have already been completed and now IPS undertakes regular supportive supervision visits at the community level to further enhance the capacity of IPTs and CFs. Training material has been developed in Tamil, and the platform has been set for community participatory activities.

In the coming months, small community (to enhance community resilience) and school projects (make school better place for interaction) will be initiated. Activities supporting these projects will include community health, vector control, and hygiene and sanitation promotion. Trainings will also be conducted in areas such as community-based first aid in action for IPTs.

American Red Cross will be completing project activities in the tsunami projects on December 31 2009. As part of the exit strategy, a number of meetings with communities, volunteers, government departments and local NGOs will be organized. The tsunami projects will be evaluated after in early 2010 after the American Red Cross-assisted interventions are completed.

Canadian Red Cross will continue its support to enable IRCS to continue its integrated programme in Tamil Nadu and will also intensify the CBDRR interventions.

Spanish Red Cross and IRCS have planned to replicate the same livelihood project to the adjacent states and districts depending on the communities need. The formulation of the project in Prakasam and Nellore districts of Andhra Pradesh is expected to commence by the end of 2009. The project in Krishna and Guntur district of Andhra Pradesh will be initiated in the beginning of 2010.

Spanish Red Cross and IRCS are in the process of formulating a pilot project for Srikakulam district in Andhra Pradesh on livelihood safety of fisher men. It needs to be finalized after obtaining information related to the subject from related sources. This project will also be expected to commence in the beginning of 2010.

Bangladesh

Operational Overview

In a CPP policy committee meeting between the Ministry of Food and Disaster Management and BDRCS decided that there was a need to amend the existing gazette, which was published in 2004 without the consent of BDRCS. Following that meeting, it was decided that the director of administration will be recruited from the Ministry in order to facilitate government contributions in the form of salary support and office running costs. The director of operations can be recruited from BDRCS who will be responsible for implementing various operational activities under CPP. The director general will be recruited by BDRCS who will be authorized in making the programme functional. A five-member committee has been formed with a view to develop the terms of reference and job description for the directors and director general. Accordingly on 20th October, the last Policy committee meeting took place in the Secretariat and the following issues were agreed to add in the policy:

- The Job Description of the Director General, Director Admin and Director Operation has been approved which was recommended by the sub committee
- Status of the CPP programme will be the joint venture of Government of Bangladesh and BDRCS
- Nature of the programme will be Red Crescent in nature
- Director Operation will be a member of the Implementation Board.

Performance Table

Programmatic Performance Indicators for Bangladesh	Total
Overall estimated number of persons reached by International Federation and partners	36,000

The above programmatic indicator table shows cumulative achievements up to 30 September 2009.

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

Disaster Management

Maintenance of Cyclone Shelter

The Building Community Disaster Preparedness capacity (BCDPC) project has been working with vulnerable population around 85 cyclone shelters in coastal areas to enhance resilience of communities to reduce risk to cyclones. This project is a consortium of British, German and Swedish Red Cross societies with support from European Commission. Under the project, total 78 cyclone shelters were provided with solar panel with adequate lighting arrangements for ensuring better security and safety of women take shelter in the Cyclone shelter during emergency.

For protection of the solar panel, 156 control gates have been fixed at the staircase for access to roof top. Each shelter has two stairs for access to the roof top from the both side. Fixing of the grill gate has ensured the protection of the solar panel as well as has significant impact on the safety and security of women and children especially during dark hours. The tsunami fund amounting CHF 1,098 has been utilized for fixing the grill gate for 5 cyclone Shelters.

Replacement of cyclone warning equipment

In preparation for the cyclone season (October-November) dry cell batteries for VHF/HVHF radio network and megaphones used in early warning were replaced in September, 2009. A total 7,742 large size and 14,656 pieces of medium size batteries were purchased and then transported to respective 32 upazilas to 2768 units.

Workshop with CPP upazila Team Leaders:

BDRCS and IFRC organized a day long workshop with CPP upazila team leaders on 11 August 2009 at BDRCS NHQ, Dhaka. The main objective of the workshop was to share the concerns, priorities and challenges

of upazila team leaders and how to overcome those in continuing CPP services to the vulnerable people. The workshop was inaugurated by the chairman of BDRCS.

The upazila team leaders shared their experience and opinion on the current situation of the Programme. Through a strengths, weaknesses, opportunities and threats (SWOT) analysis the team leaders identified the need which to be addressed immediately in order to make the programme active and functional. The honourable Minister for the Ministry of Food and Disaster Management attended the closing ceremony of the workshop and assured all possible support from the government to CPP. The Minister also visited the CPP control room as well as the early warning dissemination system.

Renovation/repairing of cyclone shelters in collaboration with BCDPC

Building Community Disaster Preparedness Capacity (BCDPC) project is a consortium of the British, German and Swedish Red Cross societies, with support from European Commission. BCDPC has been working with the vulnerable population in 85 cyclone shelters near coastal areas to enhance resilience of communities to reduce risk to cyclones. BCDPC has conducted a survey on the condition of the cyclone shelter and identified the need for cyclone shelter repair and maintenance. To ensure safe and secure shelter for people affected by cyclones, cyclone shelters in BCDPC constituencies at Chittagong and Bhola districts will be repaired. tsunami fund has been booked for repairing and renovation of 20 cyclone shelters in collaboration with BCDPC. A technical person from the Cyclone Sidr operations will conduct the technical assessment for this purpose.

Host National Society Development

To build national society capacity in providing timely and effective assistance to the most vulnerable communities in Bangladesh, the BDRCS national headquarters computerised accounting system. As per the request from the CPP national headquarters, dry cell batteries were also replaced in order to ensure active and functional radio communication and warning equipment for early warning dissemination during times of emergencies. There are 35 HF radio and 95 VHF radio stations. These stations are being used both for daily transmission as well as for emergency transmission. Trained paid volunteers operate these stations. In total, 93 VHF operators received 6 months' remuneration (Jan-June) from tsunami funding during October, 2009.

Working as a Movement

BDRCS with the support of the International Federation continues to maintain close cooperation with a number of UN agencies. Both are members of the disaster emergency response group in which the World Food Programme (WFP) maintains joint coordination with the government. Information sharing and consultation on BDRCS health initiatives are maintained with the World Health Organization (WHO) in the disaster management programme. The office also coordinated with the EU Consortium programme led by the British Red Cross. The Bangladesh office continues to organize regular coordination meetings with in-country partner national societies (including the German, Swiss and British Red Cross Societies), as well as the European Commission and the ICRC. This coordination mechanism helps to improve coordination with BDRCS and discuss issues related to supporting the national society.

Looking Forward

Family and community-based activities when facing cyclones are major areas of intervention for BDRCS. Support from the tsunami fund in the form of replacement of old/expired batteries, repair/renovation of cyclone shelters, will contribute to keep radio network and early warning dissemination system functioning and ensure access of vulnerable people to the shelters in the event of cyclones or tsunami. Tsunami funding continues as an investment in future preparedness and risk reduction in Bangladesh.

Seychelles

Operational Overview

The construction of the headquarters/warehouse project has started and progressing very well. It is expected that the warehouse section will be completed in November 2009 enabling the national society to move all the disaster management stock to the new location, while the remaining offices will be completed in March 2010

The Seychelles Red Cross is now a major humanitarian actor in the country. The national society has heavily invested in the development of its human resources and recently recruited a new Disaster Management (DM) Coordinator supported by the International Federation. The new DM has focused on numerous trainings for its volunteers such as water rescue, telecommunication and disaster preparedness and response in order to better equip them in time of disasters. Other staff members continue to attend workshops and training provided by the Federation and has helped increase awareness of the Movement policies among staff members. The Federation's Indian Ocean Islands Sub Zonal Office supports and advice the national society is developing programmes and budgets which are in line with Movement policies and objectives.

The French Red Cross and German Red Cross continues to help the national society in disaster preparedness, branch and volunteer development, increasing the number of beneficiaries which can be reached in times of disaster. The construction of a new HQ and Warehouse will increase the impact of this bilateral support. It has received approval for Intensive Capacity Building (ICB) funding from the Federation, and immediate implementation has seen the opening of the Mahe Branch Office with its permanent staff, as well as the recruitment of the Praslin Branch staff.

With the support of the French Red Cross, through the Plateforme d'Intervention Régionale de l'Océan Indien (PIROI) it has increased its Disaster Preparedness through increased stock prepositioning. The German Red Cross is currently working with the national society in branch and warehouse development. This will further increase the national society's capacity in Disaster Preparedness and Response.

Performance Table

Programmatic Performance Indicators for Seychelles	Total
Overall estimated number of persons reached by International Federation and partners	5,000
Number of persons certified or skilled in community-based first aid (including psychosocial support)	2,200
% of population covered by pre-positioned stocks	100

The above programmatic indicator table shows cumulative achievements up to 30 September 2009.

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

Health and Care

As part of the sensitisation campaign the national society rolled-out a Road Safety resource pack specially developed for teachers to integrate in their school curriculum activities. The national society is lobbying with the Ministry of Transport to make it compulsory for all commercial drivers to be first aid compliant

The recruitment of new Blood Donors captured 60 new youth donors and 30 adults in 2009. Training for Blood Donor recruitment officers is still ongoing and the Community Based Volunteers (CBV) committee was launched targeting to sensitise young people on HIV/Aids. A total of 13 volunteers were trained in CBV.

With the help of the British Red Cross, the national society has professionalised its first aid Instructors and developed its commercial first aid operation. A total of 30 volunteers were trained as first aid instructors, and they were able to provide first aid training to 515 beneficiaries.

Disaster Management

With the help of the French Red Cross through the PIROI and the Federation, the national society has repositioned stocks to benefit 12,000 beneficiaries during emergencies. With the help of the German Red Cross in branch development, the capacity to reach beneficiaries in times of emergencies will increase. The Federation is currently supporting the costs of a DM Coordinator for the national society, and has ensured the participation of this DM coordinator in trainings and workshops at an international level. The Federation is supporting the national society with the construction of its headquarters/warehouse with completion expected end March 2010. The national society disaster committee chairperson and legal advisor attended training in legislative issues in disaster management, and a report was sent to the President's Office with a proposal on how the it can assist the Government in drafting the national disaster management law.

Cross-cutting Issues

The national society continues to invest in its human resources through training and development. Improvements have been seen in the quality and timeliness of donor reporting. The national society is currently putting in place Finance and Admin Procedures and has applied to move to the cash transfer basis. Continued support will be required from the International Federation on this aspect.

Support from the French Red Cross and the German Red Cross through bi-lateral activities, is helping the national society's capacity to respond to disasters. Continued support will be required from the Federation to ensure that programmes are in conformity with the Movement's principles and standards. In line with its 2007-2010 strategy, the national society wants to ensure that its services meet required standards, and have thus far looked into the possibility of being associated with NEPARC.

Host National Society Development

The tsunami highlighted the vulnerability of the Seychelles to natural disasters, but also showed the important role of the national society as a humanitarian actor in the country. This led to international partner interest and an increase in human resource required. Greater professionalization of staff and procedures, and the development of headquarters and branch capacities strategies have been developed and are being implemented.

The quick response from the national society following the Tsunami has helped develop the relationship between beneficiaries and the national society. The development of its commercial first aid programme as well as the implementation of planned community-based programmes during late 2008 and 2009 will further develop the national society's visibility in the Seychelles.

Working as a Movement

With the help of the PIROI and supported by the Federation, the national society has been able to develop its logistics management capacity to ensure proper warehousing of disaster management stock. The German Red Cross continues to support the national society in developing branches on the islands of Praslin and La Digue. This has been supplemented by technical support from the Sub Zonal office in Mauritius and the Zonal Delegation in Nairobi. Support from the French Red Cross through the PIROI and the Federation has facilitated the prepositioning of disaster response stock for 12,000 beneficiaries. This represents approximately 14 per cent of the population.

Looking Forward

The Federation's Sub Zonal Office for the Indian Ocean in Mauritius continues to assist the national society in strategic planning and implementation of programmes. Following the approval of the ICB and with the help of the Federation, the national society will be in a position to increase its capacity to respond to emergencies and to implement community based activities, though the development of branches and volunteers. A greater number of beneficiaries will be reached by national society programmes. While the national society has increased its partnership with the government, further support is required from the Federation in helping define its role as auxiliary to the State.

Somalia

Operational Overview

In Eastern Africa, Somalia was the worst hit country by the massive earthquake and subsequent tsunami on 26 December 2004. 300 people along the north-east coast of Somalia died, and 100 went missing and are presumed dead. Over 15,000 people, mainly the fishing community, were affected. Since the collapse of a central government in 1991, civil unrest has especially in South and Central Somalia has continuously escalated. Sea piracy and hijacking of humanitarian aid workers have been lately on the increase. Despite the complex humanitarian crisis in Somalia, SRCS has, nevertheless, continued to offer its mainly health care services to the most affected communities.

Successive below normal rain seasons in the programme area have led to severe drought that in turn led to high losses of livestock and population movements to urban areas. Global economic crises have also affected the target population that relies heavily from remittances from Diaspora. These factors, in addition to high inflation in the country, have weakened peoples' purchasing power and coping mechanisms. Food insecurity has also increased with findings by the Food Security and Nutrition Analysis Unit – Somalia (FSNAU) and FEWSNET confirming that "Somalia faces its worse Humanitarian Crisis in eighteen years, with half of the population or an estimated 3.64 million people in need of emergency livelihood and life saving assistance at least until December 2009".

A total of 147,515 people received health care services such as out patient services, immunisation, growth monitoring and vitamin A supplements (*see detailed breakdown under health and care section*). Community structures built refers to volunteers' clubs (*naadiga*). There were no asset replacement programmes during the reporting period. The three national societies include the HNS (Somali Red Crescent Society) and two partner national societies (German Red Cross and Norwegian Red Cross). The other national societies work through the Federation.

Performance Table

Programmatic Performance Indicators for Somalia/Somaliland	Total
Overall estimated number of persons reached by International Federation and partners	148,000
Number of community structures built or rehabilitated	5

The above programmatic indicator table shows cumulative achievements up to 30 September 2009.

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

Health and Care

Disease outbreaks such as Acute Water Diarrhoea (AWD) and suspected cases of measles were reported in the reporting period. Two cholera kits were prepositioned in Hargeisa and Garoe for response to AWD in Somaliland and Puntland respectively. As a prevention measure, routine chlorination of water sources was done quarterly in Puntland.

Through its network of static and mobile clinics in the target branches, SRCS provided out-patient consultations to 98,527 patients, 23,270 children were immunised, 21,136 under-five children received growth monitoring, 1,922 deliveries were conducted and 24,541 mothers and children were given vitamin A supplementation. These figures include both at the clinics and outreach services in the immediate clinic catchments.

After successfully piloting Community Based Health and First Aid (CBHFA) *in Action* in Berbera and Galkayo branches, with support from the American Red Cross, this approach has since been replicated in Galkayo and Bossao branches in Puntland, Burao branch in Somaliland, and Beletweyne branch in SCZ. Each branch comprises of 20 – 30 CBHFA trained volunteers who in turn carry out health education and promotion at community level (each volunteer attends to 10 – 15 households). Action teams in all the branches in Somaliland and Puntland were equipped first aid kits to help respond to minor injuries and emergencies in the target

communities. In Bossasso, Garoe and Galkayo towns, CBHFA will be scaled up to cover internally displaced persons and urban poor.

SRCS health care team continued to carry out weekly and monthly monitoring and supervisory visits to SRCS supported clinics in the tsunami affected areas. Whenever access and security allowed, the Somalia delegation health team visited the clinics on a regular basis.

Disaster Management

SRCS has used Vulnerability and Capacity Assessment (VCA) tool to identify hazards in the affected community and promote resilience by initiating community-based risk reduction activities such as CBHFA. During the reporting period, Kismayo, Merca and Hargeisa branches conducted VCA training and exercises. So far 14 branches have undertaken this activity. Cumulatively, 268 volunteers and 41 staff have been trained on VCA and participated in exercises in their respective branches.

Despite the continuous hostile environment in Somalia, SRCS has continued to offer health care services and support vulnerable communities during emergencies. National level Emergency Response Team (ERT) training and exercise for 24 members of staff was conducted in Hargeisa at the beginning of the year. The training adopted the field school concept comprising of two parts: 5 days theory followed by 5 days practical, hands on exercises in the field. During the response exercise, drought affected and flood-prone 100 families were assisted with tarpaulins, mosquito nets, plumpy nuts for the malnourished children, and water trucking. Similar exercises for branch level teams, popularly known as BERTs have been conducted in 9 branches. Each BERT has 20 members (branch staff and active volunteers).



Interviews with communities in VCA exercises . SRCS

Cross-cutting Issues

The SRCS coordination offices in Hargeisa and Mogadishu are in charge of the implementation through the branches and on to clinic and/or sub-branch level. At the lower level, sub-branch and community health committees are supported by the branches to implement activities, thereby strengthening and enhancing accountability of the community-level institutions.

SRCS further scaled up its volunteers' clubs (*Naadiga Mutadawicinta*) initiative by equipping clubs for Galkayo and Garoe branches with information technology and cafeteria equipment. The club is a meeting point for volunteers to plan activities and carry out training as well as offer internet services, a cafeteria and recreational activities to assist volunteers generating income leading to longer-term sustainability. This brings to five the number of fully functioning clubs.

The operation has mainstreamed gender issues in all its activities. During VCA trainings, at least a third of the participants were female, and varied age groups composed the assessment teams. CBFA and emergency response volunteers are of both genders. Majority of the clinic level volunteers are women.

Host National Society Development

Formation of BERTs and prepositioning of emergency response stocks such as cholera kits have enable SRCS staff and volunteers respond quickly and efficiently to acute watery diarrhoea outbreaks in Puntland and Somaliland. This significantly reduced the impact of the hazard to the affected communities as well as enhancing the public image of SRCS.

The VCA exercises have been instrumental in engaging with communities at district level and enhancing beneficiary contribution to the planning of potential programmes. The close interaction between volunteers and communities/ households while implementing CBHFA activities has improved the SRCS image with the public.

Since the tsunami operation commenced, 13 DM Officers have been recruited to oversee implementation of activities. In addition to DM activities, these officers are also in charge of management of volunteers in their respective branches. Success of the national society activities heavily depends on prudent management of volunteers.

Working as a Movement

Persistent conflict and civil unrest makes all operations in Somalia particularly complex, and close co-ordination with all Movement members is essential for effective programming and service delivery. The Federation's Somalia delegation continued to provide technical and logistical support to SRCS. SRCS has carried out regular supervision and monitoring visits to the clinics and sub-branches. The Movement partners participated in health and DM review and planning meetings held in Hargeisa, Somaliland.

SRCS and the Federation continued to be active members of the Somali Support Secretariat (SSS) in Nairobi and also take part in the field coordination meetings organised by the zone health authorities with involvement of other state and humanitarian actors in Somalia. SSS provides a forum for planning and co-ordination of humanitarian assistance to Somalia as well as sharing experiences among the organisations.

Due to insecurity and persistent conflict, ICRC continued to support SRCS clinics in the South and Central parts of Somalia. The German Red Cross and Norwegian Red Cross have bi-lateral programmes with SRCS.

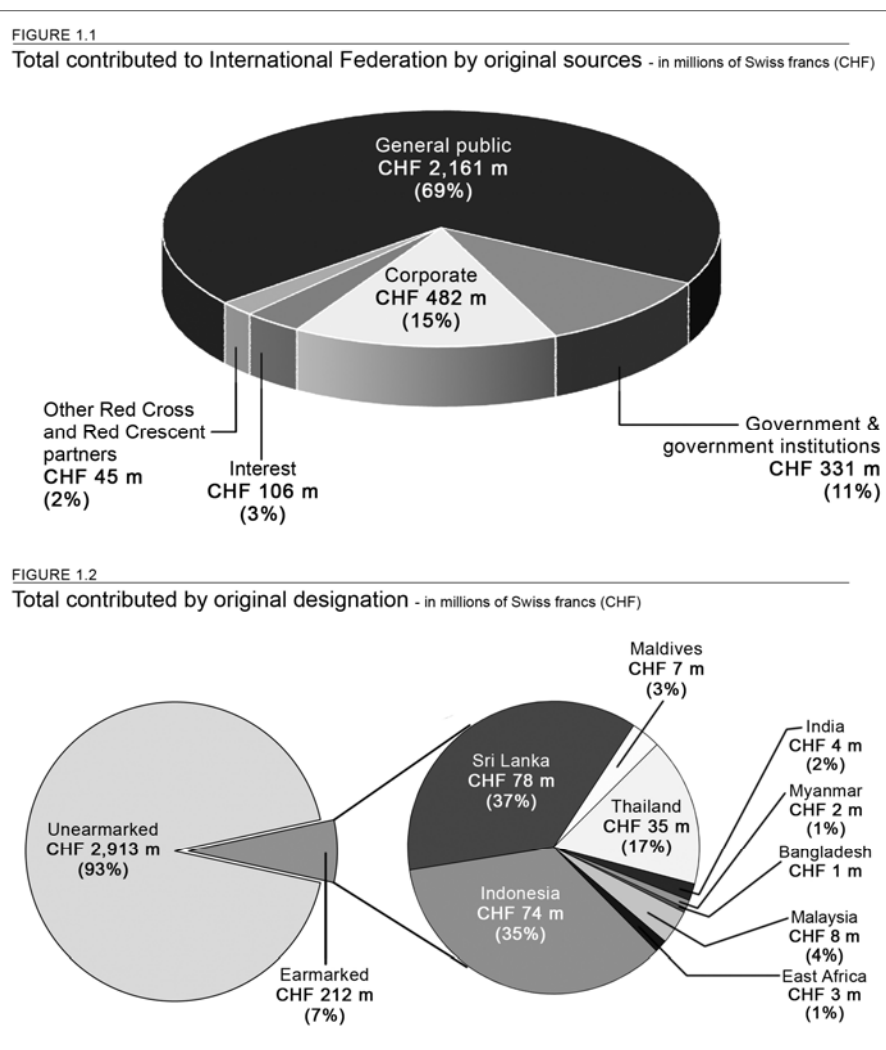
Looking Forward

Chief priorities for the next reporting period include:

- Radio communication during field operations will be enhanced by fitting field cars in four target branches with HF radio
- Analysis of VCA reports as per zones will be done and used for future programming of DM and health activities.
- Enhancing the capacity of SRCS staff. This will entail training staff from selected branches and coordination offices on general disaster management as well as in planning, monitoring and reporting. Staff will be supported to attend local planning and technical meetings.
- The programme will be evaluated before mid 2010.

Financial Overview

The International Federation¹ has received a total of CHF 3,125 million². 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.

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.

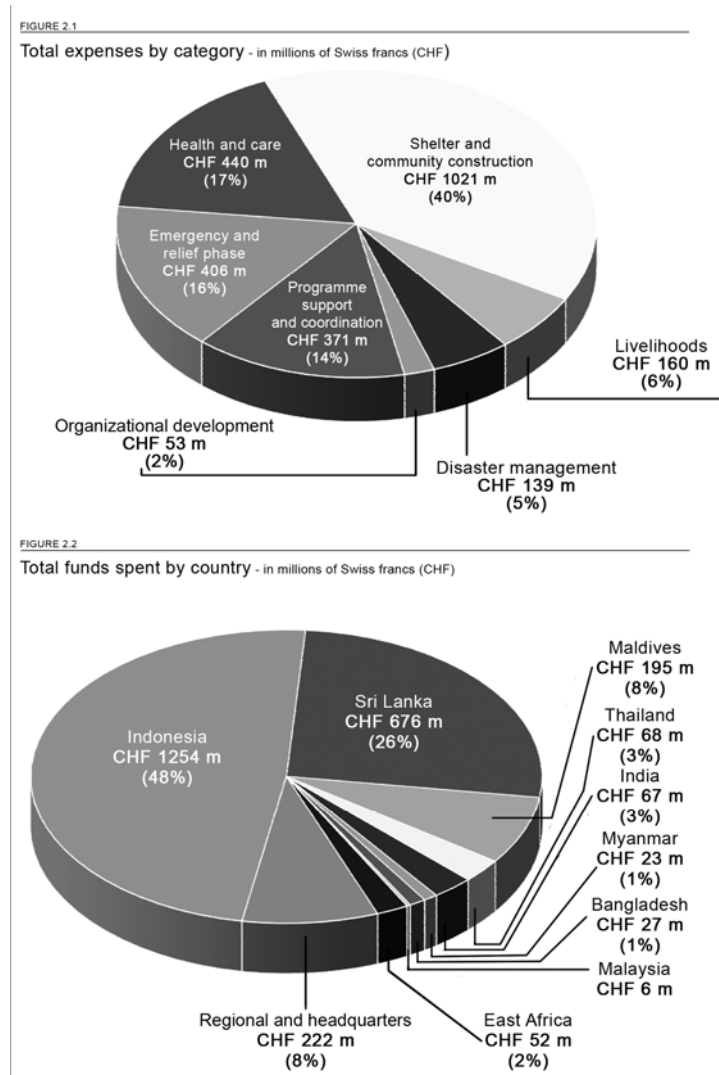


Fig. 2.1 and 2.2 reflect spending through 30 September 2009 by programme area³ and location of operations. The largest amount's spent by Federation members by programme area continues to be in the area of Shelter and Community Construction (CHF 1,021 million).

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).

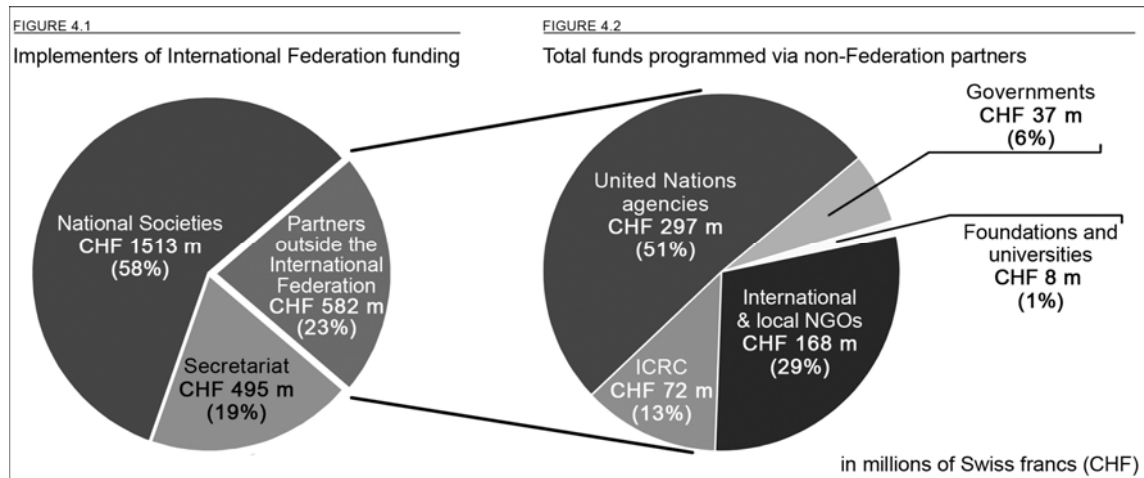
³ Financial reporting has been restricted to seven categories. Each National Society has its own, unique financial accounting and coding structures. Therefore, for the purposes of consolidating financial figures, the data supplied by the National Societies were simplified into the seven categories shown 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 country⁴ and by programme.

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

	Emergency phase/ Relief	Health and Care	Disaster Management	Livelihoods	Shelter and Community Reconstruction	Organizational Development	Programme Support and Coordination	Total Expenditure by Country
Indonesia	234.3	181.4	55.9	78.2	566.7	18.6	119.0	1254.1
Sri Lanka	92.7	106.1	28.0	50.7	303.5	18.0	76.9	675.9
Maldives	10.2	42.9	1.3	1.5	107.3	1.3	30.4	194.9
Thailand	1.5	26.8	3.2	9.4	15.7	3.9	7.3	67.8
India	2.2	21.2	6.7	10.2	22.7	1.2	3.5	67.7
Myanmar	6.0	12.7	2.1	0.3	0.0	1.6	0.6	23.3
Bangladesh	0.7	23.5	1.6	0.0	0.2	0.1	0.9	27.0
Malaysia	0.0	0.7	0.3	1.8	1.1	0.6	1.2	5.7
East Africa	11.0	11.6	16.2	0.7	0.0	5.9	6.3	51.7
Regional and HQ	47.5	12.6	23.6	7.5	3.9	2.3	124.8	222.2
Expenditure by Category	406.1	439.5	138.9	160.3	1021.1	53.5	370.9	2590.3

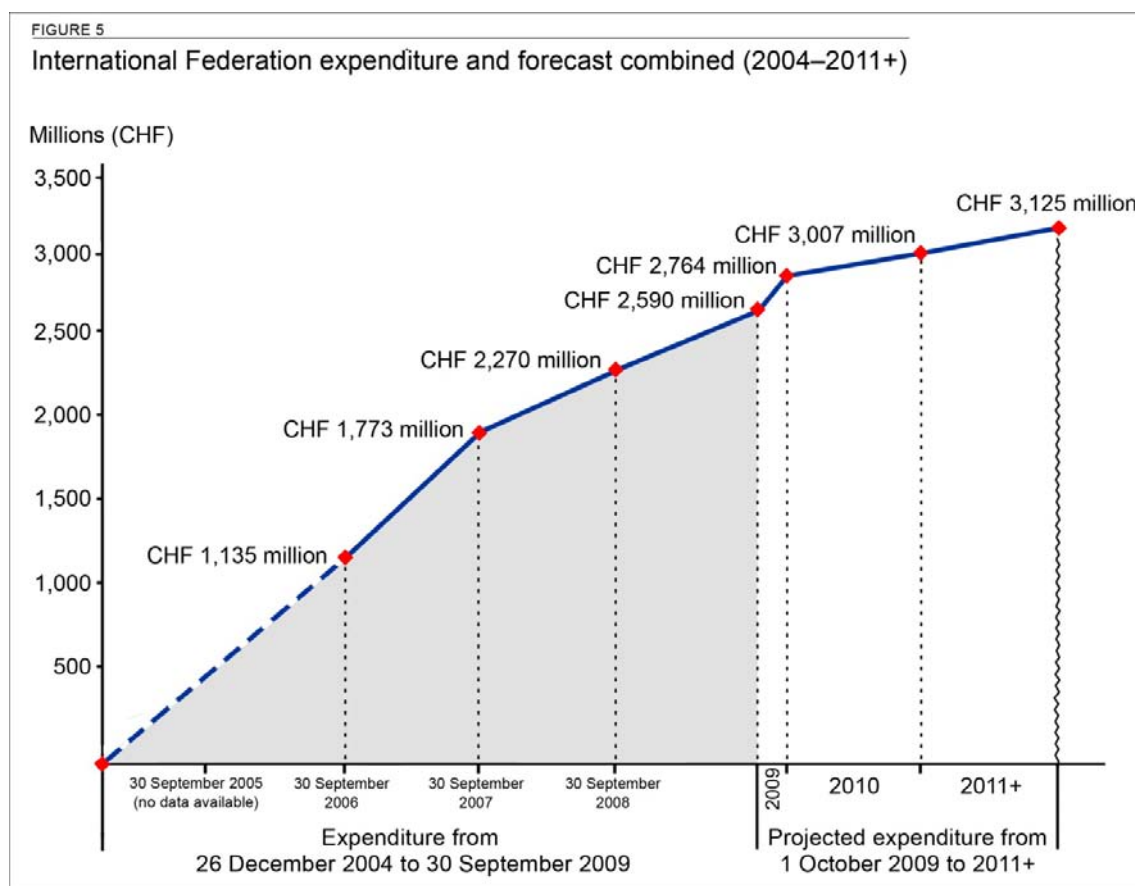
Fig. 4.1 reflects how expenditure is split among the International Federation secretariat, the 42 National Society members reporting for this period, and other partners outside the International Federation. The majority of expenditure is being carried out by members of the International Federation, with 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.



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+.⁵ 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.



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.

Programmatic analysis

FIGURE 1: Analysis of programmatic performance indicators¹

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

Ind. No.	Programmatic Performance Indicators	Totals	Maldives	Sri Lanka	Indonesia	Other ²	
1	Overall estimated number of persons reached by International Federation and partners (using coverage methodology only, not by sector)	4,807,000	256,000 ³	1,980,000 ⁴	1,247,000 ⁵	1,324,000	
Health & care including water & sanitation infrastructure							
2	No. of persons with access to an improved water source (temporary settlements)	167,900	107,900	63,700	104,200	0	
	No. of persons with access to an improved water source (permanent settlements)	412,300	107,900	152,300	203,600	56,400	
	Total no. of persons with access to an improved water source	688,100	107,900⁶	216,000	307,800	56,400	
	Total no. of persons targeted for access to an improved water source (planned)	857,900	113,100	310,100	362,700	72,000	
3	No. of persons with access to improved waste management facilities or improved latrines (built to sphere standards⁷)	342,100	92,400	51,000	190,600	8,100	
4	No. of persons certified or skilled in community based first aid (including psychosocial)	277,600	2,400	232,900	27,400	14,900	
5	No. of persons reached by community-based health services	1,110,200	64,300	152,900	684,800 ⁸	208,200	
6	Hospitals & Clinics built or rehabilitated	Operational/In Use ⁹	304	26	66	191	21
		Completed	289	26	48	194	21 ¹⁰
		Under Construction	74	1	21	52	0
		In Planning Phase	4	0	0	4	0

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, Canada, 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 Nildhari or GN level), as the names of GNs are not recorded by all partners.

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.

	Total number of hospitals & clinics to be provided	367	27	69	250	21	
Ind. No.	Programmatic Performance Indicators	Totals	Maldives	Sri Lanka	Indonesia	Other	
Shelter & community construction							
7	Transitional shelters built	Completed	21,112	1,084	105	19,923	0
		Under construction	0	0	0	0	0
		In Planning Phase	0	0	0	0	0
	Total number of shelters to be provided		21,112	1,084	105	19,923	0
8	Permanent houses built	Occupied ¹¹	47,554	1,349	24,812	21,342	51
		Completed	51,395	1,514	27,987	21,843	51
		Under construction	5,912	0	5,905 ¹²	0	7
		In Planning Phase	1,672	0	1,468 ¹³	200	4
	Total number of houses to be provided		58,979	1,514	35,360	22,043	62
9	Schools built or rehabilitated	Operational/In Use	155	11	34	94	16
		Completed	161	14	34	96	17
		In progress	8	0	0	6	2
		In Planning Phase	3	0	0	3	0
	Total number of schools to be provided		172	14	34	105¹⁴	19
10	Other community structures built or rehabilitated ¹⁵	Operational/In Use	332	147	21	158	6
		Completed	362	150	21	184	7
		In progress	59	4	0	55	0
		In Planning Phase	8	2	0	5	1
	Total number of other community structure to be provided		429	156	21	244	8
Livelihoods							
11	No. of households reached by asset replacement or enhancement	31,170	20	7,930	13,870 ¹⁶	9,350	
12	No. of households that have received livelihood support grants	62,840	1,490	37,480	23,230	640	
	Range and average grant size (in local currency): RANGE	N/Ap	MVR 2,000- MVR 60,360	LKR 15,000- LKR 42,000	IDR 11,713 – IDR 20 million	N/Ap	
	AVERAGE GRANT SIZE	N/Ap	MVR 25,803	LKR 28,500	IDR 3,322,946	N/Ap	

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.

¹⁶ **Indonesia:** The reduced figure now reflects more accurate records.

Ind. No.	Programmatic Performance Indicators	Totals	Maldives	Sri Lanka	Indonesia	Other	
Disaster Management							
13	% of population covered by pre-positioned stocks	N/Ap	N/A	40%	3%	N/Ap	
14	No. of communities targeted for developing a disaster preparedness or contingency plan for all major risks.	Completed	595	18	225	216	136
		Planned	1,246	18	394 ¹⁷	389 ¹⁸	445
15	No. of persons trained in vulnerability and capacity assessments or community based disaster management	38,890	500	340	35,560	2,490	
Programme support and coordination							
16	No. of Red Cross and Red Crescent organizations working in country	25	3	11	15	10	
	No. of Red Cross and Red Crescent organizations contributing programme data to the report	32	9	20	21	10	

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

- Federation secretariat in Kuala Lumpur: Al Panico, special representative for the tsunami operation; email: al.panico@ifrc.org; phone: +603.9207.5704
- Karl O'Flaherty, tsunami finance, email: karl.oflaherty@ifrc.org; phone: +603.9207.5763
- Alice Lai Sze Man, senior officer for the tsunami unit, email: szeman.lai@ifrc.org, phone: +603.9207.5709
- Nina Nobel, senior officer for the tsunami unit, email: nina.nobel@ifrc.org, phone: +603.9207.5708
- Wong Fui Len, grants officer, email: fuilen.wong@ifrc.org; phone: +603.9207.5706

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

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.

ANNEX 1: 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.

Currency	Income	Expenditure	Projection	Currency	Income	Expenditure	Projection
AUD	1.09	1.07	1.12	LKR	98.22	90.33	111.09
BDT	51.81	56.15	65.24	MMK	1,111.10	925.90	1,070.70
CAD	1.01	0.96	1.06	MYR	3.31	3.02	3.37
CNY	6.42	6.39	6.50	NOK	5.19	5.19	5.65
DKK	4.53	4.74	4.93	NZD	1.21	1.24	1.35
EUR	1.55	1.57	1.51	QAR	3.15	3.08	3.53
GBP	2.23	2.15	1.64	SCR	6.43	5.70	10.42
HKD	6.40	6.59	7.51	SEK	5.89	6.05	6.77
IDR	7,307.50	8,333.30	9,406.50	SGD	1.40	1.30	1.37
INR	35.04	37.50	46.75	THB	34.25	30.17	32.37
JPY	94.07	92.08	86.58	USD	1.19	1.18	1.03
KRW	784.31	868.81	1,154.73				

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 the classification of expenditure can be found in the online version of this report.

ANNEX 2: Notes and methodology regarding the programmatic performance indicators

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

Overall estimated number of persons reached by International Federation and partners

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

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

Health and Care including Water and Sanitation

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

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

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

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

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

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

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

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

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

Number of people reached by community-based health

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

Hospitals and clinics built or rehabilitated

This indicator has been disaggregated as follows:

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

Shelter and Community Construction

Transitional shelters built

This indicator will be disaggregated as follows:

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

Permanent houses built

This indicator will be disaggregated as follows:

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

Schools built or rehabilitated

This indicator will be disaggregated as follows:

- Number of schools built/rehabilitated – this is the number of schools built or rehabilitated. These are complete enough that the school can, and is being used.
- Number of schools built/rehabilitated that are operational/in-use – this is the number of schools that are fully functioning.

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

Other community facilities built or rehabilitated

Methodology similar to above has been applied.

Livelihoods

Number of households reached by asset replacement or enhancement

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

Number of households that have received livelihoods support grants

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

Disaster Management

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

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

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

Number 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.

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

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

Number on 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.