



Tsunami three-year progress report



International Federation
of Red Cross and Red Crescent Societies

The International Federation's Global Agenda (2006–2010)

Over the next five years, the collective focus of the Federation will be on achieving the following goals and priorities:

Our goals

Goal 1: Reduce the number of deaths, injuries and impact from disasters.

Goal 2: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

Goal 4: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

Our priorities

Improving our local, regional and international capacity to respond to disasters and public health emergencies.

Scaling up our actions with vulnerable communities in health promotion, disease prevention and disaster risk reduction.

Increasing significantly our HIV/AIDS programming and advocacy.

Renewing our advocacy on priority humanitarian issues, especially fighting intolerance, stigma and discrimination, and promoting disaster risk reduction.

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Foreword	3
A note on reading this report	4
Operational overview	5
1. Health and care	6
2. Water and sanitation	8
3. Shelter and community construction	10
4. Disaster management and risk reduction	12
5. Livelihoods	14
6. Capturing the lessons of the tsunami	16
Looking forward to 2008	19
Programmatic analysis (table)	21
Financial overview	24

Table of contents

Annex 1	
Notes and methodology regarding the programmatic performance indicators	28
Annex 2	
Notes and methodology regarding presentation of combined financial data	32
Annex 3	
Red Cross and Red Crescent societies and organizations involved in tsunami recovery efforts	35



26 December 2004 will remain etched in the memory of many millions of people around the world – for those who suffered tragic losses and for those whose compassion and generosity resulted in more than three billion Swiss francs being donated to Red Cross and Red Crescent appeals. This report provides a summary overview of some of the work made possible by these donations, and a broad accountability for the funds entrusted to us.

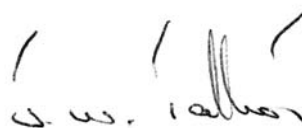
As you will see, visible progress has been made – and continues to be made – in helping people to restore their lives and rebuild their shattered communities. But the scale and complexity of the recovery operation has also presented unique organizational challenges. Many of these challenges have been met by a responsive Red Cross and Red Crescent network. We have learned to work together in a more comprehensive way – including producing this report, which captures the work at a field level of 39 different Red Cross and Red Crescent societies and the International Federation of Red Cross and Red Crescent Societies' secretariat.

But we have also learned that it is important to address some of our existing policies, in the light of experiences, to further strengthen our ability to respond effectively to the essential needs of hundreds of thousands of disaster survivors. In truth, there is no way that this can be done perfectly. So one of the management challenges is, therefore, to identify the lessons learned, respond to these where we can and establish the areas where we need to strengthen policies and operational frameworks for the future.

As we enter into the fourth year of this huge undertaking, attention is also now being increasingly directed towards transition or exit strategies. As efforts to assist communities are phased out, we need to make sure that our interventions provide long-term solutions. As we have often said over the past three years, communities must be left stronger, more resilient and their exposure to future disaster risk must be reduced.

But we must not get too far ahead of ourselves. We are only now just passing the half-way mark of this operation. We still need to maintain momentum, to stay on top of challenges as they arise, and to adapt our programmes to meet the emerging needs of affected communities. We must continue to find efficient and timely ways to deliver assistance, whilst making sure that we are delivering quality and sustainable outcomes.

Foreword



Jerry Talbot

Special representative for the tsunami operation

A note on reading this report

This is the third Federation-wide tsunami progress report, with the first report published in December 2006 and second in June of 2007.

Whilst this report does offer an opportunity to gauge progress over the past six months, it presents what is best defined as 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.

The methodology used to gather information also continues to be refined. In addition, the International Federation secretariat's capacity to undertake this unique report – a landmark undertaking for the Red Cross Red Crescent – has increased. These and other factors have resulted in some definitions changing, leading to changes in the figures reported. For explanations of the methodology and definitions used for this report, please refer to Annexes 1 and 2.

Finally, though this report covers recovery efforts in 10 of the countries affected by the tsunami, the narrative is biased towards the worst affected countries: Indonesia, Sri Lanka and the Maldives, and to a lesser extent, Thailand. Specific three-year progress reports for each country are available at www.ifrc.org/tsunami

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 in implementation of programmes. For the purpose of Federation-wide reporting, the secretariat must report income, expenditure and the programme results of its operations in the field.



Gemunu Amarasinghe/International Federation

A community disaster response team in eastern Ampara district, Sri Lanka.

From an overall perspective, the past six months have seen tsunami recovery continue at an impressive pace. On the construction front, about 80 per cent of the 50,000 houses being built by the Red Cross Red Crescent are now either finished or are under construction, and almost 400 other community structures, such as hospitals, clinics and schools have been built or rehabilitated.

But construction is not the sole indicator of success in this massive undertaking. As we shall see in the following sections, recovery is not a one dimensional process. The tsunami did not just destroy buildings; it devastated communities, economies and families. Meaningful recovery must attempt to address the broad humanitarian needs of those affected, and it must endeavour to ensure that they are left safer against future threats.

More than 3.8 million people have now received assistance from the Red Cross Red Crescent. Hundreds of thousands of people now have improved access to water and sanitation and tens of thousands have received first aid and psychosocial support training. Thousands more have had lost assets replaced or enhanced, or received grants to help them restart businesses or fund new initiatives.

Of course, challenges still emerge. For example, the conflict in Sri Lanka continues to hinder recovery efforts in that country's north and east, with construction projects particularly hard hit.

Finally, as the Red Cross Red Crescent recovery effort enters its fourth year, issues of sustainability and equity are becoming increasingly pertinent. Already, some implementing Red Cross and Red Crescent societies are finishing or winding down their operations in some countries. The challenge now is to make sure that the work they have done continues to have a positive impact on communities in the years ahead.

Operational overview

Operational overview	Total
Estimated no. people reached by the International Federation through October 2007	3,873,333
Total expenditure through September 2007	CHF 1.773 billion

1. Health and care

Red Cross Red Crescent efforts to rebuild health facilities in tsunami affected areas continue across the region. So far, almost half of the targeted 360 hospitals and clinics have been rebuilt, with work on a further 104 in progress.

The reconstruction of hospitals is expected to continue until at least 2010. In Sri Lanka, work to rebuild 76 hospitals and clinics is only now gathering pace as a result of an initial, understandable focus on housing. In addition, many of the targeted facilities are still operational, meaning that the refurbishing will have to be done in such a way that it does not unduly impact on daily operations.

But health and care efforts go beyond refurbishing or building physical infrastructure. Much of the Red Cross Red Crescent's continuing work in this sector aims to leave communities with the necessary skills to avoid endemic and future health threats.

Health and care	To be provided by the Red Cross Red Crescent	Completed or under construction
Hospitals and clinics	360	258
No. people with access to an improved water source		520,412
No. people with improved waste management facilities or improved latrines		212,714
Expenditure in health and care through September 2007		CHF 249 million

The tsunami's hidden scar

"I wanted to be a footballer," remembers 12-year-old Azarhi. "It was always my favourite sport, because I could run and play as hard as I wanted during a game."

Like so many people, Azarhi's dreams changed on 26 December 2004, when the tsunami crashed into his village on the west coast of Sumatra. His young body was trapped under debris and rescuers were forced to amputate his foot to free him and save him from drowning. In the space of a few horrifying minutes, he had lost his dream.

As time passed, the emotional impact of that terrible day continued to plague Azarhi. As soon as his friends started playing games at school, he would go home. Embarrassed by his condition and with no access to prosthetics, he would tuck his amputated leg into a rubber boot and avoid playing sport altogether.

Luckily, one of Azarhi's school teachers had received Red Cross Red Crescent psychosocial support programme (PSP) training. The teacher spent the next few months trying to gain Azarhi's confidence. With the support of friends and family, and by working with a Red Cross PSP team, Azarhi slowly began to find his confidence again. Eventually, he summoned the courage to do what had seemed unthinkable only months before – return to the game he had always loved.

Today, Azarhi no longer shies away from sport. He runs and kicks with the same enthusiasm he displayed before the tsunami changed his life. Almost three years on, Azarhi now talks about his new dream for the future. "Now, I want to be a doctor," he says. "I want to be able to help people in need."

In Indonesia and Sri Lanka, Red Cross and Red Crescent partners are working with high risk groups such as intravenous drug users in Aceh and migrant workers on Sri Lanka's tea estates to reduce their vulnerability to HIV.

In the Maldives, outbreaks of dengue fever and chikungunya fever pose an increasing threat to many people. Dengue is endemic in the Maldives and thousands of cases of chikungunya - a disease that resembles dengue, and is characterized by severe, sometimes persistent, joint pain, fever and rash - have been reported since December 2006. Both are transmitted by mosquito bite and neither can be vaccinated against. Raising awareness is therefore incredibly important, with work ongoing at schools and in communities across 11 islands to increase understanding about these threats.

Efforts to alleviate the emotional scars of the tsunami have also continued across the third year of recovery. In Indonesia and the Maldives, psychosocial support programmes (PSP) have been targeted towards schools, both through the provision of support for children through activities like singing, music and recreational games, and the training of teachers.

In Aceh, work is also being done to ensure that the emotional well-being of Indonesian Red Cross volunteers is being addressed, through the development of psychosocial first aid and stress management training programmes.

Increasing focus is also being placed on helping to integrate internally displaced people (IDPs) with host communities. PSP programmes are encouraging communities to re-establish cultural activities and celebrate traditions and ceremonies that were interrupted by the tsunami. In many cases, the tsunami forced the creation of new communities - fusing shattered communities together, or integrating people directly affected into existing, non-directly affected villages. In these cases, the host communities play an important role in helping their new neighbours to rebuild their lives.



2. Water and sanitation

Providing survivors with water and sanitation has been a priority from the very early days of the Red Cross Red Crescent relief operation. But limited access to clean water and inadequate sanitation are issues that predated the tsunami for many affected communities. Three years on from the tsunami, efforts are now focused on ensuring that recovering communities have reliable and sustainable access to these fundamental resources.

As has been the case for other recovery sectors, water and sanitation solutions have been tailored to meet the specific and varying needs of communities. In the Maldives, the International Federation's supplementary water supply system programme is almost complete, with desalination plants having been handed over to 14 of 15 communities. This system will benefit more than 20,000 people, ensuring that they have access to clean water, especially during the three month long annual dry period. Rainwater harvesting kits have also been distributed to 79 islands, with almost 90 per cent of units already installed in houses.

The past months have also seen the end of one of the higher-profile recovery programmes in the Maldives. In July, a more than two-year waste management programme drew to a close, having resulted in the disposal of 30,000 cubic metres of tsunami debris from 74 islands. The programme also involved building waste management centres on many islands, aiming to provide communities with long-term waste disposal tools and skills.

In Sri Lanka, the Red Cross Red Crescent is investing significantly in municipal infrastructure by working with the government's national water supply and drainage board to make sure that new communities are linked to existing water and sanitation systems, or that new water sources are developed for them. Beyond this agreement, the International Federation is also cleaning and digging hundreds of wells, monitoring water quality and building water treatment facilities.

Water is life for poor fishing villages in Southern Thailand

"I would normally spend three to four hundred baht (about 12 Swiss francs) a month on water for cooking and washing. With the money I save I can afford to buy extra crabs for shelling and my income has gone up to about 300 baht per day," says Lampan Wangsoh, explaining the remarkable impact that her rainwater harvesting kit has had on her life.

Lampan lives in Soi Payang, a small fishing village a few miles away from Thailand's premier resort island Phuket. Seven people from this village were killed by the tsunami, and infrastructure was hit very hard.

In the past, the only water that people could get was from ponds, pipes or streams. But this water was very high in either salt or iron content. As a result, people were forced to spend a lot of money on buying clean, piped water.

Hence the rainwater harvesting kits. Nine impoverished fishing communes now have fresh water on tap during the eight-month rainy season, saving them from the backbreaking labour of lugging water from nearby streams, or paying for drinking water.

Mother of six Tima Toedam says that with water more readily available, she's able to help her fisherman husband at sea. "We really welcome the water programme," she says, looking up from the nets she is mending. "It's made life so much easier for us."

Hygiene promotion is a core part of Red Cross Red Crescent water and sanitation programming in Sri Lanka. Trained Sri Lanka Red Cross volunteers are visiting vulnerable families to raise awareness about basic hygiene issues like hand-washing and proper food preparation practices. Mothers also receive nutritional advice and are given help in setting up home gardens, affording them access to a better diet as well as additional income.

In Aceh, the Red Cross Red Crescent has recently adopted a more environmentally friendly design for septic tanks. These biological filter septic tanks – known as biofil tanks, are made from fibreglass instead of the traditional concrete or brick, and are therefore easier and quicker to install. In addition, the effluent that they produce, which is cleaner than is the case for traditional tanks, will be directed into constructed wetlands for secondary treatment.

Innovative water and sanitation approaches such as desalination plants, ceramic water filters, rain-water harvesting tanks and environmentally friendlier septic tanks have helped ensure that more than 520,000 people now have access to an improved water source, with a further 212,000 having access to improved waste management facilities or latrines.

But unique solutions bring with them unique concerns. By definition, new infrastructure is unfamiliar for communities, a factor that can severely impact on the long-term efficacy of programmes. For these solutions to prove sustainable, work has to be done to make sure that communities are actively involved in the initiatives from the very outset. In the years to come it will be up to the communities themselves to maintain infrastructure and practices.



Joe Lowry/International Federation

Tima Toedam and husband Arkeem are saving money on water thanks to a Red Cross Red Crescent water programme.

3. Shelter and community construction

Owner-driven housing in Sri Lanka

“At the beginning I had no idea how to build a house but the Red Cross technical officers helped me. They came every week to make sure that we are doing it in the right way,” explains Ernest de Silva, tsunami survivor. Technical officers helped Ernest with the basic design and provided guidance on the amount of sand, cement, bricks and timber he should budget for. Ernest was free to choose the local masons, carpenters and electricians who would help him to build the house.

Today, Ernest and his family live in a new house in Balapitya in the southern district of Galle. They received the house through an owner-driven housing programme. Under this scheme, the Red Cross Red Crescent supports families to build their own homes, by providing financial assistance (supplementing initial government grants) and by providing technical assistance.

This owner-driven approach has proven particularly effective. In some of the areas of Sri Lanka affected by conflict, it has meant that reconstruction has been able to continue. Individual families have been given responsibility to manage their own reconstruction. Instead of bringing in building supplies, communities have been supported to purchase materials from local markets, thereby reducing some of the difficulties posed by road blocks and embargoes.

Proof positive that when it comes to recovery and reconstruction, one size does not fit all.

Shelter and community construction	To be provided by the Red Cross Red Crescent	Completed or under construction
Transitional shelters	21,083	21,083
Permanent houses	51,119	39,429
Schools	134	122
Expenditure in shelter and community construction through September 2007		CHF 656 million

The past six months have seen the rate of construction continue to climb. More than 80 per cent of the 51,000 houses being built by the Red Cross Red Crescent in Indonesia, Sri Lanka and the Maldives are now either completed or under construction and thousands of families are now settled in new homes.

However, this exciting progress should not be seen in contrast with the slower pace set in the first two years of recovery. Rather, the active reconstruction that is now being done is because of the less visible work that was spent in careful preparation.

Today’s progress is arguably due to the fact that many of the issues that plagued the first 24 months of recovery – land titles in Aceh, logistical hurdles in the Maldives, and land allocation in Sri Lanka, for example – have been overcome.

From the very outset of the response, the International Federation has maintained that recovery would take at least five years. The challenge was never to simply rebuild houses. The issue has always been to try to facilitate the rebuilding of healthy communities. Houses must be accompanied by waste and water infrastructure, and their inhabitants need access to health care and education, and they need the employment opportunities to thrive. This associated development is the difference between a house and a community.

That said, challenges have continued to arise. Despite the impressive progress made under some owner-driven housing initiatives (see box), the conflict in Sri Lanka is still impeding a number of tsunami projects in the country's north and east. Construction work has been abandoned or suspended on sites located in frontline areas. At others, contractors have been unwilling or unable to work and delegates and field staff have been restricted in their movements. In addition, there continue to be delays and restrictions on transporting construction materials into some conflict areas. This situation has been further aggravated by rising costs and a shortage of building materials and skilled labour for construction projects.

In Indonesia, the handover of completed houses has, at times, been hindered by the slow pace of infrastructure development, such as roads, access to water and sanitation, and electricity.

In the Maldives, the isolated nature of many of the construction sites has proven difficult for those charged with building the homes and infrastructure. Attention is now being provided to improving living situations for workers, including arranging psychosocial support and improving the safety measures on construction sites.

Transitional shelter

In mid 2005, recognizing the time it would take for permanent homes to be built, the International Federation announced that it would build 20,000 sturdy transitional shelters for tsunami-affected families in Aceh. As the recovery operation approaches the end of its third year, this landmark project is drawing to a close, with the last of the units being set up on the remote and logistically challenging Simeulue Island.

In all, 32 partners - including Red Cross and Red Crescent societies and other actors - have been involved in an endeavour that has not only provided interim shelter for families, but has also left them with a tangible, adaptable asset.



New houses for tsunami survivors built by the Red Cross Red Crescent in Teunom, Aceh Jaya.

4. Disaster management and risk reduction

Disaster management and risk reduction	Total
Expenditure in disaster management through September 2007	CHF 102 million

On the night of 13 September 2007, communities right around the Indian Ocean momentarily relived the horror of 26 December 2004. A powerful magnitude 8.4 earthquake off the south-west coast of Sumatra triggered a series of tsunami warnings for Bangladesh, Sri Lanka, India, the Maldives, and even as far afield as Mozambique.

Red Cross and Red Crescent volunteers in Indonesia, Sri Lanka, Bangladesh and India swung into action immediately, relaying the warning to vulnerable coastal communities and helping evacuate people to higher ground. As the hours passed, warnings were rescinded, and people returned home.

“I was only thinking of how to get to the hills that time. I kept remembering the Aceh tsunami while we were running away. The Aceh tsunami taught us a lot. It raised our awareness on earthquakes and tsunamis.”

Leni, the mother of a three-month-old daughter, remembering the earthquake that struck near Bengkulu, Indonesia on 13 September 2007

For those affected by the 2004 disaster, September's earthquake served as a stark reminder of the precarious state of many communities still rebuilding after the tsunami. For the Red Cross Red Crescent, effective recovery must seek to reduce this vulnerability.

However, concern should not focus exclusively on the next tsunami or the next earthquake. Smaller scale, insidious disasters can be just as damaging as mega events. Though they typically fail to get international or even national attention, they can be just as devastating for those affected. The key is to support communities to face these challenges.

Across the region, Red Cross and Red Crescent volunteers and staff are working with communities, giving them the skills to identify risks and develop disaster plans. In the Maldives, where villages are

chronically vulnerable to floods and tidal surges, the Red Cross Red Crescent is rolling out the use of vulnerability and capacity assessments (VCA). A lot of work has also been done on raising awareness about the chronic threats to health posed by dengue and chikungunya fevers. The message here, as ever, is that simple steps like getting rid of stagnant water where mosquitoes breed can significantly cut threats.

In Aceh, where people remain concerned about things like flooding and health risks, an integrated community-based risk reduction programme aims to raise awareness about risks, whilst also making sure that they can be handled. Volunteers and staff are working with communities to create plans of action and to train teams of people to lead initial emergency response operations.

Similar programmes in Sri Lanka are focusing on high-risk, disaster prone communities, with particular attention being paid to women and children, who are often disproportionately affected by disasters.

Intensive work is also being done to increase the disaster management capacity and competency of the Sri Lanka Red Cross Society. As well as training volunteers and working more closely with communities, investment has been made in developing the physical resources needed to effectively respond to crisis. The construction of a regional Red Cross warehouse in Anuradhapura has been initiated and is expected to be completed by early 2008, complementing a network of planned branch level facilities.

Many of the initiatives mentioned here must continue to run long after the last house is built. Effective disaster management and risk reduction demands a cultural shift. Success can only be claimed when at-risk communities have adopted a culture of risk awareness, and have developed the competence and confidence to handle the challenges that will inevitably come their way.



5. Livelihoods

The fish man

Abdul Ganee of Chanhanee Villa has been salting fish in the Maldives for 40 years – since he was 15 in fact. When the tsunami hit, all his equipment for fish processing was lost and his work came to a halt.

“Now, three years after the tsunami, I’ve got courage and hope to start again,” he says. “The livelihoods grants have helped tsunami-affected people like us to recover”.

“The Red Cross has also encouraged us to work in groups,” he continues. “Working in groups is a good thing because it simplifies the workload. It is true that working alone makes it difficult to expand your business. Working in groups actually makes it twice as easy and faster, opening up new roads to success. The grant given to me will not only benefit me, but the whole community”.

Livelihoods	Total
No. households reached by asset replacement or enhancement	26,386
No. households that have received livelihood support grants	32,573
Expenditure in livelihoods through March 2007	CHF 96 million

For the past three years, the International Federation has been helping communities re-establish lost or fractured livelihoods. For the most part, this has involved either the replacement of lost assets, such as fishing boats or commercial equipment, or the provision of grants. In some cases, specific business or vocational training has also accompanied grants. In all cases, efforts are focused towards particularly vulnerable groups.

In Indonesia, the secondary education cash assistance programme (SECAP) is continuing to provide hundreds of high school students with the financial means to continue their education. In order to ensure that the programme assists the most vulnerable, SECAP staff, working closely with teachers, community leaders, parents and the department of education, have recently developed a ‘points system’. This system allows them to rank the eligibility of each candidate, taking into account things like family status and economic circumstance.

In Sri Lanka, an increasing focus is being placed on helping to rebuild and re-establish the livelihoods of tsunami-affected people in conflict-affected regions. In the majority of cases, assistance is being provided in the form of cash grants. The distribution of cash means that people can purchase what they need according to their own preferences, whilst at the same time stimulating and strengthening the local economy. Grants are being used for a range of investments, from purchasing items for new homes, starting up small businesses, or pooling funds to further develop community infrastructure.

In the Maldives, livelihoods programmes are being tailored to help alleviate tensions between people displaced by the tsunami, and the communities that are hosting them. On Laamu Gan Island, a Red Cross Red Crescent livelihoods programme is targeting the whole community, with community members helping to identify those most in need of assistance, regardless of whether or not they were affected by the tsunami.

Similar efforts are being made in Sri Lanka, recognizing that the line between those affected by the tsunami, and those who were not, can be largely arbitrary when it comes to vulnerability.

This understanding must become a fundamental part of all future recovery efforts. As this programme in the Maldives recognizes, efforts to support people affected by disasters can unwittingly create divisions within communities. Vulnerability is never defined by just one factor. The programme also recognizes that helping disaster survivors to recover is best done by ensuring their integration back into communities which have the capacity and will to accept and support them.



6. Capturing the lessons of the tsunami

The tsunami tested everything. The strengths and weaknesses of every battered community, the disaster management policies of affected governments, the assumptions and good intentions of donors and the media, the approaches of humanitarian organizations – all were probed and stretched by the event and the resulting operation.

“Our efforts to respond to the tsunami have placed in sharp relief both strengths and weaknesses in the way we organize ourselves when faced with such massive challenges... We must translate good intentions into meaningful reform... But the fact that we continue to struggle to turn these principles in practice... demands that we set about on our shared agenda for reform with the courage and commitment necessary to see the process through to full implementation.”

Former US President and former UN Special Envoy for tsunami recovery, Bill Clinton, Tsunami Evaluation Coalition Synthesis Report

Reports issued in the first weeks and months of 2005 highlighted some of the errors that were made. In some cases, the emergency response mechanisms of humanitarian organizations were too rigid, in other cases; the battered bureaucracies of affected governments were too limited.

A challenge has therefore always been to review what happened, noting the difficulties and successes, and ensuring that the lessons of the past three years are captured and implemented. Over the past three years, thousands of Red Cross and Red Crescent staff and volunteers have gained considerable knowledge and experience. This should be captured and should inform future response planning and implementation.

In August 2007, senior leadership from 19 Red Cross and Red Crescent societies, along with senior members of the International Federation secretariat and the International Committee of the Red Cross (ICRC) gathered to reflect on the first two and a half years of the tsunami experience, and to turn their lessons into recommendations to improve future disaster responses.

The process saw a series of specific recommendations being made to International Federation management and governance bodies, as well as to Red Cross and Red Crescent societies.

Resultant recommendations included:

- A call for a review of the International Red Cross and Red Crescent Movement's *Principles and rules for disaster relief*;
- For fundraising and fund management principles to be developed;
- For policies relating to partnerships with and funding of external organizations to be written;
- For more support to be given to National Societies in countries where multiple Red Cross and Red Crescent actors are operating following a large-scale emergency, and;
- For more attention to be paid to the role of volunteers.

It is important to acknowledge that many of the lessons of the tsunami have already informed the way that the Red Cross Red Crescent responds to disasters. Improved internal coordination was at the heart of the rapid and successful response to the October 2005 Pakistan earthquake, for example.

The International Federation's broad and long term engagement with addressing the shelter needs of tsunami survivors has, in part, resulted in major reflection on the Red Cross Red Crescent's approach to this challenging issue. The goal must be to ensure the rapid provision of safe and adequate shelter for disaster-affected households. An approach that is solely defined by long-term planning and implementation can leave people living in inadequate temporary shelter such as tents and barracks for unacceptably long periods of time.

In the wake of the May 2006 Yogyakarta earthquake, the International Federation initiated a very successful programme whereby affected households were given the technical, material and financial assistance to build their own durable, earthquake-resistant bamboo-framed temporary shelters. Families were able to plan for the challenges of recovery with some degree of comfort and security.

As mentioned earlier in this report, one of the most critical lessons learned has been that appropriate time must be taken to plan and prepare, especially for reconstruction activities. Again, the increased pace of construction seen over the past year has been a result of the work done 'behind the scenes' over the first 18 – 24 months.

Finally, this consolidated, Federation-wide report, the first of its kind within the Red Cross Red Crescent, is a direct result of the tsunami experience – of the need to continually improve how achievements and challenges are collectively captured and communicated to communities, donors and partners.

The lessons learned report will be published on the International Federation's website www.ifrc.org/tsunami in early 2008.





With parts of Sri Lanka's conflict-affected east now opening up to the broader humanitarian community, there is a real expectation of increased momentum in 2008. That said the potential remains for recovery operations in these parts of the country to be very, very long term engagements.

The coming year will see further steps taken towards the creation of the Maldivian Red Crescent. The next few months will see the elected members of the embryonic society come together for their inaugural general assembly and commence building a firm foundation for the future of this important and enduring humanitarian legacy for the people of the Maldives.

As recovery efforts continue across the region, some focus is already beginning to shift beyond the operation. For example, the Indonesia and Sri Lanka Red Cross societies have already started to develop detailed plans for their post-tsunami humanitarian endeavours. It is expected that 2008 will see increased concentration on these efforts.

In a sense, one of the key challenges for the Red Cross Red Crescent, and perhaps the wider international community, for 2008 will be to stop defining countries like Indonesia, Sri Lanka, the Maldives and Thailand as 'tsunami countries,' and instead to see them as places with their own unique capacities, challenges and vulnerabilities.

Looking
forward to
2008

TRIAMS

Even now, almost three years on from the tsunami, the needs of affected communities are still dynamic. Recovery operations need to be flexible and adaptable to changing contexts.

The Tsunami Recovery Impact Assessment and Monitoring System (TRIAMS) was developed by the International Federation in collaboration with the World Health Organization (WHO) and the United Nations Development Programme (UNDP). TRIAMS is a common analytical framework designed to assist affected populations, governments and aid agencies to assess and monitor the rate and direction of tsunami recovery by matching results of the recovery operation (for example, number of houses built in an area) with ongoing needs assessments. In this way, it aims to make sure that operations are addressing real time needs on an equitable basis, rather than relying on outdated assessments.

For example, information gathered in Sri Lanka has revealed that the health of children has improved in sub districts that received the most support following the tsunami, compared to other sub districts. As a planning tool, this information helps to ensure equity in targeting assistance and adapting to emerging priorities.

The tsunami recovery experience is an excellent basis for the development of a more generic tool for future disaster responses. In this regard, support for TRIAMS is sought from other recovery actors to assist in strengthening quality and accountability means.

More information about TRIAMS can be found at: www.ifrc.org/tsunami



Sisters: 10 year old Ziuna Adam 10 and 1½ year old Amna Adam in front of their house on Madifushi, the Maldives.

Table 1 is a summary of the International Federation's collective performance data in tsunami affected countries. It reports cumulative data from the start of the operation up to 31 October 2007. The summary excludes a number of performance indicators (such as programme support and coordination, beneficiary and community participation, and sustainability). These are included in the full programmatic analysis available at www.ifrc.org/tsunami

Programmatic analysis

Table 1: Analysis of programmatic performance indicators¹

NA: not available; N/Ap: not applicable

Figures represent progress achieved up to 31 October 2007

Ind. No.	Programmatic Performance Indicators	Totals	Maldives	Sri Lanka	Indonesia	Other ²
1	Overall estimated number of persons reached by Int'l Federation and partners (using coverage methodology only, not by sector)	3,873,333	247,634 ³	1,649,433 ⁴	1,278,297	697,969
Health & care including water & sanitation infrastructure						
2	No. of persons with access to an improved water source (temporary settlements)	163,174	NA	NA	163,174	NA
	No. of persons with access to an improved water source (permanent settlements)	159,990	NA	NA	149,092	10,898
	Total no. of persons with access to an improved water source	520,412	101,915	95,333⁵	312,266	10,898
	Total no. of persons targeted for access to an improved water source (planned)	941,061	108,750	412,823	385,423	34,065
3	No. of persons with access to improved waste management facilities or improved latrines (built to sphere standards ⁶)	212,714	92,420	NA	116,167	4,127

1 The programmatic information in this report reflects contributions from Red Cross Red Crescent partners 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 National Societies. The National 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, Malaysia, Netherlands, Norway, Seychelles, Somalia, Spain, Sri Lanka, Switzerland, Taiwan, Thailand, Turkey, United Kingdom, and United States.

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

3 **Maldives:** This figure includes the beneficiaries of a measles vaccination campaign serving more than 80 per cent of the targeted population. See more detailed footnote in complete programmatic analysis table at www.ifrc.org/tsunami.

4 **Sri Lanka:** Challenges remain in estimating the number of persons reached in Sri Lanka by the lowest divisional level possible (GN level), as the names of GNs are not recorded by all partners. For more detailed explanation of calculations, see footnote in complete programmatic analysis table at www.ifrc.org/tsunami.

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

Ind. No.	Programmatic Performance Indicators		Totals	Maldives	Sri Lanka	Indonesia	Other
4	No. of persons certified or skilled in community based first aid (including psychosocial) by gender where possible ⁷		46,841	1,063	16,707	25,805	3,266
5	No. of persons reached by community-based health services		801,477	64,180	310,599	25,805	400,893
6	Hospitals & Clinics built or rehabilitated	Operational/In Use	176	23	58	70	25
		Completed	154	24	25	76	29
		Under Construction	104	2	24	78	N/Ap
		Planned	100	1	27	69	3
	Total number of hospitals & clinics to be provided		360	27	76	223	34
Shelter & community construction							
7	Transitional shelters built	Occupied/ utilized	19,816	NA	NA	19,816	N/Ap
		Completed	21,005	1,084	105	19,816	N/Ap
		Under construction	78	0	0	78	N/Ap
		Planned		0	0	0	N/Ap
	Total number of shelters to be provided		21,083	1,084	105	19,894	N/Ap
8	Permanent houses built	Occupied	18,790	452 ⁸	11,019	7,279	40
		Completed	21,331	465	12,522	8,326	18
		Under construction	18,098	841	9,591	7,603	63
		Planned	11,690	143	7,252	4,210	85
	Total number of houses to be provided		51,119	1,449	29,365	20,139	188
9	Schools built or rehabilitated	Operational/In Use	58	1	11	42	4
		Completed	59	1	11	44	3
		In progress	63	10	3	47	3
		Planned	11	1	5	0	5
	Total number of schools to be provided		133	12	19	91	11
10	Other community structures built or rehabilitated	Operational/In Use	131	59	9	36	27
		Completed	156	79	9	39	29
		In progress	71	25	15	28	3
		Planned	24	6	1	13	4
	Total number of other community structure to be provided		251	110	25	80	36

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

7 See individual country report at www.ifrc.org/tsunami for breakdown by gender.

8 **Maldives:** Part of the figure includes the International Federation secretariat estimates as the occupancy survey is yet to be completed.

Ind. No.	Programmatic Performance Indicators	Totals	Maldives	Sri Lanka	Indonesia	Other	
Livelihoods							
11	No. of households reached by asset replacement or enhancement	26,386	19	4,947	13,081	8,339	
12	No. of households that have received livelihood support grants	32,573	1,272	18,826	12,375	100	
	Range and average grant size (in localcurrency): RANGE	0	MVR 2,000 – 60,360 (CHF 191– 5,779) ⁹	LKR7,000 – 30,000 (CHF 83 – 357) ¹⁰	IDR 10M – 20M (CHF 1,348 – 2,698) ¹¹	NA	
	AVERAGE GRANT SIZE	NA	MVR 25,803	LKR 19,250	IDR 15M	NA	
13	% of (or no.) reporting improved, diversified or stabilized income		NA	NA	NA	NA	
Disaster Management							
14	% of population covered by RC and RC early warning interventions		0%	0%	NA ¹²	49% ¹³	
	% of population targeted (planned) for coverage by RC and RC early warning interventions		5%	4% ¹⁴	NA	15% ¹⁵	
15	% of population covered by a functioning emergency response set up		NA yet	NA	NA	N/Ap	
16	Number and percentage of buildings built meeting or exceeding local hazard resistance standards	(1) schools NUMBER	45	1 ¹⁶	NA	44	N/Ap
		Percentage of schools		100%	NA	100%	N/Ap
		(2) temporary shelters NUMBER	19,816	NA	NA	19,816	N/Ap
		Percentage of Shelters		0%	NA	100%	N/Ap
		(3) permanent houses NUMBER	8,733	465	NA	8,250	18
		Percentage of permanent houses		100%	NA	100%	100%
17	% of population covered by pre-positioned stocks	(4) Other	39	0	0	39	N/Ap
				0%	56% ¹⁷	41% ¹⁸	3%

9 Maldives exchange rate: CHF 1=MVR 10.444

10 Sri Lanka exchange rate: CHF 1=LKR 83.971

11 Indonesia exchange rate: CHF 1=IDR 7,413.1

12 Indonesia: For the early warning system, the International Federation is only providing radio communications facilities to PMI, and has not yet linked to other systems in the community.

13 This figure is derived from the average of Thailand, India, Bangladesh, Somalia and Seychelles. See country reports at www.ifrc.org/tsunami for individual percentages relating to each country.

14 Sri Lanka: The total target population to be covered by International Federation early warning interventions was 775,020 at mid 2007, which equals 4% of the overall population of Sri Lanka. See more detailed footnote in complete programmatic analysis table at www.ifrc.org/tsunami.

15 This figure is derived from the average of Thailand and Somalia. See country reports at www.ifrc.org/tsunami for individual percentages relating to each country.

16 Maldives: In the previous report, it was reported that five schools built met or exceeded local hazard resistance standards. This figure incorrectly included schools which were still under construction. There has only been one school completed as at the end of October 2007.

17 Sri Lanka: Sri Lanka has chosen to set the target population as the denominator. See more detailed footnote in complete programmatic analysis table at www.ifrc.org/tsunami

18 Indonesia: This figure is not separated between International Federation members and secretariat.

Financial overview

The International Federation¹⁹ received a total of CHF 3,076 million²⁰. This represents CHF 62 million additional income reported since the last period due to an increase in the number of Red Cross and Red Crescent societies and organizations contributing financial information for this reporting period as well as reported new income from interest earned and other contributions received during the period.

Most of the funds received by the International Federation were unearmarked as reflected in Fig. 1.1 and 1.2.²¹

As of 30 September, 2007, CHF 1,773 million or 58 per cent has been spent across all tsunami countries.

FIGURE 1.1
Total contributed to International Federation by original sources - in millions of Swiss francs (CHF)

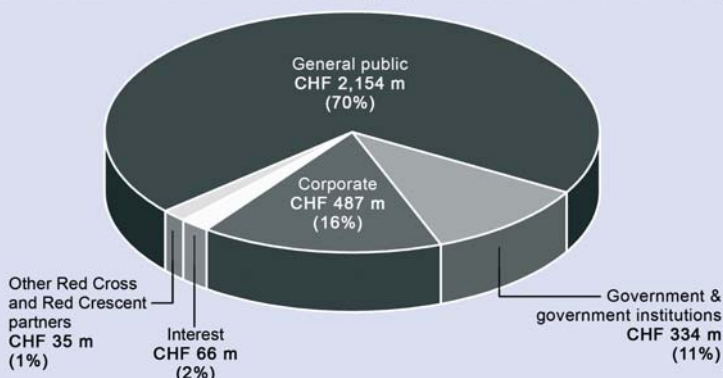
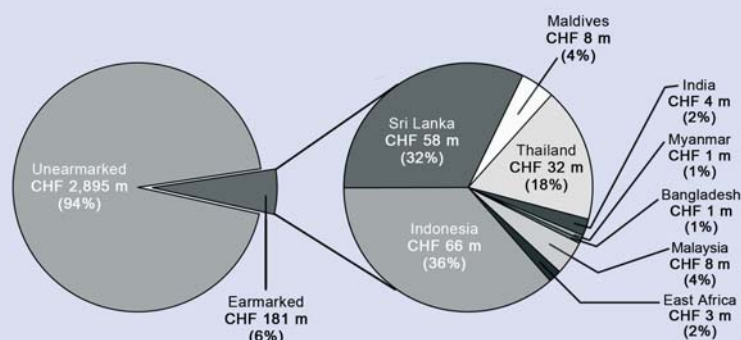


FIGURE 1.2
Total contributed by original designation - in millions of Swiss francs (CHF)

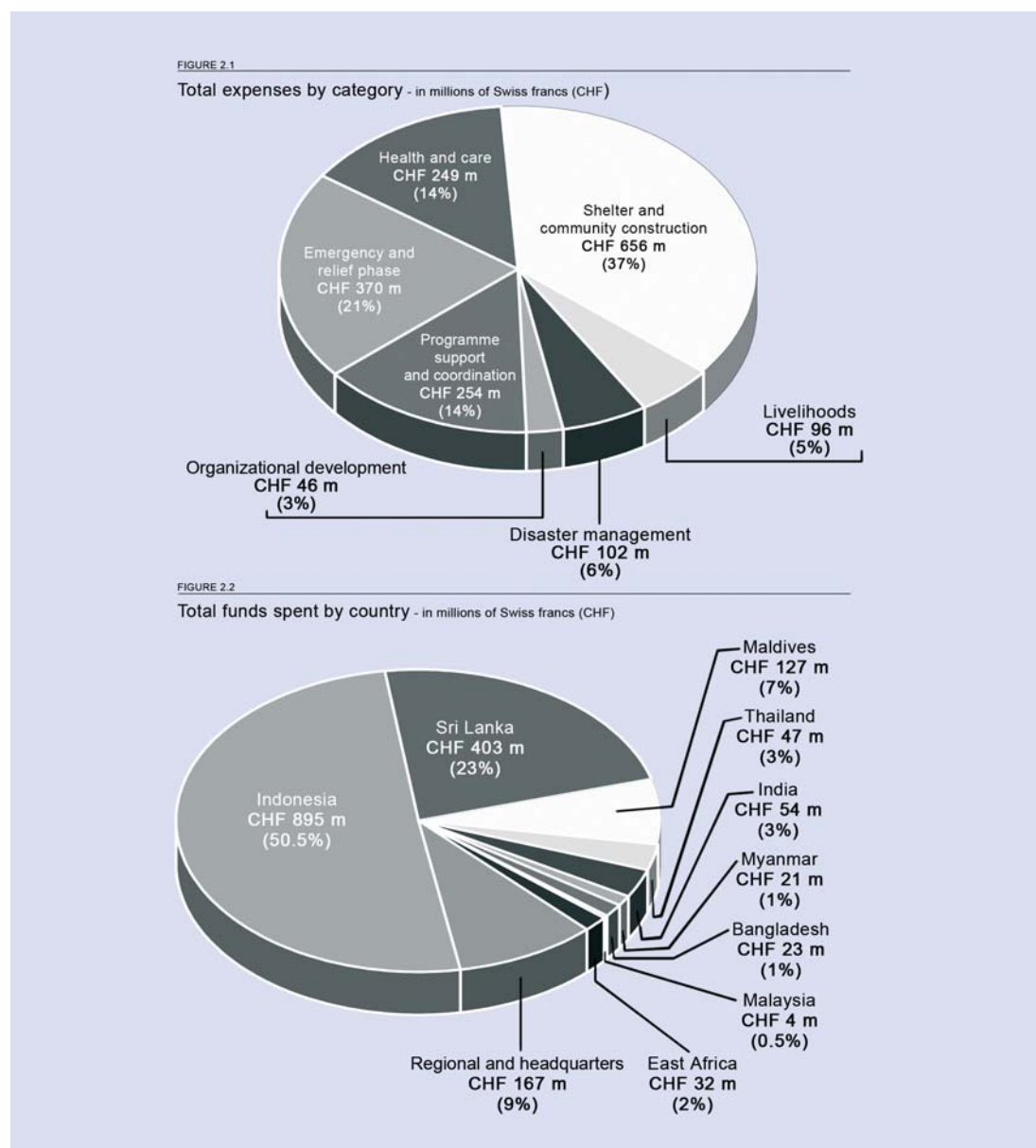


19 The information in this financial summary combines unaudited financial data from 39 independent Red Cross and Red Crescent societies and organizations (listed below) and the International Federation secretariat, which is conducting tsunami recovery operations on behalf of more than 100 Red Cross and Red Crescent societies and organizations 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, Denmark, Finland, France, Germany, Hong Kong, Hungary, Iceland, India, Indonesia, Ireland, Italy, Japan, Korea, Macau, Malaysia, Myanmar, Netherlands, New Zealand, Norway, Qatar, Seychelles, Singapore, Spain, Sri Lanka, Sweden, Switzerland, Taiwan, Thailand, Turkey, United Kingdom, United Arab Emirates, and United States.

20 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 International Federation secretariat income receipts from 27 December 2004 through 30 September 2007; the exchange rate to translate expenditure is the average rate from 27 December 2004 through 30 September 2007; and the rate as of 30 September 2007 is used for all projected expenditure.

21 Differences between the reporting periods in percentages of funds earmarked are due to corrections reported by Red Cross Red Crescent members during this period.

Fig. 2.1 and 2.2 reflect spending through 30 September 2007 by programme area²² and location of operations. The largest amounts spent by the International Federation continue to be in the area of shelter and community construction (CHF 656 million). Figure 2.2 shows that the highest amounts have been spent in Indonesia (CHF 895 million) and Sri Lanka (CHF 403 million).



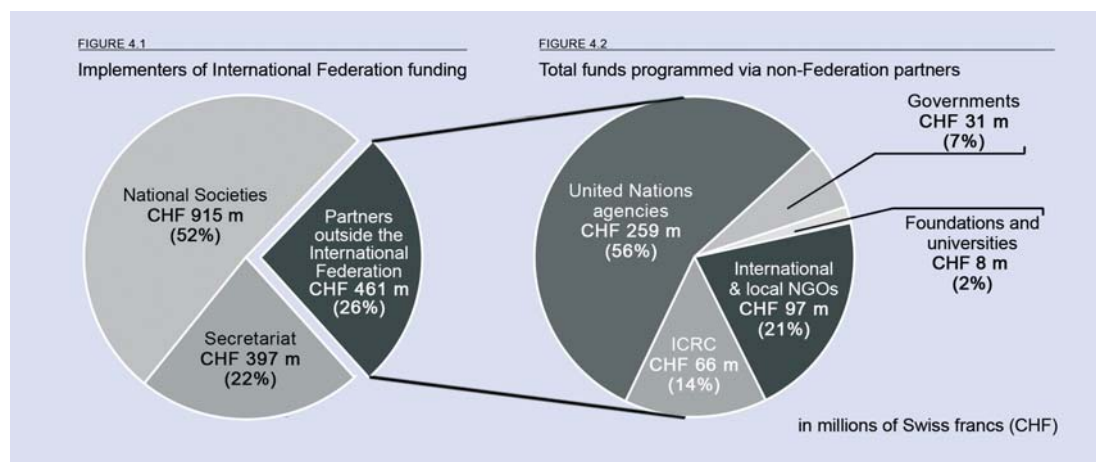
²² Financial reporting has been restricted to seven categories. Each Red Cross or Red Crescent society and organization has its own, unique financial accounting and coding structures. Therefore, for the purposes of consolidating financial figures, the data supplied by the Red Cross and Red Crescent societies and organizations were simplified into the seven categories shown in Fig. 2.1. For definitions and a detailed list of these categories, see Annex 2.

Fig. 3 details the expenditure made by country²³ and by programme.

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

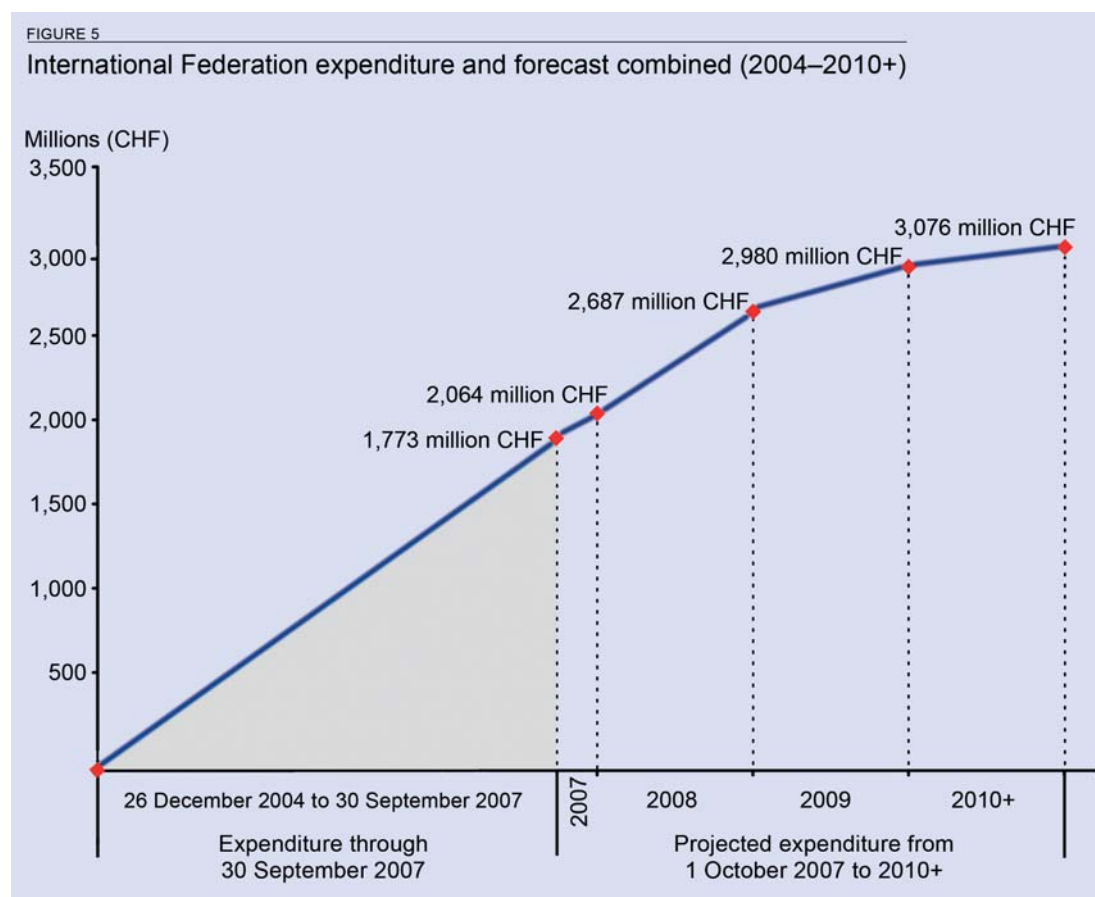
	Emergency phase/ Relief	Health and care	Disaster management	Livelihoods	Shelter and community reconstruction	Organizational development	Programme support and coordination	Total expenditure by country
Indonesia	238.4	98.5	50.4	42.5	376.1	16.6	72.5	895
Sri Lanka	77.3	40.9	19.5	22.4	175.2	16.3	51.3	403
Maldives	2.6	23.7	8.5	0.8	70.8	3.3	16.8	127
Thailand	2.0	13.8	1.1	8.1	15.3	3.1	3.2	47
India	3.2	20.5	0.6	8.6	16.6	2.3	2.2	54
Myanmar	4.0	12.9	1.7	0.3	0.0	1.6	0.3	21
Bangladesh	0.7	20.6	1.0	0.0	0.2	0.0	0.9	23
Malaysia	0.1	0.6	0.5	0.7	0.8	0.2	1.4	4
East Africa	9.6	9.3	7.1	0.8	0.4	0.9	3.6	32
Regional and HQ	32.3	7.8	11.5	11.7	1.0	1.4	101.7	167
Expenditure by category	370	249	102	96	656	46	254	1773

Fig. 4.1 reflects how expenditure is split among the International Federation secretariat, the 39 Red Cross and Red Crescent societies and organizations reporting for this period, and other partners outside the International Federation. The majority of expenditure is being carried out by Red Cross and Red Crescent societies and organizations, while the International Federation secretariat also coordinates relief and recovery efforts 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 over the past six months. More partnership initiatives took place during the first two years of the relief and recovery effort with less being expended via external organizations at this stage of operations.



23 The high increase of expenditure for the health category in India relates to a mass vaccination campaign to take place in 2008. The category East Africa represents the countries of Somalia, Seychelles, Madagascar, Kenya and Tanzania.

Many Red Cross and Red Crescent societies and organizations report that tsunami recovery programming will continue at least through the year 2010, with some members indicating that programming may continue beyond 2010.²⁴ Estimated spending projections are shown in Figure 5. As was the case in the previous reporting period, projections have not been fully achieved due to continued civil unrest in Sri Lanka and on-going implementation challenges in Indonesia and the Maldives.



²⁴ Financial reporting for this consolidated report has been restricted to a five-year timeframe although some Red Cross and Red Crescent societies and organizations may project expenditure beyond that date. For purposes of consolidating financial figures, Red Cross and Red Crescent societies and organizations were requested to adapt their plans to the time frame shown in figure 5.

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://milleniumindicators.un.org>.

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

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

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

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

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

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.

Annex 2

Notes and methodology regarding presentation of combined financial data

- 1 The combined income and expenditure data in this report was generated based on financial data collected from: The International Federation secretariat and the 39 Red Cross and Red Crescent societies and organizations listed in footnote 19. This data was collected and compiled over a period of six weeks, from 23 October 2007 to 3 December 2007. 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 and includes new submissions from four Red Cross or Red Crescent societies who did not submit data for the previous reporting periods. 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 2007, with the following exceptions: Two National Societies declined to give updated data for this reporting period, so their past submission of data through 31 March 2007 was used; one National Society requested that their financial accounting to the International Federation secretariat from March 2006 be used for this purpose.
- 3 The numbers generated through the consolidation process during this round of reporting cannot be directly compared to results previously reported. In addition to the inclusion of four new submissions as stated above, corrections have been taken in interpretation of data received from National Societies during the first two reporting periods.
- 4 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.
- 5 The exchange rates used to combine the financial data during this round of reporting are shown in the table below.

Currency	Income	Expenditure	Projection	Currency	Income	Expenditure	Projection
AUD	1.094	1.045	1.010	KRW	784.31	779.94	784.31
BDT	51.811	52.738	54.054	LKR	97.371	83.971	92.593
CAD	0.9821	0.935	0.880	MMK	1,111.1	858.2	1,104.7
CNY	6.4392	6.453	6.274	MYR	3.306	2.960	2.912
DKK	4.4857	4.723	4.529	NOK	5.191	5.099	4.831
EUR	1.550	1.578	1.644	NZD	1.202	1.171	1.176
GBP	2.228	2.313	2.420	QAR	3.123	2.940	3.027
HKD	6.365	6.287	6.481	SCR	6.083	4.485	6.083
HUF	151.515	151.057	154.560	SEK	5.882	5.860	5.708
IDR	7,117.0	7,413.1	7,812.5	SGD	1.401	1.294	1.266
INR	34.176	35.569	34.130	THB	34.247	30.185	26.882
ISK	52.659	52.632	52.632	USD	1.200	1.237	1.203
JPY	92.606	92.261	96.618				

- 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 2007. 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 2007.
- 7** Treatment of interest income: Each Red Cross or Red Crescent society or organizations' 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 classification of expenditure
- a** Emergency phase/Relief: For activities and related programme running costs, which are relief-oriented to address acute needs or are for a specified duration of time, such as for the first three to six months of the operation. They may include: emergency and short-term interventions across all sectors (supply distributions, water tankering and other temporary water-supply activities, support to internally displaced persons, etc.); Field Assessment & Coordination Teams and the costs associated with their deployment; Emergency Response Units of all types and associated costs (staff, travel, transport, supplies, cash, etc.); cost of supply distributions during the emergency phase; operations support and assessment (staffing, transport, etc.) in relation to these defined activities or time period, if not included in the programme support and coordination category.
 - b** Health services and infrastructure: For activities and related programme running costs that achieve the objectives of health and care during either the relief or recovery phases such as health education and campaigns, water and sanitation hygiene education, social welfare such as ongoing support to camps for displaced people, psychosocial and mental health support, strengthening of community resiliency and training, disease control; vaccination programs, and mosquito bed net distributions; health preparedness; hospital Emergency Response Units if not included in emergency/relief category; construction and refurbishment of clinics and hospitals, water- and sanitation-related construction if not indicated above in the health services category; staff costs associated with these projects if not included in the programme support and coordination category.
 - c** Disaster management refers to activities and related programme running costs, such as mobilizing members of the International Federation at all levels to respond; volunteer development; improving the speed and effectiveness of coordination mechanisms; setting and working towards improved standards; building disaster response mechanisms; raising community awareness and public education; disaster mitigation and reduction; National Society capacity-building in disaster preparedness; risk reduction programs; early warning systems; community-based disaster preparedness; replenishment of stocks; tracing services and capacity-building of tracing staff if not included in other categories; staff costs associated with these projects if not included in the programme support and coordination category.
 - d** Livelihoods refers to activities and related programme running costs, such as: "cash for work" programmes, economic resiliency and development programmes, diversification of household income, asset replacement programmes if not already included in the other categories; staff costs associated with these projects if not included in the programme support and coordination category.
 - e** Shelter and community construction refers to activities and related programme running costs, such as transitional shelter (not already included in relief), home construction and repair, school repair, refurbishment, and construction; community centre repair, refurbishment, and construction; other community construction such as roads, bridges, and other structures; water and sanitation related to this construction if not already indicated above in the health services and infrastructure category; staff costs associated with these projects if not included in the programme support and coordination category.
 - f** Organizational development may include the following activities and related programme running costs if not already incorporated into another category: assisting the local National Society in serving beneficiaries and communities; strengthening of the local National Society in all sectors; capacity-building support; provision of technical assistance, training materials and performance indicators to local National Societies; professional development of local National Society staff; volunteer capacity building; branch and HQ refurbishment or

rebuilding; staff costs associated with these projects if not included in the programme and support & coordination category

- g Programme support and coordination includes the following at either HQ level or in the field if not already attributed to the other categories above: headquarter and field management and staff costs such as local or international staff costs; planning and reporting staff and associated costs such as workshops and trainings; monitoring and evaluation (surveys, assessments, etc.) and other quality and accountability activities; communications and advocacy staff, publications, etc.; human resources recruitment and support; logistics functions; coordination and direction; accounting, audit, and other financial services, work on cross-cutting themes such as gender, the environment, sustainability, beneficiary participation, and others; fundraising costs and donations processing; head office costs (core cost recovery and similar); other indirect support; foreign exchange loss and gain.

Annex 3

The information portrayed in this Tsunami three year progress report is reflective of contributions from the following Red Cross and Red Crescent societies and organizations

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

Malta Red Cross Society	The Bahamas Red Cross Society
Mauritius Red Cross Society	The Barbados Red Cross Society
Mexican Red Cross	The Canadian Red Cross Society
Micronesia Red Cross	The Guyana Red Cross Society
Mongolian Red Cross Society	The Netherlands Red Cross
Moroccan Red Crescent	The Philippine National Red Cross
Myanmar Red Cross Society	The Red Cross of Serbia
Namibia Red Cross	The Red Cross of The Former Yugoslav Republic of Macedonia
Nepal Red Cross Society	The Red Cross Society of Bosnia and Herzegovina
New Zealand Red Cross	The Republic of Korea National Red Cross
Nicaraguan Red Cross	The Russian Red Cross Society
Norwegian Red Cross	The South African Red Cross Society
Palau Red Cross Society	The Sri Lanka Red Cross Society
Papua New Guinea Red Cross Society	The Thai Red Cross Society
Paraguayan Red Cross	The Trinidad and Tobago Red Cross Society
Peruvian Red Cross	The Uganda Red Cross Society
Polish Red Cross	Tonga Red Cross Society
Portuguese Red Cross	Turkish Red Crescent Society
Qatar Red Crescent Society	Ukrainian Red Cross Society
Red Crescent Society of the Islamic Republic of Iran	Uruguayan Red Cross
Red Crescent Society of the United Arab Emirates	Vanuatu Red Cross Society
Red Crescent Society of Uzbekistan	Venezuelan Red Cross
Red Cross of Monaco	
Red Cross of Viet Nam	
Red Cross Society of China	
Red Cross Society of China - Hong Kong Branch	
Red Cross Society of China - Macau Branch	
Red Cross Society of Panama	
Red Cross Society of the Democratic People's Republic of Korea	
Romanian Red Cross	
Saint Kitts and Nevis Red Cross Society	
Salvadorean Red Cross Society	
Samoa Red Cross Society	
Saudi Arabian Red Crescent Society	
Seychelles Red Cross Society	
Singapore Red Cross Society	
Slovak Red Cross	
Slovenian Red Cross	
Somali Red Crescent Society	
Spanish Red Cross	
Suriname Red Cross	
Swedish Red Cross	
Swiss Red Cross	
Taiwan Red Cross Organisation	

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.



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