

Report 2004-2009



International Federation
of Red Cross and Red Crescent Societies

Federation-wide Tsunami 4.5-Year Progress Report

Appeal No. 28/2004

21 July 2009

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.



Four years on, affected communities continue to benefit from livelihood projects, including this mat weaving project in Simeulue. Fauzan/Norwegian Red Cross.

About this report

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

While this report does offer an opportunity to gauge the progress over the six-month period of September 2008 to March 2009, it presents what is best defined a cumulative picture; therefore there should be some caution in drawing conclusions from comparisons between the reports. The data presented in each progress report is reflective of the number of Red Cross and Red Crescent societies reporting into it. This figure has changed for each report.

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

It is important to note also that in the months since March, Sri Lanka has reached an end to decades of civil conflict and the Maldivian government has ratified the Maldivian Red Crescent Act, paving the way for the formation of a National Society. These major developments in two nations most affected by the tsunami will present new challenges and implications for the ongoing operations.

Finally, the current report only looks at achievements in the five countries worst affected by the tsunami

(Indonesia, Sri Lanka, the Maldives, Thailand and India) whereas the December report captured progress made in all eight countries that were affected by the tsunami. The indicator data and narrative are biased towards the three worst-affected countries (Indonesia, Sri Lanka and the Maldives) and to a lesser extent, Thailand.

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

Four and a half years have elapsed since the Indian Ocean tsunami wrought devastation along coastal areas of Indonesia, Sri Lanka, Thailand, the Maldives and India. As reconstruction efforts near completion, the International Federation of Red Cross and Red Crescent Societies (International Federation) continues working on the ground with affected communities. Progress in the Red Cross Red Crescent tsunami recovery operation over the past six months has been encouraging and clearly indicates that most tsunami projects will draw to a close by the end of 2009.

More than 4.5 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. So far, Red Cross Red Crescent partners have supported the construction of more than 44,000 new houses – of the target number of 55,769 houses. 11,000 of these new homes have been completed during the last 11 months. During the last six months, 500 houses have been handed over to their new owners in Sri Lanka, 862 houses have been completed in the Maldives while in Indonesia the number of finished homes reached 1,300. Most housing projects are expected to draw to a close by the end of 2009.

Progress in the health infrastructure development programme has been significant. 131 health centres, clinics and hospitals have been built or rehabilitated since May 2008, taking the total number of completed projects to 270. Three major hospitals have been constructed in Sri Lanka during the reporting period.

Equally, the construction of schools has also seen a significant increase. 72 schools were built, taking the total number of completed schools to 145.

Almost 60,000 households have now been assisted with livelihoods support grants, over 12,500 of whom have received grants during the last 11 months. These funds have largely been used to support activities including home gardens, livestock rearing and food production businesses which provide sustainable supplementary incomes to vulnerable households.

Water and sanitation programmes continued to deliver a variety of high quality services. In Sri Lanka, 10,000 people have been provided with access to an improved water source over the past six months, taking the total number of people provided with a better water supply by the Red Cross Red Crescent across all affected countries to 620,000. Water and sanitation interventions range from large-scale water supply and distribution projects to household-level water catchment projects. A core component has been hygiene promotion which, together with other community-based health services provided by Red Cross Red Crescent partners, have reached more than 870,000 people since the tsunami struck.

As well as improving the health and welfare of local communities, building safer communities has been another priority. To date, Red Cross Red Crescent partners have worked with some 480 local communities to complete disaster preparedness and contingency plans.

In Indonesia, the Red Cross Red Crescent has so far reached more than one million people in Aceh and Nias and the aim is to conclude the tsunami operation by the end of 2010. The recovery operation is already winding down significantly, with three partner national societies (PNS) exiting from the operation within the past year.

After operating very effectively for four years, the agency for the rehabilitation and reconstruction of the region and community of Aceh and Nias (*Badan Rehabilitasi dan Rekonstruksi Aceh dan Nias / BRR*) will close down on 16 April. It is expected that this development could affect the way the International Federation continues its activities in Aceh and Nias, as visas and tax/import duties processes may become more restrictive. Plans are in place to reduce the numbers of international Red Cross Red Crescent staff by the end of 2009.

In 2008, the International Federation launched an annual appeal to support longer-term development programme of the Indonesian Red Cross (*Palang Merah Indonesia/PMI*). The current exit planning process will not only focus on the PNS exit from the tsunami operation, but also on the transition into long-term development programme support. Currently, the International Federation supports the development of PMI's five-year strategic plan and the revision of its statutes which will provide a strong foundation for further institutional development efforts.

Despite the security situation in the north of Sri Lanka, most Red Cross Red Crescent tsunami recovery projects have been able to progress at a steady pace, although in the East occasional hartals (politically motivated general strikes), restrictions of staff movements and reluctance by some contractors to send workers into unfamiliar project areas have contributed to delays.

Similar to Indonesia, attention is increasingly shifting to the transition from tsunami programming that supports the Sri Lanka Red Cross Society (SLRCS) in its longer-term programme work in core sectors that include health and care, disaster management and the promotion of humanitarian values. The SLRCS has concluded its five-year Strategic Plan and Framework for Action which will soon be shared with PNS and prospective external partners. As part of the transition process the International Federation and PNS are supporting a 'right-sizing' process that aims to support a sustainable capacity within the SLRCS.

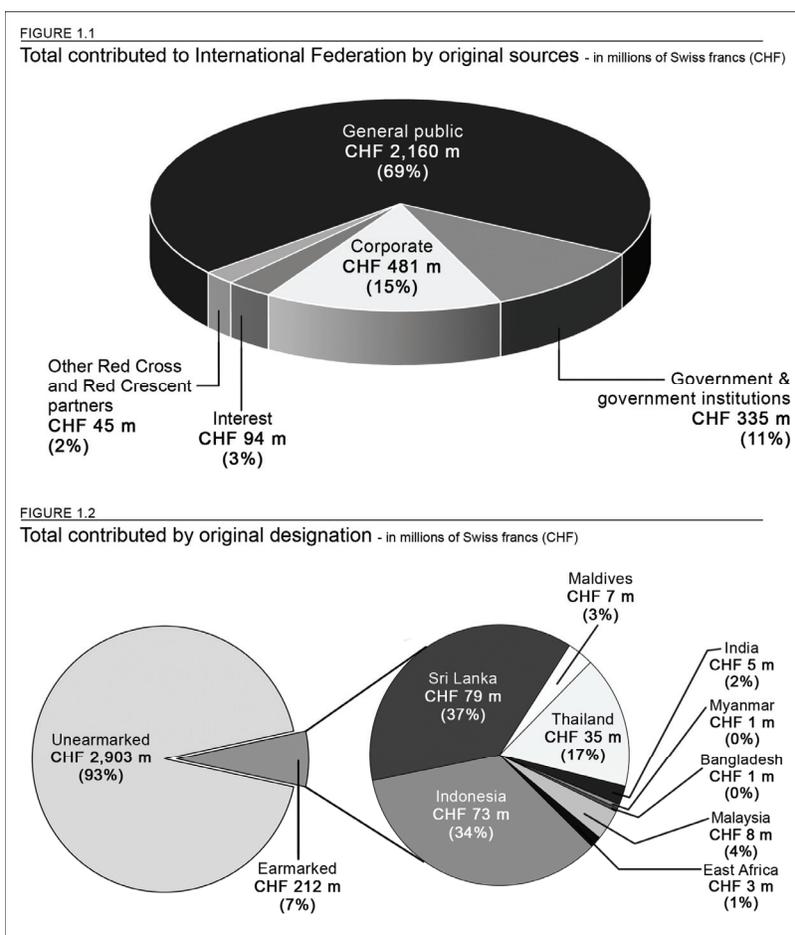
In the Maldives it is expected that the Maldivian Red Crescent Bill will be approved during the next reporting period and the new National Society's first general assembly is scheduled to be held in August 2009. This will undoubtedly boost future disaster response capabilities in the country. Red Cross Red Crescent projects account for 30 per cent of the Government of Maldives' national tsunami recovery and reconstruction plan. The handover of Dhuvaafaru Island in Raa Atoll, took place on 2 March 2009. The International Federation created a new community on Dhuvaafaru which is now home to more than 3,700 people. In just under three years, the island has been transformed into a thriving community that boasts 600 houses, three schools, an island administration block, an auditorium, a health centre and a sports stadium.

Another milestone in the Maldives was the completion of 250 new homes, a secondary school, a power supply system and a sanitation system on Vilufushi Island. This paves the way for around 1,900 tsunami survivors, who have been living on Buruni, a nearby island, to return to their former home island, which was completely destroyed by the tsunami.

As tsunami reconstruction projects draw to a close, the attention of the Red Cross Red Crescent is not only on completing outstanding infrastructure projects but also on ensuring that the closure of all tsunami projects is managed responsibly, that legal commitments are met and that beneficiaries are satisfied with the services provided. The transition and exit processes currently underway in all affected countries will involve a series of evaluations and reviews that will provide the Red Cross Red Crescent with valuable institutional learning that will contribute to improving the quality of future programming.

Financial overview

The International Federation¹ has received a total of CHF 3,115 million². This represents CHF 7 million additional income reported since the last period due to new income from interest earned.



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

As of 31 March 2009, CHF 2,444 million or 78 per cent has been spent across all tsunami countries.

¹ The information in this financial summary combines unaudited financial data from 41 independent National Societies (listed below) and the International Federation secretariat, which is conducting tsunami recovery operations on behalf of more than 100 national societies which contributed directly to its tsunami appeal. The financial data for this report was provided by Red Cross and Red Crescent Societies and organizations from: Australia, Austria, Bangladesh, Belgium – Flanders community, Belgium – Francophone community, Canada, China, Cyprus, Denmark, Finland, France, Germany, Hong Kong, Hungary, Iceland, India, Indonesia, Ireland, Italy, Japan, Korea (Rep. of), Macau, Malaysia, Myanmar, Netherlands, New Zealand, Norway, Qatar, Seychelles, Singapore, Somalia, Spain, Sri Lanka, Sweden, Switzerland, Taiwan, Thailand, Turkey, United Kingdom, United Arab Emirates, and United States.

² Financial reporting was received in local currencies and converted to CHF, which is the official reporting currency of the International Federation secretariat. The foreign exchange rates used were derived in the following way: The exchange rate to translate income is the weighted average rate of Secretariat income receipts from 27 December 2004 through 31 March 2009; the exchange rate to translate expenditure is the average rate from 27 December 2004 through 31 March 2009; and the rate as of 31 March 2009 is used for projected expenditure. The summary table of rates used is included in the financial reporting methodology notes, annexed to this report.

FIGURE 2.1

Total expenses by category - in millions of Swiss francs (CHF)

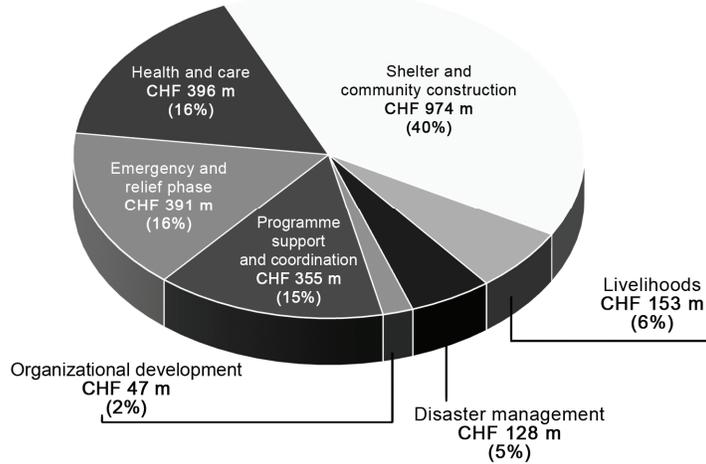


FIGURE 2.2

Total funds spent by country - in millions of Swiss francs (CHF)

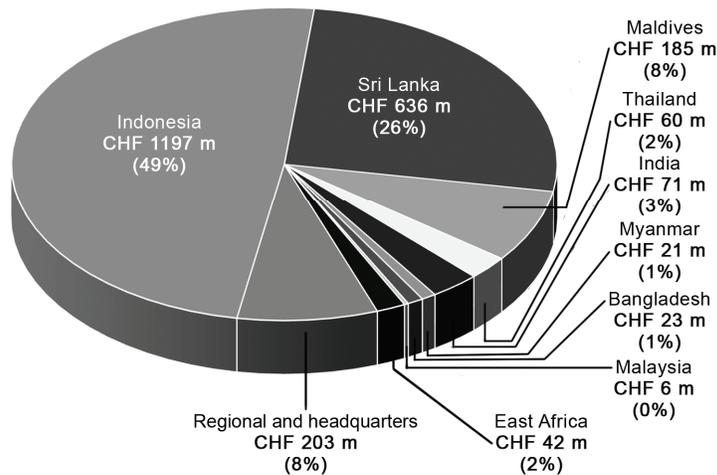


Fig. 2.1 and 2.2 reflect spending through 31 March 2009 by programme area³ and location of operations. The largest amounts spent by International Federation members continues to be in the area of shelter and community construction (CHF 974 million). Figure 2.2 shows that the highest amounts have been spent in Indonesia (CHF 1,197 million) and Sri Lanka (CHF 636 million).

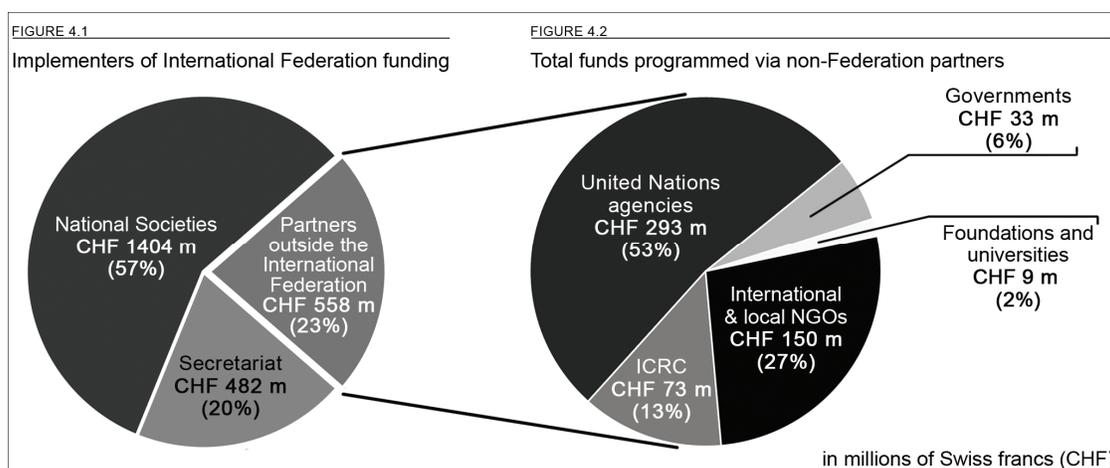
³ Financial reporting has been restricted to seven categories. Each National Society has its own, unique financial accounting and coding structures. Therefore, for the purposes of consolidating financial figures, the data supplied by the National Societies were simplified into the seven categories shown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

Fig. 3 details the expenditure made by country⁴ and by programme.

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

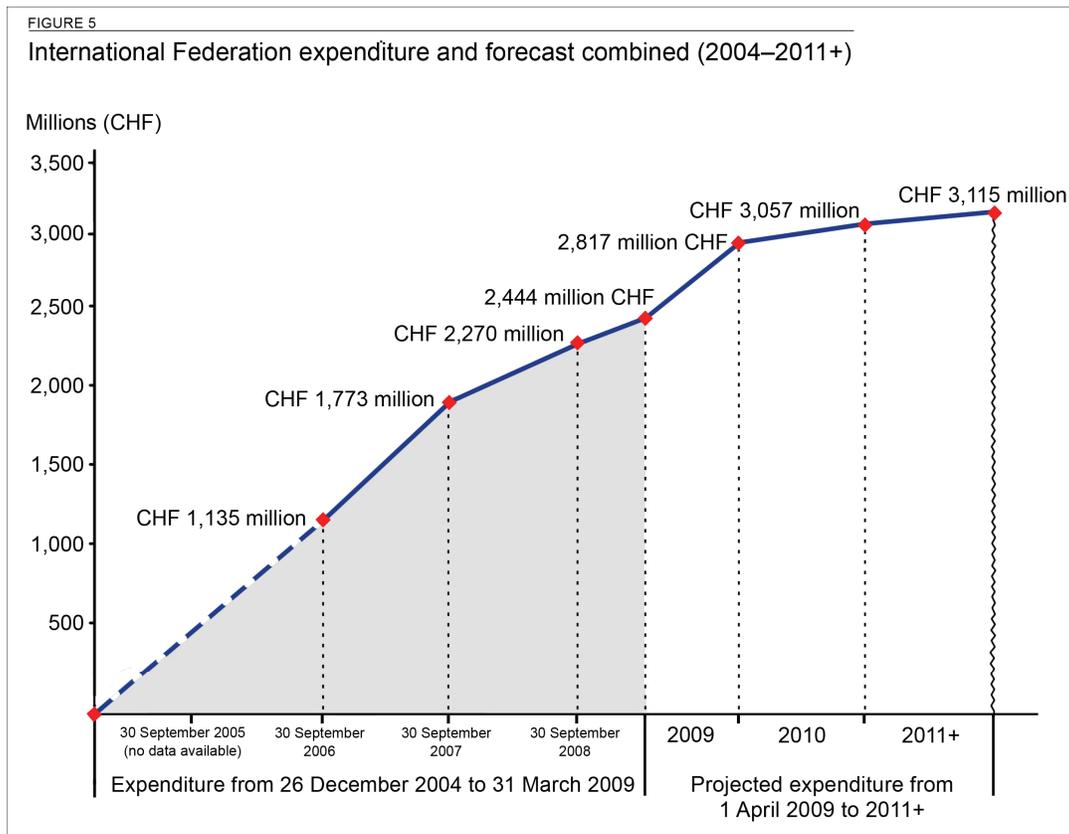
	Emergency phase/ Relief	Health and care	Disaster management	Livelihoods	Shelter and community reconstruction	Organizational development	Programme support and coordination	Total expenditure by country
Indonesia	233.9	165.0	54.7	72.6	545.1	14.2	111.8	1197.3
Sri Lanka	91.0	93.3	28.2	50.1	286.2	17.4	70.1	636.3
Maldives	10.3	38.8	1.3	1.5	101.7	1.0	30.3	184.9
Thailand	1.9	21.8	2.6	8.9	16.0	3.9	5.2	60.3
India	4.6	20.7	6.3	10.0	22.4	2.9	3.6	70.5
Myanmar	5.0	12.1	1.8	0.3	0.0	1.2	0.6	21.0
Bangladesh	0.7	19.9	1.5	0.0	0.2	0.1	0.9	23.3
Malaysia	0.1	0.7	0.3	1.6	1.1	0.6	1.2	5.6
East Africa	10.8	11.1	9.3	0.7	0.5	4.5	5.0	41.9
Regional and HQ	33.1	12.4	21.5	6.9	1.1	1.5	126.3	202.8
Expenditure by category	391.4	395.8	127.5	152.6	974.3	47.3	355.0	2443.9

Fig. 4.1 reflects how expenditure is split among the International Federation secretariat, the 41 National Society members reporting for this period, and other partners outside the International Federation. The majority of expenditure is being carried out by members of the International Federation, with 23 per cent of the overall total being programmed through other actors to avoid unnecessary duplications or gaps in the provision of assistance. The percentage of assistance programmed through these external agencies has remained steady through the last few reporting periods, dropping somewhat since the earliest reports.



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

Many of the International Federation member National Societies report that tsunami recovery programming will continue into the year 2011.⁵ Estimated spending projections are shown in Figure 5 and now include the addition of 2011+, which has not been portrayed in previous reports.



⁵ Financial reporting for the first five rounds of this consolidated report was restricted to the 2005- 2010 timeframe, but is extended in this report to include 2011 as several National Societies have consistently projected plans into 2011 and beyond. For purposes of consolidating financial figures, National Societies were requested to adapt their plans to the time frame shown in figure 5.

Programmatic analysis

FIGURE 6: Analysis of programmatic performance indicators⁶

N/A: not available; N/ap: not applicable
Figures represent progress achieved up to 31 March 2009

Ind. No.	Programmatic Performance Indicators ⁶	Totals	Maldives	Sri Lanka	Indonesia	India	Thailand	
1	Overall estimated number of persons reached by International Federation and partners (using coverage methodology only, not by sector)	4,529,000	256,000	1,974,000 ⁷	1,209,000 ⁸	695,000	395,000	
Health & care including water & sanitation infrastructure								
2	No. of persons with access to an improved water source (temporary settlements)	163,500	N/A	63,600	99,900	0	0	
	No. of persons with access to an improved water source (permanent settlements)	349,700	N/A	149,800	157,900	0	42,000	
	Total no. of persons with access to an improved water source	621,200	107,900	213,400⁹	257,900¹⁰	0	42,000	
	Total no. of persons targeted for access to an improved water source (planned)	819,800	113,100 ¹¹	310,100	320,900	0	75,700	
3	No. of persons with access to improved waste management facilities or improved latrines (built to sphere standards ¹²)	313,500	92,400	49,800	162,100	0	9,200	
4	No. of persons certified or skilled in community-based first aid (including psychosocial)	267,700	2,300	230,700	28,700	800	5,200	
5	No. of persons reached by community-based health services	874,500	64,300	152,600	597,600 ¹³	60,000	N/A	
6	Hospitals & Clinics built or rehabilitated	Operational/In Use	299	26	66	191	2	14
		Completed	270	26	34	194	2	14
		Under Construction	86	1	32	52	0	1
		In Planning Phase	7	N/A	3	4	0	0
	Total number of hospitals & clinics to be provided	363	27	69	250	2	15	
Shelter & community construction								
7	Transitional shelters built	Completed	21,112	1,084	105	19,923	0	0
		Under construction	0	N/A	0	0	0	0
		In Planning Phase	0	N/A	0	0	0	0
	Total number of shelters to be provided	21,112	1,084	105	19,923	0	0	
8	Permanent houses built	Occupied	39,945	1,087	20,112	18,728	0	18
		Completed	44,258	1,404	23,513	19,290	33	18

⁶ 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, Belgium – Flanders community, Belgium – Francophone community, Canada, China, Denmark, Finland, France, Germany, Hong Kong, India, Indonesia, Ireland, Italy, Japan, Korea, Netherlands, Norway, Singapore, Spain, Sri Lanka, Switzerland, Thailand, Turkey, United Kingdom, and United States.

⁷ **Sri Lanka:** Although it is still a challenge to estimate the number of persons reached in Sri Lanka by the lowest divisional level possible (GN level), the figure has been updated with regular contact with the department of census. The methodology for data collection has remained the same as the previous report.

⁸ **Indonesia:** Activities for which data was not previously available have now been included in the figure (e.g. psycho-social support, hygiene promotion and disease prevention campaigns). Therefore, the overall number of people reached has increased.

⁹ **Sri Lanka:** Much of the 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 have access to the improved water sources once the entire project is finalized 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.

¹⁰ **Indonesia:** Improved water and sanitation data audit and verification mechanisms have shown that there might be some small scale double counting in this figure. This is due to the fact that some people could be included in both categories, access in temporary settlements and permanent settlements.

¹¹ **Maldives:** The target figure reflects the installation rate of 100 percent of the provided rainwater harvesting equipment. However, the installation rate at the completion of the project was slightly short of 100 percent but still above average target rates.

¹² Less than 20 persons per latrine; communal latrines segregated by gender, water and hygienic supplies available.

¹³ **Indonesia:** The marked increase in numbers is mainly due to new data available for people reached through psychosocial support, hygiene promotion and disease prevention campaigns.

		Under construction	10,748	110	9,186	1,445	7	0
		In Planning Phase	1,716	0	371	1,341	4	0
	Total number of houses to be provided		56,664	1,514	33,012	22,076¹⁴	44	18
9	Schools built or rehabilitated	Operational/In Use	138	10	30	94	2	2
		Completed	145	14	30	96	3	2
		In progress	9	0	4	3	2	0
		In Planning Phase	8	N/A	0	8	0	0
	Total number of schools to be provided		162	14	34	107	5	2
10	Other community structures built or rehabilitated	Operational/In Use	309	147	21	141	0	0
		Completed	333	148	21	162	0	2
		In progress	36	6	0	30	0	0
		In Planning Phase	51	2	0	49	0	0
	Total number of other community structure to be provided		420	156¹⁵	21	241	0	2
Livelihoods								
11	No. of households reached by asset replacement or enhancement		38,890	20	7,930	21,750 ¹⁶	1,590	7,600
12	No. of households that have received livelihood support grants		59,950	1,490	37,410	19,360	1,590	100
	Range and average grant size (in local currency): RANGE		N/Ap	MVR 2,000- 60,360	LKR 15,000- 42,000	IDR 11,713 – IDR 20 million	INR 50,000 – 100,000	N/A
	AVERAGE GRANT SIZE		N/Ap	MVR 25,803	LKR 28,500	IDR 3,244,014	INR 75,000	N/A
Disaster Management								
13	% of population covered by pre-positioned stocks		N/Ap	0%	40%	3%	0%	85%
14	No. of communities targeted for developing a disaster preparedness or contingency plan for all major risks.	Completed	487	18	296	159 ¹⁷	0	14
		Planned	1,167	18	512	551 ¹⁸	29	57
15	No. of persons trained in vulnerability and capacity assessments or community based disaster management		36,230	500	360	34,040	0	1,330
Programme support and coordination								
16	No. of Red Cross and Red Crescent organizations working in country		25	4	14	17	5	3
	No. of Red Cross and Red Crescent organizations contributing programme data to the report		28	9	20	21	5	10

¹⁴ **Indonesia:** More than 700 houses are newly included, as a result of cash grant for affected families to reconstruct or rehabilitate their homes.

¹⁵ **Maldives:** The figure has been updated to include a power house being constructed and 8 waste water collection and disposal systems. It also includes a planned waste management centre and road network.

¹⁶ **Indonesia:** Reduced figures from the previous report is due to revised data based on the latest accountability report which gives more accurate number of households.

¹⁷ **Indonesia:** This revised figure corrects the multiple counting of some communities in the previous report.

¹⁸ **Indonesia:** The number of communities has been revised down from the last report due to a different counting methodology. The previous figure included communities and in some cases individuals participating in disaster preparedness and contingency planning. The current figure reflects only the number of communities.

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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 41 Red Cross and Red Crescent societies referenced in the report. This data was collected and compiled over a period of six weeks, from 4 May 2009 to 16 June 2009. The method developed to obtain financial data considered the flows of income and expenditure and eliminated multiple counting (within the International Federation network) of income and expenditure.
2. This report is a combined cumulative portrait of International Federation financial information. All of the reports received from the Red Cross and Red Crescent societies and organizations and used to generate this collective portrait reflected data through 31 March 2009, with the following exceptions: Thirteen 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 sixth round of reporting are shown in the table below.

Currency	Income	Expenditure	Projection	Currency	Income	Expenditure	Projection
AUD	1.09	1.06	1.26	JPY	94.07	92.69	85.46
AED	3.29	3.08	3.21	KRW	784.31	843.97	1,174.04
BDT	51.81	55.48	58.54	LKR	97.37	88.76	100.36
CAD	0.99	1.06	0.92	MMK	1,111.11	921.47	924.25
CNY	6.44	6.42	5.96	MYR	3.31	2.99	3.16
DKK	4.49	4.72	4.91	NOK	5.19	5.13	5.78
EUR	1.55	1.58	1.52	NZD	1.20	1.22	1.53
GBP	2.23	2.20	1.64	QAR	3.12	3.05	3.17
HKD	6.40	6.53	6.77	SCR	6.08	5.37	14.15
HUF	163.40	160.16	200.85	SEK	5.88	5.96	7.20
IDR	7,142.86	7,873.96	10,017.03	SGD	1.40	1.30	1.32
INR	34.18	36.77	44.91	THB	34.25	30.02	30.48
ISK	52.66	59.15	105.52	USD	1.19	1.19	1.14

5. Some Red Cross and Red Crescent societies and organizations report operating on a cash accounting basis, while others work on an accrual basis. Cash basis means that the reported financial income and expenditure include only income received and expenditure paid at 31 March 2009. Accrual basis means that the reported financial income and expenditure include all income received and receivable and expenditure paid or payable as at 31 March 2009.
6. Treatment of interest income: Each Red Cross or Red Crescent society or organization's treatment of interest earned on donations is governed by their own financial policies. In the cases where interest is not allocated back to the tsunami operation, Red Cross and Red Crescent societies report interest being allocated to future international and emergency operations or to general headquarters operations.
7. Categories and definitions used for 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; Red Cross Red Crescent 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 Red Cross or Red Crescent society in serving beneficiaries and communities; strengthening of the local Red Cross or Red Crescent society in all sectors; capacity-building support; provision of technical assistance, training materials and performance indicators to local Red Cross or Red Crescent societies; professional development of local Red Cross or Red Crescent society staff; volunteer capacity building; branch and headquarter 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 headquarter 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 2: Notes and methodology regarding the programmatic performance indicators

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

Overall estimated number of persons reached by International Federation and partners

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

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

Health and Care including Water and Sanitation

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

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

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

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

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

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

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

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

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

Number of people reached by community-based health

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

Hospitals and clinics built or rehabilitated

This indicator has been disaggregated as follows:

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

Shelter and Community Construction

Transitional shelters built

This indicator will be disaggregated as follows:

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

Permanent houses built

This indicator will be disaggregated as follows:

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

Schools built or rehabilitated

This indicator will be disaggregated as follows:

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

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

Other community facilities built or rehabilitated

Methodology similar to above has been applied.

Livelihoods

Number of households reached by asset replacement or enhancement

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

Number of households that have received livelihoods support grants

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

Disaster Management

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

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

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

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

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

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

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

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

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