Federation-wide Tsunami Semi-annual Report: Indonesia

This report covers the period of 1 May through 30 September 2008, 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 to prevent and alleviate human suffering from disasters, diseases and public health emergencies.

In brief

Executive Summary:
Nearing the fourth year commemoration, the International Federation tsunami recovery operation gradually shifts to a long-term development programme. There is also indication of increased support to a more nation-wide focused programmes to support the Indonesian Red Cross (Palang Merah Indonesia/PMI) core mandate.

Through various community-based health programmes, more than 100,000 people have received health services while no less than 200,000 people have improved access to water supply and waste management facilities or latrines.

Striving to increase the capacity of the community in responding to disasters as well as reduce vulnerabilities, the International Federation continues the implementation of integrated community-based risk reduction (ICBRR) programme. Currently, more than 30,000 people have been trained in vulnerability and capacity assessments or community-based disaster management.

By the end of this reporting period, the Red Cross Red Crescent has completed more than 80 per cent of its committed permanent housing construction, with 17,957 permanent houses completed. Additionally, the Red Cross Red Crescent has provided 78 schools, 190 health facilities, and 108 other community structures, which includes markets, bridges, and meunasah (community centres).

The livelihood restoration efforts in forms of cash grants, asset replacement, capacity building and micro credit facilitation has to date reached 23,940 people with average grant size of IDR 3.5 million (CHF 362 or USD 314).
In support to the development of PMI, Red Cross Red Crescent partners national societies continue to carry out organizational development activities. The activities include construction of branch buildings in all 21 branches of the PMI across the Aceh province, salary, and financial support to several key positions at chapter and branch levels, and capacity building to ensure sustainability of programmes.

A recent capacity assessment showed a slightly higher capacity of tsunami-affected districts compared to non-tsunami-affected districts. However, only eight out of 21 branches had climbed out of its formerly low capacity. Therefore, further capacity building is required to strengthen the host national society and ensure its sustainability.

The International Federation’s priorities in the next coming months will be on the effort to scale up the nationwide development programmes while ensuring a smooth transition from the recovery operation.

Click here for the **Global Tsunami Semi-annual Report** and collective Red Cross and Red Crescent financial report  
**Click here for other Tsunami Semi-annual Reports by country**  
**Click here for a list of national societies currently involved in the tsunami operation**

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**Operational Overview**

Nearing the fourth year commemoration of the tsunami, the emphasis is shifting from a recovery operation to a long-term development. As reported in the semi annual report of May 2008, some partner Red Cross Red Crescent national societies have already completed their tsunami-related efforts in Indonesia. By August, the British Red Cross completed its operations and is no longer present in country. The German Red Cross is in the process of withdrawing from Calang and the surrounding area located roughly eight hours by road south of Banda Aceh. In parallel, the International Federation as well as many of the remaining partner national societies continue to implement processes of exit from tsunami projects which is anticipated to be accomplished by mid-2010. At the same time, the International Federation is reviewing longer-term programme opportunities beyond tsunami-affected areas as a means of diversifying and aligning them more closely with strategic priorities that strengthen the Indonesian Red Cross (Palang Merah Indonesia/PMI).

With an election campaign well on the way for a plebiscite to take place in April 2009 and a marked increase in local tensions, the Red Cross and Red Crescent Movement continues to monitor the situation and develop contingency plans. More generally, with a number of humanitarian organisations ending or reducing the scope of their programmes in Aceh, new challenges for those who continue to operate are increasing rapidly.

**Performance Table**

<table>
<thead>
<tr>
<th>Programmatic Performance Indicators for Indonesia</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall estimated number of persons reached by the International Federation</td>
<td>733,000</td>
</tr>
<tr>
<td>Total number of people with access to improved water management facilities or improved latrines</td>
<td>221,700</td>
</tr>
<tr>
<td>Total number of hospitals and clinics completed</td>
<td>190</td>
</tr>
<tr>
<td>Total number of shelters provided</td>
<td>19,923</td>
</tr>
<tr>
<td>Total number of permanent houses completed</td>
<td>17,957</td>
</tr>
</tbody>
</table>

*The above programmatic indicator table shows cumulative achievements up to 30 September 2008.*

*Click here for table showing quantitative analysis of the tsunami operation by performance indicators*
To date, the International Federation and its member national societies have provided improved waste management facilities or improved latrines to more than 200,000 people. The latrines are either family latrines or public latrines, serving 20 people or less per latrine. Additionally, the Red Cross Red Crescent has constructed 17,957 permanent houses, which make up more than 80 per cent of the total number of houses planned. If the construction continues at this rate, it is not impossible that the Red Cross Red Crescent fulfills the total commitment of permanent houses within the next six months. However, given the electoral landscape, it is important to bear in mind that security conditions could limit ongoing activity implementation by the International Federation in the coming months in spite of interests in meeting programme obligations.

Health and Care

In the health and care sector, the International Federation has reached more than 100,000 beneficiaries through the 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 implementation of the CBFA project of the American Red Cross is underway in four districts, strengthening the local resources in 140 communities and promoting healthy behaviour among 127,000 beneficiaries. The American Red Cross “CBFA in action” pilot project has so far carried out household visits and village education activities in the first 20 pilot villages, focusing on malaria, tuberculosis, fever and dengue. Scaling up to reach the remaining 120 villages, training is conducted in new areas for the village health volunteers. During this reporting period, American Red Cross, PMI staff and volunteers as well as beneficiaries have provided feedback on the “CBFA in action” curriculum. In line with this, CBFA monitoring and evaluation tools have been developed and finalized for national roll-out. This process will help shape the finalized curriculum, expected to be rolled out globally by the International Federation in 2010.

Similarly, the Japanese Red Cross also continues its CBFA programme, in which 73 PMI trained volunteers have carried out CBFA training in ten targeted villages.

In Simeulue Barat, the Norwegian Red Cross has conducted CBFA training in four more villages, with a total 121 participants. The training aims to increase the participant’s basic health knowledge and enable them to become a resource person for health and hygiene information in their respective community. As part of the CBFA project, the Norwegian Red Cross replenishes first aid kits in the community based on the project monitoring form. Primarily, difficult access to remote villages remains a challenge in the project implementation, and the Norwegian Red Cross strengthens its logistical support to overcome this challenge.

The Australian Red Cross-led ambulance project in Aceh will continue and it will carry out an end-of-phase review to look into sustainable financing.

In terms of psychosocial support, the American Red Cross and the Turkish Red Crescent are the two remaining national societies carrying out such programmes. The American Red Cross has started working in new target communities and schools in Aceh Jaya where the programme will focus until it ends in December 2009. Their activities in 120 villages and 126 schools in Aceh Besar and Banda Aceh are phasing down and are set to conclude in November 2008. All 120 communities in the villages have completed crisis response plans, a key component of ensuring that they will be able to provide appropriate psychosocial support in future disasters.
Work is underway on the school crisis response plans, which will ensure that teachers and school administrators have the adequate skills to protect and care for children in the event of a crisis. As the programme exits original target areas, they are also providing vocational training to men and women in targeted communities to help address livelihoods needs and enhance confidence and sense of self. In January 2009, the American Red Cross will support some PMI staff or volunteers from chapter and branches across Indonesia to take up a master’s degree in disaster psychology at the University of Indonesia. In line with this, the psychosocial support team has recently finalized a set of linguistically and culturally appropriate psycho-education materials for PMI to use in communities and schools across Aceh.

The Turkish Red Crescent’s Sultan II Selim Aceh Community Centre continues to offer services to increase the coping capacity of individuals, groups, families and communities during times of disaster. The services are provided in cooperation with governmental agencies, local authorities, universities, non-governmental organizations, as well as volunteers.

The American Red Cross has launched new health projects including Red Cross Youth and school health education, which builds on early recovery nutrition and hygiene education efforts through intensive training and educational activities in 100 schools in Aceh Barat Daya and Aceh Utara. The project increases the Red Cross Youth knowledge in health issues and builds their capacity to communicate key health messages through participatory activities such as school cleaning and hand washing demonstrations as well as cooking contests.

Enhancing the capacity of the PMI blood service unit in Aceh, the Australian Red Cross blood project aims to ensure blood remains safe in Aceh and supports the PMI in considering its future involvement in this service. Additionally, the Australian Red Cross supports PMI in exploring possible joint ventures in the area of HIV/AIDS.

Being the only national society providing a mental hospital for the people of Aceh, the Norwegian Red Cross has completed the tender for construction of the mental hospital. The groundbreaking ceremony was held in August and construction is ongoing with five per cent progress to date. Furthermore, the cooperation between the mental hospitals in Semarang, Central Java province and Banda Aceh in terms of capacity building of the nurses is ongoing. The challenges faced include the price increase of materials as well as the lack of skilled trainers in the mental hospital. The Norwegian Red Cross is supporting PMI in its dialogue with the local government to secure further assistance for the success of the project.

The Swiss Red Cross supports PMI in enhancing the health status of 15 communities in Muara Tiga and Meureudu of Pidie district, reaching up to 15,000 people. Activities include equipping nine village clinics, five of which have been handed over to the district health office, promotion of desa siaga, a community-based response system for maternal emergency and disease surveillance, promotion of mother and child health care, and communicable disease control. The Swiss Red Cross has also provided post qualification training for 22 midwives and trained 105 village health volunteers.

To date, the American Red Cross funded avian and human influenza (AHI) pandemic prevention project has reached more than 1.5 million individuals who are at high risk, such as housewives, backyard poultry farmers and poultry sellers, with prevention messages across five provinces on Java and Sumatra island. Additionally, the American Red Cross supports and trains PMI volunteers to increase their knowledge on avian influenza risks and prevention methods and dissemination through outreach activities in schools, villages and wet market with prevention messages across 46 PMI branches. It seeks to build AHI awareness and pandemic preparedness at higher levels through provision of support to PMI in building strong links with government officials and engage them in pandemic planning activities.

Health and Care: Water and Sanitation

The International Federation has to date provided access to improved water source and waste management facilities through water and sanitation interventions to over 200,000 people across eight districts in Aceh province, namely Aceh Barat, Aceh Besar, Aceh Jaya, Aceh Timur, Aceh Utara, Bireuen, and Pidie, as well as two districts in Nias Island, namely Nias and Nias Selatan.
The American Red Cross is providing water and sanitation for thousands of families now settling into newly rebuilt homes as well as restoring and rehabilitating water sources damaged by the tsunami. In collaboration with other Red Cross Red Crescent national societies involved in housing construction and through partnership with the International Organization for Migration (IOM), the American Red Cross aims to provide over 13,000 households with permanent water supplies and over 9,000 households with permanent sanitation systems. This also includes developing a spring water source approximately 24 km outside of Calang, which lost nearly 70 per cent of its population as a result of the tsunami. Construction is currently underway on this source, which will be utilized to provide tap water to up to 1,260 homes, public buildings and businesses as well as sanitation to over half of those structures. In collaboration with the local government, the American Red Cross is also rehabilitating a local water treatment plant. To maximize the health impact of these interventions, the American Red Cross also trains and support members of the village water and sanitation committees to promote healthy hygiene practices within their communities. Using the participatory hygiene and sanitation transformation (PHAST) method, this activity reinforces healthy practices and helps prevent outbreak of disease. To date, American Red Cross has reached 10,953 people with hygiene promotion messages.

In Lamno, the Canadian Red Cross has constructed two permanent public latrines in two villages, benefitting 275 households, while five temporary units are currently benefitting 346 households. Some eight schools and four health centres have received a permanent water supply and sanitation system. Additionally, the Canadian Red Cross has implemented hygiene education in all schools in which the Canadian Red Cross works, and has to date reached 2,145 students and teachers. This includes the formation of hygiene clubs in eight schools in Lamno. These teachers and students will continue to teach the rest of the school members. Additionally, the Canadian Red Cross has provided sanitation to all completed houses in Aceh Besar and Aceh Jaya. The American Red Cross as a key partner has provided short-term water supply and is now liaising to secure the provision of a permanent water supply. Establishment of rain catchment system faces challenges in some villages in Aceh, where many community members prefer to have boreholes dug because they believe that rainwater is not good for their teeth. The Canadian Red Cross is assessing whether this is an educational issue or whether it should find a viable alternative.

The French Red Cross solid waste management project in Gunung Sitoli, Nias province, was completed in February 2008. During this period, the collection of solid waste in Gunung Sitoli has reached 26,600 inhabitants, which makes up half of the population. Two collection trucks have been donated to collection service and some staff of the local authority have been trained in fleet and collection management. The French Red Cross has handed over the programme to the United Nations Development Programme (UNDP) who will continue until at least end of 2009.

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. After evaluation by Irish Red Cross, the projects were selected using grant funds where communities contribute inputs in form of labour to the effort. To date, Irish Red Cross has funded seven of 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.

In cooperation with the Norwegian Red Cross, the Japanese Red Cross has completed the drilling of six boreholes in six targeted villages. Thanks to the closer relationship and communication with the targeted and neighbouring villages, the implementation of project could run smoothly. After the Muslim festival of Idul Fitri, the Japanese Red Cross will commence construction of shallow wells.

The Norwegian Red Cross water and sanitation project has delivered 20 hygiene promotion sessions in two schools and one orphanage, in which children and teachers participated. The focus of the session was behaviour changes for better personal hygiene, use of latrine and solid waste management. Additionally, the Norwegian Red Cross has also completed construction of one small water system, improvement of sanitation facilities in one school and village, and drilling of 21 boreholes. In Simeulue, the dislodging of pumps has started while the water supply project with the local water company (perusahaan daerah air minum/PDAM) is progressing slowly with better quality piping in place. The primary challenge in hygiene promotion is to encourage active involvement of
the teachers due to the voluntary nature of the involvement. The Norwegian Red Cross active support will extend for five months to allow further opportunities to encourage the teachers’ involvement.

Initially, the Swiss Red Cross water and sanitation intervention concentrated on community mobilization and hygiene promotion activities to ensure a sensitized population willing to take part in improving their environmental sanitation. Whilst this continues, the last few months focused on hardware activities in the form of rehabilitation of 205 wells and construction of 13 new wells. To ensure the wells are maintained and produce potable water, the ministry of health well standards are applied, water quality analysis is conducted and house-to-house hygiene promotion is carried out by 45 *siaga desa* (village volunteers) members.

**Disaster Management**

Strengthening the capacity of the community in responding to disasters and mitigating the effects of hazards, the Red Cross Red Crescent continues to carry out integrated community-based risk reduction (ICBRR) programmes, as well as disaster management capacity building activities for the host national society and set up of disaster preparedness containers.

During the reporting period, the International Federation supported the PMI Aceh chapter in conducting orientation programmes for the governance members, volunteers and staff on the planning and implementation of ICBRR programme in 19 branches. Subsequently, ICBRR planning exercises were conducted to develop logframes and plan of action together with the project staff. Some 28 people received training in ICBRR and will be deployed to train branch volunteers involved in the project activities. Furthermore, socialization of the programme was conducted in Aceh Barat Daya, Aceh Besar, Aceh Jaya, Aceh Selatan, Aceh Tengah and Simeulue. Community activities such as formation of community-based action teams (CBAT), vulnerability and capacity assessment as well as community risk reduction plans are currently in progress. Some 21 disaster management officers of the PMI branches in the province of Aceh also received training in risk mapping and contingency planning.

The American Red Cross and PMI are working together in 126 villages and 75 schools in four districts in Aceh province to identify risks and vulnerabilities, as well as underlying capacities to reduce the impact of future disasters through the ICBRR programme. Community disaster management committees (CDMC) are implementing disaster preparedness activities and CBAT are trained to lead their communities in response to future disasters. To date, 98 committees and CBAT have been formed and trained. The American Red Cross also trains teachers to enable them to educate students in creative ways, such as games, cartoon shows, and other activities. With currently 51 active school disaster preparedness committees, school preparedness plans are created and simulations are designed to test the children’s level of readiness.

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. Photo: Canadian Red Cross.

Additionally, the American Red Cross ICBRR programme works with PMI at chapter level, the Syiah Kuala University and the Tsunami Disaster Mitigation and Research Centre, the district and provincial government in targeted areas to link community-level early warning systems and disaster management plans with those at the sub-district and district levels. This will not only strengthen the vertical linkages but also enhance sustainability of community- and school-based activities.

The Canadian Red Cross also implements ICBRR programmes, and has so far formed CBAT in all eight villages in Lamno in which the Canadian Red Cross is active. The main challenge in recruitment of CBAT is the lack of volunteers, as most people expect to receive cash remuneration, since some other organizations present in Aceh...
are providing such benefits. However, the Canadian Red Cross is working with the community leaders, showing success stories of where volunteering has worked, in the hopes of convincing other communities on the benefits of volunteerism.

In the Teunom sub-district of Aceh Jaya, the Danish Red Cross ICBRR programme assisted the PMI sub-branch in improving its structure. Additionally, this reporting period saw regular meetings with CBAT and PMI disaster response team (Satuan Penanggulangan Bencana/SATGANA) held, village action plan for 16 villages prepared, first phase of CBFA training for CBAT members conducted, and agricultural project support for 16 villages implemented. The PMI Teunom branch has successfully secured new land for its office, and improved internal and external coordination mechanisms, including relations with the local government unit. To ensure sustainability of funding, the PMI also initiated a small-scale fund raising drive. Various challenges include the lack of capacity of the sub-branch and high turnover of staff as well as dropping out of the volunteers. These challenges were addressed through capacity building activities including reorganization of the structure and induction courses for board members. To increase the volunteers and community motivation, the Danish Red Cross arranged motivational campaigns for the volunteers and communities and facilitated skill training and other regular trainings for CBAT/SATGANA.

The Japanese Red Cross mangrove plantation in three targeted districts of Aceh Utara, Lhokseumawe and Bireuen have progressed well. Additionally, the Japanese Red Cross links the youth project with the mangrove plantation through awareness raising activities in the form of youth education on nature, disaster management and conservation. The PMI youth volunteers are then involved in the community activities, delivering messages on disaster management and the mangrove ecosystem. The Dean Baro pond rehabilitation also continues and is expected to be completed by the end of November. Furthermore, the Japanese Red Cross has planned to commence new disaster management activities in the north east of Aceh.

The International Federation supported four PMI branches in Aceh province with non-food relief items, which consist of 2,000 family kits and eight disaster preparedness toolkits. The relief items are stored in the steel containers with storage capacity of 35 cubic metres or 1,250 cubic feet previously provided as part of the disaster preparedness container project.

The International Federation supported the development of disaster preparedness container management guidelines and disseminated it to the key volunteers, staff members and governance members of PMI Aceh chapter. Additionally, 15 volunteers and staff members were trained in logistics, warehouse and disaster preparedness container management as well as other related topics such as inventory and reporting of stocks.

The national warehouse and training centre in Surabaya was inaugurated on 26 May, and the procurement of basic relief items has been completed. Construction of a disaster preparedness warehouse in Aceh Besar started at the end of July and is currently 50 per cent completed.

On the first stage of initiating an early warning system through provision of radio communication system, the International Federation has installed 24 radio systems across 22 PMI chapter and branch offices in Aceh province, and two branch offices in Nias Island. Additionally, during the reporting period, the Australian Red Cross, Canadian Red Cross, Spanish Red Cross, International Federation and PMI have signed an agreement on radio operation and maintenance.

Construction

A majority of Red Cross and Red Crescent national societies are currently still active in construction works, whether it is the construction of houses, schools or other community structures. To date, the Red Cross Red Crescent has provided a total of 19,923 transitional shelters, 17,957 permanent houses, 78 schools and 108 other community structures, which includes markets, meunasah (a small community centre), bridges, roads and also health facilities.

All self-contracted housing construction of the American Red Cross has been completed end of December 2007. During this reporting period, however, Plan International has finished construction and equipping of 63 targeted
posyandu (integrated health service post) and polindes (village midwife post) in Aceh Besar. Training for midwives and cadres will be carried out through June 2009. Additionally, CHF International also completed and handed over 12 healthy and safe markets in Aceh, with remaining two expected to be completed early next year.

The Australian Red Cross has completed 1,226 houses by the end of September. The Australian Red Cross has committed to build 1,677 houses by the end of 2008. Currently, 451 houses are under construction and are expected to be completed by the end of February 2009.

The Singapore Red Cross has completed 2,047 houses for its operations in tsunami-affected areas.

In Aceh Besar, the construction project of the Canadian Red Cross has completed 1,653 houses out of which 1,652 have been handed over with occupancy rate at 74 per cent. Out of these houses, 15 have been modified to meet the needs of beneficiaries with physical disabilities. To these houses, the agency of the rehabilitation and reconstruction for the region and community of Aceh and Nias (BRR) and local government have installed roads and drainage, and electricity supply for these houses. In Aceh Jaya, 517 houses have been completed, 477 of which have been handed over to the beneficiaries. Additional house designs were also completed in Aceh Jaya, suitable for sites where standard design was not suitable or appropriate, for example, narrow sites. Further house designs were developed for the village of Babah Nipah in which the houses will be raised to overcome the risk of flood while avoiding substantial earthworks needed to elevate the entire site. Islamic Relief has completed an assessment of pre-disaster and post disaster community facilities in the Canadian Red Cross targeted communities, and consulted with communities on the facilities’ design. By end of September, the designs for community and women centres were completed.

During the period under review, the Hong Kong branch of the Red Cross Society of China (HKRC) has completed and handed over four rehabilitated and one reconstructed primary schools in Aceh Utara and therefore fulfilled all of its school construction commitment in Aceh Utara. Some 150 out of the 158 houses previously handed over in Aceh Utara in December 2007 are now occupied and minor defects are currently being rectified. In Lhokseumawe, rehabilitation of three primary schools has completed while one is still under construction. The tendering process of Ujong road construction has been completed and the project will commence by the first week of November 2008. Some 98 houses in Aceh Utara are currently under construction and tendering process for design and supervision for the new housing project in Kuta Geulampang, Aceh Utara is complete. Due to community interference in some cases, the contractors could not complete the project on time. Local contractors from the community were then engaged to complete the balance work and repair the defects. To ensure quality of work, HKRC reinforced their work force in some sites to observe finishing works.

The Norwegian Red Cross construction projects include the Banda Aceh mental hospital, which started this August. The construction of livelihood market in Sibigo, which was almost completed but then damaged by the Simeuleu earthquake in February, has been redesigned and the reconstruction has started.

The Swiss Red Cross has completed and handed over two out of the three planned schools. The construction of the school in Sigli will start in January, whereas the multi function hall and sanitary works are ongoing. Five village clinics in Meureudu were completed, bringing the total to nine clinics in addition to three polindes (village midwife post), two pustu (village clinic), and three puskesdes (village health centre).
Livelihoods

Aiming to create lasting livelihoods sustainability, the American Red Cross has partnered with a wide range of UN and international non-governmental organizations to help restore local businesses, facilitate access to credit for entrepreneurs, and support small farmers and fishermen across Aceh. To date, 14,266 individuals out of the targeted 23,510 have received livelihood capacity building services, which includes 1,524 grants. These livelihood activities are implemented through external partners, namely Grameen Foundation, Mercy Corps, Child Fund (CCF Indonesia), United Methodist Committee on Relief (UMCOR), Triangle Generation Humanitaire, CHF International, and, Food and Agricultural Organization (FAO).

The Australian Red Cross has provided “settling-in” grants to 479 families who have now moved into their new homes. Additionally, 35 proposals for micro project activities were received, of which 31 have been reviewed, and 14 have been approved out of a targeted 24 proposals. In September, four groups received the grants. These projects were originally planned to have completed in August, however, the process of beneficiaries relocation took longer than anticipated.

Livelihood support from the Belgian Red Cross-French to the fishermen community of Sabang continues. An ice factory has been handed over to the fishermen cooperative of Sabang. The sale of ice will generate income for the cooperative members, while the use of ice will benefit the larger fishermen community of Sabang to better preserve their catch and therefore avoiding waste.

The Canadian Red Cross has approved 45 grant applications in Lamno, 10 of which are carried out in partnership with Islamic Relief in the areas of women and children’s centres. Initially, there were challenges in gathering community support for the various livelihood programmes. The Muslim fasting month of Ramadhan also slowed down the progress on various programmes.

A new focus for the Irish Red Cross secondary education cash assistance programme in this period was re-introducing non-enrolled children back into the educational system. The Irish Red Cross will give the un-enrolled children priority and will include them automatically into the list of beneficiaries without going through the standard ranking process. The Irish Red Cross will then give remaining available spots to the enrolled children according to the standard selection procedures. Additionally, the cash assistance will work with over-aged individuals to enrol them in informal education institutions in Indonesia, such as community learning centres. The ministry of education runs these centres, which are officially recognized as an alternative/informal education system. It provides education and qualifications equivalent to those provided by normal schools. For example, packet B and C are equivalent to junior and senior high school levels respectively.

The Norwegian Red Cross livelihood project has phased out since end of April. The women’s group has, in general, improved the women’s capacity in dealing with their own life situation and has currently minimum dependency for support from the Norwegian Red Cross while the fishery group has started producing smoked fish.

Limited to 50 households, the Swiss Red Cross livelihood project includes one hollow block factory, provision of 16 sewing machines, provision of tools and equipment (such as kitchen and garden tools, wheelbarrows, shovels and rakes) as well as planting of 100 mango trees and 3,000 timber trees.
Cross-cutting Issues

Community participation is essential to secure the success and sustainability of programmes. In most of the water and sanitation projects carried out by the Red Cross Red Crescent, the village forms a village water and sanitation committee, which ensures long-term local involvement in the construction and maintenance of new water and sanitation systems. Even in projects which leaves little room for community involvement such as the construction of schools by the Swiss Red Cross, a small form of community participation could be witnessed through the establishment and empowerment of a steering committee in the planning, consisting of the representative from the local authority as well as PMI. These committees will continue to function after the construction phase is over.

The recovery operation not only aims to build back, but most importantly to build back better by incorporating elements to reduce risks of future hazards. In the ICBRR programme of the Danish Red Cross, the communities have selected agricultural project linked with mitigation aspects, not only for livelihood purpose but also to serve as a drainage system for excess water after a heavy rainfall which would reduce flood risks. Additionally, the recovery operation of the International Federation strives to stay true to the “do no harm” principle. The American Red Cross, for example, collaborates with World Wildlife Fund (WWF) to ensure that all interventions are environmentally responsible.

In terms of gender issues, the International Federation actively ensures gender sensitivity amongst staff. The American Red Cross has a full-time staff member dedicated for this purpose, which provides gender sensitivity training and provides tools and skills needed by staff to implement programmes in a gender-positive manner. She also assists all partners within the Red Cross Red Crescent in implementing gender sensitive policies and programmes through assistance in training and other areas. At the same time, the Canadian Red Cross has a gendering mainstreaming programme, which conducts workshops for government officials at the district level as well as for Canadian Red Cross staff and community members. These workshops will continue into the next quarter.

Host National Society Development

Since the outset of the tsunami operation, PMI has been involved in the planning and implementation of activities and programmes at a variety of levels. Dealing with multiple partners that at times might have competing or almost overwhelming interests is undoubtedly a challenge. Nevertheless, there is recognition across the Red Cross Red Crescent Movement that a stronger national society must result from the tsunami operation and be the focus of efforts that might continue in the years ahead across Indonesia.

As part of diverse actions in the sectors of organizational development, disaster management, water and sanitation, and health, there have been constant efforts to engage with communities and develop genuine, sustainable relationships, but it is a long process. Results in some places are better then in others but in either case, PMI should and needs to be the key facilitator; and this point reflects a priority for the future.

The International Federation organizational development programme commenced in early 2005, for the first 18 months focusing on defining the chapter and branch structure, recruiting staff, distributing equipments and constructing office buildings. The programme now addresses chapter role definition and support, human resources development, volunteer management, integrated programming, resource development, and completion of the office construction.

To date, each branch has four core staff to support the office establishment and to starts establishing a group of volunteers. The minimum personnel of each branch include administration/finance, organizational development, disaster management, as well as health and social services.

Meanwhile, the chapter has established a monthly coordination meeting to support partner national societies, especially on specific programmes such as CBFA, ICBRR and Red Cross Youth. The International Federation supports various training programmes to strengthen the capacity of host national society. The trainings include namely induction to the Red Cross Red Crescent, introduction to gender awareness, organizational development,
basic volunteer training, logistics, disaster management, etc. However, the turnover of staff in the host national society is still quite high, and support in retention of staff is an utmost need of the host national society.

Capacity building of PMI is also carried out through its direct involvement in the recovery operation. The American Red Cross implements its projects through PMI particularly in areas where the national society has minimum required capacity and interest in the programme. In the water and sanitation projects, the American Red Cross implements the hardware component while PMI carries out hygiene promotion and community engagement. Capacity building components, such as finance, gender, and other trainings, are built into the projects design, aiming to leave PMI stronger than before the tsunami and better equipped to respond to the next disaster.

One of the more innovative elements of the Irish Red Cross community outreach programme in 2008 is the mentorship programme conducted jointly with PMI, which addresses beneficiary communication and at the same time capacity building of the national society. As the programme has attracted some of the best media talent in Indonesia, it seemed a strategic opportunity to ensure capacity development for PMI in the field of media communications and volunteer development. To that end, PMI and Irish Red Cross have jointly selected three volunteers to participate in a three-month internship with the media project, rotating amongst the various departments. The Irish Red Cross covers all the cost associated with the mentorship. Once the mentorship is completed, the volunteers will be placed in developing communication department of PMI Aceh chapter with which Irish Red Cross is working to develop fundraising strategies. The programme is near to completing the second cycle of mentorship.

A recent capacity assessment carried out by the PMI Aceh chapter with the support of the Australian Red Cross and other partner national societies showed a slightly higher level of capacity in the tsunami-affected districts compared with non-tsunami affected districts, and that PMI in large urban areas was generally stronger than those located in rural areas. Only eight out of 21 branches had climbed out of its formerly low capacity, but none were considered well functioning. PMI has asked its Red Cross Red Crescent partners for assistance to address this issue. All partners are currently in discussion on how this can be supported in a coordinated manner.

Working as a Movement

After almost four years, the coordination structures continue to enable open communication and unity of action in favour of the most vulnerable. In addition to the International Committee of the Red Cross (ICRC) and the International Federation Secretariat, 15 partner national societies continue to work alongside PMI in delivering life-saving programmes to hundreds-of-thousands of people across many regions of Indonesia. Currently, eight national societies have formalized their intentions to continue to support the Indonesian Red Cross beyond tsunami-related regions and activities by becoming signatories to the PMI Cooperation Agreement Strategy.

Looking Forward

Nearing the final year of the national 2004-2009 strategic plan, PMI will naturally focus on activities which contribute to the achievements of national level objectives; an effort which was not possible in the wake of the tsunami. In relation to this, PMI is in process of formulating its plan of action for 2009.

The priority of the International Federation for the next coming months is to continue its support to PMI to return its focus to nationwide programmes. It is therefore important to link programmes with the PMI national strategic plan and its core mandate and that the scaling down of activities in the tsunami-affected areas of Aceh and Nias is matched by a scaling up of support in other areas of Indonesia.

The closing of BRR in April 2009 will also have a significant impact on the work of the Red Cross Red Crescent Movement for the rest of 2008 and at least first two quarters of 2009. With local and provincial authorities returning to the forefront of administration, service provision, and oversight, the International Federation will need to build new relationships with local governments.
Contact information:

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

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**Federation secretariat in Geneva:**
- Marcel Fortier, (Thailand and Indonesia regional officer); email: marcel.fortier@ifrc.org; phone: +41.22.730.4854,
- Priya Nair (tsunami grants officer), email: priya.nair@ifrc.org; phone: +41.22.730.4295
- Oscar Vispo (tsunami operations web communications officer); email: oscar.vispo@ifrc.org; phone: +41.22.730.4570

<Click here to return to title page>
**FIGURE 1: Analysis of programmatic performance indicators for Indonesia**

<table>
<thead>
<tr>
<th>Ind. No.</th>
<th>Programmatic Performance Indicators</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Overall estimated number of persons reached by International Federation and partners (using coverage methodology only, not by sector)</td>
<td>733,000</td>
</tr>
<tr>
<td>2</td>
<td>No. of persons with access to an improved water source (temporary settlements)</td>
<td>99,600</td>
</tr>
<tr>
<td></td>
<td>No. of persons with access to an improved water source (permanent settlements)</td>
<td>129,600</td>
</tr>
<tr>
<td></td>
<td><strong>Total no. of persons with access to an improved water source</strong></td>
<td><strong>229,200</strong></td>
</tr>
<tr>
<td></td>
<td>Total no. of persons targeted for access to an improved water source (planned)</td>
<td>296,500</td>
</tr>
<tr>
<td>3</td>
<td>No. of persons with access to improved waste management facilities or improved latrines (built to Sphere standards)</td>
<td>221,700</td>
</tr>
<tr>
<td>4</td>
<td>No. of persons certified or skilled in community-based first aid (including psychosocial)</td>
<td>15,700</td>
</tr>
<tr>
<td>5</td>
<td>No. of persons reached by community-based health services</td>
<td>103,600</td>
</tr>
<tr>
<td>6</td>
<td>Hospitals &amp; clinics built or rehabilitated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Operational/In use</td>
<td>184</td>
</tr>
<tr>
<td></td>
<td>Completed</td>
<td>190</td>
</tr>
<tr>
<td></td>
<td>Under construction</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>In planning phase</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td><strong>Total number of hospitals &amp; clinics to be provided</strong></td>
<td><strong>253</strong></td>
</tr>
<tr>
<td>7</td>
<td>Transitional shelters built</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Completed</td>
<td>19,923</td>
</tr>
<tr>
<td></td>
<td>Under construction</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>In planning phase</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td><strong>Total number of transitional shelters to be provided</strong></td>
<td><strong>19,923</strong></td>
</tr>
<tr>
<td>8</td>
<td>Permanent houses built</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occupied</td>
<td>17,022</td>
</tr>
<tr>
<td></td>
<td>Completed</td>
<td>17,957</td>
</tr>
<tr>
<td></td>
<td>Under construction</td>
<td>2,009</td>
</tr>
<tr>
<td></td>
<td>In planning phase</td>
<td>1,341</td>
</tr>
<tr>
<td></td>
<td><strong>Total number of permanent houses to be provided</strong></td>
<td><strong>21,307</strong></td>
</tr>
<tr>
<td>9</td>
<td>Schools built or rehabilitated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Operational/In use</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>Completed</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>In progress</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>In planning phase</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td><strong>Total number of schools to be provided</strong></td>
<td><strong>89</strong></td>
</tr>
</tbody>
</table>

---

1 The figure has decreased compared to previous report due to more accurate calculation.
2 That is, less than 20 persons per latrine, communal latrines segregated by gender, water and hygienic supplies are available.
3 The marked increase for this indicator reflects a broadened interpretation of certification, while taking into account the need for accurate reporting.
<table>
<thead>
<tr>
<th></th>
<th>Operational/In use</th>
<th>Completed</th>
<th>In progress</th>
<th>In planning phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Other community structures built or rehabilitated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total number of other community structures to be provided</td>
<td></td>
<td></td>
<td>1844</td>
</tr>
</tbody>
</table>

### Livelihoods

<table>
<thead>
<tr>
<th></th>
<th>No. of households reached by asset replacement or enhancement</th>
<th>No. of households that have received livelihood support grants</th>
<th>Range and average grant size (in local currency): RANGE</th>
<th>AVERAGE GRANT SIZE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>23,940</td>
<td>17,780</td>
<td>0.625 to 20 million</td>
<td>IDR 3,523,354</td>
</tr>
</tbody>
</table>

### Disaster Management

<table>
<thead>
<tr>
<th></th>
<th>% of population covered by pre-positioned stocks</th>
<th>No. of communities targeted for developing a disaster preparedness or contingency plan for all major risks</th>
<th>No. of persons trained in vulnerability and capacity assessments or community-based disaster management</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>4</td>
<td>Completed 287</td>
<td>Planned 6,084</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td>32,950</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Programme support and coordination

<table>
<thead>
<tr>
<th></th>
<th># of Red Cross Red Crescent organizations working/operational in country</th>
<th># of Red Cross Red Crescent organizations contributing programme data to this report</th>
<th># of Red Cross Red Crescent organizations newly arrived this reporting period</th>
<th># of Red Cross Red Crescent organizations exiting this reporting period</th>
<th># of Red Cross Red Crescent organizations with plans to exit in the next 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>19</td>
<td>21</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### Beneficiary & community participation

<table>
<thead>
<tr>
<th></th>
<th>Estimated PERCENTAGE of projects with one or more forms of local participation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Sustainability

<table>
<thead>
<tr>
<th></th>
<th>% of projects with a sustainability plan or documented exit strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Other data points to be included:

- No./List of Red Cross Red Crescent organizations working/operational in country:
  1. American Red Cross
  2. Australian Red Cross
  3. Belgian Red Cross-French
  4. British Red Cross
  5. Canadian Red Cross
  6. Danish Red Cross
  7. French Red Cross
  8. German Red Cross
  9. Hong Kong branch of the Red Cross Society of China
  10. Indonesian Red Cross
  11. International Federation
  12. Irish Red Cross
  13. Japanese Red Cross
  14. Korean Red Cross
  15. Norwegian Red Cross
  16. Singapore Red Cross
  17. Spanish Red Cross
  18. Swiss Red Cross
  19. Turkish Red Crescent

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4 The increased figures are due to the inclusion of projects not previously reported, such as playgrounds and retaining walls.

5 Degrees of beneficiary participation are defined as follows: (1) Gather information – Beneficiaries provide information to project planners; (2) Consult – Beneficiaries comment on different project options; (3) Actively participate – Beneficiaries design the interventions and participate in implementation; (4) Empower beneficiaries to participate – Beneficiaries design the interventions, participate in implementation, assess performance and are trained and encouraged to continue to act on their own in the future.
No./List of Red Cross Red Crescent organizations contributing programme data to this report:

1. American Red Cross
2. Australian Red Cross
3. Belgian Red Cross-French
4. British Red Cross
5. Canadian Red Cross
6. Red Cross Society of China
7. Danish Red Cross
8. French Red Cross
9. German Red Cross
10. Hong Kong branch of the Red Cross Society of China
11. Indonesian Red Cross
12. International Federation
13. Irish Red Cross
14. Japanese Red Cross
15. Korean Red Cross
16. Netherlands Red Cross
17. Norwegian Red Cross
18. Singapore Red Cross
19. Spanish Red Cross
20. Swiss Red Cross
21. Turkish Red Crescent

FIGURE 3: Analysis of knowledge sharing and active learning performance indicators

<table>
<thead>
<tr>
<th>Knowledge sharing and active learning</th>
<th>Total</th>
<th>Health &amp; Care</th>
<th>Shelter &amp; Community Construction</th>
<th>Disaster Management</th>
<th>Livelihoods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of evaluations, reviews or formal assessments completed or in process this period</td>
<td>27</td>
<td>11</td>
<td>3</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Number of evaluations, reviews, formal assessments planned for next period</td>
<td>11</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>New technical documents available from Red Cross Red Crescent this period (evaluation reports, lessons learned reports, sectoral guidelines, tools, policies etc.) by type by national society</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge sharing/active learning events underway or completed (involving one or more International Federation members) this reporting period, by type by national society</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge sharing/active learning events planned for next period by national society</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>