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Emergency appeal final report

Asia: Earthquake and Tsunamis

 International Federation
of Red Cross and Red Crescent Societies

Final report

Emergency appeal n° M04EA028

5 December 2013

Period covered by this Final Report: 26 December 2004 to 31 December 2012.

Appeal target (current): CHF 670,671,010.

Appeal coverage: 101%; [<click to go directly to the final financial report, or to view the contact details>](#)

Appeal history:

- Tsunami Emergency and Recovery Revised Plan and Budget 2005-2010 was launched on 13 March 2009 with a budget of CHF 135,493,049 for the period of 2009-2010, with a total budget of CHF 706.4 million for the six-year period.
- Tsunami Emergency and Recovery Revised Plan and Budget 2005-2010 was launched on 31 March 2008 with a budget of CHF 202,609,575 for the period of 2008-2010.
- Tsunami Emergency and Recovery Plan of Action 2005-2010 Revised Plan and Budget was launched on 22 December 2005 with a budget of CHF 1.064 billion for the period of 2005-2007.
- Tsunami Emergency and Recovery Plan of Action 2005-2010 was launched on 6 May 2005 with a budget of CHF 590 million for the two-year period 2005-2006
- Operations Update No. 16 revised the budget to CHF 183,486,000 (USD 155,296,000 or EUR 118,669,000) with programme extensions for Sri Lanka, Indonesia, the Maldives and East Africa.
- The revised preliminary emergency appeal was launched on 29 December 2004, seeking CHF 67,005,000 in cash, kind, or services to assist up to 2 million beneficiaries for 6-8 months. Preliminary Appeal originally launched was titled "Bay of Bengal: Earthquake and Tsunamis". Title was changed to "Asia: Earthquakes and Tsunamis" in Revised Preliminary Appeal launched on 29 December 2004.
- The preliminary emergency appeal was launched on 26 December 2004, seeking CHF 7,517,000 in cash, kind or services to assist some 500,000 people for six months.
- CHF 1,000,000 was initially allocated from the IFRC's Disaster Relief Emergency Fund (DREF) for the initial preliminary appeal.

Summary:

The Indian Ocean earthquake and Tsunami was the single most devastating natural disaster in recent history. On 24 December 2004, and over the subsequent days, the world watched in horror as the true scale of the disaster became apparent.

At least 226,000 lives were lost, millions of homes were destroyed and entire communities were swept away. The full extent of the Tsunami was felt along the coastlines of 14 countries and the trail of devastation left in the wake of the disaster stretched from Sumatra in Indonesia to the shores of Somalia.

This disaster prompted an unprecedented outpouring of generosity from the public. Donations to Red Cross and Red Crescent National Societies worldwide enabled the International Federation of Red Cross and Red Crescent Societies (IFRC) to embark on its biggest emergency response and recovery operation since World War II.

The Red Cross Red Crescent response to the Tsunami reflects the unique nature of IFRC where international and local expertise came together, faced the challenges together and learned many important lessons.

Supporting the recovery of families who had lost loved ones, homes and livelihoods, recovery was to be a lengthy process. From when the first Red Cross search and rescue teams were deployed after the Tsunami struck Aceh, it took over five years to complete the last project in the recovery operation, a major infrastructure project which now brings piped water to coastal towns in Sri Lanka. The end result has been many communities are now stronger and more resilient and better able to face the risks posed by future natural hazards.

Financial situation

Click [here](#) to go directly to the financial report.

Our partners

The host National Societies who were part of the Tsunami operation included Bangladesh Red Crescent Society, Indian Red Cross Society, Palang Merah Indonesia (PMI/Indonesian Red Cross), Kenya Red Cross Society, Madagascar Red Cross Society, Malaysian Red Crescent Society, Maldives Red Crescent, Myanmar Red Cross Society, Seychelles Red Cross Society, Somalia Red Cross Society, Sri Lanka Red Cross, Tanzania Red Cross Society, Thai Red Cross Society and Yemen Red Crescent Society.

Details of Red Cross Red Crescent partners and Partner National Societies are listed in the financial report.

The situation

Over 226,000 lives were lost and millions of lives were shattered following the massive earthquake and subsequent Tsunamis on 26 December 2004 that devastated countries around the Indian Ocean. The humanitarian response from IFRC and member national societies represents the largest operation in its history.

Throughout the International Red Cross and Red Crescent Movement, over CHF 3.1 billion has been contributed by donors for the emergency and recovery period. This enormous generosity enabled a quick emergency response. Assistance was given in meeting post disaster emergency needs. Lives were saved and in spite of the devastation and associated public health hazards, there was no outbreak of any epidemic diseases. While such successes were acknowledged, the enormity of the challenge to restore the lives of survivors became clearer and the volume of resources available created opportunities as well as challenges. Against this background, in the first quarter of 2005, minds turned to planning for a recovery period expected to take five years to implement.

While immediate efforts were made to assist survivors in 14 countries, the later recovery programming to rebuild devastated communities increasingly focused on four priority countries, namely, Indonesia, the Maldives, Sri Lanka and Thailand. The plan and budget 2005 – 2010 revised in March 2009, included action plans and budgets for lesser-affected countries: Bangladesh, India, Myanmar, Somalia and Seychelles. This revised plan and budget 2005 – 2012 reflects progress made through 2010 for the three most affected countries of Indonesia, Maldives and Sri Lanka, and extends the operating timeframe to 31 December 2012. Tsunami programming is officially complete in all other affected countries.

Red Cross and Red Crescent action

Achievements against outcomes

Tsunami took place on 26 December 2004 and the operation closed on 31 December 2012.

Tsunami operation has three main thematic programme components:

- i. Disaster management
- ii. Health and care
- iii. Shelter

2004

The preliminary emergency appeal for the Asia Earthquake and Tsunamis (28/2004) operation for CHF 7.5 million was launched on 26 December 2004, and was fully covered within four hours. The affected Asian countries indicated that while they have the required trained technical personnel, there remained a critical need to provide support in procuring and delivering relief supplies, along with logistics/transportation assistance. The National Societies in the affected areas immediately focused on search and rescue activities, treatment of the injured, and identification and disposal of bodies. Basic relief items in the form of family parcels and food were identified as being priority needs, along with shelter, and basic building materials to damaged or destroyed dwellings, and replenishment of household items in the form of tarpaulin sheets, kitchen utensils/kits, and mosquito nets.

Tracing and family linking was a crucial element of the operation, and ICRC worked with the National Societies to provide the overall coordination and required technical support, particularly focusing on restoring family links (RFL).

Indonesia

In Indonesia, the affected areas were Aceh province and North Sumatra province. The tidal waves caused severe damage to public infrastructure including roads and bridges, telecommunications, electricity and power in both provinces, with the worst affected area being Banda Aceh, the capital city of Aceh province. Following the Tsunami on 26 December, the Indonesian government immediately declared a state of emergency and welcomed international assistance. More than 40,000 people were estimated to be dead, mostly from the outlying parts of Aceh provinces. Thousands of corpses were rotting under the tropical sun while many who escaped death in the worst Tsunami ever recorded battled against hunger and risk of diseases. Fresh water, food and fuel were in short supply. Many in Banda Aceh feared fresh earthquakes and Tsunamis, and the road were filled with people trying to leave.

The health department was actively involved in evacuating the affected people. It also established a 24-hour health crisis centre, providing health services in local hospitals. The provincial health office of North Sumatra and a local hospital were ready to dispatch teams to Aceh. Four tonnes of medicine, two tonnes of baby food and 150 body bags were transported on 27 December by plane, together with a government assessment team led by the vice president. The social affairs department had buffer stocks available in Aceh, including 75 tonnes of rice, food items, and evacuation kits (live vests, generators, boats etc.). Another 100 tonnes of rice, food items, clothing, kitchen utensils, and evacuation kits (tents) were delivered from North Sumatra to Aceh through land transportation. According to the government office, tents/shelter, kitchen utensils, plastic body bags, food/baby food, emergency medical supplies (drugs for trauma injuries, public health kits, etc), clothes, blankets, hygiene and sanitation supplies, potable water supply equipment, generators, telecommunication equipment and helicopter capacity were urgently needed. The government introduced special procedures to facilitate entries of aircraft carrying international relief, relief items, humanitarian personnel, resident journalists and staff of foreign missions travelling to Medan and Aceh.

A UN team consisting of United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Office of the United Nations Security Officer (UNSECOORD) and International Organisation for Migration (IOM) arrived in Banda Aceh on 28 December. UN agencies in Indonesia provided immediate assistance worth USD 1 million. World Food Programme (WFP) allocated USD 500,000 to purchase food for immediate distribution to the affected population. World Health Organisation (WHO) and UNICEF provided four complete sets of health emergency kits to cover 40,000 people for three months. UNICEF

also provided tarpaulins and family sets for 8,000 households while WHO provided technical assistance. OCHA deployed a United Nations Disaster Assessment and Coordination (UNDAC) team.

More than 300 volunteers were actively engaged in relief activities in Aceh providing first aid, search and transport, with more standing by in case of further needs. Palang Merah Indonesia/Indonesian Red Cross (PMI) purchased the required body bags, burial cloths, cloths and masks for volunteers. A medical team of five doctors and nurses were sent to Aceh, while PMI and the IFRC country office utilised helicopters for the assessment teams and medical personnel to reach the affected areas as access was limited due to heavy military presence in the area and disrupted road and telephone communications.

Sri Lanka

Days after the disaster, the unprecedented scope and impact of the event in terms of the human toll and humanitarian needs became apparent. Medical supplies and medicines were sent to Sri Lanka to provide basic medical care and treat possible cases of diarrhoeal disease. Relief items including tents, medicines, and food from Red Cross and Red Crescent Societies around the world were dispatched to the Tsunami-hit countries. IFRC FACT mission teams and ten ERUs specializing in water and sanitation, health care, aid distribution, telecommunications and logistics were dispatched in Indonesia and Sri Lanka.

Access to potable water is essential to avoid the propagation of water-borne diseases, in particular malaria. Sri Lanka is among the hardest-hit country of the region with more than 22,000 people dead, 1,000,000 estimated displaced and at least 200,000 homeless. More than 40,000 people were given temporary shelter in 66 Sri Lanka Red Cross Society (SLRCS) camps and shelters, while over 14,000 stayed with relatives and friends. Teams were deployed to Negombo, Galle, and Matara & Kalutara for assessment and emergency relief activities. As of 27 December, the following activities were undertaken in the SLRCS's Trincomalee branch:

- Six vehicles deployed, including two ambulances for evacuation of people from affected areas (Medevac, dead bodies).
- Disaster preparedness volunteers were deployed in Mutur and Kinniya areas and were involved in the evacuation of people from affected areas.
- Over 100 SLRCS volunteers were deployed Trincomalee and Nilaveli coastal areas.
- A total of 25 volunteers deployed in the Kinniya area and 25 volunteers were deployed in the Mutur area.

SLRCS teams were engaged in providing first aid to those affected, evacuation to safe ground and transfer of mortal remains. In the SLRCS Batticaloa branch, the National Society volunteers were engaged in the evacuation of persons and bodies from Kalladyi and Navalladdy to the Batticaloa General Hospital (a total of 50 bodies were transferred). Volunteers were deployed in the most affected areas of Kattankudy, Kallawanchkudy, Batticaloa Town area and Vallachhennai. Volunteers were engaged in Medevac, transfer of mortal remains, first aid activities and monitoring the missing. SLRCS activities were supported by ICRC who provided vehicles. ICRC deployed a delegate to facilitate the tracing of missing persons. Available water bowsers in SLRCS branches in Kurunegala, Moneragala, Anuradhapura, Polonnaruwa and Matale were deployed in the affected districts of Gampaha, Colombo, Ampara, and Batticaloa.

Thailand

In Thailand, most of the country's 400 km western coastline, including numerous islands in the Andaman Sea, were devastated. The provinces of Ranong, Phang Nga, Phuket, Krabi, Trang and Satun were severely affected, with tens of thousands of stranded or displaced persons. The government confirmed more than 1,500 dead, with 473 were known to be foreigners, among them 54 Swedes, 49 Germans, 43 Britons and 84 identified only as Caucasians. Rescue workers recovered 1,200 bodies at Khao Lak beach, north of Phuket island. More than 300 dead were found on Phi Phi island. The structural damage was extensive along the beach areas and in some areas up to a kilometre inland. Some islands, including Phi Phi, were completely washed out and many fishing villages were completely destroyed by the Tsunami. Transport, electricity and telephone lines were disrupted. Mobile phone communication was sporadic and hundreds of boats were destroyed.

The entire government and military apparatus were mobilized in a massive emergency response operation, with primary focus on search and rescue, evacuation of people stranded on small islands and remote beaches. Priority was given to care for the thousands of injured, and the identification and repatriation of bodies. Crisis centres were set up in Phuket and Phang Nga, Ranong and Krabi to handle the repatriation and evacuation of foreign nationals. The Thai government welcomed international support and prioritized needs for helicopter support, forensic experts, medical supplies (especially for treating skin lesions and flesh wounds), formalin, body bags, portable mortuary/refrigerated containers for temporary mortuary. The government also asked the UN to coordinate the relief efforts and international support. An ad hoc task force was set up to coordinate foreign assistance, and a humanitarian relief coordinator was appointed.

UNDP released an emergency grant of USD 100,000, UNICEF offered its support to the government for localized needs and WHO assessed the health situation. WFP allocated USD 500,000 to purchase food for immediate distribution to the affected population. OCHA released an emergency grant of USD 50,000 and deployed a UNDAC team that left today for the affected areas.

Since 27 December, the Thai Red Cross (TRC) deployed a team of doctors and set up health centres in four locations in the affected provinces. Hundreds of doctors and nurses approached the National Society volunteering their services. In coordination with the Narenthorn emergency health centre of the ministry of health, TRC deployed a second team of 30 nurses, transported by the Thai air force, to Ta Kua Pa district in the worst affected province of Phang Nga. TRC received a huge amount of relief supplies, including medicines. The Thai air force assisted TRC in transporting relief good to the affected areas. With the support of many celebrities, TRC was able to receive a large amount of cash contributions within a few days from the public and private sectors. Many more people volunteer to help in relief activities.

The IFRC's Southeast Asia regional delegation sent out a team of health, water-sanitation, and information delegates to the worst affected Phang Nga province on 30 December. IFRC also made available CHF 100,000 to assist TRC in their relief operations. An information officer was placed in the TRC national headquarters.

Other Asian countries that were also affected by the Tsunami included Bangladesh, India, Malaysia and Myanmar. Outside of Asia Pacific, the east coast of Africa was also hit by the same high waves triggered by the earthquake, destroying property, and leaving dozens of people drowned or missing. The Somali coast and the Seychelles were the hardest hit with reports of damage to people and property also in Madagascar. Reports of death and destruction, mostly related to swimmers and fishing boats, also come from the Kenyan and Tanzanian coast lines. Waves also struck the islands of Mauritius and La Réunion, but with no damage reported.

[<Click here to go to Operations Update 1>](#)

2005

The Tsunami struck the shores around the Indian Ocean causing extensive death and damage across many countries and communities in Asia and Africa, but the global response to this disaster has developed into the largest and longest-term relief and recovery operation in the history of the International Red Cross and Red Crescent Movement. Beyond those national societies directly affected through the immediate and impressive actions of their own local volunteers and staff, national societies across the world responded with unprecedented levels of support and commitments from their own governments and public for the rebuilding of the communities affected. In the immediate aftermath of the disaster the focus was clearly on relief actions and meeting immediate needs; much good work was achieved and has been reported on elsewhere.

The Red Cross and Red Crescent has become one of the largest players in the rebuilding efforts in many countries because of the resources within its custody. The challenge during 2005 was to ensure that we play an effective and proactive role in the relief and rehabilitation activities, while ensuring realistic and valid planning for direct support to, and with the direct involvement of, those people affected.

On 6 May 2005, IFRC issued its long-term Emergency and Recovery Plan of Action based on information available at that stage. In the months since then, further discussions with the affected communities and with the authorities have helped develop a much longer-term perspective of the required support and involvement for the important recovery phase. This has necessitated close coordination with the

communities, with the authorities, with many other agencies and organizations, as well as within the Movement itself (internal cooperation methodologies are explained in the earlier document).

Four of the priority areas for on-going interventions in the affected countries are the four core areas of IFRC: health and care (including water and sanitation), disaster management, organizational development and promotion of humanitarian values. However, the scale of need and the capacity to respond in this case has added one major developing area of intervention for the Red Cross and Red Crescent Movement: Recovery (particularly rebuilding of houses and infrastructure and livelihoods rehabilitation). These are particular challenges for the Movement: limited experience in these areas and the shortage of technical expertise available have both slowed these interventions, as have a range of factors outside our control: changing government regulations, unclear land rights, inexperience at certain official levels, etc., despite the urgency from the point of view of the beneficiaries and the expectations of the donors.

The largest commitments made by IFRC and partner national societies are in the housing sector: the need to ensure adequate accommodation for those whose houses were destroyed or damaged. Permanent reconstruction has started in Sri Lanka and Maldives as well as work on upgrading some of the temporary shelters; in Indonesia the first of thousands of pre-fabricated temporary shelter units have been constructed in Aceh at the start of an ambitious settlement programme.

Evaluations carried out within the framework of the Tsunami evaluation coalition, IFRC's own real time evaluations, results from the Listening Project, piloted by IFRC in Aceh, as well as our direct experiences from programme implementation have all shown that important cross-cutting elements of operations need to be enhanced. This includes gender issues, particularly as the Tsunami had a significant impact along gender lines. In many communities more men than women survived while more children than adults died. During 2006, sensitization and training of field staff will be carried out, building on experiences from individual recovery programmes. Special attention will be paid on developing skills for gender analysis.

Other areas include the broad accountability to the affected population. Improvement of performance in informing the affected population of plans is needed, involving beneficiaries, both men and women, in programme planning and implementation and ensuring that people can seek redress when problems have been identified. As work is being conducted in areas directly affected by armed conflict and large amounts of material and financial resources are being introduced, it is critically important that Red Cross and Red Crescent staff are aware of the potential impact of these interventions on tensions in the communities. The IFRC as well as partner national societies' staff need to be made aware and receive training in the Better Programming Initiative.

In order to better support delegations in these cross-cutting areas, new positions in the field and the Secretariat are being created that will be able to provide advice and training on how quality and accountability can be made integral parts of operational practices.

In the three main countries of operation – Indonesia, Sri Lanka and the Maldives – complex IFRC delegations and field offices have been established to support the host national societies to respond to their on-going needs as well as provide professional support and coordination expertise to the Partner National Societies working there. This is envisaged to continue while the needs are there but they will gradually be scaled down as projects develop. During 2006 there is also likely to be a gradual shift of responsibilities from the Tsunami unit within the Geneva Secretariat's Asia Pacific department out to the regional delegations. There is close cooperation and liaison with all parts of the Movement through the delegations, as well as with the wider community. The scale of this, of itself, is unique.

This document aims to bring together the numerous plans and activities proposed by the IFRC working on a multi-lateral basis, and the bilateral partner national societies, in each of the affected countries. It is, by necessity, a summary, and for all of the programmes and projects listed here there is further supporting information available.

It is estimated that through the end of 2005, IFRC and its members will have collectively spent CHF 750 million in the Tsunami-affected countries.

[<Click to 2005 Operations Updates no. 57 \(Southeast Asia, South Asia and East Africa\)>](#)

2006

Significant developments during 2006 will influence the Tsunami recovery operation for IFRC and its members, as well as for governments and affected communities. An initiative by the IFRC Secretariat to improve the understanding of the impact of the Tsunami as well as of Tsunami aid had taken an important step and had helped inform future planning. More internally to IFRC, a review of programme plans and budgets was launched in 2006, while the governing board had decided to follow more closely the recovery programme in its different aspects.

The IFRC Secretariat and WHO, with the active support of the office of the UN special envoy for Tsunami recovery, former president Bill Clinton, developed a concept for a Tsunami Recovery Impact Assessment and Monitoring System (TRIAMS). Following up on the idea, these agencies and representatives from the governments of India, Indonesia, the Maldives, Sri Lanka and Thailand met together with UN agencies, civil society and independent experts in Bangkok from 3 to 5 May 2006 to further discuss and agree on the system, whereby the progress, outcomes and impact of recovery and reconstruction on the affected population can be measured from 2006 to 2010.

The purpose of the initiative was to monitor the rate and direction of recovery, as well as its ultimate outcomes, through measurement of a set of indicators in the areas of vital needs, access to basic social services, rehabilitating and reconstructing infrastructure, and livelihoods, incorporating crosscutting issues such as gender and environment. This was done through utilising and strengthening existing government systems for household surveys and data collection. Results enabled governments and agencies to adjust and adapt programmes if gaps, overlaps or unintended effects were identified, and thus assume accountability for the ultimate outcomes of their activities.

At the Bangkok workshop in mid-2006, a final set of core indicators were agreed and initial action plans were drafted. Since the workshop, governmental bodies have further developed their country-specific plans of action for the implementation of TRIAMS with the assistance of WHO, other UN agencies and IFRC. A first round of TRIAMS results were produced by the end of 2006. The results formed part of the countries' two-year Tsunami reports, which were made available to the public.

The IFRC High Level Tsunami Group, consisting of leaders of stakeholder national societies, visited the three most affected countries – Indonesia, Maldives and Sri Lanka – in late March. As a result of these visits, a number of measures were agreed upon to improve the management of the Movement operation and to ensure that targets were met, while human and financial resources were used as effectively as possible. This included the review of IFRC-wide plans and budgets in light of considerable cost increases in all affected countries, and the realisation that a larger portion of programmes than originally anticipated were implemented directly by Partner National Societies.

In its June meeting, the IFRC's governing board established a Tsunami committee whose function was to closely follow the progress of the recovery operation in all its aspects. It was also decided that an IFRC-wide report on the use of the unprecedented volume of resources entrusted to the Red Cross Red Crescent Movement will be issued around the two-year commemoration, to ensure accountability of IFRC and its members towards donors, governments and communities in affected countries.

[<Click to 2006 Operations Updates no.59 \(Southeast Asia, South Asia, East Africa and PNS Activities\)>](#)

2007

Indonesia

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

While economic growth was generally welcomed, the increase of economic activities had seen a corresponding increase in the cost of materials. This market dynamic had significant effects on IFRC's ability to meet its original housing commitments. In 2007, the Indonesian government passed a new disaster response bill that required PMI to redefine its role in disaster response. This re-positioning of PMI had further affected future disaster management programming in Indonesia for PMI and Partner National Societies.

While identified road blocks between Banda Aceh and Calang was reported earlier in 2007 as one constraint hindering project implementation, this issue was been resolved by the local government towards the end of the year. However, the quality of infrastructure still presented a considerable challenge; for example, the recently completed highway on the west coast of Aceh had some structural damage. In 2007, there had been a significant increase in the number of houses completed and handed over to the affected communities, further diminishing the outstanding need for shelter support by Tsunami-affected communities.

Almost three years after the Tsunami, IFRC and PMI focused on a transition strategy. A workshop involving most of the operational Partner National Societies identified some partners closing down parts of their operation as early as November 2007. Thus, there was an increasing demand to ensure sustainability of the programmes upon the Partner National Societies and IFRC's disengagement and apply a 'no-harm' policy. The workshop had also raised other issues that needed to be taken into account, among others legal compliance and liability, human resources development, volunteer retention, asset handover, and archiving.

By mid-2007, the transitional shelter programme was nearing completion, with the last 78 units being built. The remaining units were completed by the end of November 2007. Due to some material defects, there had been a shortage of 106 units from the planned total of 20,000 units. The programme was carried out by 32 different implementing partners in addition to the IFRC Secretariat, which provided coordination as well as logistical support.

Sri Lanka

On the whole, the level of progress was in line with the original three-five year projected time frame. The Red Cross Red Crescent had a portfolio of more than 425 projects both completed and on-going. The on-going projects were being implemented by IFRC and 19 Partner National Societies operating in the country, with SLRCS at the forefront of the operation. Since the Tsunami, 165 projects were completed. These projects included the distribution of non-food relief items, livelihoods support, health and care, water production and distribution, and construction of new houses and health care structures.

The construction of hospitals and health facilities was a long and complex process. The planning, design and tendering phases of a typical hospital project can take up to 12 months, while the construction period can go on for up to two years. Almost all of IFRC's health infrastructure projects focused on the rehabilitation of functioning hospitals, which meant that the planning and construction were more complex and had to be implemented in stages over a longer timeframe. In mid-2012, work was underway on 30 water and sanitation projects across eight districts. Much of the IFRC water and sanitation portfolio in Sri Lanka included large infrastructure projects, such as laying pipeline networks to new resettlement areas. Tsunami-affected families covered by this project only had access to the improved water sources when the entire project was finalized and water was connected to the catchments areas. This led to the discrepancy in the number of persons who had already gained access to an improved water source versus the number of persons who had yet to receive access.

Maldives

2007 saw the country's ability to respond to disasters tested, as a series of tidal surges struck over 30 islands across 13 atolls in the Maldives on 15-17 May 2007. Seenu and Gaafu Dhaalu atolls in the south were particularly affected. About 1,649 people were evacuated with four wounded. As with the December 2004 Tsunami, property damage, access to safe drinking water, sanitation conditions, trauma and affected livelihoods were all resulting concerns. IFRC joined the rapid assessment team alongside government personnel and the United Nations in providing emergency relief to affected communities. A formal appeal for assistance was made by the government of the Maldives and the international agencies of UNICEF, Red Cross Red Crescent Societies, WHO, UNDP and OCHA responded. Red Cross Red Crescent partners offered to cover costs of producing, transporting and distributing potable water to affected people in Gaafu Dhaalu atoll. Although this unexpected adversity interrupted the work already in progress, it tested the IFRC's ability of supplementary water supply system and rainwater harvesting programmes to provide emergency access to safe water supply. Red Cross trained volunteers assisted in the communities with evacuations, the placing of sandbags against the tidal surges and floods as well as with the distribution of water. In five of the American Red Cross psychosocial programme's target islands in the Gaafu Dhaalu atoll, teachers trained by the programme became situation leaders and provided psychosocial support to their respective communities, while two of the worst affected islands successfully formed emotional support teams.

Political tensions increased during the lead-up to the referendum held on 18 August to determine the future political direction of the country (as either a parliamentary or presidential system). The election result was the adoption of a presidential system. Accusations of voter intimidation and breaking election rules resulted in a politically sensitive environment and criticism of the fairness of election proceedings was a major consideration in the build-up to the election of Male representatives for the Maldivian Red Crescent general assembly. Every effort was made to ensure transparency and best practices in this process. The social climate was further shaken on 29 September when a bomb exploded in Male, injuring 12 tourists. Security was tightened as the authorities sought to locate persons responsible for the attack. This was followed by a violent confrontation on Himandhoo between government officials and an island group boycotting the official mosque on the island. These events impacted Red Cross Red Crescent Movement programmes by restricting some travel and overall concern for the security of personnel.

Attention was given to the Maldivian government's ability to complete projects and support on-going costs of Tsunami recovery efforts in response to reports in September that the government has secured a USD 30 million commercial loan to meet the funding gap. Of particular concern were the programmes being undertaken jointly by Red Cross Red Crescent Societies and the government. With the completion and handover of some programmes, and with others approaching finalization, sustainability has been a large focus over the period of this report. There is continued uncertainty of governmental policy in relation to the on-going operational costs of sewer systems, making communities hesitant to assume full responsibility over on-going costs. However, positive development was shown in the appointment of government salaried operators for the supplementary water supply systems. These appointments contributed to better maintenance and sustainability of the desalination units.

The tension and divide within communities continued to be an issue on some islands in the Maldives, resulting in security issues and concern for the safety of workers, delays to construction, and damage to work sites. As a result, community integration activities were undertaken. Minor disruption to travel and transport of materials and equipment was caused by the arrival of the monsoon season and Ramadhan in September/October affected operations through restricted business hours. Red Cross Red Crescent activities were mindful of the month-long focus on prayer and fasting, adjusting activities (such as training courses and community engagement) to suit the appropriate times.

Reaching over 70 per cent of the population, the relief and recovery efforts in the Maldives has been widespread particularly through programmes targeting waste management, psychosocial support and access to safe water. A more targeted response was provided to communities most in need after the Tsunami with extensive operations to provide a comprehensive solution involving housing, community facilities, water and sanitation, livelihoods and disaster management. While challenges faced have caused some delays, mid-2007 onwards saw the wrap-up of several programmes, advancement of livelihood grant provision and psychosocial support training, and substantial progress on the large scale construction project, all of which were well underway by the end of the year.

[<Click to 2007 Tsunami 3-Year Progress Report>](#)

2008

A Regional Strategy and Operational Framework (RSOF) was adopted as early as March 2005. With the experience and learning that came from the first year and recognising the changes in the policy and operational environment, it became necessary to revise the RSOF.

The Revised RSOF 2006-2010 was agreed by Movement partners in 2006 setting the context for collective planning and work. The vision laid out in the RSOF was by the end of 2010, the Movement partners will collectively have:

- Supported people as they rebuild their lives after the Tsunami;
- Worked productively with internal and external partners and used all our resources (financial and human) responsibly.

As a legacy, IFRC and the host National Societies of the affected countries left behind safer communities and a stronger International Red Cross and Red Crescent Movement. The vision highlighted the importance of assisting people to rebuild their lives and livelihoods, while looking to the future and creating safer and more resilient communities. The approach demanded a close and consultative process

in working with communities to support them in restoring their lives and, drawing on our particular Red Cross and Red Crescent mandate, to add value to the process through disaster management, prevention and risk reduction.

At the same time, close coordination among all partners is required to optimise the use of resources entrusted to the Movement. The host Red Cross Red Crescent National Societies in the affected countries have a key role to play and the strategy that guides the Movement's work must aim to enhance the capacity of these National Societies, leaving them stronger at the end of the operation than before the Tsunami struck. In particular, the RSOF identifies nine strategic areas with accompanying objectives and recommended actions. These strategic areas are:

1. Achieving safer communities by supporting rebuilding and improving:
 - Disaster risk reduction
 - Equity and conflict sensitivity sustainability
 - Beneficiary and community participation
 - Communication and advocacy
 - Quality and accountability
2. Using our resources productively and achieving a stronger International Red Cross and Red Crescent Movement by providing:
 - Coordination and collaboration
 - Organizational development
 - Organizational learning

Overview of the Plan and Budget

The programmes in the new IFRC plan take account of the many projects being supported and implemented by Partner National Societies and aim to complement these as well as to take responsibility for those activities especially mandated to IFRC. The latter includes the role designated in facilitating the coordination of Movement partners and being the key partner in assisting the building of sustainable capacity within the host National Societies. The priority recovery programmes remain the shelter programme, with associated livelihoods support activities; health programmes, including provision of large-scale water and sanitation infrastructure; and disaster management. Since the launch of the initial appeal on 28 December 2004, there have been periodic revisions of plans and budgets for the IFRC's multilateral implementation as needs have been reassessed and the recovery assistance rendered through in-country implementation by member societies has evolved.

The most recent revised plan and budget 2005 – 2007, totalling CHF 701,340,714, was issued in [Operations Update no. 61\(part 1 and part 2\)](#). This has now been revised down by 1.5 per cent to CHF 691,336,295 due to small reductions in the scope of work across all countries, balanced with the inclusion of future year (2008–2010) costs for Movement coordination and operational support, as project implementation timelines for both multilateral and bilateral programmes have been expanded for many infrastructure projects.

Indonesia

The Red Cross Red Crescent Movement's operation in Indonesia, after the earthquake and Tsunami in December 2004 and the earthquake in Nias in March 2005, is the biggest in the Tsunami-affected area. In May 2005, a key Memorandum of Understanding was signed with the Indonesian government, committing CHF 720 million worth of contributions by the IFRC and its partners for the rehabilitation and reconstruction projects in Aceh and Nias. To date, more than 240 project proposals have been approved for multilateral and bilateral implementation, with support provided to date totalling CHF 895 million.

Although the needs of communities affected by the Tsunami have been well covered by the international community, there remained a potentially divisive issue in Aceh Province over the inequities associated with the comparatively poor distribution of resources especially in areas affected by more than 30 years of internal conflict. Like those affected by the Tsunami, many exposed to the conflict were forced from their homes and their livelihoods, with many losing family members. Large sections of the population hardest hit remain seriously traumatised.

Indonesia's regular exposure to natural disasters is among the factors influencing the nature of Movement operations. In 2007 alone, the country experienced flash floods and landslides, volcanic eruptions as well as earthquakes of various magnitudes – the highest concentration located on the west coast of Sumatra Island. As such, PMI and its partners need to be constantly prepared to address new emergencies while maintaining their concentration on the Tsunami recovery operation.

At its annual meeting held on 6-7 November 2007, PMI committed to return their focus to the wider national context. There is a collective awareness at the national board level on the need to implement their original mandate nationally and the need to ensure equal distribution of their humanitarian services across the country. To support this, the IFRC launched the Indonesia Appeal 2008-2009 to raise funding for the implementation of programmes outside the Tsunami operation.

During the emergency phase, provision of essential relief services to people affected by the Tsunami and earthquake immediately post-earthquake is a significant achievement of the Movement. Reaching up to 100,000 beneficiaries within the first month, the Movement provided relief items, health services, and drinking water to the affected community. Continued support through recovery activities has seen an improvement in health, psychological support and disaster preparedness among affected communities.

As was invariably the case, there were many lessons learned about the efficacy of the emergency response. These were recorded by various monitoring and evaluation bodies, including IFRC, the Active Learning Network for Accountability and Performance in Humanitarian Action and others.

During the early recovery phase, the IFRC's transitional shelter programme was completed in November 2007 with a total of 19,932 shelters constructed in 392 communities assisting some 80,000 people. This was achieved through the collaboration of 35 national and international implementing partners.

In terms of health programmes, IFRC strove to provide improved water source, sanitation and waste management facilities to affected communities through its water and sanitation projects. This project was complemented by hygiene promotion and health education, using established tools including participatory hygiene and sanitation transformation (PHAST) and community-based first aid (CBFA). The IFRC water and sanitation project is currently being implemented in nine sub-districts across the province of Aceh and Nias Island, reaching out to more than 30,000 beneficiaries in total.

Health education aimed at behavioural changes among communities is being achieved through the CBFA programme conducted in three districts on Nias Island reaching up to 20,000 people across some 40 villages.

To enable PMI respond to future emergencies, IFRC supported the provision of disaster preparedness containers at each PMI branch in Aceh and Nias as well as radio equipment for an early warning system. Additionally, the PMI volunteers are being trained to be part of the special disaster response unit (Satuan Penanggulangan Bencana/Satgana). By the end of 2008, 2,500 persons were trained in disaster response in Aceh province.

Sri Lanka

Since mid-2006, the humanitarian operating environment in Sri Lanka has changed considerably. The conflict in the north and east of the country between government forces and those of the Liberation Tigers of Tamil Eelam (LTTE) has resulted in a variety of humanitarian consequences which have directly and indirectly impacted on Tsunami recovery programming. In some cases projects located in frontline areas have been cancelled as beneficiaries have fled, whilst in other areas projects may have been temporarily suspended due to restrictions on movement, shortages of materials or the reluctance of contractors to work. Despite the challenges, many projects in conflict-affected areas have been successfully completed.

Figures for December 2007 released by the government's reconstruction and development agency (RADA) state that almost 85 per cent of Tsunami housing needs in the country have been met, with 100,000 out of 117,372 houses provided across the 13 affected districts. Progress in Tsunami reconstruction is faster in the southern and western coastal areas of the country compared to the north and east. According to RADA, reconstruction efforts in the south should largely be completed by mid-2008. Progress in the north and east, however, is dependent on access to project areas. By October 2007 only 39 per cent of the northern housing programme was complete.

The abrogation of the 2002 ceasefire agreement between the government and the LTTE in January 2008 heralded an escalation in the conflict which could possibly lead to large-scale population displacement necessitating humanitarian support for several hundred thousand conflict-affected individuals. Such activities would take place in parallel to the on-going Tsunami reconstruction programme.

There are noticeable economic disparities between the south and the north and eastern districts of the country. Incomes in the south are now on average higher than pre-Tsunami levels, whereas in the east they have dropped 25 per cent lower than pre-Tsunami levels. The conflict is contributing to the high inflation levels. At the end of 2007 the 12 months moving average was registered at 17.6 per cent. Inflation is impacting the population hard, with regular increases in the cost of basic commodities such as rice, cooking gas and petrol. Basic utilities such as electricity and water rates have also seen price hikes. High inflation and varying exchange rates also make the financial planning of multi-year reconstruction programmes increasingly challenging.

In Sri Lanka, the Tsunami resulted in the deaths of 35,322 people and displacement of 516,150. It is estimated that during the early stages of the Red Cross Red Crescent Movement operation 5,000 SLRCS volunteers were mobilized, distributing relief items, administering first aid, assisting with family tracing and the recovery of dead bodies.

Three years after this tragic event, the Red Cross Red Crescent Movement has a portfolio of more than 425 projects. Since the Tsunami, 165 projects have been completed. These projects include the distribution of non-food relief items, livelihoods support, health and care, water production and distribution, and construction of new houses and health care structures.

The livelihoods programme has focused on asset replacement, and targeted support to those relocated to new houses as a means of supporting the transition and establishment of communities in the new housing developments. As well as supporting the establishment of stocks of emergency items in Anuradhapura district, IFRC has supported the SLRCS in conducting vulnerability assessments as a first step in disaster preparedness in four districts. IFRC supported the SLRCS's role in coordinating the numerous health and care projects that IFRC and its partners in the country are implementing. Large water and sanitation projects have provided clean and safe water to thousands of beneficiaries in several southern districts. At the last quarter of 2007 a total of 12,522 houses had been constructed by IFRC and its partners in Sri Lanka, with a further 16,843 in process. Other construction projects are focusing on rebuilding and reconstructing more than 60 health infrastructure facilities as identified in a Memorandum of Understanding with the ministry of health, 16 of which are being implemented multilaterally by IFRC. By the beginning of November 2007, 25 projects were completed, while another 24 are still in progress and the remainder are at the tendering or design stage. The scope of work includes the construction of new buildings as well as the renovation and refurbishment of existing health facilities, together with the supply of new medical equipment.

On the whole, the level of progress was in line with the original projected timeframe of five years for the implementation of the bulk of the programme. Since April 2007 much of the IFRC's portfolio in southern and western Sri Lanka were completed. However, projects in conflict-affected areas and major infrastructure works took longer than expected, and required a timeframe with a final exit of 2010.

Maldives

In the immediate aftermath of the Tsunami, the Government of Maldives established a national disaster management centre to coordinate and deliver emergency relief and rehabilitation assistance to the worst-affected population. In February 2005, the government issued a national recovery and reconstruction plan. The plan provided the framework for partners to address needs in the different sectors, mainly assistance to internally displaced persons, temporary housing, housing infrastructure repair and reconstruction, and restoration of livelihoods.

In the absence of a Maldivian National Society, IFRC and its partners worked closely in partnership with the government and in consultation with other aid donors in project identification and implementation. IFRC and six Partner National Societies with an in-country presence – American, Australian, British, Canadian, French and German Red Cross societies – selected projects representing about 30 per cent of the requirements planned by the government.

IFRC activities have since focused on temporary housing for over 6,000 internally displaced people, construction of permanent housing, schools, community buildings, public utilities, sewerage and waste water disposal systems, supplementary water supply systems, distribution of domestic water tanks and rain water harvesting kits.

The opportunity to work in the Maldives established goodwill and better understanding about the humanitarian nature of the Movement and opened the way to support the formation of a national society. It is expected that formal recognition of the new national society by the government will be granted soon through a presidential decree that will also establish the legal base.

While implementation of the IFRC Tsunami recovery activities will be completed by the end of 2008 – with minimal remainder work associated with construction warranty follow up and community resettlement support – IFRC will continue implementing some core programmes in support of the new Maldivian National Society.

In the immediate aftermath of the Tsunami, temporary shelter needs were fully addressed, with particular attention to the protection of internally displaced persons. A beneficiary consultation process was initiated by IFRC and has continued on five islands hosting internally displaced persons, to increase programme ownership and strengthen stakeholder relationships. Some significant progress has been made in the recovery programmes. Completed houses have been handed over to beneficiaries, rainwater harvesting kits have been distributed to 79 islands, installation of supplementary water supply systems has been completed, and sewerage collection and waste water disposal systems are now complete.

In Dhuvaaafaru Island – which is the IFRC's biggest construction project in the Maldives – considerable progress has been made in the construction of 5623 houses, one pre-school, one primary school, one secondary school, auditorium, electricity distribution network and an administrative complex. Also part of the project are a sports ground, roads, and a power station. At the present rate of progress, the programme will be completed in the third quarter of 2008. As part of the IFRC's effort to build disaster response capacities at the local level, island disaster management committees and related task forces have been established in 11 islands. IFRC's collaboration with the national disaster management centre in relation to guidelines for the establishment and operation of these committees and associated island task forces continues. IFRC-trained community volunteers have conducted and continue to conduct dengue fever/chikungunya awareness and prevention campaigns.

Curricula for island-level community-based disaster preparedness and vulnerability capacity assessments training have been developed, successfully introduced, and community awareness raising training conducted. Development of standard first aid training curricula, modules, guidance packs and materials has been completed and submitted to be approved by the relevant government department. As mentioned earlier, the Tsunami recovery programmes provided an opportunity for the Movement to work in the Maldives, initiating the formation of a Maldivian National Society. Since September 2005, the Maldivian Red Crescent formation process has been assessed twice by the IFRC-ICRC joint assessment. Recommendations from all stakeholders have been integrated and recently the final statutes and rules of procedures were submitted to the attorney general's office. It is expected that formal recognition of the new national society by the government will be granted soon through a presidential decree. After formal recognition and, consequently, establishment of the legal base for the Maldivian Red Crescent, the new society will organize its first general assembly.

[<Click to 2008 Tsunami 4-Year Progress Report>](#)

2009

Learning from the Tsunami

A meeting of the Tsunami Forum in 2007 in Kuala Lumpur considered the findings of Learning from the Tsunami: Mid-Term Review and made 15 recommendations. After being presented to and adopted by the governing board, they were addressed to the IFRC secretary general for further analysis and implementation. These recommendations called for review of certain organization-wide policies and development of guidelines that aimed to improve and develop more efficient response and recovery capacity in the future. Much of this work was on-going and mostly involved processing through statutory bodies. The follow-up to the over-arching recommendation, calling for a review of the Principles and Rules for Disaster Relief, went to the next general assembly in the autumn of 2009.

During the latter part of 2008, a meta-evaluation was conducted to review the range of different evaluations conducted by members of IFRC, to analyse the gaps and the need for further evaluation. These findings were reviewed with the aim of conducting further lessons learned studies in 2009 and 2010, in coordination with National Societies. Priority was placed on the capturing the relevant lessons learned from the Tsunami and translating these into new policies and operating procedures.

Transition of Tsunami Unit

The special Tsunami unit to oversee the IFRC's Tsunami operation reporting to the IFRC secretary general was established in June 2006. The exceptionally high volume of funding, the associated risks and the complexities of coordinating large numbers of Partner National Societies all called for the creation of this special unit.

As the capacities of the newly created IFRC zones increase and the countries affected by the Tsunami operations re-focus on on-going Red Cross Red Crescent core programming, the decision has been taken to integrate the Tsunami unit into the Asia and Pacific zone and out of the Geneva headquarters. This transition took place during the first quarter of 2009, with a head of Tsunami unit based in Kuala Lumpur on 1 April and the transition was completed by 30 June 2009. This shift back into the mainstream structure was important for a smooth transition, though it was still acknowledged that there was an on-going need for a Tsunami focal point to support country-level activities and relationships with Red Cross Red Crescent partners, and to coordinate regional activities.

Overview of Plan and Budget

Of the priority recovery programmes, there remained the shelter programme, with associated livelihoods support activities; health programmes, including provision of large-scale water and sanitation infrastructure; and disaster management. The programmes in the new IFRC plan of action took into account the many projects being supported and implemented by Partner National Societies and aimed to complement these as well as to take responsibility for those activities mandated to IFRC. The latter included the role designated in facilitating the coordination of Movement partners and being the key partner in assisting the building of sustainable capacity within the host National Societies. Since the initial appeal on 28 December 2004, there have been periodic revisions of plans and budgets for the IFRC's multilateral implementation as needs were reassessed and the recovery assistance rendered through in-country implementation by member societies evolved.

The most recent revised plan and budget 2005 – 2010, totalling CHF 691,336,295, was issued in [Operations Update no. 63](#) on 31 March 2008. This latest revision saw an increase of CHF 15,100,982 to CHF 706,437,277 mainly on account of projects "taken over" from Partner National Societies with full funding or new projects that became possible with the funding available. These projects included final evaluations, fifth year anniversary activities, contingencies, funding of exit strategies and support for host National Society transition plans.

Existing funding levels at CHF 703.4 million plus an expected soft pledge income of CHF 3 million provided 100 per cent coverage on the 2009 Plan Of Action (CHF 706.4 million) and further income was not required to meet this expenditure budget.

Indonesia

The Red Cross Red Crescent's operation in Indonesia in response to the earthquake and Tsunami in Aceh province in December 2004 and the earthquake in Nias in March 2005 was the biggest in the Tsunami-affected area. In total, the Red Cross Red Crescent has pledged its contribution to the recovery and rehabilitation of Aceh and Nias through nearly 200 projects, with a value totalling more than USD 1.2 million. The operation was downscaled in 2009, with two national societies (British and Netherlands Red Cross) having closed their respective operations in 2008.

Indonesia's position in the "pacific ring of fire" where two continental plates meet exposes it to regular volcanic and seismic activities. Additionally, other natural disasters frequent the country such as flash floods, volcanic activities, and landslides. During 2008, the country experienced floods in Aceh, Riau, South Sumatra, Jakarta, West, Central and East Java, East Kalimantan, Central Sulawesi, landslides in West and Central Java, increased volcanic activities in North Sulawesi, East Nusa Tenggara, as well as earthquakes in North, West and South Sumatra, Bengkulu, Gorontalo, North Sulawesi, West Nusa

Tenggara, and Ternate – the highest being 7.8 on Richter scale in North Sulawesi. Striving to be the country's first responder to disasters, PMI needed to be constantly prepared to address new emergencies with the support of its partners. At the same time, PMI struggled to maintain attention on the Tsunami recovery operation which was then winding down and return its focus to the wider national context.

During the emergency period, IFRC carried out relief programme and distributed food and non-food items, covering 12 districts of Aceh as well as Nias Island over a 21-month period. Reaching up to 100,000 beneficiaries within the first month, the Red Cross Red Crescent Movement provided relief items, health services, and drinking water to the affected community. During that time, PMI relief registration cards accounted for a total of 667,000 beneficiaries, including host families.

As was invariably the case, there were many lessons learned about the efficacy of the emergency response. These have been recorded by various monitoring and evaluation bodies, including the IFRC, the Active Learning Network for Accountability and Performance in Humanitarian Action and others, and are on public record.

During the recovery phase, the IFRC's transitional shelter programme was completed in late 2007 and provided more than 80,000 beneficiaries across 13 districts with a total number of 19,923 shelters. This was achieved through the collaboration of 35 national and international implementing partners.

IFRC continued its health programmes, through the provision of improved water sources, sanitation and waste management facilities to the affected community with its water and sanitation projects. By 2009, IFRC had implemented water and sanitation projects in four districts of Aceh province and one district on Nias Island, North Sumatra province, reaching a total of 126 villages in 21 sub-districts.

Complementary to the water and sanitation project, IFRC also carried out hygiene promotions and health education, using established tools including Participatory Hygiene and Sanitation Transformation (PHAST). Additionally, PMI's community-based first aid project (CBFA) reached out to 39 villages across three sub-districts of Nias. In 2009, 15 CBFA trainers at PMI have trained some 771 village health volunteers who were each responsible to disseminate health education messages to households in their villages. In total, the project health education messages reached more than 40,000 people. The project was carried out through first aid trainings as well as health campaign on special events and radio talk shows. It also included a "hang up, keep up" malaria campaign, reaching the families in the targeted communities.

To develop and strengthen PMI's ability to respond to future emergencies, IFRC continued the provision of disaster preparedness containers, and had established facilities for 18 branches in Aceh and two branches in Nias in which non-food relief items were prepositioned. Additionally, with support of Partner National Societies, IFRC supported the installation of radio equipment as the first step towards establishing an early warning system. In terms of PMI capacity building in disaster management, IFRC supported the training of PMI volunteers to be part of the of special disaster response unit (satuan penanggulangan bencana/SATGANAN).

Sri Lanka

In 2009, the on-going conflict between the Government of Sri Lanka and Liberation Tigers of Tamil Eelam (LTTE) had intensified as government-led armed forces continued their offensive in the north of the island. The north faced a humanitarian crisis of unprecedented proportions as the government continued to reclaim territory previously under LTTE control. The safety of the civilians trapped in the north was of increasing concern, even with the recent assignment of a 'safe area'. Despite the instability, only a limited number of projects, particularly in the north and east, were put on hold. However, there were steady progress with on-going ones.

The western and southern districts of Sri Lanka were seriously affected due to heavy rains during the 2008 monsoon season. The low depression in the Bay of Bengal caused the early monsoon season rains to be more intense than usual, leading to flooding in seven districts. Similarly, monsoon floods in the north affected more than 400,000 people and displaced thousands. The hardest hit was Jaffna, with some 100,000 seeking refuge in temporary camps. SLRCS branches in the affected districts assessed the situation and provided speedy relief to those affected by the flooding, supported by several in-country Partner National Societies.

During the emergency period in the early part of the operation, IFRC responded quickly to needs of the displaced and affected populations, provided relief through the distribution of food and other essential items. IFRC then moved on to providing non-food relief items (NFRI) that included kitchen utensils, hygiene packs and baby packs. During this stage, nearly 3 million litres of clean water were distributed. In the following years after the Tsunami, IFRC focused its attention on long-term projects such as housing construction, health infrastructure and water and sanitation.

Four years after the Tsunami, the worst natural disaster in Sri Lanka's recent history, affected individuals and communities were still recuperating from the effects, while the country continued to receive international contributions for long-term programming. The Tsunami relief operation achieved a great deal in its aftermath, and a greater emphasis was placed on recovery, focusing on creating more resilient communities and structures through capacity building, better disaster preparedness and improvements in coordination.

Four years after this tragic event, the Red Cross Red Crescent Movement had a portfolio of more than 425 projects, both completed and on-going. Since the Tsunami, 165 projects were completed, including the distribution of non-food relief items, livelihoods support, health and care, water production and distribution, and construction of new houses and health care structures.

Across the board, Red Cross Red Crescent partners in Sri Lanka were taking on more collaborative and integrated approaches to programming, both between programme areas and through involving beneficiaries directly as part of community-based initiatives. This approach both increased the efficiency and the quality of the projects. An increased focus on a beneficiary-centred approach to projects enabled IFRC to provide programmes shaped by beneficiary needs. SLRCS benefitted from increased credibility and a positive image among the local population, as well as developing its human resources and structures to manage natural and man-made disasters, and health risks.

IFRC had specifically supported over 4,000 households to recover and strengthen their livelihoods from which families were assisted through these projects while many of the long-term projects continued. Supporting newly resettled housing beneficiaries became the primary focus of most livelihood projects as it concentrated on providing these beneficiaries with cash grants to resume their normal lives. These projects showed remarkable results based on the programme monitoring results.

Much of the progress in project implementation was in the housing sector, one of the largest components in the Red Cross Red Crescent post-Tsunami recovery programme. By 2009, the housing construction projects in Galle, Matara, and Hambantota were completed.

Progress was also made in the health infrastructure projects component, where the Red Cross Red Crescent signed a Memorandum of Understanding with the ministry of health for 76 health infrastructure projects, out of which IFRC undertook ten. Several of these projects had commenced construction with only one project in its tendering phase. The scope of work included the construction of new buildings as well as the renovation and refurbishment of existing health facilities together with the supply of new medical equipment.

Maldives

Since February 2005 the IFRC's Tsunami recovery operation in the Maldives has focused on temporary housing for over 6,000 internally displaced persons, construction of permanent houses, schools, community buildings, public utilities, waste water collection and disposal systems, supplementary water supply systems, and provision of household as well as community water tanks and rainwater harvesting kits. These projects were designed and were implemented to meet the needs of Tsunami-affected communities as outlined in the national Tsunami recovery and reconstruction plan (of the Maldivian government). In general, Red Cross Red Crescent interventions cover about 30 per cent of the needs outlined in that plan.

In the aftermath of the Tsunami, IFRC supported the Government of Maldives in addressing immediate shelter needs of internally displaced persons by funding the construction of temporary shelters. After the displaced families had moved to their semi-permanent shelters – where they would live until their new homes were constructed – a process of consultation was initiated with them and the government. This was essential in determining where and how the homes would be best suited for their needs and interests.

Four years after the Tsunami, IFRC had overcome many logistical challenges and made significant strides; the physical achievements of the massive recovery operation are clearly evident. The final 562 houses (on Raa Dhuvaafaru Island, which remains to be the largest single Red Cross Red Crescent construction project in the Maldives) were completed in December 2008. With this, the last beneficiary families, among those targeted by IFRC, moved from the temporary shelters they had been living in since 2005 to their 'new' island.

Despite this massive achievement, many hurdles still remained, especially in enhancing local capacities within the context of 'building back better.' The houses and community buildings provided may be structurally stronger but there was a need to put effort on enhancing disaster risk reduction approaches in order to promote community resilience against potential future disasters. This latter work was eventually done by the Maldivian Red Crescent. In view of Maldives being one of the few countries in the world without a National Society, efforts were on-going to ensure that a Maldivian Red Crescent Society got duly recognized, well-functioning and equipped to implement programmes, including disaster risk reduction. The Maldives [Programme Update no. 2](#), issued on 10 November 2008, focusing entirely on the process, the achievements made, and the complexities involved.

With the major Tsunami construction and specified utilities projects completed, the Tsunami operation in the Maldives wrapped up at the end of 2009. Throughout the year, the IFRC Maldives country office oversaw the successful conclusion of the remainder of work associated with the construction of roads, a sports facility and a waste management centre on Dhuvaafaru, host community appreciation projects on five islands of Raa Atoll, and management of defect liability periods for both construction and specified utilities projects.

Four years after the surging waters inundated the peaceful archipelago, displacing one in every ten persons and washing away an estimated 62 per cent of the country's GDP, IFRC contributed immensely to restoring – and improving – lives: houses have been completed in four islands, ensuring that over 700 families have permanent shelter; rainwater harvesting kits distributed to 79 islands, benefiting close to 100,000 people; supplementary water supply systems installed in 15 islands, serving 24,000 people; and waste water collection and disposal systems completed, now serving communities in four islands.

While construction works continued, IFRC was implementing a consultation process with the government, the internally displaced persons and host communities so as to increase programme ownership and strengthen stakeholder relationships. At the same time, the IFRC trained sewer operators in the four target islands; the operators would ensure proper functioning and maintenance of the utilities on their respective islands.

With regard to long-term programmes, the IFRC has been implementing disaster management and organizational development programmes with the view of creating the environment for a Maldivian national society to be established and begin its work. These programmes have since been transferred to the annual appeal. Please refer to the following links for details on the progress made – the Maldives [Programme Update no. 1](#) and [Programme Update no. 2 dated 10 November 2008 and 15 December 2009](#).

[<Click to 2009 Operations Update no. 65>](#)

2010

Tsunami Lessons Learned activities had a dual focus through 2010 and into 2011:

1. Coordinating the conduct, analysis and application of a series of studies recommended by a meta evaluation of the Tsunami Operation that was finalised in 2009; and
2. Developing and implementing a structured, formal Tsunami Lessons Learned project.

In early 2009, the final report of the Indian Ocean Earthquake and Tsunami Operation Evaluations and Lessons Learned Review was received and accepted. Eleven recommendations were made, including the conduct of seven separate studies in the following areas:

1. Beneficiary Study;
2. Longitudinal Study;
3. Cooperation and Collaboration Study;
4. Targeting and Vulnerability Study;

5. Human Resource Mobilisation in Mega Disasters Study;
6. Risk Management Models; and
7. Disaster Risk Reduction Study.

Partner National Societies as well as Geneva and Zone-based functional units were invited to lead or participate in the design, implementation and analysis of these studies and the findings integrated into organizational policy and practice as studies are completed. The Tsunami Unit provided support and resources to the delivery of these studies.

The Tsunami Lessons Learned Project sought to build on the extensive work undertaken across the Red Cross Red Crescent Movement through activities such as the KL Tsunami Lessons Learned Forum of 2007, as well as taking into account the extensive experience accumulated in external agencies throughout the Tsunami Operation. The Tsunami Lessons Learned Project sought to identify practical and tangible results (e.g. policies, procedures, systems, frameworks, tools, guidelines, etc) that had positively impacted on organizational performance. The project identified and prioritised areas where further development and investment were warranted.

In late 2009 a set of Tsunami Top 10 Lessons Learned was developed and these have been adopted as the vehicle to progress the development of this project. The approach being followed comprises three phases:

1. Phase One consisted of broad based consultation and verification of the Top 10 Tsunami Lessons Learned with key stakeholders including:
 - a. Field-based, zone-based and Geneva-based IFRC personnel;
 - b. Partner National Society headquarters personnel; and
 - c. Host National Society representatives.
2. Phase Two focused on analysis of the results of these consultations; and
3. Phase Three saw the development of an implementation plan, which included:
 - a. A catalogue of business improvements implemented throughout the Tsunami operation (whether policies, procedures, systems, frameworks, tools, guidelines, etc); and
 - b. Recommendations on i) prioritised areas of focus for organizational investment and ii) suggested methodologies for progressing implementation.

Overview of Plan and Budget

The remaining recovery programmes were in the Sri Lanka health programme area. They were primarily in the North as access to the project sites there has been eased following the end of the internal conflict. The programmes included health infrastructure construction, the provision of large-scale water and sanitation infrastructure and disaster management programmes. In Indonesia, IFRC maintained its coordination and facilitation role vis-à-vis PMI and the Partner National Societies. The country office continued consuming tasks required in demobilizing the large amount of equipment, supplies, and facilities that were brought into Indonesia and were no longer needed for Red Cross Red Crescent operations. IFRC was obliged to work closely with an array of government agencies as well as PMI and Partner National Societies.

The programmes in the revised IFRC plan take account of the many projects being supported and implemented by Partner National Societies and aim to complement these as well as to take responsibility for those activities especially mandated to IFRC. The latter included the role in facilitating the coordination of Movement partners and being the key partner in assisting the building of sustainable capacity within the host National Societies.

The most recent revised plan and budget 2005-2010, totalling CHF 706.4 million was issued on 15 March 2009. This latest revision sees a time frame extension accompanied by a very slight decrease of CHF 3.2 million to CHF 703.2 million mainly on account of downward revisions of certain project budgets including the CRRP programme. These projects include final evaluations, anniversary activities, general and specific contingencies, the funding of exit strategies and support for host National Society transition plans.

Funding levels at CHF 710 million less an expected income return to donors of CHF 7 million will provide 100 per cent coverage of this Plan of Action (CHF 703.2 million) and further income is not required to meet this expenditure budget. Throughout 2010 IFRC explored the possibility of establishing a financial mechanism to ensure sustainability of projects and facilitate long-term community resilience building.

Indonesia

During the emergency period, IFRC carried out relief programmes and distributed food and non-food items covering 12 districts of Aceh as well as Nias Island. Reaching up to 100,000 beneficiaries within the first month, the Red Cross Red Crescent Movement provided relief items, health services, and drinking water to the affected communities. During that time, PMI relief registration cards accounted for a total of 667,000 beneficiaries, including host families.

As was invariably the case, there were many lessons learned about the efficacy of the emergency response. These were recorded by various monitoring and evaluation bodies, including IFRC, the Active Learning Network for Accountability and Performance in Humanitarian Action and others, and are on public record.

During the recovery period, the IFRC's transitional shelter programme was completed in 2007 and assisted more than 80,000 beneficiaries across 13 districts by constructing 19,923 shelters. This was achieved through the collaboration of 35 national and international implementing partners. IFRC has completed water and sanitation projects in four districts of Aceh province and one district on Nias Island, North Sumatra province, reaching a total of 128 villages in 21 sub-districts. The last of these programmes, in Mandrehe, Nias Island, was completed in June 2010.

Complementing the water and sanitation project, IFRC also carried out hygiene promotions and health education, using established tools including participatory hygiene and sanitation transformation (PHAST). Additionally, the first phase of PMI's CBHFA project reached 39 villages across three sub-districts of Nias. A second phase, targeting a further 39 villages, began in 2009 and ran until mid-2011. In 2010, 15 PMI CBHFA trainers trained some 771 village health volunteers who were each responsible for disseminating health education messages to households in their villages. In total, the project health education messages will reach more than 40,000 people. The project was carried out through first aid training as well as health campaigns on special community events and radio talk shows. It also included a "hang up, keep up" malaria campaign, reaching the families in the targeted communities. In support of PMI's ability to respond to future emergencies, IFRC assisted with the provision of disaster preparedness containers for 18 branches in Aceh and two branches in Nias in which non-food relief items are prepositioned. Additionally, with support of Partner National Societies, IFRC supported the installation of radio equipment as the first step towards establishing an early warning system in 1 chapter and 21 PMI branches in Aceh and 1 chapter and 2 PMI branches in Nias. In support of PMI capacity building in disaster management, IFRC continued to support the training of PMI volunteer members of the SATGANA special disaster response units.

Sri Lanka

By 2010, IFRC completed 12 out of 13 projects in the southern districts of Sri Lanka mainly in the housing and livelihoods sector. The Red Cross Red Crescent Movement completed 385 Tsunami disaster related projects across a diverse range of activities including the distribution of non-food relief items, livelihoods support, health and care initiatives, safe water production and distribution, and construction of new houses, health clinics and hospitals. A key feature of the programming had been the collaborative and integrated approach adopted, both across programme areas and particularly in involving beneficiaries directly as part of community-based initiatives. This approach had proven it increased the efficiency and the quality of the projects.

The focus on a beneficiary-centred approach to projects enabled beneficiary needs to shape the programme design. As a consequence, SLRCS benefitted from increased credibility and a positive image among the local population, as well as developing its human resources and structures to manage future natural and man-made disasters and health risks. Livelihoods programmes have supported over 6,000 households. Supporting newly resettled housing beneficiaries became the primary focus of most livelihood projects as it concentrated on providing these beneficiaries with cash grants to resume their normal lives. These projects showed remarkable results-based on the programme monitoring results.

Significant progress in project implementation was in the housing sector, one of the largest areas of need. Housing construction projects have been completed in areas such as Galle, Matara, and Hambantota, Batticaloa, Ampara, Gampaha, Kalutara and Colombo. Livelihood and community engagement programmes are currently being implemented to support the establishment of vibrant, sustainable communities. There had also been progress in the health infrastructure projects component, where the Red Cross Red Crescent has committed to construction or upgrading 64 health infrastructure projects,

out of which IFRC had undertaken 16, the last two projects are due to be concluded by fourth quarter of 2010. These works included the construction of new buildings the renovation and refurbishment of existing health facilities and the supply of new medical equipment.

Maldives

The overall objective of the IFRC's Tsunami recovery programmes were to:

- To 'build back better' the community by providing structurally stronger shelters;
- To build artificial high points, including multi-storey public buildings, that added a further vertical dimension to the island, which contributed to the safer island concept;
- To improve the health of the community and protect the environment on the project island through the installation of an adequate sewer system and the construction of a waste management centre; and
- To provide access to a safe water supply that adequately met the drinking water needs of the community.

All Tsunami recovery programmes have been completed, which included the Laamu Gan sewer and Dhuvaafaru road which were highlighted as key achievements. Throughout the Tsunami operation, 1,514 houses were built, 27 hospitals and clinics provided, and almost 1,500 families were supported by livelihood grants, reaching some 257,000 beneficiaries.

The Dhuvaafaru integrated project, which resulted in well-designed houses, public buildings and sewerage systems that reduces residents' vulnerability to future potential disasters, protects the environment, reduces the risk to drinking water shortages during dry seasons and improves the overall health of communities. The work completed by the different Partner National Societies and IFRC were well valued and appreciated by the different communities paving a positive environment for the Maldivian Red Crescent to carry-out projects based on community needs to ensure that vulnerabilities of those communities are addressed. Long-term programmes ensured that this is sustained were planned through the Annual Appeal 2010-2011 (progress of which were published in the Maldives [Programme Update no.2](#)).

The formal existence of the Maldivian Red Crescent saw the role of the IFRC office in the Maldives transition from an 'implementer' to 'facilitator', focussing on nurturing the new National Society. It was in anticipation of this development that IFRC launched Appeal 2010-2011 for the Maldives. The disaster management and organizational development programmes – which started as part of Tsunami recovery plan – have since been transferred to the long-term appeal. They had been implementing programmes aimed at creating the environment for Maldivian Red Crescent to be established and begin its work.

[<Click to 2010 Tsunami 5.5-Year Progress Report>](#)

2011

Building on a long standing culture within the Red Cross Red Crescent of learning lessons from relief and recovery operations it was recognized from the beginning of the Tsunami operation that the scale and nature of this effort would provide an invaluable opportunity not only to apply and reinforce best practice but would also provide opportunities to develop innovative solutions, new ways of working and stretch into non-traditional sectors in responding to the identified needs of beneficiaries. It was out of this framework that the Tsunami Lessons Learned project was developed.

It was also early in the Tsunami operation that a vigorous and robust approach to evaluating all aspects of the work was established. In the last two years, the Asia Pacific Zone had focused on two tracks in learning from the Tsunami:

1. Finalizing the conduct, analysis and application of lessons arising from studies recommended by a comprehensive review of the Tsunami Operation conducted in 2008 and 2009; and
2. Undertaking a structured, formal Tsunami Lessons Learned project (TLLP).

Across the Movement, numerous evaluations and reviews were undertaken as projects were implemented. In 2007 a Forum was convened in Kuala Lumpur at which National Societies shared experiences and learned lessons. The extent of evaluation and lessons learned activities across the Movement was evident. This desire to maximise lessons learned was also shared by governments and

other humanitarian actors resulting in extensive information and candid reporting of experiences and challenges faced in responding to this disaster.

Following an extensive review of the IFRC evaluation programme in 2008, two external studies were commissioned, the first focused on Targeting, Vulnerability and Conflict Sensitivity (Targeting Study) when working with impacted communities while the second study researched Disaster Risk Reduction (DRR) programming conducted through the operation.

The Targeting Study had been received and the DRR Study was finalized by end of September 2011. The Tsunami Lessons Learned Project had identified practical and tangible results (e.g. policies, procedures, systems, frameworks, tools, guidelines, etc) that had positively impacted on organizational performance and had identified and prioritised areas where further development and investment that were warranted.

Key issues being developed in the TLLP were drawn from what had been identified as the Tsunami Top Ten Lessons Learned:

1. Recovery – building Recovery programming as an essential part of disaster relief activities;
2. Integrated planning that links relief, recovery and development activities;
3. Ensuring Risk Reduction is an integral programme component;
4. Ensuring Accountability to Beneficiaries by placing them at the centre of programming;
5. Ensuring Accountability to donors is delivered through effective monitoring and evaluation;
6. Developing Partnerships as a means of extending our reach to communities;
7. Building a culture of Risk Management;
8. Aligning Capacity Building of National Societies with their long term strategies;
9. Developing scalable HR Systems to better support operations; and
10. Providing Coordination mechanisms that are effective in operational and strategic settings.

In addition to the obvious lessons learned, a comprehensive report that chronicled the Red Cross Red Crescent Movement's response to the 2004 Asian Earthquake and Tsunami was prepared for release by the end of 2011. The result of this report was to raise significant interest for Movement partners.

Indonesia

During 2009, Indonesia experienced a number of natural disasters, including the Padang earthquake. The IFRC country office launched an emergency appeal on PMI's behalf. The operation spilt over to 2010 and 2011. Striving to be the country's first responder to disasters, PMI maintained a constant level of preparedness to address emergencies with the support of its partners. Concurrently, PMI redirected its focus away from the Tsunami recovery operation to the wider national context. To this end, 13 Partner National Societies continued their support to PMI with new programme activities in many parts of Indonesia.

In 2011, the one remaining health programme (CBHFA Phase 2 in Nias and three west coast districts in North Sumatra province) was completed. The CBHFA programme trained volunteers to increase the community's knowledge about preventable diseases, nutrition, antenatal care and immunizations. Other areas for intervention included control of communicable diseases through awareness raising, adequate screening and the referral system. Additionally, provision of sanitary facilities, appropriate tools and knowledge equipped the targeted communities to better deal with the range of health issues encountered in their locations.

The first phase of the CBHFA programme was launched in 2007 and was implemented in 39 villages across three sub-districts in Nias. A second phase began in 2009 in 39 additional villages on the island of Nias and in three west coast districts on the Sumatra mainland with a strategy of working in some villages where IFRC and PMI's water and sanitation activities were implemented. This programme was successfully concluded in December 2010. At the national level, IFRC supported PMI's priority to concentrate on health and social services supporting disaster response including building the capacity of PMI in health emergency response with the formation and training of medical action teams in eight chapters and the development of psychosocial support programmes in disaster prone areas. IFRC also supported the continuation and further development of CBHFA, HIV/AIDS and infectious disease control programmes.

Following the successful completion of the water and sanitation programme in the Lahewa area of north Nias at the end of 2009, the remaining programme in the Mandrehe area of central Nias was completed in June 2010. These integrated water and sanitation projects provide safer water supply, improved sanitation conditions, trained community volunteers on how to maintain these systems over the long-term, hygiene promotion targeting behavioural change and delivered PMI and community capacity building through the introduction of the participatory hygiene and sanitation transformation (PHAST) approach.

To ensure sustainability of these programmes, IFRC also carried out capacity building activities to strengthen PMI's capacity to provide water and sanitation support during emergencies. The aim was to enable PMI to carry out emergency provision of water and sanitation as well as water treatment. The formation and training of a water and sanitation emergency response unit (ERU) team in West Java was completed and the establishment of two further regional teams were planned. In addition, a water and sanitation centre was established in West Java to serve as a centre of excellence for training in water and sanitation response in emergencies. The construction of the training centre was completed by the end of 2011.

Sri Lanka

Despite numerous challenges, most construction projects in Sri Lanka were concluded by 30 September 2011. Housing construction projects were completed in areas such as Galle, Matara, and Hambantota, Batticaloa, Ampara, Gampaha, Kalutara and Colombo. The team focused on the final close-out activities to formalize the closure of the Tsunami programming in meeting commitments to beneficiaries and all stakeholders, including government, donors and the public, in a well-coordinated and sustainable manner.

The Red Cross Red Crescent Movement's commitment to the health infrastructure programme comprised 64 health infrastructure projects, with IFRC responsible for 19 projects. These works included the construction of new buildings, the renovation and refurbishment of existing health facilities and the supply of new medical equipment and supplies. All construction activities were completed and were handed over to hospital authorities in 2010, the procurement of medical supplies at two hospitals was finalized and the defect liability period completed by the end of 2011.

A key feature of the programming was the collaborative and integrated approach adopted, both across programme areas and particularly involving beneficiaries directly as part of community-based initiatives. This approach had proven to increase the efficiency and the quality of the projects. The focus on a beneficiary-centred approach to projects had enabled beneficiary needs to shape the programme design. Consequentially, SLRCS benefitted from increased credibility and a more positive image among the local population, as well as developing its human resources and structures, to manage future natural and man-made disasters and health risks.

Maldives

The IFRC Tsunami recovery operation in the Maldives covered about 30 per cent of the total identified needs outlined in the national Tsunami recovery and reconstruction plan developed by the government in 2005. The projects undertaken in the programme included construction of permanent houses, schools, community buildings, public utilities, waste water collection and disposal systems, supplementary water supply systems, and the provision of household and community water tanks and rainwater harvesting kits.

The highly visible and extensive Red Cross Red Crescent response to the Tsunami disaster paved the way for the formation of the Maldivian Red Crescent which was legally recognized by the Government of Maldives in August 2009. By that time, the National Society had already implemented many community projects with a focus on building resilience against future events. With the major Tsunami construction completed, the Tsunami operation in the Maldives was completed at the end of June 2010.

[<Click to 2011 Tsunami 6.5-Year Progress Report>](#)

2012

In the eight years since the deadliest Tsunami in recorded history swept through coastal areas of Indonesia, Sri Lanka, the Maldives, Thailand, India and nine other Indian Ocean countries, there had been many changes within these countries, particularly in the three worst-affected nations.

All Tsunami programming wrapped up in Maldives by 2010, while Indonesia was on track to complete the last remaining Tsunami projects in the third quarter of 2011. In Sri Lanka the Jaffna Point Pedro Water Supply Scheme continued into 2013 while all other Tsunami recovery projects have reached practical completion.

Over 4.8 million people have benefited from Red Cross Red Crescent Movement support since the Tsunami struck. This assistance had been wide-ranging with the main focus being the reconstruction of physical infrastructure such as homes, schools and health facilities. The Red Cross Red Crescent Movement had achieved its target of constructing 53,019 permanent houses.

Indonesia

The Red Cross Red Crescent Movement's operation in Indonesia in response to the earthquake and Tsunami in Aceh province in December 2004 and the earthquake in Nias in March 2005 effectively closed by the end of 2011. All IFRC and Partner National Society programmes are closed, although American Red Cross had initiated several small, new development programmes with the Aceh chapter and its branches.

In support to PMI, the IFRC Indonesia country office continues its three-fold role: project coordination, service provision to Red Cross and Red Crescent National Societies, and implementation of multilaterally funded programmes. Currently, some 14 Partner National Societies are present in-country supporting PMI with non-Tsunami programmes. All have now completed their Tsunami-related activities, with the Hong Kong branch of the Red Cross Society of China being the last to wrap-up in February 2011. Only American Red Cross has maintained a presence in Aceh with new programme activities continuing in support of the PMI chapter.

The IFRC country office continues to provide facilitation of visas, work permits, hiring and contracting of national staff, leasing of IFRC vehicles, procurement and warehousing as well as information technology (IT) services. Thirteen Partner National Societies operating in-country are currently benefiting from this service provision, which is now concentrated in Jakarta following the closure in 2010 of Movement partner programmes in Nias, West Sumatra and Aceh. With the reduction of delegates and local staff progressive restructuring has been undertaken to ensure that the IFRC country office is well positioned and resourced to meet the demands placed by the large number of Partner National Society actively undertaking programmes in cooperation with PMI.

IFRC's role in the construction of 15 PMI branch buildings concluded in June 2010, along with the disaster management programme. Organisational development work in Aceh and North Sumatra ended in December 2010. The IFRC transitional shelter programme was completed in 2007 and provided interim housing for more than 80,000 beneficiaries across 13 districts by constructing 19,923 shelters. This was achieved through the collaboration of 35 implementing partners drawn from local non-governmental organisations, government and international organisations and agencies. The IFRC water and sanitation programmes in Indonesia have been completed providing improved water sources, sanitation and waste management facilities to the affected communities. IFRC has completed water and sanitation projects in four districts of the Aceh province and one district on Nias Island, North Sumatra province, reaching a total of 128 villages in 21 sub-districts. The last of these programmes, based on Nias Island, was completed in June 2010.

Complementary to the water and sanitation project, IFRC also carried out hygiene promotion and health education, using established tools including PHAST. Additionally, all phases of PMI's CBHFA reached 78 villages in three sub-districts of Nias and three districts on the west coast of North Sumatra. PMI CBHFA trainers have trained 771 village health volunteers to disseminate health education messages to households in their villages. In total, the project health education messages reached more than 40,000 people. In support of PMI's ability to respond to future emergencies, IFRC assisted with the provision of disaster preparedness containers for 18 branches in Aceh and two branches in Nias in which non-food relief items are prepositioned. Additionally, with support of Partner National Societies, IFRC supported the installation of radio equipment in 12 chapters as the first step toward establishing a national early warning and communication network. In support of PMI's capacity building in disaster management, IFRC assisted in training and equipping PMI volunteer members of the SATGANA special disaster response units.

Sri Lanka

As the nation celebrated the end of decades of internal strife, the remaining Red Cross Red Crescent partners were preparing to exit or transfer their support from Tsunami recovery and reconstruction programming to longer-term development programmes and other on-going operations, such as the support for internally displaced people and the 2011 recent floods.

By the tail end of 2011, the IFRC country office was in the midst of transition, focusing on shifting from Tsunami programming to the four core programming areas of disaster management, health and care, organizational development and principles and values, harmonized with SLRCS's five-year development plan. This approach was formalized through the launch of the Annual Plan 2010-11, SLRCS's first such plan since the Tsunami. Red Cross Red Crescent partners had collectively either fully funded or co-financed the construction of 30,265 permanent houses in Sri Lanka. The livelihoods programme has supported over 7,930 households. Supporting newly resettled housing beneficiaries became the primary focus of most of the livelihood projects as it concentrated on providing these beneficiaries with cash grants to resume their normal lives.

As the permanent housing programme approached final completion, IFRC implemented a community engagement programme to assist the beneficiaries to take possession and responsibility for their new homes. Workshops and trainings were conducted to help communities understand how to maintain and manage their houses. In addition to the houses that were constructed, a number of community centres, market places and playgrounds were also constructed and handed over to communities at several locations nationwide. Red Cross Red Crescent partners also focussed on rebuilding and reconstructing health infrastructure facilities. This rebuilding and reconstructing programme comprises of 66 projects undertaken in cooperation with the ministry of health, of which 19 were undertaken by IFRC. The scope of work included the construction of new buildings, and the renovation and refurbishment of existing health facilities together with the supply of new medical equipment.

IFRC made solid progress in the last half of 2010, with all facilities successfully handed over. In support of the national water supply and drainage board (NWSDB) reconstruction programme, 26 major water and sanitation infrastructure projects have been committed to by Red Cross Red Crescent partners. Many of these water and sanitation projects are highly complex, such as laying pipeline networks to new resettlement areas. Targeted Tsunami-affected families will only get access to the improved water sources once the entire project is finalized and water is connected to the catchment areas. IFRC undertook eight of the very significant projects, with the final project completed by August 2011.

The Jaffna Point Pedro Water Supply Scheme project, commenced in 2010, is the first project that IFRC entered into by way of a co-financing agreement with the Asia Development Bank (ADB). The modality adopted allowed the integration of IFRC's original and existing CHF1.6 million commitment towards the Government of Sri Lanka into the ABD's overall assistance to the conflicted affected region in the north – maximising the resources for the benefiting communities. The project intended to cover 28 divisions in Point Pedro while serving a population of 20,000 with hygiene promotion activities implemented by SLRCS alongside the hardware component. The overall project is scheduled to be completed by September 2013.

Since the beginning of 2010, IFRC has supported the SLRCS's five-year development plan and has moved the community-based disaster risk management (CBDRM) and national disaster management project from the Tsunami funding to the annual appeal. The early warning system project was completed in December 2010.

Maldives

By the end of 2011, all major Tsunami projects have been completed and handed over to the island communities and the government. The Maldivian Red Crescent completed its third General Assembly in April 2011, and by November 2011 was recognised by ICRC and became a full-fledged member of IFRC during the General Assembly in Geneva. By the end of 2012, MRC had established 10 branches and 20 units across the country.

Contributing to longer-term impact

Residual Funds

In total 106 RCRC partners supported the operation - demonstrating the solidarity of the world-wide RCRC with the affected communities. Thirty partner National Societies were actively engaged in the operation and directly supported the work of Host National Societies through programmes ranging from relief to water and sanitation, to health, to the construction of hospitals, permanent housing and community facilities.

In terms of financial performance, as at the end of 31 Mar 2011, a residual of 4.2% of the multilateral income remained unspent. These funds result primarily from unused contingency provisions and savings in programme implementation.

Various methods of how best to allocate the residual funds were researched with a representative cross-section of key donors. At the present time all of the funds have now been spent or allocated as noted here. CHF14.9M was allocated to Tsunami-affected National Societies to support their programming through their annual plans of action. CHF14.6M was allocated to the Disaster Relief Emergency Fund, preparedness, risks reduction, psychosocial and shelter support for future disaster response in Tsunami-affected countries.

The allocation to Tsunami-affected countries was calculated taking into account a range of criteria including - past Tsunami programme volumes; known future spending plans of partners; historical coverage rates of annual appeals and analysis of historical absorptive capacity levels of host NS.

Oversight and management of the arrangements was executed within existing country office responsibilities, in accordance with existing policy, procedures and structures and managed from the Asia Pacific zone office with the standards established throughout the Tsunami operation in relation to on-going auditing, monitoring and reporting being maintained through to completion of the operation.

Lessons Learned

The extent and scale of the disaster and the participation of numerous RCRC partners in the subsequent programming resulted in a unparalleled programme of evaluations and studies. More than 200 reviews and evaluations were conducted during the Tsunami operation. These were mainly commissioned to analyse programme delivery but some also covered topics including policy, systems and procedures. Many of these studies were undertaken by individual partners.

The IFRC commissioned many programme evaluations, particularly for major projects including the transitional shelter programme in Indonesia and the Community Recovery and Reconstruction Partnership in Sri Lanka. A number of joint reviews were also undertaken, such as a Lessons Learned workshop conducted in Kuala Lumpur in 2009 where host National Societies, the IFRC, ICRC and 12 partner National Societies met to share experiences and explore lessons learned.

IFRC also engaged with a number of international initiatives including being represented on the steering committee for the Tsunami Evaluation Coalition reports and the Global Lessons Learned project. IFRC was also one of the three agencies that worked with the Collaborative Learning Project in conducting the Listening Project in Aceh.

In 2009 the Tsunami Top 10 Lessons Learned was produced - the most important lessons were identified as:

1. For recovery to fully establish itself as an essential component of disaster response, it requires institutional recognition and strong leadership.
2. Plans linking relief, recovery and development must be created from the beginning of a disaster operation. This requires time for consulting with communities, governments and partners.
3. Accountability to beneficiaries and communities is achieved by placing them at the centre of programming by including them in the design, implementation and monitoring of programmes.
4. Risk reduction must be an integral part of recovery to truly rebuild safer and more resilient Communities.

5. Partnerships can help expand an organization's reach to meet the full range of community needs, especially in areas where expertise and capacity is limited.
6. Accountability to donors through effective monitoring, evaluation and reporting must be ensured.
7. Capacity building of host National Societies must be strategic, sustainable and focused on areas prioritized by the host, even during large-scale recovery programmes.
8. Coordination must be effective on both strategic and operational levels. This requires sufficient resources and clearly defined roles.
9. A culture of risk management, supported by sound risk monitoring plans and systems, minimizes financial and legal exposure.
10. Human resources systems need to meet the needs of large-scale disasters and recovery programmes.

Lessons learned through the Tsunami operation have transferred into operational practice and has informed a variety of subsequent operations, programmes and projects . For example, as early as 2005 the Movement Coordination Framework mechanism developed during the Tsunami operation were applied to major operations, initially the Pakistan Earthquake and then the Cyclone Nargis response operation in Myanmar in 2008.

An evaluations database was developed as a means of recording and sharing reports and studies undertaken through the Tsunami operation. This database is accessible through the IFRC website (www.ifrc.org) and is available for all RCRC partners to both share and access reports and studies.

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1. **Final financial report [below](#)**
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How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.



The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

M04EA028 - Asia - Tsunami 2004

Appeal Launch Date: 26 dec 04

Appeal Timeframe: 26 dec 04 to 31 dec 12

Interim Final Report

Selected Parameters	
Reporting Timeframe	2004/1-2012/12
Budget Timeframe	2004/1-2012/12
Appeal	M04EA028
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	446,833,618	104,038,017	24,272,869	1,892,902	93,633,604	670,671,010	
B. Opening Balance	-194,605	278,329	241,873	8,293	76,065	409,955	
Income							
Cash contributions							
Absolute Entertainment SA	17,187					17,187	
Accenture Inc.Foundation	1,070,100					1,070,100	
Affymetrix	14,148					14,148	
African Union	118,900					118,900	
Aga Aktiebolag SE general	99,734				131,716	231,450	
Agenzia Marittima Le Navi Spa	0	11,320			22,612	33,932	
Albanian Red Cross	19,231				0	19,231	
Alcon Laboratories	32,385					32,385	
Algerian Red Crescent	39,668					39,668	
Algeria Private Donors	2,555					2,555	
Altria	479,173					479,173	
American Muslim Association	14,268					14,268	
American Red Cross	91,157,297	8,830,196	2,264,802	12,955	564,551	102,829,800	
AmGen Corp Foundation	1,189,000					1,189,000	
Andorra Government					92,580	92,580	
Andorran Red Cross					273,793	273,793	
Andorra - Private Donors					3,086	3,086	
Andrew Jergens Co	14,499					14,499	
Apoio as Vitimas Cheias	21,306					21,306	
Apple Computer Int.	82,682					82,682	
Arab Association Human Rights	6,837					6,837	
Argentine Red Cross	30,927					30,927	
Atsumi Nitta	0				10,932	10,932	
Atwood Oceanics Staff	10,838					10,838	
Australian Government	440,976	63,386				504,361	
Australian Red Cross	20,276,643	10,077,046	1,972,652	15,250	7,405,474	39,747,066	
Australia - Private Donors	4,942					4,942	
Austrian Red Cross	935,797	1,349			730,079	1,667,225	
Austria - Private Donors	7,882				0	7,882	
Azerbaijan Private Donors	0	102				102	
Bahamas - Private Donors	2,309					2,309	
Bahrain Red Crescent Society	737,945					737,945	
Baiduri Bank	0	34,282				34,282	
Bangladesh Red Crescent Society	8,202					8,202	
Barclays staff	11,708					11,708	
Barwil Agencies Ltd			16,980			16,980	
Beaver Family Foundation		56,600				56,600	
BEI Repres. & staff	95,914					95,914	
Belgian Red Cross (Flanders)	2,922,450	38,638			130,329	3,091,416	
Belgian Red Cross (Francophone)	-770,900		925,800			154,900	
Belize Red Cross Society	43,670					43,670	
Black Sea Research Foundation	9,811					9,811	
BlueScope Steel	3,441					3,441	
BMC Software Staff	35,917					35,917	
Bolivian Red Cross	0				6,063	6,063	
Botswana Red Cross Society	28,699					28,699	
BP British Petroleum	167,597					167,597	
BP Foundation	2,442,788	391,246	183,937		260,954	3,278,925	
Brazilian Red Cross	652,442			33,902	141,062	827,406	



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Brazil - Private Donors	0	2,805				2,805
British Red Cross	7,423,393	1,785,311	1,432,632	27,985	3,156,286	13,825,606
Brunei - Private Donors					4,075	4,075
Bulgarian Red Cross	143,000					143,000
Caltex Oil Ltd	6,839				-0	6,839
Cambodian Red Cross Society	0	13,112				13,112
Cambodia - Private Donors	8,299					8,299
Canada - Private Donors	0	489	174			663
Capacity Building Fund			76,469			76,469
Carnegie Foundation	118,600					118,600
Cartepillar Foundation	275,821					275,821
Charities Aid Foundation	-0		352,586			352,586
Chilean Red Cross	108,007					108,007
China - Private Donors	0				243	243
China Red Cross, Hong Kong branch	26,756,490	5,749,787	3,784,125		1,268,465	37,558,867
China Red Cross, Macau Branch	335,000	550,000	25,000		500,000	1,410,000
Chinese Government	341,550					341,550
CNF Inc.	28,300					28,300
Colombian Red Cross Society	22,427					22,427
Controlled Disbursement					5,725	5,725
Conway	83,930					83,930
Cook Islands - Private Donors	0				1,016	1,016
Cook Islands Red Cross Society	2,809				64,005	66,815
Costa Rican Red Cross	2,321					2,321
Covance Inc.	59,950					59,950
Croatian Red Cross	765,180	459,007	125,000		165,993	1,515,180
Cyprus Red Cross	424,741	2,024,153				2,448,894
Czech private donors	1,337					1,337
Czech Red Cross	482,052	20,000	62,285		79,423	643,760
Danish Red Cross	524,855	825,201	78,570		12,645	1,441,271
Denmark - Private Donors					3,431	3,431
DFID Partnership grant	14,967					14,967
Diethelm & Co	3,153					3,153
Discovery Inc.	219,993					219,993
DJRBI LLC	22,640					22,640
DO+CO Restaurants/Catering	31,299					31,299
Ecuadorian Red Cross	76,202					76,202
Egypt - Private Donors	0				661	661
Elsevier (Reed)	37,371					37,371
EMC Corporation	660,030				134,292	794,322
Estonia Government					147,844	147,844
Estonia Red Cross	287,449					287,449
Ethiopian Red Cross Society	18,287	11,403				29,689
Ethiopia Private Donors	2,009					2,009
European Commission - DG ECHO	3,133,257				1,432,270	4,565,527
Expeditors Intern. of WA, Inc.	175,644					175,644
Fairchild Semiconductor Corp	48,999					48,999
Finnish Red Cross	2,507,157	824,346	48,000	33,363	2,097,247	5,510,113
Fimnich SA	120,000					120,000
First Data Western Union	1,189,000					1,189,000
Fleurop-Interflora	16,736					16,736
Foundation Board IFRC		24,000				24,000
France - Private Donors	0				28,049	28,049
French Government					15,570	15,570
French Red Cross	4,555,723	4,494,200	89,000		993,009	10,131,932
Georgia Private Donors	506					506
German Red Cross	477,423	2,233,573		7,008	1,548,490	4,266,494
Germany - Private Donors	17,041		20,377			37,418



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Global Refund	62,855					62,855
Globe Marine Services Co.	31,665					31,665
Granite Construction Inc.	27,074					27,074
Great Britain - Private Donors	-0	50,612	21,810		35,589	108,011
Greece - Private Donors	0				916	916
Grenada Red Cross Society	2,644	1,255				3,900
Hellenic Red Cross	308,523				77,073	385,596
Hewlett Packard	617,766					617,766
Honduran Red Cross	6,114					6,114
Hong Kong - Private Donors	0		5,657			5,657
Hungarian - Private Donors	998					998
Hungarian Red Cross	62,556					62,556
Hyperion Solutions					114,500	114,500
IATA	81,773					81,773
IBM	23,780					23,780
Icelandic Red Cross	125,375	690,382	470,828		565,574	1,852,160
ICRC	615		8,052		7,561	16,228
IFRC at the UN Inc	1,559,941	3,803				1,563,744
Indonesia - Private Donors					1,306	1,306
Ins. Auto Auctions Corp.			11,320			11,320
International Rectifier Corp.					113,200	113,200
Investcorp Bank Bahrain					56,600	56,600
Ireland - Private Donors	0				4,017	4,017
Irish Government					1,157,250	1,157,250
Irish Red Cross Society	1,062,185	9,743,082			4,684,870	15,490,137
Italian Government	159,016					159,016
Italian Red Cross	230,625				213,121	443,746
Italy - Private Donors	20,595	7,240				27,835
Jamaica Red Cross	8,710	18,105				26,815
Japanese Government	11,233,890	5,660,000		35,955		16,929,845
Japanese Red Cross Society	12,636,392	2,714,750	507,061	53,379	1,804,823	17,716,405
Japan Tobacco International (Sin	11,450	22,900				34,350
Jordan National Red Crescent Society	21,895					21,895
Jordan - Private Donors	16,929					16,929
Kaufmann P. Inc.					28,300	28,300
Kazakhstan - Private Donors	0		10,434			10,434
Koutrach Alamal Co. CZ	0		3,491			3,491
Kuwait - Private Donors	0				1,905	1,905
Lanier Europe B.V.	36,662					36,662
Latvian Red Cross	-998				44,820	43,821
Laughing Buddha	15,677					15,677
Lebanese - Private Donors	0	1,016	15,150			16,166
Lebanese Red Cross	48,582					48,582
Lehman Brothers Foundation	746,293					746,293
Lesotho Red Cross Society	982					982
Liberty Mutual Foundation	118,900					118,900
Libyan Private Donors					566	566
Libyan Red Crescent					25,000	25,000
Liechtenstein Red Cross					20,000	20,000
Lithuanian Red Cross Society	336,254	65,666				401,920
Luxembourg Red Cross	32,400				385,750	418,150
Macquarie Bank Foundation	20,091					20,091
Madagascar - Private Donors	1,161					1,161
Maersk	27,631				11,958	39,590
Malaysia - Private Donors	8,029					8,029
Maldives Government	1,157,100					1,157,100
Malta - Private Donors					5,660	5,660
Mastercard Inc.	11,763					11,763



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Mauritius Government	0	59,450			59,450	
Mauritius Red Cross Society	145,049		11,990		157,039	
Maxis Communications Berhad			61,920		61,920	
May Department Stores	61,689				61,689	
McKinsey & Co	13,812				13,812	
MDRT Foundation (Million Dollar Round Table)	0	189,447			189,447	
MEglobal BV	60,514				60,514	
Mellon Bank	133,181				133,181	
Mercantile-Safe Deposit Co.				11,320	11,320	
Mercon Coffee Corp.	10,870				10,870	
Mexican Red Cross	0			3,959,219	3,959,219	
Mexico - Private Donors	0			1,851	1,851	
Micronesia Government	40,234				40,234	
Micronesia Red Cross	127,000	5,717			132,717	
Microsoft	614,400			848	615,248	
Mongolian Red Cross Society	63,025	63,025			126,050	
Moroccan Red Crescent				34,308	34,308	
Morocco Private Donors	0			77	77	
Motorola Company	1,001,866				1,001,866	
Motorola Foundation	1,189,000				1,189,000	
Mozambique Government	-0			49,766	74,742	124,508
MSC - Mediterranean Shipping Co	-32,942	71,293	54,336		339,327	432,014
Myanmar - Private Donors	7,345	113	131			7,590
Namibia Red Cross	20,900	37,910				58,810
Nathan Associates	11,450					11,450
Nepal Red Cross Society	32,612		5,095			37,707
Netherlands - Private Donors	15,080				3,302	18,383
New York Life	716,969					716,969
New Zealand Government	43,521					43,521
New Zealand - Private Donors	840					840
New Zealand Red Cross	13,405,118	797,173			134,544	14,336,835
Nicaraguan Red Cross	34,066					34,066
Nigeria private donors	1,159					1,159
Nike Foundation	308,625					308,625
Norway - Private Donors	0	539	3,450			3,989
Norwegian Red Cross	3,124,633	1,365,154	1,745,942	21,580	1,424,729	7,682,038
Oceanfreight Ltd.	11,303					11,303
OECD Staff					15,430	15,430
Oman - Private Donors	899					899
On Line donations	774,578	1,038,401	109,457		6,371,356	8,293,793
OPEC Fund For International Development	1,574,400	53,607				1,628,007
Other	-509,026	-714	-5,403	-0	-4,374	-519,516
Otis LG Elevator Co	6,781					6,781
Overseas freighters corp					11,320	11,320
Palau Red Cross Society	18,207					18,207
Panama Private donors	0	5,660				5,660
Papua New Guinea Red Cross Society	140,955					140,955
Paraguayan Red Cross			5,660			5,660
Pearson	302,383					302,383
Peruvian Red Cross	46,139					46,139
Phelps Dodge Co.	0	25,707				25,707
Philip Morris Int.	4,545					4,545
Philippines - Private Donors					11,303	11,303
Poland - Private Donors					309	309
Polish Red Cross	212,071	28,510			344,951	585,532
Portuguese - Private Donors	0		1,620			1,620
Portuguese Red Cross	232,275	308,600			771,500	1,312,375
Procter & Gamble	373,590					373,590



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Province of Bozen	2,375	15,490		13,115		30,980
Qatar Private Donors					2,377	2,377
Red Crescent Society of the United Arab Emirates	1,988,263	171,733			22,900	2,182,896
Red Cross of Monaco	11,391				151,650	163,041
Red Cross Society of China	3,566,982	3,650,000				7,216,982
Red Cross Society of Panama			393			393
Rent A Car Foundation	297,250					297,250
Restaurant Thai Orchidee	34,677					34,677
Romanian Red Cross	0	1,376,732				1,376,732
R.S.M. International	30,844					30,844
Salvadorean Red Cross Society	18,963					18,963
Samoa Red Cross Society	0	34,652				34,652
Saudi Arabia Government	118,600					118,600
Saudi Arabian Red Crescent Society					2,378,000	2,378,000
Saudi Arabia - Private Donors	290	2,995				3,285
Schering Plough	115,359					115,359
Setcom Ltd	0		17,123			17,123
Singapore Red Cross Society	714,782	2,524,843	183,571			3,423,196
Slovakia Government	177,043					177,043
Slovak Red Cross					1,925	1,925
Slovenian Red Cross	0	124,621			289,871	414,493
Sony Ericsson Mobile Com.Ltd.	78,985					78,985
South East Shipping	11,320					11,320
South Pacific Tourism Org.	3,760					3,760
Spain - Private Donors	-2,555				18,188	15,632
Spanish Red Cross	1,101,745	867,439			205,199	2,174,382
Sri Lankan Community	15,000					15,000
Sri Lanka - Private Donors	91					91
SunGard Data Systems Inc.	137,355					137,355
Suriname Red Cross	27,892					27,892
Swedish Red Cross	49,563,091	11,567,983	3,618,376	1,313,499	5,767,337	71,830,285
Swiss Red Cross	179,516		200,000		136,422	515,938
Switzerland - Private Donors	76,350				46,445	122,795
Taiwan Red Cross Organisation	4,841,050	1,209,572	854,974	2	912,856	7,818,455
Tectura Corporation	11,990					11,990
Teekay Canadian Tankers Ltd					113,200	113,200
Telford Michael, Mr.Mrs.			11,320			11,320
Terracotta Corp.					1,000,000	1,000,000
Thailand - Private Donors	1,777	1,407				3,183
The Bahamas Red Cross Society	3,698					3,698
The Barbados Red Cross Society	159,867					159,867
The Canadian Red Cross Society	65,728,370	8,248,174	878,222	154,357	9,832,718	84,841,841
The Guyana Red Cross Society	87,368					87,368
The Netherlands Red Cross	16,232,580	3,741,916	58,463		0	20,032,959
The Philippine National Red Cross	79,625					79,625
The Red Cross of Serbia & Montenegro	9,629				0	9,629
The Red Cross of The Former Yugoslav Rep.Macedonia	188,000					188,000
The Red Cross Society of Bosnia and Herzegovina	76,875				273,012	349,887
The Republic of Korea National Red Cross	2,477,829	450,000	418,505		259,922	3,606,257
The Russian Red Cross Society	86,940					86,940
The South African Red Cross Society	2,455,500	1,908,600			488,250	4,852,350
The Trinidad and Tobago Red Cross Society	145,824					145,824
Tillmanns Spa	30,970					30,970
Tiros Solutions Ltd		22,640				22,640
Tonga Red Cross Society	15,562					15,562
Trimble Navigation Ltd.	100,117					100,117
Tunis Private Donors	162				3,086	3,248

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Turkish Red Crescent Society	33,960	11,320				45,280
Ukrainian Red Cross Society	54,215					54,215
UNICEF - United Nations Children's Fund					15,749	15,749
Unidentified donor	-5,020				-5,896	-10,916
United Arab Emirates - Private Donors			1,701			1,701
United States Government - USAID	5,490,196	2,340,314			839,033	8,669,543
United States - Private Donors	414,778	1,813			221,938	638,529
Uruguayan Red Cross	1,150					1,150
Vanuatu Red Cross Society	21,831					21,831
Venezuelan Red Cross	78,543					78,543
VERF/WHO Voluntary Emergency Relief	8,425	575				9,000
Vodafone	377,681	27,000	62,000		78,569	545,250
Vontobel Foundation	259,776	40,224				300,000
Western Asset	10,674					10,674
Western Cape Travel Relief Fund	24,817					24,817
Western Union Foundation	1,051,318					1,051,318
C1. Cash contributions	388,047,206	99,889,999	20,811,038	1,772,115	67,351,145	577,871,502

Inkind Goods & Transport

American Red Cross	8,449,839					8,449,839
Austrian Red Cross	2,203,914					2,203,914
Belgian Red Cross (Flanders)	2,311,199					2,311,199
Belgian Red Cross (Francophone)	290,032					290,032
British Red Cross	7,173,895					7,173,895
China Red Cross, Hong Kong branch	54,527					54,527
Danish Red Cross	2,596,900					2,596,900
Finnish Red Cross	811,808					811,808
French Red Cross	555,121					555,121
German Red Cross	16,429,576					16,429,576
Japanese Red Cross Society	4,170,864					4,170,864
Luxembourg Red Cross	182,082					182,082
Norwegian Red Cross	4,604,946					4,604,946
Other	3,754,284					3,754,284
Qatar Red Crescent Society	129,765					129,765
Slovenian Red Cross	23,190					23,190
Spanish Red Cross	4,288,938					4,288,938
Swedish Red Cross	2,897,927					2,897,927
Swiss Red Cross	1,250,483					1,250,483
The Canadian Red Cross Society	13,532,825					13,532,825
The Netherlands Red Cross	10,660,782					10,660,782
United States Government - USAID	113,880					113,880
C2. Inkind Goods & Transport	86,486,777					86,486,777

Inkind Personnel

American Red Cross	125,006				539,170	664,176
Australian Red Cross	220,554	651,213			782,853	1,654,620
Austrian Red Cross	53,534				57,200	110,734
Belgian Red Cross (Francophone)					198,050	198,050
British Red Cross	523,479	35,547		22,000	1,013,576	1,594,602
China Red Cross, Hong Kong branch	72,453					72,453
Danish Red Cross	184,128				40,920	225,048
Finnish Red Cross	123,387	412,673	46,494	33,733	416,394	1,032,681
French Red Cross	26,400	61,600				88,000
German Red Cross	143,240					143,240
Hellenic Red Cross	20,680	5,867				26,547
Icelandic Red Cross	70,373		139,913		19,220	229,506
Irish Red Cross Society	102,387	77,393		47,467	194,380	421,627
Japanese Red Cross Society	21,560					21,560
New Zealand Red Cross	443,664	165,733			395,336	1,004,733
Norwegian Red Cross	129,681	97,133		8,947	665,367	901,128

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<i>Other</i>	168,090	52,800	56,320		1,290,568	1,567,778
<i>Portuguese Red Cross</i>	26,546					26,546
<i>Spanish Red Cross</i>	37,207		82,147		35,200	154,554
<i>Swedish Red Cross</i>	265,289	246,693	186,620		499,153	1,197,755
<i>Swiss Red Cross</i>	132,441	13,053	11,000		49,400	205,894
<i>The Canadian Red Cross Society</i>	420,973	62,480	155,000	32,120	644,961	1,315,534
<i>The Netherlands Red Cross</i>	61,346	88,294			14,960	164,600
C3. Inkind Personnel	3,372,418	1,970,479	677,494	144,267	6,856,708	13,021,366
Other Income						
<i>Balance Reallocation</i>	-7,836,967	-1,017,176	0	0	-69	-8,854,212
<i>Bank Interest</i>					517	517
<i>Interest Allocation to Programmes</i>	1,818,772	994,873				2,813,645
<i>Sales</i>	2,082	2,326			377,024	381,432
<i>Services Fees</i>	12,800		2,431		14,877,152	14,892,383
<i>Sundry Income</i>	271,376	25	3,463	440	324,238	599,543
<i>Write off & provisions</i>					1,166	1,166
C4. Other Income	-5,731,938	-19,952	5,894	440	15,580,028	9,834,473
C. Total Income = SUM(C1..C4)	472,174,463	101,840,526	21,494,426	1,916,822	89,787,881	687,214,118
D. Total Funding = B + C	471,979,858	102,118,855	21,736,299	1,925,114	89,863,946	687,624,073
Coverage = D/A	106%	98%	90%	102%	96%	103%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	-194,605	278,329	241,873	8,293	76,065	409,955	
C. Income	472,174,463	101,840,526	21,494,426	1,916,822	89,787,881	687,214,118	
E. Expenditure	-447,033,673	-102,118,855	-21,736,299	-1,925,114	-89,863,946	-662,677,888	
F. Closing Balance = (B + C + E)	24,946,186	0	0	0	0	24,946,186	

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)	446,833,618	104,038,017	24,272,869	1,892,902	93,633,604	670,671,010		
Relief items, Construction, Supplies								
Shelter - Relief	19,335,728	19,313,631	28,822			19,342,452	-6,724	
Shelter - Transitional	1,201,893	1,185,491	16,401			1,201,893	0	
Construction - Housing	84,421,980	84,414,666	74,775		-718	84,488,722	-66,743	
Construction - Facilities	16,990,244	691,014	16,047,490	140,066		16,878,571	111,674	
Construction Materials	109,087,962	108,983,463	98,632	1,136	4,731	109,087,962	0	
Clothing & Textiles	10,008,846	9,981,280	50,128	501	708	10,032,617	-23,770	
Food	17,465,205	17,454,063	11,357	68	-283	17,465,205	0	
Seeds & Plants	23,312	23,312				23,312	0	
Water, Sanitation & Hygiene	77,701,171	35,375,126	42,663,373	215	416	78,039,130	-337,959	
Medical & First Aid	9,532,667	2,211,728	7,240,719	90,919	1,312	9,544,677	-12,010	
Teaching Materials	661,092	620,370	37,457	3,995		661,822	-730	
Utensils & Tools	8,597,820	8,655,273	1,553	385	2,896	8,660,107	-62,288	
Other Supplies & Services	6,207,208	5,316,923	848,474	37,255	15,584	6,218,235	-11,028	
ERU	11,441,119	11,441,119				11,441,119	0	
Cash Disbursement	74,813	31,548	43,265			74,813	0	
Total Relief items, Construction, Supplies	372,751,059	305,699,008	67,162,446	274,539	24,645	373,160,637	-409,578	
Land, vehicles & equipment								
Land & Buildings	5,863,141	4,006,596		1,770,268		86,277	5,863,141	-0
Vehicles	4,050,332	3,261,548	662,546	263,992	-43,684	4,144,401	-94,069	
Computers & Telecom	4,487,891	2,599,530	229,931	463,913	37,545	1,247,459	4,578,378	-90,488
Office & Household Equipment	2,287,280	1,028,772	83,242	275,787	7,439	937,042	2,332,282	-45,002
Medical Equipment	23,619	1,068	22,551			23,619	0	
Others Machinery & Equipment	1,325,705	1,315,326	1,961	1,201	7,217	1,325,705	0	
Total Land, vehicles & equipment	18,037,968	12,212,841	1,000,230	2,775,161	44,984	2,234,310	18,267,526	-229,558
Logistics, Transport & Storage								
Storage	5,670,078	5,029,368	183,585	61,430	289	422,732	5,697,405	-27,327
Distribution & Monitoring	37,188,651	36,863,439	290,800	9,574	95	96,948	37,260,857	-72,206
Transport & Vehicles Costs	13,757,126	7,654,958	2,446,536	410,744	42,072	3,368,403	13,922,714	-165,587
Logistics Services	118,006	51,103	9,931	1,512		55,462	118,007	-1
Total Logistics, Transport & Storage	56,733,861	49,598,868	2,930,852	483,260	42,457	3,943,545	56,998,982	-265,121
Personnel								
International Staff	70,452,621	17,891,899	10,371,429	3,191,439	657,631	38,997,547	71,109,945	-657,324
National Staff	26,478,742	6,897,160	5,406,915	1,015,375	244,811	13,058,966	26,623,228	-144,486
National Society Staff	5,769,848	2,062,484	1,121,061	2,485,985	77,957	208,910	5,956,396	-186,548
Volunteers	1,112,942	793,454	223,202	154,331	303	2,385	1,173,676	-60,734
Total Personnel	103,814,153	27,644,996	17,122,608	6,847,130	980,702	52,267,808	104,863,244	-1,049,091
Consultants & Professional Fees								
Consultants	5,068,833	1,366,403	423,798	339,710	79,180	2,838,732	5,047,824	21,009
Professional Fees	2,911,504	353,648	136,318	245,785	16,017	1,915,402	2,667,170	244,333
Total Consultants & Professional Fees	7,980,336	1,720,051	560,116	585,495	95,197	4,754,134	7,714,994	265,342
Workshops & Training								
Workshops & Training	10,048,611	4,245,414	2,504,844	2,275,981	77,196	1,393,981	10,497,416	-448,805
Total Workshops & Training	10,048,611	4,245,414	2,504,844	2,275,981	77,196	1,393,981	10,497,416	-448,805
General Expenditure								
Travel	7,726,439	2,455,267	1,226,410	620,901	112,388	3,386,601	7,801,567	-75,128
Information & Public Relations	4,033,005	1,183,966	935,162	554,361	261,283	1,240,711	4,175,483	-142,478
Office Costs	11,375,980	1,872,067	609,116	584,868	33,323	8,352,964	11,452,336	-76,356
Communications	5,399,297	1,287,820	392,783	135,633	36,965	3,594,076	5,447,277	-47,980

Selected Parameters	
Reporting Timeframe	2004/1-2012/12
Budget Timeframe	2004/1-2012/12
Appeal	M04EA028
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		446,833,618	104,038,017	24,272,869	1,892,902	93,633,604	670,671,010	
Financial Charges	3,983,940	1,530,845	1,092,780	121,910	3,307	1,238,958	3,987,801	-3,861
Other General Expenses	11,858,570	338,152	176,057	85,058	5,107	379,211	983,585	10,874,985
Shared Office and Services Costs	198,624	2,250	62,544			196,393	261,187	-62,563
Total General Expenditure	44,575,855	8,670,367	4,494,852	2,102,730	452,372	18,388,915	34,109,237	10,466,618
Depreciation								
Depreciation and impairment	372,994	52,056				320,938	372,994	-0
Total Depreciation	372,994	52,056				320,938	372,994	-0
Contributions & Transfers								
Cash Transfers National Societies	11,623,676	4,793,646	913,057	5,238,751	3,262	775,840	11,724,555	-100,879
Cash Transfers to 3rd Parties	19,527,369	19,302,238	776,438		113,792	111,340	20,303,807	-776,438
Contributions	240,000					240,000	240,000	0
Membership Fees	6,900					6,900	6,900	0
Total Contributions & Transfers	31,397,945	24,095,883	1,689,494	5,238,751	117,053	1,134,080	32,275,262	-877,316
Operational Provisions								
Operational Provisions	-77,111	-12,132	-48,019	-70,873	-4,339	-516	-135,879	58,768
Total Operational Provisions	-77,111	-12,132	-48,019	-70,873	-4,339	-516	-135,879	58,768
Indirect Costs								
Programme & Services Support Recov	25,029,165	13,106,320	4,699,984	1,221,358	119,492	5,400,147	24,547,302	481,863
Total Indirect Costs	25,029,165	13,106,320	4,699,984	1,221,358	119,492	5,400,147	24,547,302	481,863
Pledge Specific Costs								
Pledge Earmarking Fee	5,172		648	2,765		1,758	5,172	0
Pledge Reporting Fees	1,000		800			200	1,000	0
Total Pledge Specific Costs	6,172		1,448	2,765		1,958	6,172	0
								0
Total								0
TOTAL EXPENDITURE (D)	670,671,010	447,033,673	102,118,855	21,736,299	1,925,114	89,863,946	662,677,888	7,993,122
VARIANCE (C - D)		-200,055	1,919,162	2,536,570	-32,212	3,769,658	7,993,122	