

# Report 2004-2010



International Federation  
of Red Cross and Red Crescent Societies

## Federation-wide Tsunami 6-Year Progress Report

Appeal No. 28/2004

13 January 2010

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



Red Cross Red Crescent partners have collectively either fully funded or co-financed the construction of 33,892 permanent houses in Sri Lanka. Marianne Pecnik/IFRC.

## About this report

This is the ninth International Federation-wide tsunami progress report.

While this report does offer an opportunity to gauge the progress over the six-month period of April 2010 to September 2010, it presents what is best defined a cumulative picture; therefore there should be some caution in drawing conclusions from comparisons between the reports. The data presented in each progress report is reflective of the number of Red Cross and Red Crescent societies reporting into it. This figure has changed for each report.

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

### Glossary of terms:

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

societies.

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

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

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

## Introduction

Six years ago, the deadliest tsunami in recorded history swept through coastal areas of Indonesia, Sri Lanka, the Maldives, Thailand, India and nine other Indian Ocean countries. Indonesia is now the only country with uncompleted projects against programmatic indicators, as the last reporting period witnessed the full wrapping up of all tsunami programmes in Maldives and the practical completion of the same in Sri Lanka [against indicator objectives], pending formal finalizations and handing over.

Over 4.8 million people have benefited from Red Cross Red Crescent support since the tsunami struck. This assistance has been wide-ranging with the main focus being the reconstruction of physical infrastructure such as homes, schools and health facilities. The Red Cross Red Crescent has achieved its target of constructing 57,500 permanent houses.

### Sri Lanka

In Sri Lanka, as the nation celebrated the end of decades of internal strife, the remaining Red Cross Red Crescent partners were preparing to exit or transition their support from tsunami recovery and reconstruction programming to support to longer-term development programmes and other crises – such as the [support for internally displaced people](#). IFRC is currently well into transition, focussing on shifting from tsunami programming to the four core programming areas of disaster management, health and care, organizational development and principles and values, harmonized with Sri Lanka Red Cross Society's five-year development plan. This approach was formalized through the launch of the Annual Plan 2010-11, the SLRCS's first such plan since the tsunami.

Red Cross Red Crescent partners have collectively either fully funded or co-financed the construction of 33,892 permanent houses in Sri Lanka. An approach that integrates various sectors – such as water and sanitation, livelihoods, health and care and disaster management – has been applied through the construction programme. As the permanent housing programme approached final completion, IFRC implemented a community engagement programme to assist the beneficiaries to take possession and responsibility for their new homes. Workshops and trainings were conducted to help communities understand how to maintain and manage their houses. In addition to the houses that were constructed a number of community centres, market places and playgrounds were constructed and handed over to communities at several locations nationwide.

Red Cross Red Crescent partners also focussed on rebuilding and reconstructing health infrastructure facilities. This programme of works comprises 69 projects undertaken in cooperation with the ministry of health, of which 14 were undertaken by IFRC. The scope of work included the construction of new buildings, and the renovation and refurbishment of existing health facilities together with the supply of new medical equipment. IFRC has made solid progress in the last half of 2010, with the successful handing over of all facilities.

In support of the National Water Supply and Drainage Board (NWSDB) reconstruction programme, 26 major water and sanitation infrastructure projects have been committed to by Red Cross Red Crescent partners. Many of these water and sanitation projects are highly complex, such as laying pipeline networks to new resettlement areas. Targeted tsunami-affected families will only get access to the improved water sources once the entire project is finalized and water is connected to the catchment areas. IFRC undertook eight of the very significant

projects, six of which have been completed, with the final two completed and expected to be handed over by mid-2012.

### **Maldives**

Rectification works on all major tsunami projects have been completed and handed over to the island communities and the government. The reporting period saw the completion of the final project: the installation and handing over of the sewer pipe in Laamu Gan. With this all tsunami-related projects in the Maldives is complete.

As for the newly established National Society, the Maldivian Red Crescent celebrated its first anniversary on 16 August 2010 and is currently finalizing achievement of the 10 conditions for the recognition by the International Committee of the Red Cross (ICRC) and at the same time becoming a full-fledged member of the International Red Cross and Red Crescent Societies (IFRC) through its General Assembly which will be held in early 2011. To date the Maldivian Red Crescent has established six branches and 13 units across the island nation.

### **Indonesia**

During 2010 the IFRC Banda Aceh office focused on transition from tsunami operations to supporting regular National Society programming. With the completion of the Lahewa water and sanitation project in Nias in December 2009 and the water and sanitation activities in Mandrehe in the west of Nias in June 2010, the IFRC's 2004 tsunami and 2005 earthquake recovery programme came to a close. The phase down and closure of the programme was managed by the Gunungsitoli office which closed its doors at the end of August 2010. The bulk of the programme assets and remaining stock was donated to the Indonesian Red Cross (*Palang Merah Indonesia*/PMI) branches in Nias. Activities continuing on Nias include community-based health and first aid (CBHFA) programme, managed by the North Sumatra provincial chapter, future funding of which will be included in the annual appeal.

PMI is working with Partner National Societies to implement the final tsunami operation projects in the Disaster Management and Health sectors with final completion expected to in mid-2011.

## Financial Overview

The International Federation<sup>1</sup> has received a total of CHF 3,110 million<sup>2</sup>. This is a reduction of 17 million from the last reported Income value of CHF 3,127 million as a result of corrections and clarifications from a number of reporting parties.

Figure 1.1: Total contributed to International Federation by original sources in million Swiss Francs (CHF)

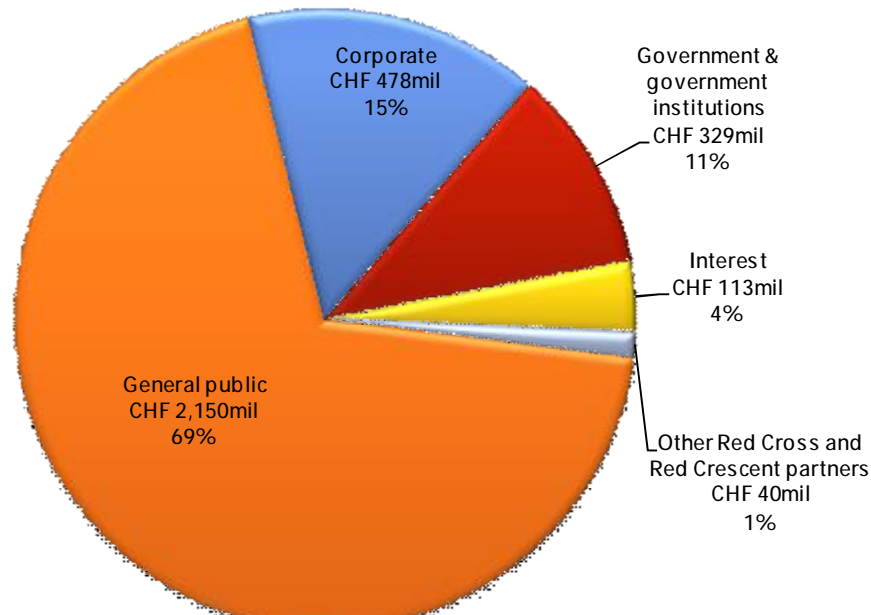
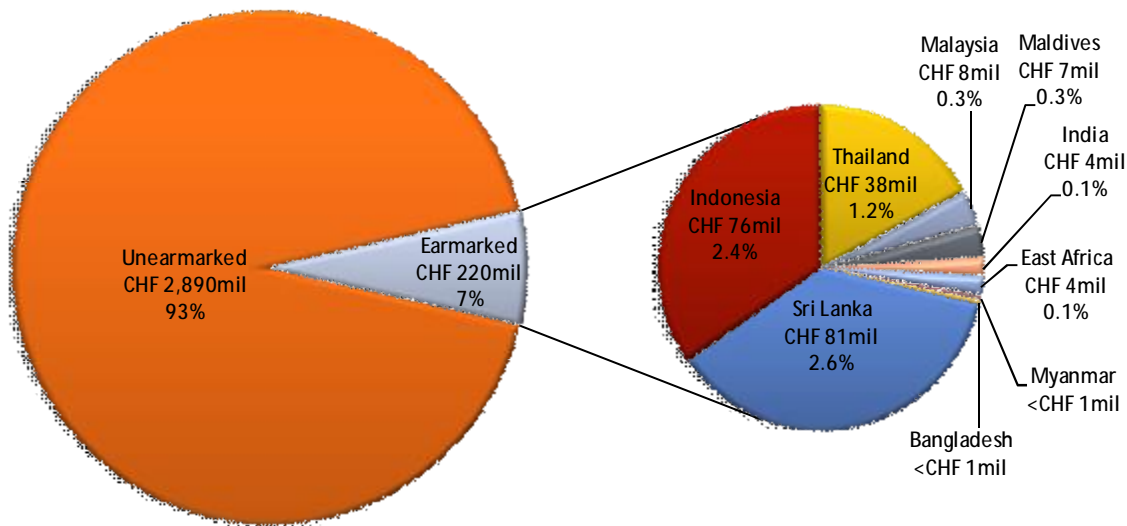


Figure 1.2: Total contributed by original designation in million Swiss Francs (CHF)



<sup>1</sup> The information in this financial summary combines unaudited financial data from 42 independent National Societies (listed below) and the International Federation secretariat, which is conducting tsunami recovery operations on behalf of more than 100 national societies which contributed directly to its tsunami appeal. The financial data for this report was provided by Red Cross and Red Crescent Societies and organizations from: Australia, Austria, Bangladesh, Belgium – Flanders community, Belgium – Francophone community, Canada, China, Cyprus, Denmark, Finland, France, Germany, Hong Kong, Hungary, Iceland, India, Indonesia, Ireland, Italy, Japan, South Korea, Luxembourg, Macau, Malaysia, Myanmar, Netherlands, New Zealand, Norway, Qatar, Seychelles, Singapore, Somalia, Spain, Sri Lanka, Sweden, Switzerland, Taiwan, Thailand, Turkey, United Kingdom, United Arab Emirates, and United States.

<sup>2</sup> Financial reporting was received in local currencies and converted to CHF, which is the official reporting currency of the International Federation secretariat. The foreign exchange rates used were derived in the following way: The exchange rate to translate income is the weighted average rate of Secretariat income receipts from 27 December 2004 through 30 September 2010; the exchange rate to translate expenditure is the average rate from 27 December 2004 through 30 September 2010; and the rate as of 30 September 2010 is used for projected expenditure. The summary table of rates used is included in the financial reporting methodology notes, annexed to this report.

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

As of 30 Sept 2010, CHF 2,769 million or 89 per cent has been spent across all tsunami countries.

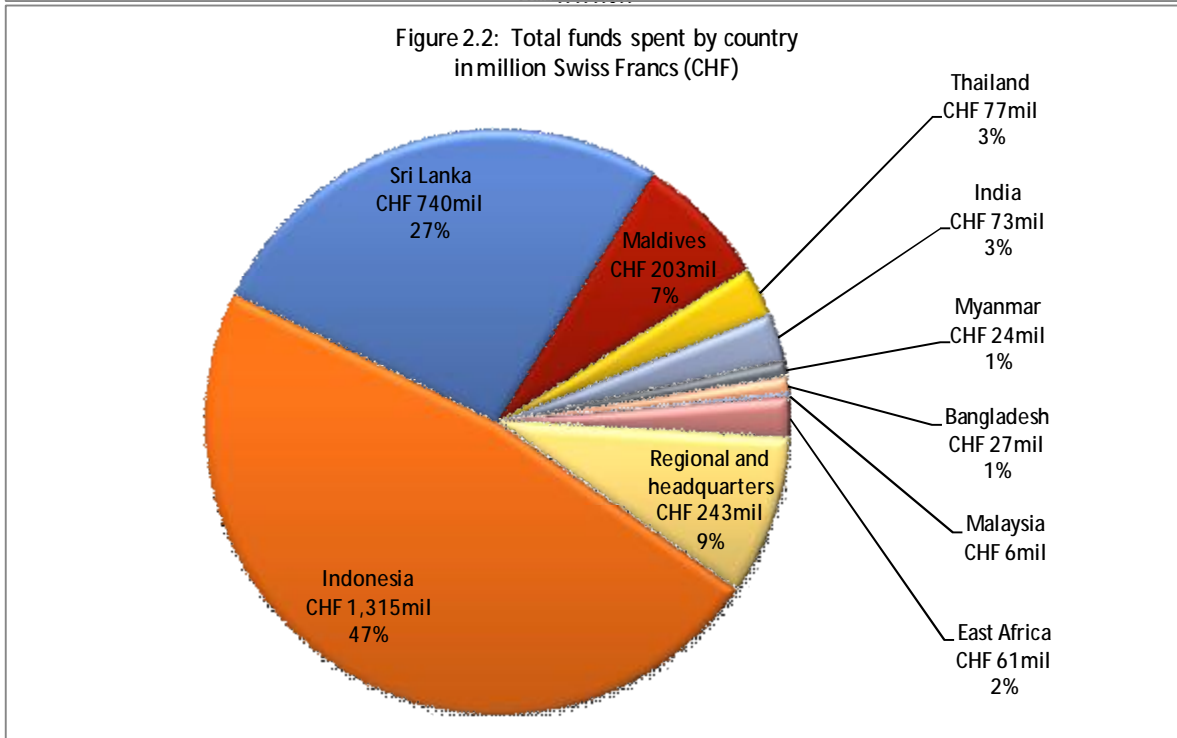
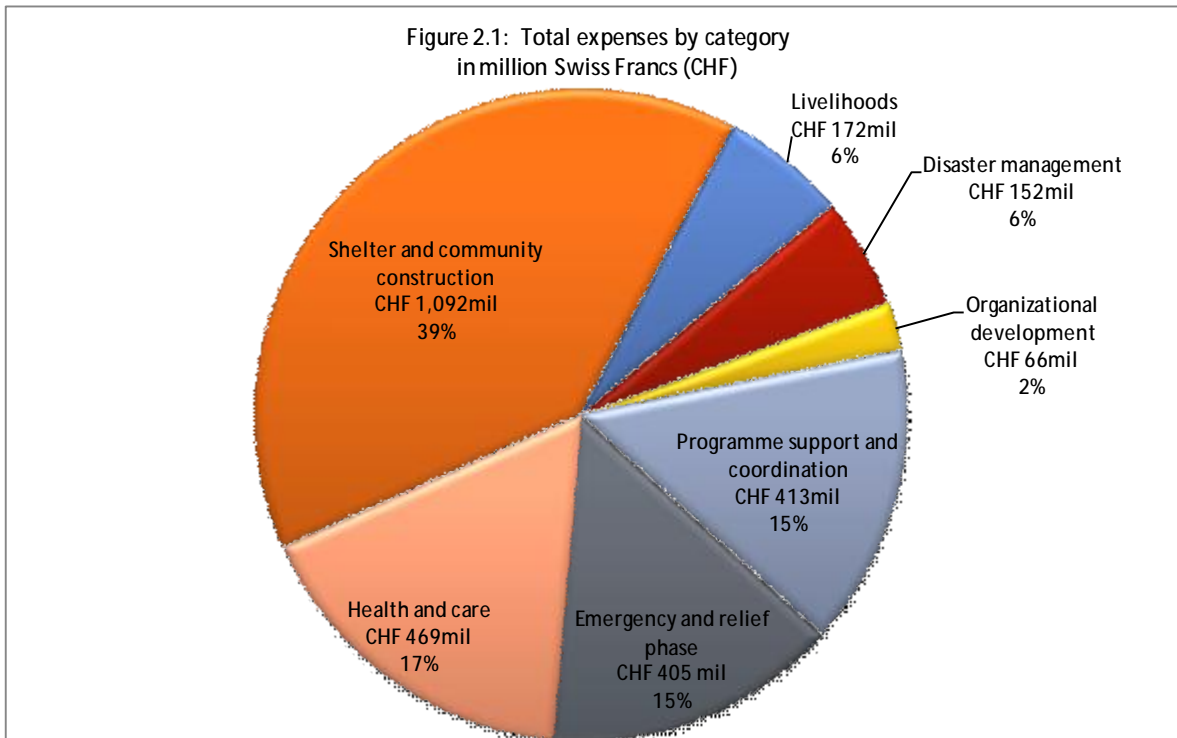


Fig. 2.1 and 2.2 reflect spending through 30 September 2010 by programme area<sup>3</sup> and location of operations. The largest amount's spent by Federation members by programme area continues to be in the area of Shelter and Community Construction (CHF 1,092 million).

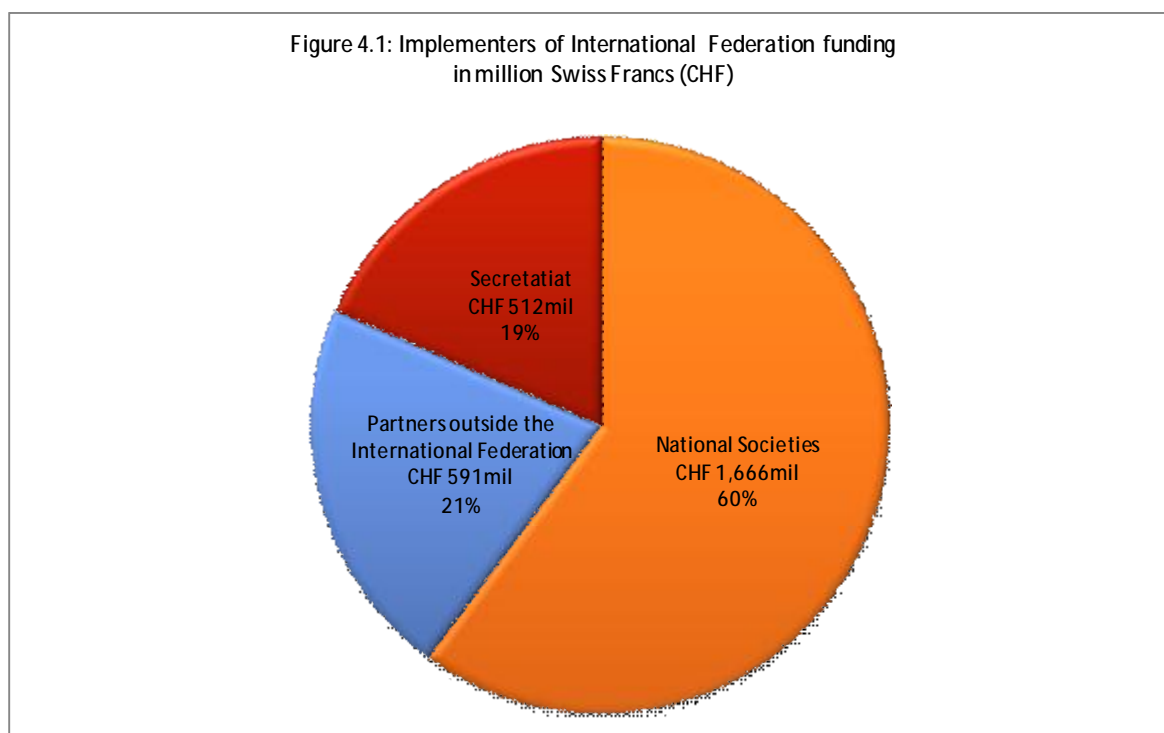
<sup>3</sup> Financial reporting has been restricted to seven categories. Each National Society has its own, unique financial accounting and coding structures. Therefore, for the purposes of consolidating financial figures, the data supplied by the National Societies were simplified into the seven categories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

Figure 2.2 shows that the highest amount's by Country have been spent in Indonesia (CHF 1,315 million) followed by Sri Lanka (CHF 740 million).

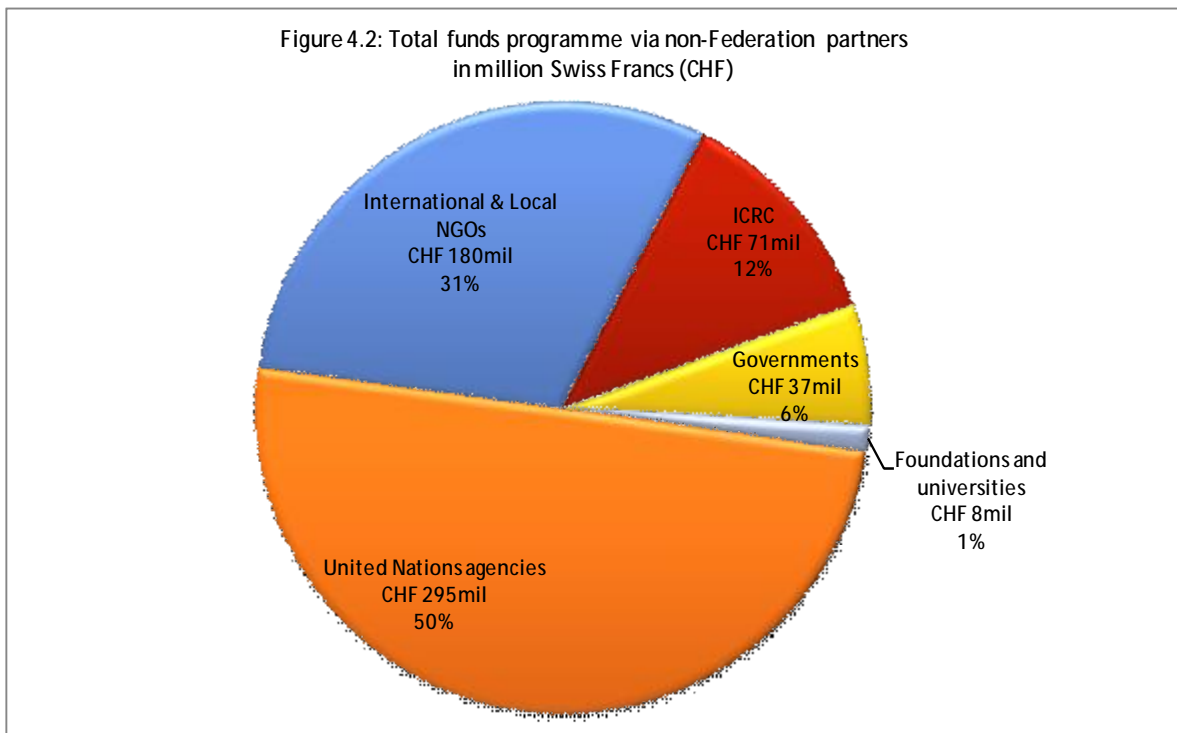
Fig. 3 details the expenditure made by country<sup>4</sup> and by programme - in million of Swiss Francs (CHF).

Country	Emergency Phase / Relief	Health & Care	Disaster Management	Livelihoods	Shelter & Community Construction	Organisational Development	Programme Support & Coordination	Total Expenditure
Indonesia	235.4	195.0	62.5	85.7	583.1	22.0	131.0	1,314.7
Sri Lanka	91.1	101.4	29.8	52.6	356.2	23.8	85.4	740.3
Maldives	10.2	52.4	1.5	1.4	105.4	2.0	30.0	202.9
Thailand	1.7	34.8	4.2	9.6	16.1	4.1	7.1	73.6
India	2.4	21.5	9.3	10.8	23.0	1.2	4.4	72.6
Myanmar	4.9	12.1	4.1	0.3	0.0	1.6	0.6	23.6
Bangladesh	0.7	23.1	1.6	0.0	0.2	0.1	0.9	26.6
Malaysia	0.0	0.7	0.3	1.8	1.6	0.6	1.3	5.3
East Africa	12.5	13.2	17.6	1.0	0.3	8.5	7.6	60.7
HQ & Regional	46.0	15.3	20.6	8.8	6.1	2.3	144.4	243.5
<b>Expenditure by Category</b>	<b>404.9</b>	<b>469.5</b>	<b>151.5</b>	<b>172.0</b>	<b>1,092.0</b>	<b>66.2</b>	<b>412.7</b>	<b>2,768.8</b>

Fig. 4.1 reflects how expenditure is split among the International Federation secretariat, the 42 National Society members reporting for this period, and other partners outside the International Federation. The majority of expenditure is being carried out by members of the International Federation, with 21% of the overall total being programmed through other actors to avoid unnecessary duplications or gaps in the provision of assistance. The percentage of assistance programmed through these external agencies has remained steady through the last few reporting periods dropping somewhat since the earliest reports.

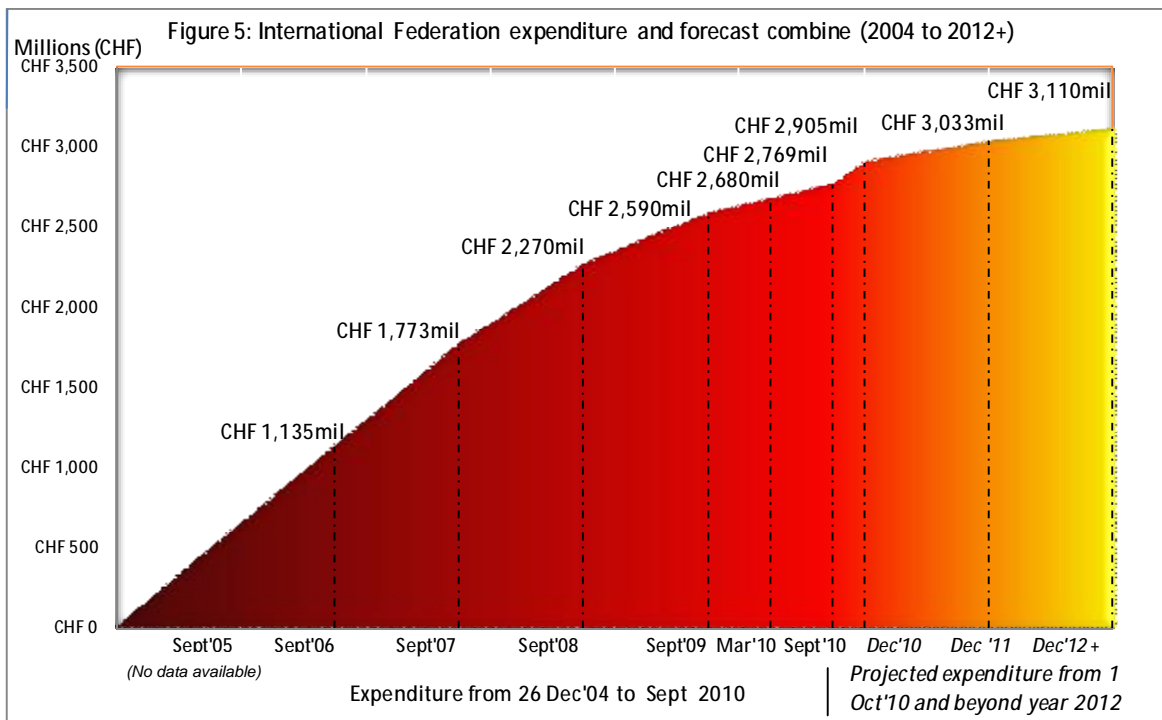


<sup>4</sup> The category East Africa represents the countries of Comoros, Kenya, Madagascar, Mauritius, Seychelles, Somalia, and Tanzania.



Many of the International Federation member National Societies report that tsunami recovery programming will continue into the year's 2012+.<sup>5</sup> Estimated spending projections are shown in Figure 5 and now include the addition of 2012+.

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



<sup>5</sup> Financial reporting for the first five rounds of this consolidated report was restricted to the 2005-2010 timeframe, but was extended in the Eighth round report to include 2012+ as several National Societies have consistently projected plans into 2012 and beyond. For purposes of consolidating financial figures, National Societies were requested to adapt their plans to the time frame shown in figure 5.

# Programmatic analysis

**FIGURE 6: Analysis of programmatic performance indicators<sup>6</sup>**

N/A: not available; N/ap: not applicable  
Figures represent progress achieved up to 30 September 2010.

Ind. No.	Programmatic Performance Indicators <sup>6</sup>	Totals	Maldives	Sri Lanka	Indonesia	Other <sup>7</sup>	
1	Overall estimated number of persons reached by International Federation and partners (using coverage methodology only, not by sector)	4,808,000	257,000 <sup>8</sup>	1,980,000 <sup>9</sup>	1,247,000 <sup>10</sup>	1,324,000	
<b>Health &amp; care including water &amp; sanitation infrastructure</b>							
2	No. of persons with access to an improved water source (temporary settlements)	275,800	107,900	63,700	104,200	0	
	No. of persons with access to an improved water source (permanent settlements)	537,700	107,900	152,300	221,100	56,400	
	<b>Total no. of persons with access to an improved water source</b>	<b>705,600</b>	<b>107,900<sup>11</sup></b>	<b>216,000</b>	<b>325,300</b>	<b>56,400</b>	
	Total no. of persons targeted for access to an improved water source (planned)	843,300	113,100	310,100	348,100	72,000	
3	<a href="#">No. of persons with access to improved waste management facilities or improved latrines (built to sphere standards<sup>12</sup>)</a>	342,900	92,400	51,000	191,400	8,100	
4	No. of persons certified or skilled in community based first aid (including psychosocial)	278,600	2,400	232,900	28,400	14,900	
5	No. of persons reached by community-based health services	1,110,200	64,300	152,900	684,800 <sup>13</sup>	208,200	
6	Hospitals & Clinics built or rehabilitated	Operational/In Use	296	27	69	182	21
		Completed	316	27	69	199	21
		Under Construction	16	0	0	16 <sup>14</sup>	0
		In Planning Phase	0	0	0	0	0
	<b>Total number of hospitals &amp; clinics to be provided</b>	<b>332</b>	<b>27</b>	<b>69</b>	<b>215</b>	<b>21</b>	

<sup>6</sup> The programmatic information in this report reflects contributions from Red Cross and Red Crescent societies and organizations working on site in the affected countries as well as the International Federation secretariat which is conducting tsunami recovery operations on behalf of more than 100 Red Cross and Red Crescent societies. The Red Cross and Red Crescent societies and organizations that have provided data for the programmatic performance section of this report are from: Australia, Austria, Bangladesh, Belgium – Flanders community, Belgium – Francophone community, Canada, China, Denmark, Finland, France, Germany, Hong Kong, India, Indonesia, Ireland, Italy, Japan, Korea, Netherlands, Norway, Seychelles, Singapore, Somalia, Spain, Sri Lanka, Sweden, Switzerland, Thailand, Turkey, United Kingdom, and United States.

<sup>7</sup> Consists of Bangladesh, India, Seychelles, Somalia and Thailand, based on data updated on 30 September 2009.

<sup>8</sup> **Maldives:** The figure includes the beneficiaries of a measles vaccination campaign where the Measles Initiative partners and the government of the Maldives vaccinated more than 80 per cent of the country's population, consisting of boys/men between ages 6 and 25, and girls/women aged 6 to 35 (encompassing women of child bearing age). It was the first time in the country's history that a mass vaccination programme of this nature had been conducted. The figure also includes the number of people reached by the ministry of health with information on prevention of dengue and chikungunya fever (pamphlets jointly produced by the International Federation and the Maldives department of public health were extensively distributed in Male' and the atolls).

<sup>9</sup> **Sri Lanka:** It is still a challenge to estimate the number of persons reached in Sri Lanka by the lowest divisional level possible (Grama Nildhari or GN level), as the names of GNs are not recorded by all partners.

<sup>10</sup> **Indonesia:** The figure does not include the over 2.7 million people reached through an Avian and Human Influenza awareness campaign implemented in and outside of tsunami-affected areas.

<sup>11</sup> The persons with access to an improved water source while living in temporary settlements eventually moved to permanent shelters. The numbers, therefore, are the same in this indicator to prevent multiple counting.

<sup>12</sup> Fewer than 20 persons per latrine; communal latrines segregated by gender, water and hygienic supplies available.

<sup>13</sup> **Indonesia:** The figure does not include people reached through an Avian and Human Influenza awareness campaign implemented in and outside of the tsunami-affected areas.

<sup>14</sup> **Indonesia:** Construction of 16 clinics handed over by Japanese Red Cross to PMI. Construction only expected to begin in early 2011.

Ind. No.	Programmatic Performance Indicators	Totals	Maldives	Sri Lanka	Indonesia	Other	
<b>Shelter &amp; community construction</b>							
7	Transitional shelters built	Completed	21,112	1,084	105	19,923	0
		Under construction	0	0	0	0	0
		In Planning Phase	0	0	0	0	0
	<b>Total number of shelters to be provided</b>		<b>21,112</b>	<b>1,084</b>	<b>105</b>	<b>19,923</b>	<b>0</b>
8	Permanent houses built	Occupied <sup>15</sup>	53,070	1,514	30,163	21,342 <sup>16</sup>	51
		Completed	57,300	1,514	33,892	22,043	51
		Under construction	200	0	0	0	0
		In Planning Phase	0	0	0	0	0
	<b>Total number of houses to be provided</b>		<b>57,500</b>	<b>1,514</b>	<b>33,892</b>	<b>22,043</b>	<b>51</b>
9	Schools built or rehabilitated	Operational/In Use	163	14	34	99	16
		Completed	164	14	34	99	17
		In progress	0	0	0	0	0
		In Planning Phase	0	0	0	0	0
	<b>Total number of schools to be provided</b>		<b>164</b>	<b>14</b>	<b>34</b>	<b>99</b>	<b>17</b>
10	Other community structures built or rehabilitated <sup>17</sup>	Operational/In Use	450	156	21	267	6
		Completed	458	156	21	275	6
		In progress	12	0	0	12 <sup>18</sup>	0
		In Planning Phase	0	0	0	0	0
	<b>Total number of other community structure to be provided</b>		<b>470</b>	<b>156</b>	<b>21</b>	<b>287</b>	<b>6</b>
<b>Livelihoods</b>							
11	No. of households reached by asset replacement or enhancement	31,240	20	7,930	13,940	9,350	
12	No. of households that have received livelihood support grants	63,140	1,490	37,480	23,530	640	
	Range and average grant size (in local currency): RANGE	N/Ap	MVR 2,000- MVR 60,360	LKR 15,000- LKR 42,000	IDR 11,713 – IDR 20 million	N/Ap	
	AVERAGE GRANT SIZE	N/Ap	MVR 25,803	LKR 28,500	IDR 3,322,946	N/Ap	

<sup>15</sup> This figure is based on the occupancy rates at time of handover of houses.

<sup>16</sup> Indonesia: 200 houses from Hong Kong branch of Red Cross Society of China to be handed over in December 2010.

<sup>17</sup> Structures include community facilities such as meeting halls, community centres, kindergartens etc.

<sup>18</sup> Indonesia: 12 community centres by Canadian Red Cross. Estimated completion December 2010.

Ind. No.	Programmatic Performance Indicators	Totals	Maldives	Sri Lanka	Indonesia	Other	
<b>Disaster Management</b>							
13	% of population covered by pre-positioned stocks	N/Ap	N/A	40%	3%	N/Ap	
14	No. of communities targeted for developing a disaster preparedness or contingency plan for all major risks.	Completed	772	18	225	393	136
		Planned	801	18	225	422 <sup>19</sup>	136
15	No. of persons trained in vulnerability and capacity assessments or community based disaster management	41,175	500	340	37,845	2,490	
<b>Programme support and coordination</b>							
16	No. of Red Cross and Red Crescent organizations working in country	25	3	11	15	10	
	No. of Red Cross and Red Crescent organizations contributing programme data to the report	32	9	20	21	10	

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

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

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<sup>19</sup> Indonesia: 29 projects have been handed over to PMI and are expected to be completed in mid-2011.

## ANNEX 1: Notes and methodology regarding presentation of combined financial data

1. The combined income and expenditure data in this report was generated based on financial data collected from the International Federation Secretariat and the 42 Red Cross and Red Crescent societies referenced in the report. This data was collected and compiled over a period of eight weeks, from 15 October 2010 to 27 December 2010. The method developed to obtain financial data considered the flows of income and expenditure and eliminated multiple counting (within the International Federation network) of income and expenditure.
2. This report is a combined cumulative portrait of International Federation financial information. All of the reports received from the Red Cross and Red Crescent societies and organizations and used to generate this collective portrait reflected data through 30 September 2010, with the following exceptions: Eight Red Cross or Red Crescent societies declined to give updated data for this reporting period and in all cases the most recent past submission of data was used.
3. Included in the reporting of income are in-kind goods and services (non-cash contributions). Due to variations in the way that in-kind goods are treated by International Federation members, the value of income and expenditure related to in-kind goods and services (non-cash contributions) may not be fully represented in this consolidation, due to the different accounting treatments of these non-cash items. As a result the report possibly under reports the income and expense values for these in-kind goods and services. However, these values are estimated to be small, and immaterial to the overall report.
4. The exchange rates used to combine the financial data during this Ninth round of reporting are shown in the table below.

Currency	Income	Expenditure	Projection	Currency	Income	Expenditure	Projection
AUD	1.093	1.068	1.058	LKR	98.213	92.881	113.895
BDT	51.813	57.400	69.348	MMK	1,111.1	931.5	943.4
CAD	1.005	1.040	0.951	MYR	3.306	3.034	3.150
CNY	6.421	6.416	6.810	NOK	5.191	5.273	6.007
DKK	4.527	4.814	5.625	NZD	1.210	1.251	1.385
EUR	1.550	1.548	1.325	QAR	3.145	3.140	3.707
GBP	2.228	2.067	1.552	SCR	6.429	5.729	11.275
HKD	6.401	6.712	7.906	SEK	5.890	6.175	6.953
IDR	7,142.9	8,126.5	9,267.8	SGD	1.401	1.304	1.345
INR	35.040	38.409	45.977	THB	33.922	30.246	31.046
JPY	94.073	90.784	85.616	USD	1.191	1.157	0.981
KRW	815.32	901.94	1,168.22				

5. As the Consolidated Financial Data is reported in CHF terms on the basis of the exchange rates above, there will exist a residual FX effect from the application of differing CHF rates to balanced local Currency Values. This Fx effect would result in an overstatement of the residual funds available as at 30<sup>th</sup> September 2010 by up to 2% of Income.
6. Some Red Cross and Red Crescent societies and organizations report operating on a cash accounting basis, while others work on an accrual basis. Cash basis means that the reported financial income and expenditure include only income received and expenditure paid at 30 September 2010. Accrual basis means that the reported financial income and expenditure include all income received and receivable and expenditure paid or payable as at 30 September 2010.
7. Treatment of interest income: Each Red Cross or Red Crescent society or organization's treatment of interest earned on donations is governed by their own financial policies. In the cases where interest is not allocated back to the tsunami operation, Red Cross and Red Crescent societies report interest being allocated to future international and emergency operations or to general headquarters operations.
8. Categories and definitions used for the classification of expenditure can be found in the online version of this report.

## **ANNEX 2: Notes and methodology regarding the programmatic performance indicators**

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

### **Overall estimated number of persons reached by International Federation and partners**

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

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

### **Health and Care including Water and Sanitation**

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

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

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

Source: WHO and UNICEF, Water Supply and Sanitation Collaborative, and <http://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.

## Number of people reached by community-based health

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

## Hospitals and clinics built or rehabilitated

This indicator has been disaggregated as follows:

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

## Shelter and Community Construction

### Transitional shelters built

This indicator will be disaggregated as follows:

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

### Permanent houses built

This indicator will be disaggregated as follows:

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

### Schools built or rehabilitated

This indicator will be disaggregated as follows:

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

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

#### **Other community facilities built or rehabilitated**

Methodology similar to above has been applied.

### **Livelihoods**

#### **Number of households reached by asset replacement or enhancement**

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

#### **Number of households that have received livelihoods support grants**

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

### **Disaster Management**

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

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

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

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

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

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

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

**Number on people trained in vulnerability and capacity assessments or community-based disaster management.**

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