

Report 2004-2007



International Federation
of Red Cross and Red Crescent Societies

Federation-wide Tsunami Semi-annual Report Indonesia

Appeal No. 28/2004

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This report covers the period of 1 May to 31 October 2007, 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.



A community-based action team (CBAT) puts their emergency training into practice in a simulation exercise. British Red Cross/D. Mamonto.

Under the tsunami operation, the Federation focuses on building the community's capacity in line with the regional strategy "to contribute to well-prepared, resilient and safer communities better able to cope with disasters and emergencies in the future."

In brief

Executive Summary: The tsunami operation in Aceh and Nias has probably been the largest and most complex operation conducted by the International Federation of The Red Cross and Red Crescent Societies in terms of volume, complexity and incredible air, sea and land logistics challenges spread over a huge part of Indonesia. Despite these, however, the operation continues to progress steadily towards the end of its third year. Collective relief and recovery efforts have had an enormous impact on improving the lives of almost one million people.

The enormous transitional shelter programme is nearing completion with the remaining 78 units being built on Simeulue Island, bringing the total number to 19,894 units, providing shelter to almost 100,000 people. The permanent housing programme has also progressed significantly, with a total of 8,250 completed houses handed over, and 6,617 under construction.

The Federation's contribution in health programmes continues in various areas. The construction of 70 health facilities is completed, the first blood transfusion unit has been handed over, and the first three branches each in North Sumatera and Aceh have launched their ambulance services. Community-based first aid continues to raise the communities' health awareness while hygiene promotion complements the provision of water and sanitation facilities. Psychosocial support programme still continues but is gradually winding down.

In disaster management, the Federation focuses on the capacity building of the community to leave them more resilient and able to cope with future disasters. The implementation of an integrated community-based risk reduction effort ensures the involvement of the community and links to other relevant programmes. All 21 branches now have an early warning radio network installed, with over 100 volunteers trained for operation and

maintenance.

Nearing the end of the three-year operation, the Federation is working closely with the Indonesian Red Cross (Palang Merah Indonesia/PMI) to gradually revert to normal, and ensure the disengagement process does not impair the host national society but leaves it a stronger institution.

[Click here for the **Global Tsunami 3 Year Progress Report** and **collective Red Cross and Red Crescent financial report**](#)

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Operational Overview

The socio-economic growth in Aceh and political stability brought about by the peace accord between the government of Indonesia and Free Aceh Movement (Gerakan Aceh Merdeka/GAM) in August 2005 continues to benefit the people in the tsunami-affected areas of the Aceh province. Also contributing to the welcome stability was the passage of the law on the governance of Aceh and the election of new governor in December 2006.

While economic growth is generally welcomed, the increase of economic activities has seen a corresponding increase in the cost of materials. This market dynamic has significant effects on the Federation's ability to meet its original housing commitments.

During this reporting period, the Indonesian government passed a new disaster response bill that now requires the Indonesian Red Cross (Palang Merah Indonesia/PMI) to redefine their role in disaster response. This re-positioning of PMI will affect future disaster management programming in Indonesia for PMI and the partner national societies.

While the last report identified road blocks between Banda Aceh and Calang as one constraint hindering project implementation, this issue has now been resolved by the local government. However, the quality of infrastructure still presents a considerable challenge; for example, the recently completed highway on the west coast of Aceh had some structural damage.

During the current reporting period, there has been a significant increase in the number of houses completed and handed over to the affected communities, further diminishing the outstanding need for shelter support by tsunami-affected communities.

Almost three years after the tsunami, the Federation and PMI are now focusing on a transition strategy. A recent workshop involving most of the operational partner national societies (PNS) identified some PNS closing down parts of their operation as early as November 2007. Thus, there is an increasing demand to ensure sustainability of the programmes upon the partner national societies and the Federation's disengagement and apply a 'no-harm' policy. The workshop also raised other issues that need to be taken into account, among others legal compliance and liability, human resources development, volunteer retention, asset handover, and archiving.

Federation-wide achievements

Programmatic Performance Indicators	Total	NS total	Secretariat total
Overall estimated number of persons reached by the International Federation and partners	1,278,297	971,896	306,401
Total number of persons with access to an improved water	312,266	243,445	68,821
Total number of hospitals and clinics to be provided	223	223	N/A

Total number of shelters to be provided	19,894	N/A	N/A
Total number of houses to be provided	20,139	20,139	N/A
Total number of schools to be provided	91	91	N/A

Figures represent progress achieved up to 31 October 2007

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

The transitional shelter programme is nearing its completion with the last 78 units being built. It is expected to be completed by the end of November 2007. Due to some material defects, there has been a shortage of 106 units from the total 20,000 units planned. The programme was carried out by 32 different implementing partners in addition to the Federation secretariat, which provided coordination as well as logistical support.

Health and Care

The Federation continues its contribution to the rebuilding of health facilities in the tsunami-affected areas. To date, several of the 70 health facilities are operational and in use, in addition to the Ibnu Sina nursing academy in Sabang which was completed by the Norwegian Red Cross and handed over to the local authorities at the end of July.

The community-based first aid (CBFA) programme also continues in the relatively isolated areas of Nias and Simeulue Islands, implemented by the PMI and the Federation together with the national societies of Australia, Japan, Netherlands and Spain. Currently the programme covers ten sub-districts and reaches over 25,000 beneficiaries on both islands. It focuses on introducing healthy behaviour and good hygiene practices to community volunteers. They will further educate the community by giving health education on protection against infectious diseases and first aid, thus enhancing their capacity to take preventive measures against disease and provide first aid should the need arise.

Covering beneficiaries in 140 villages across Aceh province, the American Red Cross's CBFA project aims to help harmonize the Federation's CBFA approach through field testing of 'CBFA in action'. 'CBFA in action' is a new action learning based approach to CBFA, being piloted in several countries, Indonesia being one of them. The new approach emphasizes a more empowering "learning by doing" approach to community action (instead of a traditionally passive one) and contains a strong focus on result-oriented activities. Training for PMI staff has begun at the national level and will be rolled out to PMI branches in the coming year. Additionally, American Red Cross's avian influenza (AI) programme targets beneficiaries across 46 districts in Indonesia with AI education and prevention messages.



The World Blood Donor Day in Banda Aceh was preceded by a mass blood donation activity and marked with the inauguration of the new blood transfusion unit built by the Australian Red Cross. International Federation/ Vina Agustina.

On 'World Blood Donor Day', the new PMI blood transfusion unit (BTU) built with the support of Australian Red Cross was inaugurated. The project also aims to improve technical expertise of the BTU staff and increase voluntary non-remunerated blood donation in Aceh. As the only PNS with an HIV/AIDS project in the tsunami-affected area, the Australian Red Cross works with PMI volunteers to prevent HIV infection and reduce discrimination against people living with HIV/AIDS in and around Banda Aceh. The project works mainly with the general public and high risk groups, particularly university students and intravenous drug users, in close cooperation with the joint United Nations programme on HIV/AIDS (UNAIDS) and the provincial AIDS commission.

The ambulance services project of North Sumatera is a consortium of the PMI, German Red Cross and the Hong Kong branch of the Red Cross Society of China. The consortium has launched its pilot operations in three branches of Medan, Pematang Siantar/Simalungun and Langkat in the North Sumatera province after having recruited management staff, selected and trained volunteers as ambulance crews and purchased necessary equipment. Supported by the consortium and the PMI North Sumatera chapter, the pilot branches have engaged in extensive dialogue with health departments, police, health insurances and hospitals to form a joint coordination network with a central emergency call number. In Aceh province, the ambulance services consortium consists of PMI, Australian, and Norwegian Red Cross. To date, three branches, namely Kota Banda Aceh, Aceh Besar and Meulaboh, are operational. The consortium is working with the local government on using the existing emergency phone number, 188, for fire and police services for PMI ambulance services as well. At the national level, all four PNS members of the above consortium also support PMI headquarters in the development of an ambulance service guidebook to be published in April 2008, which will serve as a comprehensive guideline for ambulance service operations throughout the country.

In order to assist the beneficiaries in recovering emotionally from the trauma of the tsunami, the American and Danish national societies continue to implement psychosocial support programme (PSP), which was also conducted earlier by the Turkish Red Crescent.

The American Red Cross PSP aims to promote psychosocial competence of target communities and schools through an integrated community-based psychosocial support programme. The activities include ecological activities where community members are encouraged to clean their surroundings, plant trees and flowers; initiate cultural activities which encourage the community to celebrate traditions, restart ritual ceremonies and gatherings after the tsunami; and, solution-focused activities to help the community develop processes which enhance consensual decision making. Each project is developed by beneficiaries and regularly monitored community and school members together with PMI and American Red Cross.

The Danish Red Cross school-based psychosocial programme covers the Meulaboh sub-district of Aceh Barat and the Teunom sub-district of Aceh Jaya, and involves the children, teachers, headmasters and parents from 28 elementary schools. The activities include singing, music and recreational games for the children, training in the school-based psychosocial programme for the teachers as well as training in 'psychosocial first aid and stress management' for PMI volunteers. Additionally at the national level, the Danish Red Cross assists PMI at headquarters to develop PSP policy and guidelines, and a manual to be used nationwide. Now nearing the end of their programme, the Danish Red Cross has carried out a final evaluation, the report of which is currently being drafted.

The Turkish Red Crescent, located in the Sultan II Selim community centre in Aceh established on 26 December 2006, continues to serve the people in Aceh. It provides guidance and consulting services through a referral system to mental hospitals in Aceh as well as to NGOs with mental health projects. The community centre also provides a place for training and education activities for children, youths, students, orphans, women and people with disabilities. The community also utilises the centre for cultural and social activities which are conducted based on the community's needs. All activities in the centre are run by volunteers with community participation.

Health and Care: Water and Sanitation

The Federation's water and sanitation project focuses on providing access to improved water sources and improved waste management facilities or latrines for communities in the tsunami-affected areas. The national societies of America, Australia, Britain, Canada, France, Ireland, Japan, Netherlands, Norway, Spain and the Hong Kong branch of the Red Cross Society of China also continue to contribute to the provision of water and sanitation facilities. Together, the Federation has so far provided access to improved water source to over 312,000 beneficiaries.

The project has been using a new design for safe environment septic tanks and leach fields. Biofil tanks provided by the Federation were distributed in the first phase to the field for installation. Pipes are then used in the leach field system for secondary treatment of black water from Biofil tanks. The community has received this new,

improved design with enthusiasm, although installation is progressing slowly as the community is unfamiliar with this system, unlike the conventional concrete ring septic tank.



Children in Lahewa, Nias Island are happy to have access to water near their homes, which they never had before. International Federation/Vina Agustina

To date, the project has established strong community participation and involvement in the design, planning and implementation of this project. Communities participate through a core group, working with hygiene volunteers in hygiene promotion as well as undertaking voluntary work on digging trenches for the pipe network. They also help in the making/moulding of concrete. Furthermore, community members identify needs during the design phase of the projects. The participation of community in the construction of household latrines not only increases the community's ownership to the project but also speeds up the construction.

The Canadian Red Cross is currently responsible for implementing water and sanitation activities in four of the BRR (Aceh and Nias rehabilitation and reconstruction agency) designated temporary living

centres, which will go on until end of December 2007. They also work with the education officials, preparing them for the implementation of hygiene promotion in schools to be officially launched later this year.

The French Red Cross integrates sectoral activities and provides water and sanitation to all rehabilitated or reconstructed permanent shelters, schools and hospitals. In May, collective and individual water distribution systems were set up along with the reconstruction of 566 permanent houses built by Habitat for Humanity and Catholic Relief Services in Meulaboh. Combining high efficiency, cost effectiveness and simplicity of use and maintenance, the French Red Cross developed filters in order to provide potable water in areas of Sigli where the water was saline or arsenic-contaminated. The filter is easy to maintain, made of cheap and locally available components, and is used at the household level.

In partnership with PMI, the Hong Kong branch of the Red Cross Society of China has completed and handed over the water supply project to four villages in Aceh Besar district where the tsunami had caused saline contamination of the shallow wells. The partners undertook construction of a permanent water supply network, benefiting a total population of 2,035 persons.

The Norwegian Red Cross also continues intervention in water and sanitation, particularly in Simeulue Barat where construction of a new district public water utility (*perusahaan daerah air minum*/PDAM) system has started. Additionally, they continue drilling deep water wells, operating two drilling rigs in Aceh main land.

In the implementation of water and sanitation projects, the Federation and PNS involved have integrated participatory hygiene and sanitation transformation (PHAST) training which ensures community participation.

The primary challenges in the implementation of water and sanitation projects are particularly visible in remote areas. The access roads are mostly impassable by large vehicles when dispatching materials, and even more so in bad weather conditions. Using smaller vehicles to dispatch materials has been the solution to the access road problem.

Disaster Management

The Federation's disaster management programme in the tsunami-affected areas consists of four components, namely disaster preparedness, integrated community-based risk reduction (ICBRR) programme, set-up of early warning system (EWS), and set-up of warehouse with pre-positioned stock.

The ICBRR programme focuses on raising the communities' awareness on disaster risks and strengthening their capacity to respond to disaster. A number of national societies contribute to this programme, including the American, British, Canadian, Danish, and German Red Cross.

Covering the areas of Banda Aceh, Aceh Besar, Aceh Jaya and Sabang, the American Red Cross's ICBRR programme contributes to the building of community disaster preparedness capacity through community mapping exercises and the creation of community disaster action plans.

In the period under review, the British Red Cross provided emergency preparedness and response training in 17 villages of the Aceh Besar district and formed community-based action teams (CBAT). CBAT comprise village volunteers who take on the responsibility of leading the initial emergency response in their village, following locally developed emergency preparedness plans. Half of CBAT membership consists of women, and the emergency preparedness plans gives special attention to the needs of women and other vulnerable groups, including the elderly.



The Danish Red Cross dike is 210 metres in length using 1,956 cubic metres soil, 324 metres of wooden crib structures, 369 cubic metres of gabion structures and 1,400 square metres of Vetiver grass plants. This photo shows the dike near completion, when grass planting had just started. Danish Red Cross/Hans Hausmann.

The Canadian Red Cross school-based ICBRR programme has started implementation, and is strategically integrated into the EWS project. As part of the ICBRR programme, the German Red Cross implements disaster preparedness at school level. Additionally their contribution also covers the EWS system in close cooperation with the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ).

In the Teunom sub-district of Aceh Jaya, the PMI and Danish Red Cross ICBRR programme have completed baseline surveys and participatory rural assessment/vulnerability capacity assessment (PRA/VCA). Flooding, health deterioration, general dysfunctional drainage infrastructure and various environmental concerns were identified as problems shared among all 16 targeted communities. As a complementary project to the ICBRR programme, the Danish Red Cross has concluded its Teunom riverbank protection and flood dike rehabilitation works. Based on bioengineering principles, the project mitigates risks associated with frequent direct and indirect flooding which affected approximately 2,400 households in up to 12 communities. At the national level, the PMI headquarters has developed PRA/VCA manuals with support from the Danish Red Cross.

The Federation, in close cooperation with the national societies of Australia, Canada and Spain, continues the implementation of the EWS project. To date, HF/VHF radios have been installed in the PMI provincial chapter and its 21 branches, with over 100 volunteers trained for operation and maintenance. Further modification is under process after the completion of a technical assessment covering all branches. Additional HF/VHF radios have been purchased and are in the process of being transported and installed at the PMI branch on Nias Island, North Sumatera chapter as well as at the PMI headquarters. The standard operational procedure is under preparation by PMI, government of Indonesia and United Nations Development Programme (UNDP). The main constraint in this project is the lack of available permanent PMI office buildings at branch level, but this is being addressed through the branch building programme of the Federation and several PNSs.

In terms of providing pre-positioned stocks, the Federation is multilaterally supported by several national societies to set up 13 warehouses in 13 districts. Obtaining land on which the warehouses will be built has been a major constraint but is being addressed as the project progresses. Out of the targeted 13, the PMI has managed to confirm land for ten warehouses, one of which already has disaster preparedness containers placed and used as storage. Separately, the Norwegian Red Cross supports the PMI in the construction and management of two central warehouses (in Jakarta and East Java) and two regional warehouses (in Aceh and West Sumatera). The first central warehouse and training centre in East Java province is located in Gresik, Surabaya, and will be completed and operational early next year.

Construction

Up to the end of October, 8,250 of the 20,139 houses committed by the Federation have been completed and handed over. Partner national societies involved in the construction of permanent housing are the Red Cross and Red Crescent societies of America, Australia, Britain, Canada, China and its Hong Kong branch, France, Germany, Japan, Netherlands, Spain, Switzerland, and Turkey, in addition to the PMI.

The Federation's transitional shelter programme is nearing completion with the final 78 being constructed on Simeulue Island. A total of 32 implementing partners in addition to the Federation secretariat have been involved in the implementation.

During this reporting period, the British Red Cross provided new houses to an additional 702 families in the Teunom sub-district of Aceh Jaya. Additionally, 135 landless tsunami victims have received new houses in the Tanoh Manyang village, constructed on land provided by the community.

The Canadian Red Cross has to date provided safe and secure homes to over 1,500 people. The project has experienced ongoing challenges related to quality assurance, BRR land purchases and beneficiary re-verifications, but these have been continuously resolved to ensure ongoing progress. In Nias, the construction project overcame logistical complications of building on the island with the development of a detailed implementation plan in coordination with the Federation secretariat logistics. The homes are in the process of construction and communities have reacted positively to the model homes that were handed over in early September. At the end of October 2007, Canadian Red Cross has handed over 275 homes to the community.

In the area of permanent housing rehabilitation, the complexity lies in the fact that most of the houses are not completely destroyed but are affected by various levels of damage. To address this issue, the French Red Cross set up a methodology consisting of vulnerability and risk analysis. They have set up step-by-step family-based surveys, involving every beneficiary since the beginning of the project with strong socialization and tailor-made approaches in order to reduce beneficiary frustration.

Other than the eight health facilities completed and handed over, the German Red Cross also handed over 11 schools to the department of education, all of which are currently operational. Out of the total 1,505 committed houses covering Sabang, Calang and Teunom, the German Red Cross has handed over 760 units to the beneficiaries, while the rest are under construction. All houses are already complete with electricity and water sanitation systems. The sanitation system was provided in cooperation with the American Red Cross and Medair.

In partnership with PMI, the Hong Kong branch of Red Cross Society of China construction in Aceh Utara is also nearing its completion. It includes 750 houses and eight community centres. They are also in the process of reconstructing/rehabilitating nine schools in Aceh Utara and Lhokseumawe.

The constraint in construction varies from difficulty in obtaining land, verification of beneficiaries, and transfers of land titles. Moreover, the handover of completed houses are sometimes hindered by the slow pace of infrastructure development, particularly roads, access to water and sanitation, and electricity. In some cases, the community is also reluctant to relocate because the new areas are far from their livelihoods, schools and other accustomed facilities. In order to address the latter problem, some PNS such as the Australian Red Cross have designed and are currently building a whole community village which consists of housing and community infrastructure units such as *meunasah* (community hall), school and clinics.

In Aceh Jaya, one constraint in the reconstruction effort is the slow process of the district agrarian office in issuing land titles. This sometimes delays the construction process, although in some cases, some agencies/NGOs commence construction based on approval from the government.

Livelihoods

Since the beginning of the tsunami operation, several PNS operating in Indonesia have dedicated their resources to restoring the affected communities' livelihoods. These include the American, Australian, Belgian, British,

Canadian, Danish (collaborating with the British Red Cross), French, Irish, Japanese, Norwegian and Spanish Red Cross societies.

During the period under review, the British Red Cross provided individual cash grants to an additional 3,000 households of which 68 per cent of the recipients were women, and 22 percent the elderly. Grants have also been provided to disabled persons. Working together with PMI, the British Red Cross provided over 9,000 households with grants and appropriate training to support the recovery of their livelihoods. In addition to individual grants, the British Red Cross is providing group and community grants for activities benefiting livelihoods and the community as a whole. Financial support has also been provided to orphans and single parents.

The Canadian Red Cross started their *Puga Gampong* livelihood programme by socializing the grant application procedures in 27 communities in Aceh. The first grant selection meeting is scheduled for the first week of November.

With an approach slightly different from other livelihood projects, the Irish Red Cross secondary education cash assistance programme (SECAP) provides periodic cash allowance to help students stay in school and alleviates the family financial burden. In this reporting period, the SECAP selected a total of 1,024 new beneficiaries out of over 3,000 applicants from five districts. The new beneficiaries replace the former beneficiaries who graduated from high school in July 2007 as well as those who dropped out of the programme due to various reasons. With participation from teachers, school principals, parents, village leaders, PMI branches and the department of education, the SECAP staff developed a 'points system' to rank the vulnerability level of individual candidates. The system considers, among others, family status and economic situation of the potential beneficiaries. The system was designed to ensure that recipients of the cash assistance are children most in need. It was applied across the board to all new candidates and as a result, the above beneficiaries were selected and will receive their allowances in November.



Ratnasari has established a profitable sewing business in Teunom with the grant provided by British Red Cross. British Red Cross/Ade Sonivil.

Cross-cutting Issues

Risk reduction activities are integrated in programmes ensuring community participation; ownership and delivery on the regional objective of disaster risk reduction. An example of such integration can be seen in the construction of houses, where the Federation has worked with national priorities and local hazard resistance standards to ensure communities are 'building back better'.

In the livelihood programme run on Simeulue Island by the Australian Red Cross and PMI, mangrove planting along the east coast of the island was delivered through a cash-for-work scheme, providing short-term income for the community. These mangroves reduce the risk of erosion of the coast from high tides and winds and also provide a good environment for crab and shrimp cultivation. The building of a flood channel in Pulo Nasi by the British Red Cross to drain rainwater into the sea thereby preventing paddy fields from over flooding, also generated cash-for-work opportunities and supported agriculture.

Addressing the issue of equity, the French Red Cross developed a system to ensure beneficiary satisfaction for the rehabilitation of houses that were partially damaged by the tsunami. This system involved the beneficiaries from the beginning of the project through community consultation on the rehabilitation of their houses through family-based surveys. In that way, the rehabilitation of their houses is tailor-made to each community's unique situation and condition. In the long term this will avoid issues within and between communities that may arise from dissatisfaction.

The ICBRR programme, as elaborated above, focuses on building a stronger community able to better respond to future disasters. In order to achieve this, all partners involved in the ICBRR ensure community involvement from the beginning of the project. It is the community that identifies the major issues and risks they face in their

environment and then determines how and what they will do to address those issues. This approach not only builds the capacity of the community but also ensures ownership and sustainability of the programme.

Aiming to maintain and build the trust of beneficiaries, the Irish Red Cross leads the community outreach programme (COP). This programme was originally designed to support, develop and implement outreach and advocacy initiatives to encourage two-way dialogue between beneficiaries, communities, Federation partners and other stakeholders. In the beginning, the project was piloted for Banda Aceh and Aceh Besar only in terms of radio broadcast coverage. However, in the past six months, the replication phase has scaled up the coverage, and the radio programme is now being broadcasted on 15 radio stations via a satellite uplink to 15 selected affected areas in Aceh and Nias. The scope of the radio programme has also evolved beyond a simple two-way radio dialogue into a synergistic approach with add-ons such as radio drama and daily updates on the reconstruction and rehabilitation. In addition to the radio programme, the COP also distributes information bulletins, which, during the reporting period, increased its distribution to 15,000 copies to include all of Aceh and Nias.

While the statistics, feedback from beneficiaries and regular assessments, monitoring and evaluation missions give clear evidence of the operation's impact, the Federation's head of country delegation and head of sub-delegation in Aceh have taken a global approach in examining the entire operation. After each visit to all field operations of the Federation, PMI and PNS in Aceh, they have reported that the coordinated Federation-wide approach has paid off in terms of quality service delivery and beneficiary communications.

In terms of addressing gender issues, the Federation continues to ensure equal participation of women in every community-based activity. Furthermore, the Federation has started a gender discussion group in which the participants from seven partner national societies and the Federation shared experiences and conducted a mapping exercise on current gender mainstreaming activities in the tsunami operations. This activity is led by the Irish Red Cross with the support of the American Red Cross.

Host National Society Development

The PMI is still involved in the tsunami operation within the Federation coordination framework at the national level as well as the provincial and district level. The newly recruited staff and new volunteers in the tsunami-affected areas continue to provide the necessary resources and enable the various projects to reach out to community levels.

In terms of support to the PMI chapter and branches, the Federation and several PNS continue the construction planning and preparation for new PMI branch office buildings. The Federation secretariat is supported multilaterally by British, Canadian, French, Hong Kong branch of Red Cross Society of China, and Icelandic Red Cross. The national societies of Australia, Germany, Japan, Korea, Netherlands, Norway, and Spain provide bilateral support. To date, three branch offices have been completed and handed over by the Federation secretariat, while the rest are currently in progress.

The Federation, together with the PMI chapters of Aceh and North Sumatera, has carried out joint visits to each of the 21 branches in Aceh and the two branches on Nias Island. During these visits, they have conducted one-day working sessions focusing on volunteer management development and Red Cross Youth (RCY) development.

As part of the PMI's human resource development in Aceh, the Federation has agreed to provide support for English language and computer training in 16 branches. Support for staff continues for 15 staff at the Aceh chapter, four each in the North Sumatera chapter and all 21 branches in Aceh, as well as two others at the Gunung Sitoli branch on Nias Island.

In terms of volunteer management, the Federation has identified a consultant to assist PMI in the development and implementation of a simple volunteer management system as well as development of RCY programmes at chapter and branch level.

As recognized by the Federation's tsunami high-level group who had visited early this year, PMI's resources have been strained and this has resulted in a challenging financial situation for the national society. PMI has reviewed their previous financial policy and taken a step forward to prevent the same problem in the future by applying an overhead cost for any future programmes or projects. This new policy is captured in the cooperation agreement strategy (CAS) that was finalized within this reporting period.

Over time it has become more and more evident that the PMI's resources at all levels are stretched relatively thin. At national level in particular, the great demands of many projects often draw attention away from programme activities in other areas of the country.

Nearing the end of this year, the PMI conducted its annual meeting in which the its national board reported their progress and achievements during the first half term of the 2004-2009 strategic plan to the PMI chapter representatives. Furthermore, the PMI national board presented their annual work plan for 2008 which was reviewed and later approved. In this annual meeting, the PMI chairman made it clear that PMI will strive to shift their focus back to a more national overview, and gradually reduce their focus on Aceh. Additionally, he emphasized the need to reprioritize and regroup programmes based on the core mandate of the Red Cross Red Crescent, an exercise he had called 'back to basics'.

The Federation secretariat and PNS are increasing their support in terms of assisting PMI to gradually revert to their normal operations. In this regard, the Federation secretariat will launch an annual appeal for 2008-2009 to support the PMI programmes with a national focus.

Working as a Movement

Since its formation in 2005, the Movement coordination framework has matured. Although it has been more than two years since it was first set up, the framework is still very relevant to the operation. The Movement coordination framework has provided a mechanism for the partners involved to share their experiences, constraints, lessons learnt, and other relevant information from the field. The various discussions lead to a unified approach in various issues such as dealing with authorities and handling threats of extortion. With the three-year anniversary approaching, the Federation can take satisfaction in the care taken in striving for higher standards of construction, strong integrity, and working within capacities to leave behind a stronger PMI.

Both the Movement Platform and the Movement Partnership Task Force (MPTF) currently take on discussions that go beyond the tsunami operations.

The contribution of the members of the MPTF towards issues beyond the tsunami is evident in the formulation of the cooperation agreement strategy. After a fairly extensive process that began after the partnership meeting conducted in November 2006, the CAS was finalized in the last reporting period. Some partners who will stay operational beyond the tsunami have signed the CAS during this period, namely the Federation, ICRC, Danish Red Cross and German Red Cross.

Many of the partner national societies operational in the tsunami-affected areas have shown interest in supporting PMI beyond the tsunami operations. Their presence in-country has made it easy for PMI as well as the Federation to observe and coordinate support. This is particularly true in cases of emergencies such as the Bengkulu earthquake in September.

In terms of external relationships, the Federation continues working with the government's rehabilitation and reconstruction agency for Aceh and Nias (BRR) as well as with UN agencies and other stakeholders as needed and through regular coordination meetings.

Looking Forward

There are several priorities on the agenda of the Federation in implementing its operations in the tsunami-affected areas.

One priority high on the agenda is to fulfil commitments as agreed through the Movement cooperation framework and as registered with BRR. By the end of 2007, it is expected that an approximate 65 percent of the total housing commitments will be completed and handed over to the beneficiaries.

The next priority is to continue the planning of a transition strategy which subsequently will lead to the completion of the operations of several partners working in Aceh and Nias, and the reintegration of the tsunami-affected areas into country-wide programming. Therefore in looking forward, there is a greater emphasis on ensuring sustainable capacity of the PMI and a coordinated approach from the Movement in this regard.

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FIGURE 1: Analysis of programmatic performance indicators for Indonesia

Ind. No.	Programmatic Performance Indicators		Total	NSs Totals	Secretariat totals
1	Overall estimated number of persons reached by International Federation and partners (using coverage methodology only, not by sector)		1,278,297	971,896	306,401
	Health & care including water & sanitation infrastructure				
2	No. of persons with access to an improved water source (temporary settlements)		163,174	133,054	30,120
	No. of persons with access to an improved water source (permanent settlements)		149,092	110,391	38,701
	Total no. of persons with access to an improved water source		312,266	243,445	68,821
	Total no. of persons targeted for access to an improved water source (planned)		385,423	313,965	71,458
3	No. of persons with access to improved waste management facilities or improved latrines (built to sphere standards ¹)		116,167	90,442	25,725
4	No. of persons certified or skilled in community based first aid (including psychosocial) by gender where possible		25,805	5,953	19,852
5	No. of persons reached by community-based health services, by gender where possible		25,805	5,953	19,852
6	Hospitals & Clinics built or rehabilitated	Operational/In Use	70	70	
		Completed	76	76	
		Under Construction	78	78	
		Planned	69	69	
	Total number of hospitals & clinics to be provided		223	223	
	Shelter & community construction				
7	Transitional shelters built	Occupied/ utilized	19,816		19,816
		Completed	19,816		19,816
		Under construction	78		78
		Planned	0		0
	Total number of shelters to be provided		19,894		19,894
8	Permanent houses built	Occupied	7,279	7,279	
		Completed	8,326	8,326	
		Under construction	7,603	7,603	
		Planned	4,210	4,210	
	Total number houses to be provided		20,139	20,139	
9	Schools built or rehabilitated	Operational/In Use	42	42	
		Completed	44	44	
		In progress	47	47	
		Planned	0	0	
	Total number of schools to be provided		91	91	
10	Other community structures built or rehabilitated	Operational/In Use	36	36	
		Completed	39	39	

¹ That is, less than 20 persons per latrine, communal latrines segregated by gender, water and hygienic supplies are available.

		In progress	28	28	
		Planned	13	13	
	Total number of other community structure to be provided		80	80	
	Livelihoods				
11	No. of households reached by asset replacement or enhancement		13,081	13,081	
12	No. of households that have received livelihood support grants		12,375	12,375	
	Range and average grant size (in local currency): RANGE			IDR 10M - 20M (CHF1,348 - 2,698) ²	
	AVERAGE GRANT SIZE			IDR 15M	
13	% of (or no.) reporting improved, diversified or stabilized income		NA	NA	
	Disaster Management				
14	% of population covered by International Federation early warning interventions		NA	NA	NA
	% of population targeted (planned) for coverage by International Federation early warning interventions ³		NA	NA	NA
15	% of population covered by a functioning emergency response set up		NA	NA	
16	Number and percentage of buildings built meeting or exceeding local hazard resistance standards	(1) schools NUMBER	44	44	
		Percentage of schools	100%	100%	NA
		(2) temporary shelters NUMBER	19,816		19,816
		Percentage of Shelters	100%		100%
		(3) permanent houses NUMBER	8,250	8,250	
		Percentage of permanent houses	100%	100%	NA
		(4) Other	39	39	
17	% of population covered by pre-positioned stocks		41% ⁴		

Ind. No.	Programme support and coordination	Totals
18	% of projects that conform to joint key decisions (e.g. beneficiary selection, livelihoods standards etc.) <i>Specific joint decisions to be determined at the country level.</i>	100%
19	% of Red Cross Red Crescent organizations able to adhere to joint operational decisions the majority of the time (e.g. security guidelines,	100%
	# of Red Cross Red Crescent organizations working in country (operational)	21
	# of Red Cross Red Crescent organizations contributing to the report this period	20

² Indonesia exchange rate- CHF 1=IDR 7,413.1

³ For the early warning system, the International Federation is only providing radio communications facilities to the Indonesian Red Cross (PMI), and has not linked to other systems in the community yet. In the Indonesia context, this indicator should be considered with caution.

⁴ This figure is not separated by the Federation secretariat or Red Cross and Red Crescent societies and organizations. Furthermore, some operational Red Cross and Red Crescent societies and organizations opted to contribute their stocks to the Federation secretariat.

	# of Red Cross Red Crescent organizations newly arrived this reporting period	0
	# of Red Cross Red Crescent organizations exiting this reporting period	0
	# of Red Cross Red Crescent organizations with plans to exit in the next 6 months	2 ⁵
	Beneficiary & Community Participation	
20	Estimated PERCENTAGE of projects with one or more forms of local participation ⁶	90%
	Sustainability	
21	% of projects with a sustainability plan or documented exit strategy	82%

Use NA for not applicable, or not available

FIGURE 2: Analysis of knowledge sharing and active learning performance indicators

Knowledge sharing and active learning							
	Total	Health & Care	Shelter & Community Construction	Disaster Management	Livelihoods	Emergency Relief	Cross- , multi-sector or other
By Country							
Number of evaluations, reviews or formal assessments completed or in-process this period	37	9	16	6	5		1
Number of evaluations, reviews, formal assessments planned for next period	31	7	11	5	5		3
New technical documents available from International Federation this period (evaluation reports, lessons learned reports, sectoral guidelines, tools, policies etc.) by type by NS		5	10	4	2		
Knowledge sharing/active learning events underway or completed (involving one or more Red Cross Red Crescent actor) this reporting period, by type by Red Cross Red Crescent society		3	4	14	1		

⁵ British Red Cross and Netherlands Red Cross

⁶ 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.

Knowledge sharing/active learning events planned for next period by the national society		3	2	2	2		1
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Other data points to be included:

List of Red Cross Red Crescent Societies working/operational in country during reporting period:

- American Red Cross
- Australian Red Cross
- Belgian Red Cross-Francophone countries
- British Red Cross
- Canadian Red Cross
- Chinese Red Cross
- Danish Red Cross
- French Red Cross
- German Red Cross
- Hong Kong branch of the Red Cross Society of China
- Irish Red Cross
- Japanese Red Cross
- Korean Red Cross
- Malaysian Red Crescent
- Netherlands Red Cross
- Norwegian Red Cross
- Spanish Red Cross
- Swiss Red Cross
- Taiwan Red Cross Organization
- Turkish Red Crescent

List of Red Cross Red Crescent Societies that contributed to this report in this reporting period:

- American Red Cross
- Australian Red Cross
- Belgian Red Cross-Francophone countries
- British Red Cross
- Canadian Red Cross
- Chinese Red Cross*
- Danish Red Cross
- French Red Cross
- German Red Cross
- Hong Kong branch of the Red Cross Society of China
- Irish Red Cross
- Japanese Red Cross
- Korean Red Cross
- Malaysian Red Crescent**
- Netherlands Red Cross
- Norwegian Red Cross
- Spanish Red Cross
- Swiss Red Cross
- Taiwan Red Cross Organization
- Turkish Red Crescent***

* reconstruction reported by Indonesian Red Cross (PMI)

** presence is more on monitoring the completed projects, no new projects implemented

*** completed activity and only doing PSP management of their centre.

ANNEX 1: Notes and methodology regarding the programmatic performance indicators

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

Overall estimated number of persons reached by International Federation and partners

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

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

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

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

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

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

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.

Percentage of (or no.) reporting improved, diversified, or stabilized income

Not all partners in all countries have been able to report on this indicator (in which case N/A for not available is written, but only after considering a modified version of the indicator). The numerator is the number of households reporting improved, diversified or stabilized income and the denominator is the previous indicator, number of households that have received support grants or loans.

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 and percentage of buildings built meeting or exceeding local hazard resistant standards

The numerator equals the percentage of buildings (schools, shelters, houses etc.) that meet or exceed local hazard resistance standards; the denominator is the total number of schools, shelters, houses etc built noted earlier.

This indicator will be disaggregated as follows: 1) schools, 2) temporary shelters, 3) permanent houses, 4) other buildings.

Percentage of population covered by pre-positioned stocks

The numerator is the number of persons covered by pre-positioned stocks. The denominator is the total population.

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