



Stronger together

The global Red Cross Red Crescent response to the 2004 Indian Ocean earthquake and tsunami

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Saving lives, changing minds.

 International Federation
of Red Cross and Red Crescent Societies

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network, reaching 150 million people each year through our 187 member National Societies. Together, we act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Guided by *Strategy 2020* – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to 'saving lives and changing minds'.

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

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Cover photo: Local boys on the roof of tsunami shelter built under the Red Cross Red Crescent post-tsunami disaster management programme, Deah Baro village, Banda Aceh, Indonesia. Nobuyuki Kobayashi / Japanese Red Cross Society

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Stronger Together – The global Red Cross Red Crescent response to the 2004 Indian Ocean earthquake and tsunami
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Foreword

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 IFRC to embark on its biggest emergency response and recovery operation since World War II.

This book provides a unique chronology of the collective Red Cross Red Crescent response to the tsunami disaster. It charts the progress and achievements, as well as the considerable challenges that were faced in running large-scale, complex operations in Indonesia, the Maldives, Sri Lanka and Thailand.

The Red Cross Red Crescent response to the tsunami reflects the unique nature of our Federation 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.

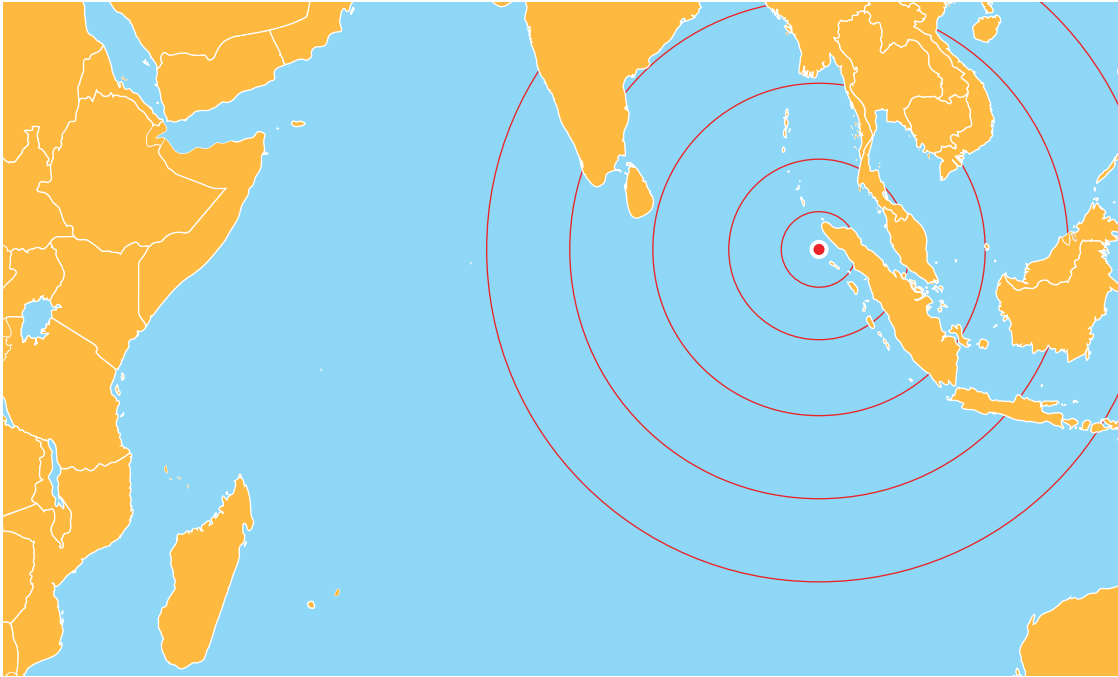
This book is a testament to the commitment of our National Societies, particular the volunteers who played such a significant role in improving the lives of tsunami survivors. It is also a fitting legacy to the people we serve and those who supported us. By documenting the Red Cross Red Crescent response, an invaluable archive has been created that will serve to inform and guide future humanitarian action.



Bekele Geleta
Secretary General



Tadateru Konoé
President



Executive summary

The 9.1-magnitude earthquake that struck off the northern coast of Sumatra on 26 December 2004 triggered the tsunami that raced across the Indian Ocean, killing over 226,000 people and destroying livelihoods in 14 countries. While local communities were the first to respond and support their neighbours, national and international resources of an unprecedented scale had to be mobilized to support relief and recovery activities.

Red Cross and Red Crescent volunteers, supported by their National Societies, were at the forefront of the rescue efforts. The scale of the disaster was self-evident and, by the end of the first day, the IFRC secretariat had launched a preliminary appeal and member National Societies embarked upon enormous efforts in ultimately mobilizing over 3 billion Swiss francs, providing relief goods, logistics materials, trained personnel and the vitally needed funding to make possible the emergency interventions and the subsequent recovery operation.

Combined with the scale and intensity of the disaster, the situation was of unprecedented proportions, threatening to overwhelm even the well-established capacity of the International Red Cross and Red Crescent Movement. Reaching those affected in the two worst-affected countries, Indonesia and Sri Lanka, as well as in Somalia was made all the more difficult because of the presence of conflict in these countries.

Government responses and coordination varied considerably. The governments of India and Thailand did not seek international relief assistance. The government of Sri Lanka was especially open to NGO activities, except in the north of the country, but changes in its policy regarding the coastal buffer zone for resettling those affected close to the sea initially caused delays in planning and implementation. Early in the operation, the Indonesian government recognized the need and set up a strong coordination structure in Aceh with the full authority to facilitate and coordinate recovery.

Respecting the context in the different countries, more than 30 National Societies sent emergency teams to help and over 20 of them stayed on to establish bilateral recovery assistance programmes. From the start, the challenge of coordinating the response of the Red Cross Red Crescent was extremely complex and unprecedented. While the humanitarian imperatives were at the forefront, enormous pressures built up with intense media scrutiny and public pressure to produce rapid results, coupled with the desire for accountability through donor profiling.

At the beginning of March 2005, the IFRC convened a Tsunami Forum meeting in Hong Kong, bringing together the host National Societies and those members seeking partnerships. This gave birth to a regional strategy and operational framework (RSOF), revised and updated 12 months later, that provided the Red Cross Red Crescent operational context and agreed the Movement Coordination Framework to facilitate the working relationship with the host National Societies and their various partners, including ICRC where it was present at country level.

The relief phase evolved as the needs that emerged from assessments and changes in the environment were taken into account. Broad recovery plans for all countries were in place by the beginning of May 2005. However, with a multiplicity of actors and in some cases changing government decisions, the recovery planning continued to evolve, especially in the extremely demanding and complex operational environments in Indonesia and Sri Lanka.

In Indonesia, the need for one organization to take responsibility for temporary shelter was highlighted in the second half of 2005. The IFRC stepped forward to take on the massive task of coordinating the building of 20,000 temporary shelters – a project that was not completed until the last quarter of 2006. This proved to be the largest single project ever undertaken by the IFRC.

During the first year, it became apparent that funding for IFRC secretariat-funded programmes did not follow normal patterns as a more-than-usual amount of bilateral assistance was influenced by the volume of funding available at donor level. With 15 per cent of the global Red Cross Red Crescent funding coming through the IFRC secretariat in 2005 (as opposed to the expected 40 per cent), radical steps were needed in 2006 to align the secretariat's commitments with reduced financial resources. This involved shifting some responsibilities to partner National Societies and renegotiating others. This was aided by a thorough review of Red Cross Red Crescent commitments by senior Movement representatives.

Overall, the Movement had been entrusted with resources far exceeding the relief needs. With huge resources needed for recovery, the Red Cross Red Crescent broadened its approach and assumed responsibilities in several areas of recovery that were not well-established core activities. Involvement in the construction of large-scale permanent housing, water and sanitation infrastructure and livelihoods projects brought new challenges.

Because of the scale, complexity and need to draw on the expertise of others, partnerships with other organizations became one of the features of the operation as efforts were made to reach those affected by the disaster as quickly as possible.

A number of linked themes drove the planning and implementation. There was a commitment to 'build back better', to assist in the development of safer and more resilient communities, and to reduce their exposure to future disaster risks. Host National Societies were supported in their efforts to plan and implement programmes with the participation of the affected communities and to promote their ownership of the outcomes. The long-term sustainability of programmes was prioritized in the design of programmes, some of which were handed over to the authorities to manage for the benefit of the affected communities.

Managing the intense interest from the media and communicating information about progress in implementing the operation was a huge challenge and led to the IFRC breaking new ground in a number of areas. The IFRC set up a dedicated section on its web site to carry regular operation reports, fact sheets and photographic coverage. On the fifth anniversary of the disaster, a special web-based multimedia documentary was launched. For the first time, from the end of

the second year of the operation, an IFRC-wide biannual narrative report was published with progress measured against performance indicators and aggregated financial information. This was drawn up with information provided by 42 National Societies, ICRC and the IFRC, and set a precedent for future large-scale operations.

High-quality external communications was a part of the Red Cross Red Crescent's accountability to the worldwide donor public. Partner National Societies individually targeted the public in their own countries, as well as specific target groups with a number of initiatives to inform people about the challenges associated with large relief and recovery operations to build understanding and maintain realistic expectations, especially in relation to the time needed to implement successful programmes that have community ownership.

Another innovative project was the Tsunami Impact Assessment and Monitoring System (TRIAMS), which was set up by the IFRC in collaboration with WHO and UNDP. The project grew out of the need for improved monitoring of the overall recovery by focusing on common recovery outcomes and outputs. As well as governments, other stakeholders needed to be adequately informed about the progress of the recovery efforts in the tsunami-affected areas. This helped inform the need for adjustments to the assistance programmes in order to address unmet needs and existing inequities, and provided another mechanism for beneficiaries to track progress.

A number of operational evaluations were made at country level and a wide range of reviews and evaluations at programme level. While the results often led to plans being modified in order to optimize project outcomes, they were also a major source for capturing lessons learnt, resulting in improved and new institutional strategies, policies and procedures.

By the end of the 2004–2010 operational period, an estimated 4.8 million people had been assisted across 14 countries by the International Red Cross and Red Crescent Movement. Over 1.1 million people had been reached through community-based health services, including over 700,000 people with access to improved water supply. Over 54,000 permanent houses and 21,000 temporary shelters were built. Almost 1,000 clinics, hospitals, schools and other community buildings were constructed. Over 94,000 households received livelihoods support. More difficult to quantify are the many communities that continue to benefit from disaster preparedness and disaster risk reduction activities – more than 800 have preparedness or contingency plans in place as a result of Red Cross Red Crescent investment.

All of this was made possible by the generosity of people throughout the world. Significantly, 69 per cent of the funds received came from the general public, as opposed to corporate bodies or governments. The particularly huge needs in Indonesia and Sri Lanka saw these countries receiving 47 per cent and 27 per cent of the funds respectively, with Maldives at 7 per cent receiving the next largest tranche. At the end of the period, 90 per cent of the 3.1 billion Swiss francs raised had been expended. A residue amount remained to complete ongoing programme commitments and to meet contingencies in case of special additional needs to ensure project sustainability.



Introduction

The Indian Ocean earthquake and tsunami of 26 December 2004 was an extraordinary event of such magnitude and destructive power, whose impact on humanity mean it will always be remembered as one of the world's worst disasters. Over 226,000 people were killed and the lives of millions of people were irrevocably changed. It was so far-reaching that damage was reported in 14 countries, from Indonesia across the Indian Ocean to the eastern seaboard of Africa. In addition to the citizens of the countries directly affected, 40 countries from outside the affected region also lost citizens to the force of the tsunami, including many tourists. The widespread impact and human tragedy was so strikingly communicated to the world through the media that it generated an enormous response from millions of people from around the world who wanted to assist to help survivors receive emergency aid and to rebuild what they could of their shattered lives.

The response of the International Red Cross and Red Crescent Movement was huge, with enormous resources entrusted to it to carry out the relief and recovery work that followed the destruction. Such was the enormous scale and human toll of the disaster that the IFRC, with its members, embarked upon the largest disaster operation in its history.

Over 22 per cent of the 3.1 billion Swiss francs raised worldwide by the Movement was channelled through the IFRC secretariat. This publication provides a final report for the expenditure of the funds contributed on a multilateral basis. The balance of the funds raised was spent bilaterally by individual member National Societies and is subject to separate reporting obligations. However, since the IFRC secretariat had a responsibility to coordinate these bilateral activities, this final report incorporates a description of the bilaterally funded programmes to give a more inclusive picture of the overall Red Cross Red Crescent tsunami assistance.

Regular operational reports and updates have been issued by the IFRC. There have been reports issued on individual projects and evaluations of numerous programmes and projects have been conducted. The work and challenges faced by the IFRC have also been captured and recorded in numerous reports, including those made to the IFRC's management and governance bodies. Since the second anniversary of the disaster, the IFRC has issued ten annual and semi-annual IFRC-wide reports with input from more than 40 National Societies. These progress reports have described the achievements and provided information on the expenditure of donations received worldwide by the Red Cross Red Crescent. This final report is written with information drawn from all these various reports, as well as from other relevant material.

The final report contains a brief description of the disaster, its impact on the affected populations and the response from the authorities. It then records the emergency response, recovery and reconstruction activities of the IFRC and, more generally, its membership of National Societies across the world. It describes how the operation was implemented, how the challenges were managed and how the funds donated were utilized.

The report is written to provide an historical record and to provide a basis for drawing on key lessons learnt to support the IFRC's drive for continued improvement of performance, based on relevant and well-developed policies and procedures. The target audience is members of the IFRC, although it is believed that a wider audience may find interest and value in understanding and learning from the IFRC's experience.

Having been entrusted with a fifth of the total global funds contributed to assist in addressing the plight of the tsunami-affected population, the IFRC has a special responsibility to account for the confidence placed in it. This final report is one of a set of accountability documents that tells the story of how the International Red Cross and Red Crescent Movement responded to the disaster and what it achieved in channelling assistance to the people made most vulnerable by the tsunami.

A note on reading this report¹

The International Federation of Red Cross and Red Crescent Societies (IFRC)

This refers to the membership-based organization, its members and offices throughout the world. This term differs from the International Red Cross and Red Crescent Movement (or the Movement), which includes the International Committee of the Red Cross (ICRC), IFRC and National Red Cross and Red Crescent Societies.

Red Cross Red Crescent

This phrase is often used to represent the IFRC and all of its member National Societies as a collective unit.

IFRC secretariat

This refers to the coordinating entity that supports the IFRC's members, i.e., the IFRC's global office in Geneva, zone offices, and country and regional offices throughout the world. In the tsunami recovery operation – as in many other operations – the IFRC (secretariat) also performs an operational role.

¹ Please refer to Annexe 1 for a more detailed glossary and a list of acronyms and abbreviations.



Four days after the tsunami swept across the Indian Ocean, this scene at a housing complex Banda Aceh, Indonesia mirrors that of thousands of communities across the affected region.

Photo: REUTERS/
Beawiharta

2004

26 December

- 9.1-magnitude earthquake strikes off the northern coast of the Indonesian island of Sumatra, triggering tsunami waves that spread across the Indian Ocean as far as the African continent, killing over 225,000 people in 14 countries.
- Thousands of Red Cross and Red Crescent volunteers involved in rescue and relief efforts. Regional Disaster Response Teams were mobilized. FACT deployed to Sri Lanka.
- IFRC launches a preliminary appeal for 7.5 million Swiss francs.



Fredrik Barkenhammar / German Red Cross

Background to the 2004 earthquake and tsunami

What happened

At 07:59 (00:59 UTC) on 26 December 2004, a massive 9.1-magnitude earthquake struck an area off the west coast of Sumatra, Indonesia (250 kilometres south-west of Banda Aceh). The earthquake produced a movement along 1,200 kilometres of the Sunda Trench, where the Burma and India Ocean tectonic plates collide. The Andaman and Nicobar Islands, on the same fault line and approximately 150 kilometres from the epicentre, recorded a magnitude-7.6 earthquake. The seabed along the fault line lifted by several metres, which caused billions of tonnes of

2005

29 December

- Revised preliminary appeal issued for 67 million Swiss francs.
- FACT deployed in Indonesia.
- 10 ERUs mobilized

31 December

- FACT arrives in Maldives to work with RDRT already present.

January

- Total of 17 ERUs in the field.
- Recovery Assessment Teams deployed to Indonesia and Sri Lanka.
- Revised preliminary appeal issued for 183 million Swiss francs

March

- MoU between Government of Maldives and IFRC to fund the building of temporary housing for over 9,000 people.
- Regional strategy and operational framework (RSOF) established

seawater to be displaced, triggering tsunami waves that inundated coastal areas in countries as far away as East Africa. The tsunami waves travelled at speeds of up to 800 kilometres an hour, reaching northern Sumatra in less than 15 minutes, the coast of Thailand within an hour, India and Sri Lanka in 2 hours, Maldives in 3.5 hours, and Somalia some 8 hours later.

While the energy generated travelled as shallow waves across the deep ocean, it slowed down and the waves increased in height as they reached shallow water near land. In Indonesia, the waves were over 20 metres high when they hit the western coast of Nanggroe Aceh Darussalam² (Aceh province) and travelled inland for over 3 kilometres in some areas and washing away large tracts of coastal land. In Maldives, 2,500 kilometres away from the epicentre of the earthquake, the waves surged across the low-lying island nation, completely inundating 73 of the 199 inhabited islands.

On 28 March 2005, another massive earthquake measuring 8.7 on the Richter scale struck the nearby island of Nias (in Indonesia's North Sumatra province and lying to the south of Aceh province). There were further serious casualties and damage to infrastructure on Nias. However, the impact of the earthquake was more localized and did not generate a tsunami or create material damage in other areas. Given the proximity of the two disasters, the Indonesian government integrated the response to needs on Nias as part of a coordinated action with Aceh province.

The human casualties

The scale of the disaster and the number of human casualties took months to clearly emerge. Initially, the published death toll was 12,000 and it was only on 30 December 2004 that it went over 100,000. By the end of January 2005, it had reached 286,000, but this figure was revised downwards on 7 April by 50,000. It also took time for the composition of these figures to emerge. In some countries, lists of missing people were retained for long periods until they were assumed to have died as a result of the disaster.

A disproportionate number of vulnerable people were affected. More women than men died and there were increased mortality rates for children and older people. Various surveys, including by Oxfam, found villages where three times as many adult males survived compared to adult females. The higher mortality rate amongst women and children was largely attributed to the fact that the earthquake and tsunami struck in the early part of the morning when these

² Nanggroe Aceh Darussalam is the full name of Aceh province, often abbreviated to NAD. This report will use the term 'Aceh province' for brevity.

May

- Indonesian government signs agreement with the Red Cross Red Crescent to construct more than 20,000 homes, 110 clinics, 117 schools and provide livelihoods support to 25,000 families.

6 May

- Emergency and recovery plan and budget 2005–2006 launched with appeal for 590 million Swiss francs (6 May)

August

- Peace deal signed between the Indonesian government and the Free Aceh Movement, ending 30 years of conflict and allowing improved humanitarian access.

December

- Sri Lankan government changes the no-build buffer zone, permitting the expansion of an owner-driven housing programme..



*In the aftermath of the tsunami, homes lay destroyed, livelihoods ruined, and communities in tatters.
Photo: Till Mayer / IFRC*

members of the family were still in houses that collapsed as a result of the earthquake or the tsunami, killing many of those who were inside.

It is recorded that over 226,000³ people lost their lives across 13 countries in South-East Asia and South Asia, East Africa and the Indian Ocean. Over a further 1,849,000 people were displaced (see Table 1). The earthquake off the island of Nias in Sumatra left 70,000 people displaced and nearly 1,000 dead, and these figures have been included in the reported totals.

³ The source for these figures is the web-based International Federation/Thomson Reuters Foundation partnership multimedia report (2009), which drew from sources including Reuters bureaux, Reuters AlertNet, UN agencies, Disasterwatch, BRR, NDAA, BNPB, TEC, Ministry of National Building (Sri Lanka). This report can be accessed as part of a multimedia presentation 'Surviving the Tsunami'. Available at: www.ifrc.org/what/disasters/response/tsunamis/index.asp

2006

March-April

- Tsunami High Level Group assesses operations in Indonesia, Sri Lanka and Maldives.
- RSOF is revised and the regional strategy 2 established.

April

- Maldives: first houses are completed and handed over.
- Sri Lanka: first houses are built under CRRP.

May

- 5,749 people killed and 127,000 homes destroyed in Indonesia's Yogyakarta earthquake, triggering a further, large relief response by the Red Cross Red Crescent.

June

- Indonesia: first permanent houses completed

Table 1: Number of people affected

Countries/Region	Dead or missing	Displaced
Indonesia	165,945	572,926
Sri Lanka	35,322	516,150
India	16,279	730,000
Thailand	8,212	6,000
East Africa/Indian Ocean	303	2,320
Maldives	108	11,231
Malaysia	76	8,000
Myanmar	61	3,200
Bangladesh	2	.
Total	226,308	1,849,827

A further 40 countries reported that 2,216 of their citizens were among the dead and missing. Germany and Sweden each lost over 500 nationals, more than any country with the exception of Indonesia, Sri Lanka, India and Thailand. (For more detail about the work of member National Societies, see section 5.1.3.).

Economic losses

Some 400,000 houses were reduced to rubble, 118,000 fishing boats were damaged or destroyed, 1.4 million people lost their livelihoods, and massive destruction of public infrastructure left people isolated and even more vulnerable. In economic terms, the region sustained a total loss of an estimated 10.7 billion US dollars. While Indonesia (4.5 billion US dollars) and India (2.6 billion US dollars) sustained the greatest economic losses, relatively small parts of their countries were impacted and, therefore, as a percentage of gross domestic product (GDP), the impact was small – 2 per cent and 0.2 per cent respectively. In Sri Lanka, this figure stood at 7.6 per cent of GDP, and Maldives at a massive 83.6 per cent of GDP. At provincial level, the picture changes dramatically, with losses in Aceh province representing 97 per cent of GPP⁴ and 90 per cent for Phanga Nga province, and 68 per cent each for Phuket and Krabi provinces in Thailand.⁵ Economic losses of this magnitude could only be redressed with considerable assistance from the

⁴ Gross provincial domestic product.

⁵ Asia Disaster Preparedness Centre. *Regional Analysis of Socio-Economic Impacts of the December 2004 Earthquake and Indian Ocean Tsunami*. Bangkok: ADPC, 2006.

2007

July

- Thailand: Sriboh-ya Island opens its first basic healthcare service run by Thai Red Cross volunteers.

September

- Sri Lanka: internal conflict escalates in north and north-east Sri Lanka causing suspension and delays in tsunami programmes.

January

- IFRC announces major revisions in appeal budgets to reflect the lower-than-expected income for the earthquake and tsunami relief and recovery appeal.

June

- Mid-term review follows an evaluation.
- Major waste management project in Maldives completed by Australian and Canadian Red Cross partnership.
- IFRC funding gap closed.

respective national governments and, in most cases, with access to international financial and technical assistance.

Those particularly affected in Indonesia and Sri Lanka were the fishing and small farming coastal communities. The livelihoods of hundreds of thousands of people had been destroyed. It was estimated that about 70 per cent of the small-scale fishing fleet was destroyed in Aceh province, while in Sri Lanka, about 66 per cent of the fishing fleet was destroyed with 10 of the 12 major fishing harbours in the country sustaining some level of damage.

Tourism facilities and infrastructure were destroyed in several areas in Thailand, Sri Lanka and Maldives. The economies were further negatively impacted by the sudden decline in tourism post-tsunami as media coverage discouraged visitors from travelling to these popular locations. This was felt most acutely in the small tourist-dependent economy of Maldives.

Table 2: Losses and recovery costs⁶

Countries/ regions	Structures destroyed*	Losses and damage*	Cost of recovery*	Aid pledged*
Indonesia	179,312	4,500	5,500	5,200
Thailand	4,800	1,600	482	980
Myanmar	1,300	N/A	1	14
Malaysia	1,500	N/A	1,400	1
Sri Lanka	119,562	1,500	2,200	3,290
Maldives	6,000	470	375	350
India	157,393	2,600	2,100	1,850
East Africa and Indian Ocean	N/A	N/A	21	20
Total	469,867	10,670	10,693	11,705

* All figures are in millions of US dollars.

⁶ See footnote 3 for source of data.

2008

September

- Indonesia: Red Cross Red Crescent helps to evacuate 500,000 people after an earthquake triggers tsunami warning.

October

- Estimated figures show that over 1,200,000 people affected by the tsunami have been reached by Red Cross Red Crescent programmes.

November

- Indonesia: transitional shelter programme ends after Red Cross Red Crescent completes nearly 20,000 shelters.

August

- Sri Lanka: Kantale base hospital handed over to the government, the first of 70 health facilities to be provided by Red Cross Red Crescent partners.

Impact on the environment

Damage to the environment was extensive. Fishing grounds were harmed, coral was destroyed, and mangroves and sea grasses were decimated. On land, there was widespread coastal erosion, landslides, seawater incursion and huge quantities of waste matter.

The context of conflict

The situation in Indonesia and Sri Lanka was further complicated by conflict in Aceh province and in the north and east of Sri Lanka respectively. The long-running conflict with the GAM⁷ in Aceh had meant that the province was essentially closed to many agencies, with the important exception of the Indonesian Red Cross Society (PMI) and ICRC. A ceasefire was agreed at the outset, allowing humanitarian assistance to flow to people whose lives were devastated by the earthquake and tsunami. (On 25 August 2005, the Helsinki Agreement was signed and a peace-building process followed.) In Sri Lanka, the conflict between the government and the LTTE⁸ in the north and east of the country presented ongoing difficulties in reaching some of those affected by the tsunami, particularly in northern parts of the county.

Absence of effective early warning

Within 10 minutes of the 26 December earthquake, the U.S. Geological Survey (USGS) National Earthquake Information Center began to sound the alarm that a large earthquake had occurred south of Sumatra. Within 15 minutes, a tsunami warning was issued by the National Oceanic and Atmospheric Administration. Although the warnings went out, they were too late for those close to the epicentre, or not effective in many other countries because the recipients of the information either had no experience of what to do or no established systems for disseminating the information. Unlike the Pacific Ocean, no developed tsunami early warning system existed in the Indian Ocean.

Only in Bangladesh, where a well-established cyclone early warning system existed, and in Kenya, where police evacuated people from beaches, were any measures taken. Other lives were saved in a number of places where stories about the signs of an impending tsunami had survived and been passed down through the generations. This was reported to be the case on the island of Simeulue in Indonesia, where folklore among the island people dictated an immediate evacuation to high ground in the event of an earthquake. Although the island suffered severe damage, only eight lives were lost. There was also a report of a British girl who had learnt about

⁷ GAM is the Free Aceh Movement.

⁸ Liberation Tigers of Tamil Eelam

2009



September

- The Movement has helped 500,000 people access improved water sources.
- Almost 18,000 permanent houses constructed in Indonesia, representing 80 per cent of Red Cross Red Crescent commitments.

December

- Maldives: Dhuvaaferu island, the biggest single construction programme in Red Cross Red Crescent history, officially handed over with housing and community infrastructure for 4,000 people.

- Work commenced on developing comprehensive Red Cross Red Crescent exit strategies for all priority countries.

February

- Meta-evaluation and lessons learnt review concluded with 11 recommendations.



A flag in the fishing village of Ban Nam Kem marks that this area has been already been checked by volunteers of Thai Red Cross Society, January 2005. Photo: Yoshi Shimizu / IFRC

the signs of an advancing tsunami at school, including receding waters. She alerted and saved people by encouraging them to move to high ground.

Assessing early impact

Assessing the damage in the early days was extremely difficult. Infrastructure had been destroyed, communications were disrupted, areas were inaccessible and many people were traumatized. In the first few days, it became apparent that Indonesia's Aceh province was the worst affected. Sri Lanka and India (the east coast of Tamil Nadu, and the Andaman and Nicobar Islands), Thailand (including a significant number of foreign tourists) and Maldives were also seriously impacted.

April

- Indonesia govt. agency for rehabilitation and reconstruction closes down.
- Global lessons learnt report, *Tsunami Legacy*, presented to the UN secretary general at a lessons learnt event at UN.

May

- Sri Lanka: the conflict ends and peace is declared.

August

- Maldives: the world's newest National Society, the Maldivian Red Crescent, is formed following its first General Assembly.

September

- Indonesia: major earthquake strikes West Sumatra killing 1,117 people. The Red Cross Red Crescent mobilizes a large emergency relief operation.

By the second week of January 2005, the situation was becoming relatively clear, although large parts of Aceh province had not been accessed and/or fully assessed at ground level. The scale and complexity of the situation continued to present major challenges, particularly in reaching affected people and addressing emergency needs in Indonesia and Sri Lanka. By this time, the governments of both India and Thailand had decided that they could manage the relief effort with their own resources and they would not require international assistance at that time, except in certain technical areas.

2010

December

- Red Cross Red Crescent activities reach 4.807 million people with assistance. 51,395 homes are completed.

June

- The final health (CBHFA) and water and sanitation programmes on the island of Nias in Indonesia are concluded.
- Last of 15 PMI branch buildings constructed in Aceh province.

End of 2010

- In Sri Lanka, 388 tsunami-related projects completed: Red Cross Red Crescent partners have either fully funded or co-financed 30,265 houses.
- Almost all tsunami projects closed in the time-

frame of the RSOE.

- Maldivian Red Crescent has formed 6 branches and 13 island-level units.
- Estimated figures show that 4.8 million people affected by the tsunami have been reached by the Red Cross Red Crescent.



2004–2005: emergency response and early recovery

Red Cross Red Crescent response

Host National Societies

As first responders, large numbers of Red Cross and Red Crescent volunteers were among the first on the scene. They were mobilized in all the affected countries with the exception of Maldives, where no National Society existed at that time. In many cases, they went to the help of neighbours and their own communities, even though frequently suffering their own losses or being anxious about loved ones. Being located within communities or close to affected areas also meant they had access to those areas affected by conflict – particularly in Indonesia’s Aceh province, Sri Lanka and Somalia – where other agencies faced major hurdles in reaching those in need quickly enough.

By the end of the first quarter, it was reported that an estimated 22,000 Red Cross and Red Crescent volunteers and 76 relief and medical teams had been mobilized across the region in search

and rescue, clean-up, providing temporary shelter and immediate relief assistance, emergency medical services, psychosocial first aid and tracing services.

Having the mandate to render emergency relief assistance in times of disaster and as auxiliaries to their governments, the National Societies in the affected countries played a pivotal coordination role for the Movement. Their contacts with their governments and involvement in a nationally coordinated response led to roles being assigned and priorities being set. Assistance from the IFRC and its members depended on the capacities of the National Societies to meet the needs on the ground, and the opportunities for augmenting these with assistance from partners within the Movement. In reality, the National Societies in the worst-affected countries were pressed by well-resourced Red Cross and Red Crescent partners to accept unprecedented levels of assistance, incurring commensurate commitments. The establishment of coordination frameworks emerged in late January and early February, providing a mechanism to strengthen the matching of resources to agreed commitments. These coordination frameworks allowed the host National Societies to retain an overall coordination role (see Section 5.2.1.).

IFRC direct response

IFRC emergency appeal

By the end of the first day of the disaster, the IFRC had launched a preliminary appeal for 7,517,000 Swiss francs, based on the initial reports of damage. The appeal was to assist 500,000 people over a period of six months, and it made particular provision to address massive relief needs for approximately two to three weeks. The IFRC released 1 million Swiss francs from its Disaster Relief Emergency Fund (DREF) in order to support initial assistance and relief activities. Regional Disaster Response Teams (RDRTs) were mobilized and the IFRC activated the Field Assessment Coordination Team (FACT)⁹ system, with one deployed to Sri Lanka and another on standby for other countries.

The appeal budget was covered within 24 hours and, by the time the revised preliminary appeal for 67,005,000 Swiss francs was launched three days later on 29 December for 2 million beneficiaries over a six-to-eight-month period, FACTs had been mobilized for Indonesia, Maldives and Sri Lanka, and 13 Emergency Relief Units (ERUs)¹⁰ had been mobilized for Indonesia and Sri Lanka.

⁹ The concept of Emergency Response Units (ERUs) was devised by the IFRC in 1994 to speed up the response to a large-scale disaster. ERUs comprise pre-trained specialist volunteers and prepacked sets of standardized equipment ready for use 'off the shelf'.

¹⁰ Field Assessment and Coordination Teams (FACT) are ready to be deployed at short notice to coordinate the Movement's response to large-scale, sudden and slow-onset disasters. The teams are composed of experienced disaster managers from National Societies, the IFRC and ICRC who are trained in a common methodology.

The ERUs were to provide technical emergency assistance in the areas of telecommunications, basic health, water and sanitation, logistics and reporting. Eventually, a total of 17 ERUs (10 in Indonesia and 7 in Sri Lanka) helped in meeting emergency needs in the first months of the operation.

As the situation became clearer and needs became apparent, the IFRC's revised preliminary appeal was extended with a budget revision on 12 January 2005. A new budget of 183,486,000 Swiss francs was established for the period 26 December 2004 to 30 June 2005. This appeal took into account the needs for the emergency relief phase as assessed by the affected National Societies, the IFRC's country and regional delegations and the FACTs, and it included programme extensions for Indonesia, Maldives, Sri Lanka and East Africa. At this time, a comprehensive operational framework for the International Red Cross and Red Crescent Movement was foreseen for February.

In the second week of January, the IFRC deployed two Recovery Assessment Teams¹¹ (RATs) to Indonesia and Sri Lanka to map out the most appropriate options and priorities for the Red Cross Red Crescent to participate in short- to medium-term recovery, reconstruction and disaster mitigation in the affected countries, and capacity building of the National Societies. The teams comprised members of host National Societies, partner National Societies and IFRC and included experts in health, shelter, water and sanitation, livelihoods, disaster management and development and organizational development. The task of the RATs was to recommend recovery programming through to the end of 2005, and to identify sectoral priorities for the period beyond to 2010.

Plan and budget: 6 May 2005

From the end of the first quarter of 2005, the IFRC's country and regional delegations reassessed the ongoing emergency relief needs. They developed plans for the recovery phase in consultation with the host National Societies, affected communities, bilateral partners, governments, the UN and other agencies. The findings from the RATs were important inputs to this process. On 6 May 2005, the IFRC launched its emergency and recovery appeal with a plan and budget for a two-year period (26 December 2004–31 December 2006) and covered the ten most affected countries. The total budget for the two-year period was 590 million Swiss francs, of which 286 million Swiss francs had already been funded. The 304 million Swiss francs still sought were expected to be resourced entirely by transfers within the Movement rather than by seeking further new money from external donors.

The plan and budget also included indicative plans and budgets for a further four-year period, 2007–2010. It was acknowledged that, four months after the disaster, recovery plans were still evolving in the worst-affected countries, particularly Indonesia and Sri Lanka, as discussions continued with governments and other recovery stakeholders. It was therefore forecast that subsequent revisions of plans would be necessary. In the meantime, the indicative budgets for

¹¹ Recovery Assessment Teams (RATs) comprise experienced senior disaster managers who recommend the appropriate recovery strategic plan.

2007–2010 were for over 420 million Swiss francs, making a combined budget total for 2005–2010 of 1.01 billion Swiss francs. (The annual IFRC appeals for Indonesia and Sri Lanka for ongoing assistance for core activities were closed and included in this comprehensive tsunami plan and budget.)

Known bilateral projects to be undertaken by partner National Societies amounted to 554 million Swiss francs, making a total planned Red Cross Red Crescent intervention of more than 1.5 billion Swiss francs. At this time, it was known that significantly more than 2 billion Swiss francs had been raised through the Red Cross Red Crescent's international network.

This plan and budget was subsequently revised five times on an approximately annual basis, namely, at the end of 2005 and 2006, in March 2008 and 2009, and again in August 2010 when the time frame was extended to 31 December 2011. There was also an 'internal appeal' issued in September 2006 with a revised plan and budget.

Revised plan and budget: 22 December 2005

The first revision of the 6 May plan and budget was at the end of the 2005. The revised budget for the three-year period 2005–2007 was 1.064 billion Swiss francs and, with an indicative budget for 2008–2010, an overall budget of 1.287 billion Swiss francs (a 21 per cent increase overall) was agreed. With funding of 406 million Swiss francs received, a further 658 million Swiss francs were sought from partner National Societies. Bilaterally funded projects were included in the planning document for the sake of completeness, and the budget for these amounted to 1.09 billion Swiss francs, bringing the total to be funded by the IFRC and its members to over 2.3 billion Swiss francs. Offset against these planned expenditures, a phenomenal 2.87 billion Swiss francs was calculated to have been raised globally by the International Red Cross and Red Crescent Movement.

Movement partners

ICRC

From the outset, ICRC had been especially active in those countries where it had operational bases. Since it had important relief stocks already in place, ICRC played a vital role in the initial days and early emergency period, working with the host National Societies to set up tents, distribute food rations, family packs and medical supplies. With responsibility for the coordination of the tracing and restoring of family links, its support to the host National Societies in establishing services for tracing missing persons was critical. Within 72 hours, ICRC had a functioning web site for tracing family members.

Since some of the worst-affected areas were also in conflict-related areas, ICRC was able to make early interventions by mobilizing two field hospitals. A 100-bed referral hospital with 39 staff was provided by the Norwegian Red Cross in Aceh province, while a field hospital provided by the German Red Cross was sent to the north of Sri Lanka to support existing government health structures.

Partner National Societies

Many National Societies from neighbouring countries and from outside the affected region were quick to respond. The Singapore Red Cross Society deployed a doctor, two nurses and relief supplies to Indonesia. On 28 December, the Malaysian Red Crescent Society deployed a five-member RDRT consisting of a doctor and four relief and reporting officers to Aceh province. The Red Crescent Society of the Islamic Republic of Iran was the first to deliver relief supplies to Maldives. Societies in many countries launched fund-raising campaigns or started to receive unsolicited funds from the public. Some societies had additional pressing domestic reasons for involvement, as their nationals were affected as tourists in countries such as Sri Lanka and Thailand. They set up tracing and counselling services and, in some cases, sent trained staff and volunteers to the countries concerned to provide these services at field level, and to offer support to bereaved families and help in the repatriation of bodies.

There was mounting pressure from many of the then 181 members¹² of the IFRC to participate (and to be seen to participate) in many different areas, placing a heavy burden on the IFRC secretariat.¹³ While some societies were content to contribute resources to the IFRC preliminary appeal, others were compelled by the vast needs and the pressure from their domestic constituencies to be involved with the supply of relief goods or to have a direct presence on the ground. A telephone conference call with participating National Societies was first organized by the IFRC secretariat on 27 December 2004 – one day after the tsunami struck. Subsequent consultative calls were arranged on a regular basis through January 2005 to encourage a coordinated approach in the face of the many bilateral pressures.

Assistance to foreign nationals

Forty-one countries found that 2,216 of their citizens were among the dead and missing. The greatest number of casualties occurred in and around the tourist resorts of Thailand. Germany and Sweden lost more citizens than all but four of the countries directly impacted by the tsunami. The following table details the countries from outside the region that suffered the most casualties.¹⁴

¹² Annexe 3: Red Cross Red Crescent partners with representation in the priority countries.

¹³ Annexe 2: Red Cross Red Crescent contributors to the IFRC tsunami appeal.

¹⁴ For a full list, please see the *Tsunami Evaluation Coalition Synthesis Report*, July 2006. p.46.

Table 3: Foreign nationals killed and missing.

Country	Deaths
Germany	552
Sweden	543
Finland	178
United Kingdom	150
Switzerland	111
France	95
Norway	84
Austria	74
Denmark	46
Japan	44
Other	339
Total	2,216

Many of the most affected National Societies immediately provided reference centres for concerned families and relatives, and had representatives at airports to provide a welcome service and support to those survivors who were able to return home. A number of National Societies went on to provide ongoing support in their own countries for people who needed social services as follow-up to the disaster that had changed their lives.

- British Red Cross

The British Red Cross welcomed home 2,618 people up until 11 January 2005 with first aid, clothing or practical and emotional support. A telephone support line fielded over 1,100 calls. On 3 January, the British Red Cross sent a team of support workers to Thailand to assist British consular staff by providing support to friends and relatives of the bereaved and missing. Later, in November 2005, the society established a 'Tsunami hardship fund' to enable special grants to be made to people who had experienced financial hardship as a direct consequence of the tsunami.

- French Red Cross

Within hours of the disaster, the French Red Cross had a welcome service in place at main airports, and 500 volunteers received and supported almost 1,500 people repatriating to France.

- German Red Cross

Around 8,000 German tourists were in the tsunami-affected areas, particularly in Thailand. A hotline was immediately established and, within 24 hours, the tracing agency was activated. By the end of January, some 4,500 requests had been made to the tracing agency of which 764 remained unresolved when the government assumed responsibility in February.

As they looked after the returning survivors at Düsseldorf airport, the staff and volunteers of German Red Cross, and another organization¹⁵ involved in psychosocial support, realized that further assistance was required. The 'Hope to the Last' project was launched to support returnees who had lost family and friends cope with their loss and the trauma of the event. Fourteen members of the 'Hope to the Last' team returned to Thailand on the occasion of the first anniversary of the tsunami to attend a German-speaking remembrance ceremony organized with the assistance of the German embassy.

■ Norwegian Red Cross

An estimated 5,000 Norwegian nationals were in the areas affected by the tsunami. The Norwegian Red Cross had personnel at all airports to receive returnees, distribute blankets, provide counselling and transport to homes or hospitals. Support centres for relatives were established in several areas. An already established hotline for children and young people was kept busy with enquiries. Refugees, especially from Indonesia and Sri Lanka, started to arrive and 50 to 100 people were turning up at the meeting points. The Norwegian Ministry of Foreign Affairs undertook to take care of Norwegian nationals in the affected countries, whilst the Norwegian Red Cross would concentrate on the nationals of the affected countries residing in Norway.

■ Swedish Red Cross

In addition to having staff and volunteers at the airports to provide practical and emotional support and first aid, the Swedish Red Cross had personnel giving psychosocial support on returning aircraft. From 29 December 2004, psychosocial support teams worked in Thailand in cooperation with the Swedish Rescue Service Agency and Red Cross personnel remained in Thailand carrying out this work for 18 months after the disaster. More than 2,000 received psychosocial support during the period, in addition to which assistance was given in organizing private ceremonies and help with three official memorial ceremonies held by the Swedish government. In Sweden, the National Society established 42 support groups of 6 to 12 participants, beginning in February 2005, with the last group finishing in December 2007. This extensive programme was facilitated by trained volunteers who worked with groups divided into three main categories – traumatized, traumatized/bereaved and bereaved.

Among the lessons learnt by the Swedish Red Cross was that healthcare systems were not in place to meet the needs of survivors and the bereaved. In association with other bodies, three modules have been developed to provide training for personnel to help address this need. Furthermore, it was found to be important to start immediately with long-term support, and that it was beneficial to work with volunteers who had a professional background. A 'back office' to deal with administrative matters greatly facilitated the work. It was also learnt that it is important to offer non-religious ceremonies for the traumatized and bereaved.

¹⁵ Evangelischen Notfallseelsorge

The broader humanitarian scene

International organizations

NGOs, international organizations and the UN started arriving in the worst-affected countries within days and in numbers never experienced before in times of natural disaster. Foreign military assistance played key emergency medical and logistics functions in Indonesia, Maldives and Sri Lanka. Entry ports and airports started to receive vast quantities of relief and other supplies, sometimes unsolicited and unneeded. Agencies were competing for projects and beneficiary communities. There was a need for strong coordination to control and structure the relief operations and to enhance efficiency and effectiveness.

Coordination by IFRC with other agencies was essential. Regular meetings took place in the field and the countries directly affected (with ICRC, government authorities, NGOs, UNOCHA and UNDAC), and in Geneva (with ICRC and the UN's IASC Task Force on Assistance to Communities Affected by the South Asia Earthquake), and in New York (with UNOCHA).

United Nations

At the UN coordination level, on 6 January 2005 a Tsunami World Summit was convened in Jakarta and attended by the IFRC's secretary general. Earlier that same day, UN Secretary-General Kofi Annan launched the UN consolidated 'flash appeal' for 977 million US dollars for the period January–June 2005. (85 per cent of this was pledged within four weeks.) The appeal targeted support mainly to Indonesia, Maldives, Seychelles, Somalia and Sri Lanka, with the largest proportion going to Indonesia. The UN secretary-general referred to the need for coordination to ensure timely and targeted assistance to the affected populations. In a separate statement, the vital need for assistance was underlined when the UN warned that the total tsunami death toll (then estimated at 139,000) could in fact double unless survivors received clean water and other basic services promptly to prevent disease.

In February 2005, the UN secretary-general appointed former US president, Bill Clinton as his Special Envoy for Tsunami Recovery for a period of two years. Bill Clinton's role was to keep the world's attention focused on tsunami recovery, support coordination efforts at the country and global levels, and promote transparency and accountability measures. One special initiative was to champion the use of the recovery operation to 'build back better'.

Clinton exercised his mandate to form the Global Consortium on Tsunami Recovery, bringing together key governments, international financial institutions, multilateral organizations and NGOs under his chairmanship to seek a shared sense of priorities, develop common strategies and promote progress in key areas. The IFRC was invited to join this body and was represented by the special representative appointed by the secretary general for the tsunami operation. The IFRC also made a senior staff member available to work within the secretariat of the consortium, both contributing to its work and being in a position to promote the work of the Red Cross Red Crescent in the broad international context.

Early warning systems

The tsunami had highlighted the absence of an adequate early warning system in the Indian Ocean, especially when compared with the well-developed system in the Pacific Ocean. As early as January 2005, the governments in the tsunami-affected countries embarked on a process to establish such a system. On the initiative of the Thai government, the affected countries agreed to work towards having the technical element in place within 18 months. Building on experiences from the Pacific, it was also recognized that in order to be effective, an early warning system must be relevant for more frequent emergencies than tsunamis. Furthermore, its technical components would have to be complemented by community-based elements, such as the local identification of risks and hazards, and the formulation and communication of warning messages. In order for these messages to be received in a relevant manner, they must be disseminated to a population that is aware and prepared. This, in turn, demanded close cooperation with civil society organizations, including a role for National Red Cross and Red Crescent Societies and their local branches.

The intergovernmental process gained pace under the auspices of the Intergovernmental Oceanographic Commission (IOC), coordinated by UNESCO. An agreement had been reached in principle with the UNESCO/IOC International Tsunami Information Center in Hawaii for collaboration on the international, regional and national levels on the further development of an early warning system for the Indian Ocean. The IFRC participated in the process from the outset to foster close collaboration between the governments and their auxiliary National Societies.

International resources

Much of the clamour for space and profile was generated by the emotional impact of the tsunami, conveyed graphically to homes around the world. The combination of the time of year (a festive holiday period for many throughout the world), the geographical spread of the disaster, the availability of amateur footage showing the tsunami's devastating force and its impact, the involvement of Western tourists (a survey by CARMA showed that 40 per cent of the tsunami articles dealt with the impact on such foreign nationals¹⁶) and the mounting death toll all kept the media coverage at unprecedented levels. This, in turn, helped trigger an outpouring of sympathy and generosity from individuals around the world, and prompted hundreds of humanitarian agencies and military resources to descend on the affected countries in what has been referred to as the "second tsunami".

An estimated 13.5 billion US dollars¹⁷ was raised. The Tsunami Evaluation Coalition calculated that this represented 7,100 US dollars for every affected person, contrasting starkly with funding of 3 US dollars per person spent on a Bangladesh flood beneficiary in 2004¹⁸. The enormous amount of money raised in response to the tsunami resulted in some agencies having difficulty in finding projects and beneficiaries to spend the funds made available to them. This became all the more pressing for some agencies because of the constant scrutiny of the media and the

¹⁶ Tsunami Evaluation Coalition Synthesis Report: July 2006. p.38.

¹⁷ Tsunami Evaluation Coalition Synthesis Report. July 2006. p.20.

¹⁸ *ibid*, Executive Summary sec 4.

expectations that funds would be used and accounted for quickly. Understandably, by far the vast majority of this large amount of funding was expended over several years to meet recovery purposes after the initial relief needs were met.

Managing emergency response and recovery

The International Red Cross and Red Crescent Movement – strategy and coordination

In the first days of the disaster response, the two international components of the International Red Cross and Red Crescent Movement, ICRC and the IFRC, agreed on a coordinated approach for their support to the sub-regions in the aftermath of the tsunami, based on their respective mandates, assets, and capacities, and on their historic involvement with the National Societies in the region. In reaching this agreement, the two institutions were guided by the principles of cooperation embodied in the Seville Agreement of 1997¹⁹. In a joint statement issued by the IFRC and ICRC on 2 January 2005, it was agreed that:

- the IFRC would provide the general overview, strategy, and operational guidelines of the regional operation, and assume general responsibilities in communication as the main Movement spokesperson
- the host National Societies would have a prominent role in establishing coordination mechanisms and in the implementation of all activities
- the IFRC would provide operational coordination of the international response of the components of the Movement for Indonesia (except for Aceh province), the southern and western area of Sri Lanka, India, Maldives, Thailand, as well as in the East Africa region (with the exception of Somalia)
- ICRC would provide operational coordination in areas in which it had been operational before the disaster (the north and east of Sri Lanka, Aceh province of Indonesia, Myanmar and Somalia), as well as ensure overall coordination for programmes related to restoring family links in all countries affected by the tsunami
- the IFRC would lead in the development of common country plans, with priorities being established at field level, as a step towards a fully coordinated and combined approach

There was a growing acknowledgement of the need to develop a clearer strategy for the Movement's response to the tsunami in the interest of organizing the substantial resources entrusted to the Movement in an optimally efficient and effective way. It was necessary to ensure that components of the Movement had access to coordinated planning, monitoring and implementation,

¹⁹ Full title: Agreement on the organization of the International Activities of the Components of the International Red Cross and Red Crescent Movement, November 1997.

resulting in quality programming and the strengthening of National Societies. Movement Coordination Frameworks had been created in Sri Lanka and Indonesia, and these facilitated the planning, monitoring and implementation processes. There were 22 partner National Societies present in Indonesia and 24 in Sri Lanka²⁰, as well as strong ICRC delegations in each country. With so many Red Cross Red Crescent actors, an agreed coordination mechanism was essential if the Movement was to act as a coherent body and to respect the role of the host National Society. Also, without a framework to regulate the activities of so many Red Cross and Red Crescent actors, the host National Societies would have been overwhelmed and risked being sidelined. The Seville Agreement provided for the establishment of country-level coordination mechanisms and, with the challenges growing as many different partner National Societies and external agencies were looking to ensure a cohesive approach in all aspects of the recovery planning, the time was ripe for formalizing a coordination framework.

The need to establish agreement on a clear strategy and a Movement Coordination Framework were catalysts in convening a special event between 3 and 5 March 2005 in Hong Kong. The Red Cross Red Crescent Tsunami Response Forum brought together representatives of 38 National Societies, the Maldives government (in the absence of a National Society), the IFRC, ICRC, and selected UN agencies. The aim was to review the disaster response operation to date and to map out future plans for rehabilitation and recovery and, in particular, to agree a strategy to guide long-term recovery programmes.

To meet this goal, a regional strategy and operational framework (RSOF)²¹ was adopted. It set out clear strategic directions, the basic elements of which were to:

- build on the nature and experiences of the emergency response, utilizing the broad capacities and skills of the Movement's components, to plan and implement a range of early and long-term recovery programmes guided by established standards and best practice, promoting disaster risk reduction and community resilience
- establish new in-country coordination structures that ensure principled and coherent action and effective collaboration between the Movement components; ensuring effective coordination with central and local government authorities in the affected countries as well as with the UN specialized agencies and other international and national agencies
- introduce new strategic elements to strengthen inter- and intra-agency coordination and response
- establish a robust accountability framework, ensuring transparent and regular narrative and finance reporting to all stakeholders, including beneficiaries, private, institutional and corporate donors and governments

²⁰ See Annexe 3 for list of National Societies.

²¹ International Federation of Red Cross and Red Crescent Societies. *Asia Earthquake and Tsunami: Regional strategy and operational framework for the Red Cross and Red Crescent Movement*, Geneva, March 2005.

The RSOF identified the programme priorities as being emergency and post-emergency relief, tracing and re-establishing family links, health, livelihoods, reconstruction, disaster management, the promotion of humanitarian values, and organizational development and capacity building. The disaster management priority was particularly influenced by the adoption of the Hyogo Framework for Action at the Kobe World Conference on Disaster Reduction earlier in the year and which called for more effective integration of disaster risk considerations into sustainable development. Organizational development and capacity building considerations were driven by the need and opportunity to enhance Red Cross Red Crescent capacities at all levels to ensure that National Societies attain and maintain the capability to implement relevant programming during and after the tsunami operation.

At the end of the forum, the Hong Kong Declaration²² was agreed. This committed all participants to:

- delivering rehabilitation and recovery programmes based on the needs of the communities affected, and in line with the Movement's principles including humanity, neutrality, impartiality and independence, and respect for human dignity
- underlining the mandate of the host National Societies of the affected countries, and reaffirmed the importance of coordinating Red Cross and Red Crescent components, while ensuring liaison with the governments, UN and other humanitarian actors in order to deliver appropriate programmes to the affected communities
- continuing to provide humanitarian relief assistance to those affected by the tsunami for as long as required
- taking into full account the situation prevailing in the different contexts, in particular conflict or internal violence, when planning and implementing the different programmes
- carrying out recovery programmes in the affected countries in line with the regional strategy, ranging from re-establishing and diversifying livelihoods to reconstructing health institutions, housing and social infrastructures
- strengthening national and transnational disaster response capacity and supporting disaster risk reduction programmes by building community resilience to prepare for and respond to disasters, including health programmes and volunteer engagement in multi-hazard early warning systems in coordination with national and international partners
- developing the disaster management skills of volunteers and staff in the National Societies within the affected regions in a sustainable manner that increases local-to-global emergency response capacities

²² Ibid. Annexe 1.

- strengthening advocacy on behalf of vulnerable people to improve their lives and the resilience of the communities in the post-tsunami environment
- putting in place an accountability framework that ensures transparency as well as effective and efficient delivery of Red Cross and Red Crescent actions in partnership with the affected communities, the authorities in the concerned countries as well as the worldwide donor community

The Movement Coordination Framework agreed in Hong Kong was essentially based on the frameworks that had been developed in earlier weeks in Indonesia and Sri Lanka. The three components of the framework were:

- A **Movement platform** with responsibility for the overall management of the operation, cooperation between Movement components, and representing a unified approach to the external world. The platforms were comprised of the host National Society, and the heads of the IFRC and ICRC delegations.
- Reporting to the Movement platform, a **Movement partnership task force** was responsible for ensuring quality programming and coordination between the Movement components and its external partners. It was to provide guidance on the operational aspects of the recovery and ensure the Movement's adherence to policies and standards. It comprised members of the host National Society, the IFRC, ICRC and all operational partner National Societies.
- Reporting to the Movement partnership task force were **technical task forces or working groups**. These focused on different sectors and were made up of representatives from the Movement's operational partners. These task forces and working groups would be responsible for the daily programme management including division of labour between different Movement stakeholders, developing cross-cutting minimum standards on needs assessment approaches, programme options, baseline surveys, common capacity-building strategies across all programmes, and agreeing on common monitoring and evaluation standards and mechanisms.
- In addition to the technical working groups, a Movement office or **service centre**, managed by the IFRC secretariat, served as a central focal point for all Red Cross Red Crescent partners. It provided the administrative, logistical, and physical space for the Movement's components to carry out their work and to coordinate with each other on programme developments. It also served as an information management centre where joint planning and assessments, standard-setting, mapping of partner support, agreements, and information-sharing was to take place. Under these arrangements the partner National Societies' bilateral activities would generally be able to benefit from the IFRC's applicable legal status agreement in the country. Legal 'service agreements' were to be put in place to regulate such arrangements.

The coordination framework was a novel approach and an important new initiative for the Movement. This was acknowledged by the IFRC Governing Board when, in its report to the General Assembly in 2005, it was noted that the new cooperation models developed and tested during the tsunami operations were a major contribution to a new operating model elaborated in a new policy document for *The Federation of the Future*²³.

Overall, the framework was found by the second-round real-time evaluation (RTE)²⁴ to be an effective mechanism for coordination and had worked to varying degrees of success in Indonesia, Maldives and Sri Lanka. In Indonesia and Sri Lanka, this RTE noted that the mandate and ways of working of the Movement platform had brought clarity; however, the RTE did raise some concerns that the Movement partnership task forces and technical working groups had become overly bureaucratic and had caused delays without always adding value. In Sri Lanka, it was also observed that there was undue overlapping of roles and tasks between the task force and the working groups, especially relating to proposal development and project appraisal. Following the issuing of the real-time evaluation report in December 2005, attempts were made to address these concerns with, for example, the revision of the terms of reference for the technical working groups.

In Maldives, although the IFRC enjoyed the privileges of a legal status agreement with the government, the six partner National Societies operating in the country were all granted legal privileges by the government that extended to and for the life of the mutually agreed projects. Most projects were implemented under memoranda of understanding or agreements with the government. At that time, there was also no host National Society to include in such programme planning, nor a permanent ICRC presence inside the country (ICRC made periodic visits in accordance with its protection mandate). Although the formal coordination structures were not put in place, the IFRC delegation facilitated harmonized approaches between the various Red Cross and Red Crescent actors. Fortnightly Movement-wide meetings were held to share information and to discuss various thematic issues of common concern. Jointly agreed guidelines were established for the recruitment and management of volunteers, common conditions of service for employing local staff were adopted, along with guidelines for vulnerability criteria in order to identify beneficiaries for housing. Programme sector groups (akin to technical working groups) met to decide consistent technical approaches and standards. The IFRC delegation facilitated and led Red Cross Red Crescent deputations to the government to raise and discuss issues common to the IFRC and one or more partner National Societies. It also led the presentation of a Movement quarterly report to a forum of government ministers and senior ministry officials. In addition, the delegation also introduced a service agreement to cover the IT services it provided to several of the partner National Societies, based on the agreed model for the tsunami operation.

²³ International Federation of Red Cross and Red Crescent Societies, *The Federation of the Future: working together for a better tomorrow*, Geneva, May 2006.

²⁴ Real-time Evaluation of Tsunami Response in Asia and East Africa, Second Round: Final Report. Abhijit Bhattacharjee.

In East Africa, RC-NET²⁵ had been functioning for several years before the tsunami, and this played a key role in coordinating the tsunami response. Again, as in Maldives, the context did not warrant such a formalized structure as the Movement Coordination Framework agreed at the tsunami response forum, but the concepts were important in developing the coordination mechanism for this region. One initiative was to set up a subcommittee, comprising technically qualified personnel from National Societies throughout the affected region, to address communications. This helped to boost the IFRC regional delegation's capacity in this area.

The tsunami operation also marked the first time that the IFRC had appointed Movement coordinator delegates. This happened in Indonesia and Sri Lanka in the first 4 to 8 weeks, and these delegates played a key role in facilitating the coordination of multiple National Society partners. The delegates were able to introduce more robust systems to optimize efficiency and effectiveness by harmonizing activities and avoiding the duplication of effort and resources.

The experience of the tsunami operation in developing a Movement Coordination Framework proved valuable in later operations where a large number of Red Cross and Red Crescent actors had an operational presence. The first operation to adopt the model was the relief and recovery operation that followed the October 2005 earthquake in Pakistan. The concept has continued to be based on ongoing experience.

Management at Geneva and regional levels in the early period

Management responsibility

The IFRC secretariat's Asia Pacific department assumed direct management responsibility for the tsunami relief and recovery operation under its existing mandate. The tsunami struck soon after major changes had been implemented across the IFRC secretariat, including placing greater responsibility on regional delegations. However, although regional delegations had been recently mandated to take responsibility for managing disasters that occurred in their regions, the scale and complexity of this multi-country disaster and the global interest, both within the IFRC membership and from the media and external agencies, led to the decision that the tsunami operation should be centrally managed, with support structures at regional level providing technical and support services to the country delegations. Because of the scope of the disaster and the involvement of two regional departments, the Asia Pacific department took the overall lead in close coordination with the Africa department in so far as the response affected African and Indian Ocean island nations.

Within the Asia Pacific department, a specialized cell was created to manage the tsunami response operation at the IFRC's Geneva office, and an operations task force was formed on the first day to bring together relevant IFRC technical departments and ICRC for consultation and advice.

²⁵ RC-NET = Red Cross Red Crescent Networking of National Societies in the East Africa region.

Strengthening capacity

The Asia and Pacific department had to rapidly recruit more staff to manage the enormous additional volume of work. Among the key appointments, the head of the Asia Pacific department recruited a tsunami programme coordinator to take day-to-day responsibility for the oversight of the operation. By the time the revision to the preliminary appeal was launched on 12 January, the IFRC was taking steps to strengthen its structure by recruiting a total of 17 positions at its Geneva office to cover essential tasks in the areas of operations management and coordination, liaison with ICRC, donor relations and reporting, finance, monitoring and evaluation, human resources, logistics, health, water and sanitation, and the management of the transition from relief to recovery. The IFRC also decided to increase its UN liaison staff in New York.

The various technical departments had to be strengthened to cope with the additional demands of the tsunami operation.

- During the emergency response phase, the operations support department coordinated the largest deployment, at that time, of both FACTs and ERUs.
- A separate tsunami cell was formed in the logistics department. Owing to the complexity, the scale and the long-term response of the tsunami operation, there was a need to ensure strong coordination in the mobilization of all goods and to monitor all the stages of the logistics pipeline, as well as to ensure the capacity existed in the field to receive and handle goods at country level. The mobilization of relief items was coordinated by means of a mobilization table, which was constantly updated with details of all goods in the relief pipeline, and this was made accessible through the IFRC web-based Disaster Management Information System (DMIS). National Societies were urged not to block the supply chain with unsolicited or unneeded goods.
- The IFRC's media team conducted over 600 interviews in the first two weeks following the tsunami, and this workload could not be sustained without additional staff.
- Given the challenges of coordinating the partner interests of many member National Societies, an additional staff member was recruited to support the application of the evolving Movement coordination tools and processes. An officer was also recruited to assist with Geneva-based external coordination efforts, especially with the UNOCHA, UNDP and the World Bank.

Special representative

The post of special representative of the secretary general for the tsunami operation, reporting directly to the IFRC secretary general, was established and filled in early February 2005. The special representative was appointed both in an advisory role, as well as being deputed to represent the IFRC in working with external agencies and building relationships on issues pertaining to the tsunami operation. Within the IFRC secretariat, the special representative was mandated to

lead a steering committee at senior management level. This consisted of IFRC directors and the heads of the Asia Pacific and Africa departments and it was tasked with addressing policy and strategy issues relating to the tsunami response. Even though the special representative had responsibility for chairing the steering committee, during 2005 and the first half of 2006, he did not have direct line management responsibility (this was to change).

Reporting lines

As the centralized management structure had been built up in the IFRC's Geneva office, the heads of IFRC country delegations in Indonesia and Sri Lanka had their normal reporting line to the head of regional delegation changed to report to the head of Asia Pacific department. This change was also effected for Maldives in August 2005. The consequence of these changes was to bring all country-level activities of the delegations – including those ongoing assistance activities that were not tsunami related – under the direct overall management responsibility of the Geneva office of the IFRC secretariat. This greatly altered the functional relationship between the delegations concerned and the regional delegations. For the other countries, whilst matters relating to the tsunami operation were reported directly to the Geneva office, other ongoing activities were line-managed as normal by the regional delegations. This created dual reporting lines for some heads of delegation.

Regional delegations

The regional delegations had played a vital role in the early days through direct operational and financial support to the National Societies of directly affected countries. They coordinated and participated in needs and recovery assessments in Indonesia, Malaysia, Maldives, Thailand, Sri Lanka and Somalia. As the operation got under way, the regional delegations were an important source of technical support for the country delegations, all the more so during the periods when the country delegations had difficulties recruiting country-level technical delegates to manage their responsibilities. In most cases, the regional delegations did not recruit additional staff, but rather existing staff often had to prioritize tsunami-related needs over normal business.

While technical support was led from the IFRC's Geneva office, the water and sanitation department did appoint a technical expert for the tsunami operation, who was based at the South-East Asia regional delegation in Bangkok, so as to be more accessible to the field. After a period of time, this practice of providing extension staff in the regions became more common with, for example, the appointment of a legal officer and communications coordinator based in the region.

Liaising with UN bodies and other international agencies that had regional offices in Bangkok, New Delhi and Nairobi was also a key role for regional delegations. In Bangkok for example, on 27 December 2004, one day after the tsunami, the regional delegation established a weekly interagency coordination meeting, which was attended by several UN agencies, such as UNDP, UNOCHA and UNICEF, as well as other international organizations. These meetings continued to be held regularly and became monthly events after a period. Participants viewed them as a

valuable forum for coordination on tsunami recovery planning and activities. Interestingly, they grew into a forum where non-tsunami disaster management issues were also discussed.

The regional delegations had a key role in managing and supporting the RDRT programme. Having members of National Societies in the respective regions trained in disaster management skills, the tsunami operation prompted an immediate activation of RDRT members in all three regions. In South Asia, for example, 14 RDRT members were deployed over the first six months of the operation in Maldives and Sri Lanka. The four team members sent to Maldives were the first Red Cross Red Crescent personnel in-country and played a key role in establishing contacts with the government and other agencies in the absence of a National Society. The team members subsequently joined and integrated with the FACT and played their part in mounting the emergency assistance programme and laying the foundations for the eventual recovery programme.

Since all the regional delegations were based in important media centres, they were able to complement the work carried out at the global office in Geneva with important media contacts close to the operational areas.

In Africa, the regional delegation convened a meeting of the leaders of the tsunami-affected countries and other National Societies in East Africa represented by RC-NET, together with representatives from PIROI²⁶, partner National Societies operating in the region, ICRC and IFRC staff from Geneva and the field. They met in Nairobi in January and adopted the “Nairobi Initiative”; a ten-point disaster management commitment across three intervention phases. This, in turn, led to a plan of action spanning over five years. A fund-raising campaign was conducted throughout the region and fifteen African National Societies raised 2.9 million Swiss francs in support of the IFRC’s coordinated response to the tsunami.

The Asia Pacific service centre based in Kuala Lumpur, Malaysia, was tasked with providing support in the areas of finance, reporting and the needs for longer-term organizational development. In the early stages, staff in Kuala Lumpur were also engaged in studying the situation of Red Cross and Red Crescent volunteers in times of emergency, and drawing lessons learnt for particular disasters, including the tsunami. The theme of learning lessons from the tsunami experience was well established through initiatives such as this.

Regional delegations also facilitated the work of partner National Societies at a national and regional level. Following the development of the service agreement tool, the South-East Asia regional delegation concluded agreements to provide office accommodation and administrative support to National Societies active in the tsunami operation in Thailand, namely the American, Finnish and French Red Cross societies.

²⁶ PIROI or Plate-forme d’Intervention Régionale Océan Indien (PIROI) is the Indian Ocean regional disaster response platform that is supported by the French Red Cross.

Strengthening disaster management at regional level

The experience of the tsunami highlighted for the IFRC the need to improve contingency planning and disaster management. The IFRC's tsunami operation plan and budget, launched in May 2005, included a plan to step up its efforts to improve Movement disaster response contingency planning, reinforcing local capacities and linking them to regional and international capacities. Issues to be addressed included activation and coordination mechanisms, regional and cross-border risk mapping and response protocols, and the encouragement of a common approach in needs assessment training and the managing of disaster-related information. Regional disaster management capacity and expertise was to be created in Kuala Lumpur, supporting the IFRC's regional delegations in disaster response and utilizing the IFRC's main logistics base in Dubai. The goal was also to seek a role for the Movement in multilateral initiatives such as the UN's International Recovery Platform (IRP)²⁷. This initiative led to the formation of disaster management units (DMUs) at regional delegation level but with direct reporting lines to the relevant departments at the Geneva office. The first DMU was established in Kuala Lumpur in 2006 with support from the Japanese Red Cross Society.

Accountability framework

Establishing a robust accountability framework to ensure transparency and regular narrative and financial reporting was identified as one of the key strands of the Movement strategy agreed at the tsunami response forum in Hong Kong. This framework had four key aspects: monitoring, evaluation, reporting and audit.

- Regular programme monitoring was to be carried out through the normal structures, reinforced by the Movement partnership task forces in the two worst-affected countries: Indonesia and Sri Lanka.
- With respect to evaluations, following the launch of the operation, the monitoring and evaluation department had already developed an operational framework and initiated a series of rounds of real-time reviews. The first round, focusing on operational management, Movement cooperation and coordination and relief took place during February and March 2005. The second round was launched in July 2005. The intention had been to conduct real-time evaluations every four months in the early stages. However, this was found to be too ambitious and the evaluation plan changed after 2005.
- The IFRC also participated in external initiatives, especially through its membership of the core management group and financial contribution to an evaluation conducted by the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP). This body arranged and carried out a comprehensive evaluation of the tsunami operation in 2006 that resulted in the Tsunami Evaluation Coalition (TEC) report²⁸. This represented an opportunity to work with other agencies on a sector-wide level to increase

²⁷ The IRP was created at the World Conference on Disaster Reduction, Kobe, in January 2005 and was established to facilitate collective learning among governments, the UN and international agencies, including the IFRC.

²⁸ Telford, J, J Cosgrave and R Houghton (2006) *Joint Evaluation of the international response to the Indian Ocean tsunami: synthesis report*. London: Tsunami Evaluation Coalition, June 2006.

learning. It focused the studies around five themes: the coordination of international response, the role of needs assessment, the impact of the tsunami response on local and national capacities, links between relief rehabilitation, and development and the funding response. (These areas of study are summarized in the synthesis report referenced above. The detailed findings are documented in separate reports.) A second ALNAP report was produced in 2009, sharing further learning on the thematic issue of linking relief rehabilitation and development.²⁹

- Reporting capacities had to be strengthened and the regional reporting unit in Kuala Lumpur became the coordination focal point for all tsunami reporting. Given the enormous amount of money donated to deliver the tsunami operation and the implications this could have for an overwhelming need for reports, the IFRC urged donors not to earmark donations beyond country level and to accept standardized reporting. This request was well respected in the early period and funds were generally made available for unspecified tsunami purposes. However, by 2006, when substantial funding was needed to cover commitments, this policy was relaxed and earmarked donations were accepted to programme and project level. Together with the regional reporting unit in Kuala Lumpur, a special financial adviser was also appointed to oversee the financial management at field level and to verify all the financial reports issued with narrative reports.
- With respect to the audit function, internal audits to check compliance with procedures and effective management were instituted, and annual country-level and global external financial audits were commissioned.

Resource mobilization and planning for recovery

From the earliest days, it was clear that the impact of the disaster and plight of the survivors, so vividly depicted by the media, had caught the attention and sympathy of people all around the world. The resultant generosity of donors from almost every nation was unprecedented. It has been calculated that the funds raised and contributed from all sources for the earthquake and tsunami operation reached 13.5 billion US dollars and approximately 20 per cent of this was channelled through the International Red Cross and Red Crescent Movement.

The first six months

At the outset, funding for the IFRC appeals was especially quickly and generously met with the emergency relief appeals oversubscribed. The 26 December 2004 preliminary appeal for 7,517,000 Swiss francs was fully funded within 24 hours. The revised appeal of 29 December for 67,005,000 Swiss francs was fully funded by the end of 31 December. When the further revision and budget extension to 183,486,000 Swiss francs was made on 12 January 2005, the funds in hand already represented 67.5 per cent of the new budget and it was entirely covered by the end

²⁹ Emery Brusset (team leader) Mihir Bhatt (deputy team leader) et al. *A ripple in development? Long-term perspectives on the response to the Indian Ocean tsunami 2004 A joint follow-up evaluation of the links between relief, rehabilitation and development (LRRD)*. SIDA, May 2009.

of January. The flow of funds to the IFRC appeal thereafter slowed with 110 per cent coverage at the end of February, 119 per cent at the end of March, then rising to 156 per cent by the end of April 2005.

On 6 May 2005, the IFRC launched the emergency and recovery plan and budget for the two-year period 2005–2006. It was anticipated that the plan could be resourced entirely through the transfer to the IFRC secretariat of funds already raised within the Movement, i.e., this was no longer an appeal for new funding from outside the Movement. An amount of 590 million Swiss francs was sought, of which 286 million Swiss francs was in hand. This revised plan and budget also projected forward the funds required for the period to the end of 2010, indicating that over 1.01 billion Swiss francs would be needed for planned programming for the period 2005–2010. The IFRC was aware that member National Societies working in the tsunami-affected countries had commitments to bilateral projects amounting to 554 million Swiss francs. All Red Cross and Red Crescent interventions through to the end of 2010 – covering all activities planned or under way – exceeded 1.5 billion Swiss francs on the basis of this plan and budget.

Thirty days after the disaster, the IFRC secretariat was able to advise that the equivalent of 1.4 billion Swiss francs had been raised worldwide and, even at that time, acknowledged that by far the majority of the funding came from individual members of the public. IFRC Secretary General Markku Niskala, in a 26 January 2005 press release stated: “Without the amazing support of our donors we would not be in a position to say with confidence that we now have enough funding to plan our response and recovery programme for the next ten years. Therefore, around the world the Red Cross and Red Crescent tsunami fund-raising programmes will wind down.”

There was, however, no firm consensus within the Movement to stop fund-raising, as had been done by Médecins Sans Frontières (MSF) and some of the member National Societies. This matter was debated in several coordination conference calls with partner National Societies in the weeks after the tsunami. Some National Societies felt that, in such an emergency, the desire of people to give for this disaster had to be respected, all the more so if they felt the Red Cross Red Crescent was the channel they wished to use. Also, in many cases, National Societies were not actively appealing or fund-raising so the steps needed to stop the flow of funds would have involved an active effort to ask the public not to donate further – an altogether different action to simply stopping a Red Cross or Red Crescent fund-raising appeal.³⁰

By the third week of February 2005, it was estimated that over 2 billion Swiss francs had been received within the Movement. This was the figure that participants of the Hong Kong tsunami response forum had available for their deliberations. The IFRC secretariat, based on experience, expected that 40 per cent of the funds raised would be channelled through its multilateral appeals. While this expectation was shared with the tsunami response forum participants, it was not formally agreed at the meeting. Nevertheless, it became the planning figure as country delegations were asked to plan their relief and recovery needs for the coming two years and to indicate needs through to the end of 2010. The budget presented on 6 May for 1.01 billion Swiss

³⁰ Ian O'Donnell with Celia Kakande. *Learning from the Tsunami: Mid-Term Review*. Geneva: Provention, 3 September 2007.

francs represented approximately 40 per cent of the known funds in hand throughout the Movement. The assumptions made about the 40 per cent multilateral funding paved the way for serious over-commitments and plans that subsequently required drastic revision.

The IFRC also explicitly decided at the outset not to accept earmarking of donations beyond country level. This decision was taken to allow flexibility and to reduce the otherwise onerous task of providing separate reports to each donor on the use of their individually funded programmes and projects. With over 70 per cent of the funds having been raised from individual members of the public, as opposed to governments and corporate bodies, this was seen as offering the flexibility to allocate funds according to priorities, as opposed to predetermined projects. However, this decision was relaxed in May, allowing earmarking at programme level as partner National Societies sought stronger identification of the purpose for funds they were ready to contribute.

The huge amount of money raised led to enormous scrutiny and pressure from the media to spend the funds. Other agencies, some with little experience in international humanitarian assistance, had also received large sums of money and there was competition at country level to secure projects. In some cases, donors vied for the same projects. Governments sought firm commitments from donors and quick decisions about commitments had to be made so that governments knew where they stood. Governments were also very much aware that post-disaster experience showed pledges made quickly to demonstrate international solidarity were often not honoured.

This environment created a challenging situation for the host National Societies and the IFRC, where there was a pressure to secure projects to absorb the expected funding available. The appeals and the RSOF provided overall strategic guidance as to priorities at programme level. In addition, many of the findings and recommendations of the RAT reports from Indonesia and Sri Lanka were integrated into the development of the country-level plans and budgets that made up the 6 May plan and budget. These guiding documents were useful to the partner National Societies, but some partner National Societies opted for projects that had not been prioritized by the IFRC secretariat in consultation with the host National Societies.

In February, recovery projects were being identified by the IFRC, and the intention to support these projects started to be indicated or more formally conveyed to the governments of the three worst-affected countries: Indonesia, Maldives and Sri Lanka. By March, commitments were being made in writing by way of memoranda of understanding.

In Sri Lanka, the commitments were entered into on behalf of the IFRC and partner National Societies operating within the country, meaning the commitments made were to be funded through both multilateral and bilateral funding. In a meeting with the president of Sri Lanka, a commitment was made to reconstruct 15,000 houses destroyed by the tsunami. The president also asked the IFRC to provide disaster management experts to advise the government on the setting-up of local and community-based disaster management networks. In June, the Sri Lanka



*After the waters receded, the debris left behind impeded recovery and posing significant risks to health.
Photo: Ian Woolverton / IFRC*

Red Cross Society and the IFRC agreed with the Sri Lankan government to undertake the reconstruction and rehabilitation of 60 health facilities³¹ in tsunami-affected areas throughout Sri Lanka. This included general, base, district and rural hospitals, peripheral units, central dispensaries and nurse training centres in 11 affected districts.

In Maldives, a memorandum of understanding was signed with the government in March to commit funding for the building material needed to construct temporary housing for over 9,000 people. The funding was to include costs for associated latrines, kitchens and shower blocks. The IFRC had also accepted to build 967 permanent houses (not included were separate commitments for 692 permanent houses from the British Red Cross and 500 from the French Red Cross) and other buildings including schools, community centres and public buildings, as well as water and sewerage infrastructure for new settlements.

In Indonesia, the Movement platform developed a plan in early February and this was integrated into PMI's plan that was submitted to the government for inclusion in the national recovery

³¹ The number of health facilities covered, in agreement with the government, later changed and work on 69 facilities was finally undertaken.

plan. The process of formalization was slower on account of the fact that the recovery coordinating body, BRR³², was only established on 16 April. On 6 May, PMI, ICRC and the IFRC signed a memorandum of understanding with BRR to formalize the commitment of the International Red Cross Red Crescent Movement to work with Indonesian government authorities in spending 600 million US dollars for the rehabilitation and reconstruction of Aceh and Nias. The memorandum contained a detailed list of programme commitments, mainly in terms of physical reconstruction (homes and infrastructure) and assistance to families affected by the tsunami. The document refers to the partner National Societies as being included within the scope of the agreement as part of the Movement Coordination Framework, and their contributions were expressly considered to be part of the agreement to provide funds.

For the six-month period to the end of June, total IFRC expenditure for the tsunami operation was 121 million Swiss francs (20.5 per cent of the two-year plan and budget). The income covered 58.6 per cent of the budgeted requirement, with 90 National Red Cross and Red Crescent Societies having contributed to the IFRC secretariat's tsunami appeal. Together with reported expenditure by partner National Societies of 421 million Swiss francs, the collective amount spent by the IFRC and its members for the first six months of the operation reached 542 million Swiss francs.

The second six months

With the passage of time, it became clear that some of the planning assumptions made in the 6 May plan and budget were not well founded. The IFRC, along with most active humanitarian agencies, had been overly ambitious about the pace of recovery. There had been difficulties associated with the local authorities being able to identify, allocate and determine legal title to land. Bottlenecks occurred in the availability of construction material, labour and logistics. Government capacities were more constrained than originally expected. The changing policies on the Sri Lankan buffer zone gave rise to uncertainty for progressing with housing projects. The challenge to design and implement effective and coordination mechanisms was greater than expected.

With the slower-than-expected pace of recovery implementation, additional interim needs had to be met to support the affected population until more permanent solutions could be reached. In particular, the need for good quality transitional shelter, particularly in Indonesia and Sri Lanka, had belatedly become evident when it was understood that the building of permanent housing would take time.

Drawing on the realities emerging from the first twelve months' experience, a revised plan and budget was issued on 22 December 2005. The revised budget for 2005–2010 was for 1.287 billion Swiss francs (a 27 per cent increase over the 6 May plan and budget). Some 1.064 billion Swiss francs was sought for the period 2005–2007, with an indicative budget of 223 million Swiss francs for 2008–2010. The revised plan and budget also included bilateral National Society

³² BRR = Badan Rehabilitasi dan Rekonstruksi. The government agency mandated to coordinate and manage the earthquake and tsunami relief and recovery operation in Aceh and Nias.

projects in the tsunami-affected countries totalling 1.090 billion Swiss francs over the whole period. In other words, the total of over 2.3 billion Swiss francs by way of multilateral and bilateral funding was presented for activities completed, under way or planned. This figure was set against an estimated 2.87 billion Swiss francs raised by the Red Cross Red Crescent for the tsunami operation and so it was still anticipated that the funds for the IFRC secretariat's revised plan and budget would be transferred to the IFRC by partner National Societies.

When issued, the IFRC's component of the revised plan and budget was 38 per cent covered by funds received from 100 National Societies. The anticipated amount to be expended by the IFRC by the end of December 2005 was 186 million Swiss francs, with a further 564 million Swiss francs expended by partner National Societies.

The revised plan and budget maintained a focus on activities around the IFRC's four core areas,³³ namely, health and care, disaster management, organizational development and the promotion of humanitarian values. However, the scale of need and funding made available to the Movement had presented the organization with a need for intervention in the less familiar area of recovery. There were particular needs to be met in the rebuilding of houses and infrastructure, and rehabilitating livelihoods. With less experience in these areas and the shortage of technical expertise, this contributed towards interventions being slowed, along with a range of other factors beyond the IFRC's control, such as changing government regulations, unclear land rights and inexperience at some official levels.

The largest commitment made by the IFRC and partner National Societies was in the housing sector. While the building of permanent housing had started in 2005 in Maldives and Sri Lanka, by the end of the year, the IFRC had begun to undertake an ambitious project in Indonesia to build 20,000 prefabricated transitional shelters to accommodate, as a priority, 67,000 people still living in tents.

There was recognition in the revised plan and budget that important cross-cutting elements of operations needed to be enhanced. These cross-cutting elements included the need for greater awareness about gender issues. The tsunami had had a significant impact along gender lines, with more men than women surviving in many communities. There were also equity issues in supporting tsunami beneficiaries in a way that did not give rise to tensions between communities, especially in areas where some neighbouring communities were affected by conflict as was the case for many beneficiaries in Aceh and Sri Lanka. New staff positions were created in the field and the Geneva office to provide advice and training on how quality and accountability could be made integral parts of operational practices.

The revised plan and budget contained a number of major commitments and associated obligations to governments and other agencies, all of which had been made during the year. An amount of 457 million Swiss francs comprised firm commitments:

³³ International Federation of Red Cross and Red Crescent Societies. *Strategy 2010: To improve the lives of vulnerable people by mobilizing the power of humanity*. Geneva, 1999.

- In Indonesia, the provision of 20,000 transitional shelters was budgeted at 124 million Swiss francs.
- In Sri Lanka, by the end of the year, the memorandum of understanding with the government had been amended to commit the National Society and the IFRC to rebuilding 60 health facilities, 19 from multilateral funding and 41 with bilateral funding from partner National Societies. Over 43 million Swiss francs was required for the multilateral funding component.
- The Sri Lanka Red Cross, the IFRC, the Ministry of Urban Development and Water Supply, and the National Water Supply and Drainage Board signed a memorandum of understanding for a maximum of 100 million US dollars for the restoration and upgrading of water supply networks across Sri Lanka. Over 42 million Swiss francs was to be provided by way of multilateral funding.
- Also in Sri Lanka, multilateral funding required for the construction of up to 6,000 new houses and up to 25,000 owner-driven reconstructed houses was budgeted at 190 million Swiss francs.
- In Maldives, the IFRC had signed memoranda of understanding with the government committing 13 million Swiss francs to the supply of rainwater harvesting systems to 79 islands, the installation of reverse osmosis systems on 20 islands and sewerage systems on 4 islands.
- A further 45 million Swiss francs was committed under agreements for the building of 951 houses, ancillary buildings and the provision of utilities on 6 islands in Maldives.

As the health facilities and water and sanitation programmes in Sri Lanka also covered anticipated bilateral partner contributions, the contingent liabilities for the IFRC were considerable in the event that any partner National Society be unable to meet its commitments.

Human resources

The tsunami created an enormous increase in the number of experienced delegates required for the operations in the different affected countries. Recruiting the number of people required, with the appropriate skills and experience, proved to be a major challenge. Vacant positions often took a long time to fill and some of these positions were at a senior coordinator or programme manager level, causing difficulties in programme planning and implementation.

There were several reasons for this. The number of delegate positions across the whole tsunami operation was large and short-term contracts often meant frequent recruitment. In Indonesia alone, 133 delegates were assigned to the delegation in 2005. While the IFRC secretariat was recruiting delegates, the National Societies that traditionally supported the IFRC were also recruiting for their own bilateral projects. The delegate posts they sought to fill far exceeded

those of the IFRC. As a consequence, the IFRC's access to a pool of more experienced delegates was limited.

Furthermore, the Movement engaged in several sectors where it had very limited experience, including construction, livelihoods and recovery management. People with prior Red Cross Red Crescent experience in these fields were scarce and difficult to find.

As a consequence, many first-time delegates were recruited and often over 50 per cent of those in the field were on their first missions. In Indonesia, during the second quarter of 2005, some 70 per cent of delegates were on their first assignment with the Movement. Specially organized basic training courses (BTCs) had to be arranged for the region (in Sri Lanka) to provide a rapid induction into the Movement, the way it works and the values that guide its activities.

Particularly during the relief phase, delegate contracts were short, typically three months for those recruited for the field in the first weeks. Delegate turnover was high, leading to problems associated with lack of continuity, including confidence and team-building with colleagues and partners.

On the positive side, the availability of funding did allow IFRC contract-based recruitment as opposed to the delegates being seconded to the IFRC by sponsoring National Societies. This allowed greater flexibility in sourcing staff and led to the recruitment of many experienced and competent personnel from the National Societies in the region who would not normally be offered this opportunity. This tapped into an important Movement resource for the IFRC. Whilst it frequently resulted in depleted capacity at National Society level, when it was managed well, the delegates returned to their National Societies with valuable experience and enhanced skills.

As one consequence of the challenge to find delegates through the traditional human resource systems, the initiative was taken to establish JobNet, a web-based facility for advertising vacancies and attracting interest from individuals outside the IFRC's normal recruitment systems. While the processing involved much more work in screening candidates for the right profile, this did result in access to new recruits to add to the potential delegate recruitment pool.

South-East Asia

Indonesia: emergency response and early recovery

Operational overview

Millions of people's lives in Indonesia changed on 26 December 2004 when the largest earthquake in 40 years shook northern Sumatra. In many of the coastal towns, people rushed out of buildings to try to help others buried in the rubble. They were caught by the tsunami as the waves rushed across the coastal areas. The worst-affected area was the provincial capital, Banda Aceh, where wave depths exceeded 9 metres and there was near total destruction up to 1.5 kilometres inland. Along a 800 kilometre coastline, debris and seawater was swept into homes

and buildings up to 5 kilometres inland, crushing people and further damaging roads, bridges, telecommunications, water and electricity systems, crops, irrigation, fishery infrastructure, food and fuel outlets.

The government and international donor preliminary report in mid-January estimated that 2 million people were affected. Furthermore, of the thousands of casualties, many were key public servants, doctors and medical staff and people critically needed to launch and organize a relief and recovery operation. It was estimated that the disaster took the lives of a fifth of Aceh's local government officials, half its doctors and a third of its school teachers.

It was eventually determined that 165,945 people had lost their lives and another 572,926 people were displaced. The death toll was heavily weighted against women, with three women killed for every man.

Impact on the population

It took several weeks for a full appreciation of the situation to emerge, given the destruction and difficulty of access to many areas. Initially, many people along the west coast were cut off and depended on support from the Indonesian military stationed in their locality. While immediate attention was directed towards rescue, recovery of bodies and medical care for the injured, the environment presented enormous threats to the health of those who survived. The threat of waterborne diseases, malaria and tetanus were of paramount importance. The lack of adequate



potable water added to the risks, along with the additional challenge of trying to address these concerns in conditions made even more difficult by seasonal monsoon rain. Many of the survivors were also seriously traumatized and in need of psychosocial support. An initial rapid assessment in Indonesia (as well as in Maldives and Sri Lanka) carried out by the World Health Organization found that 5 to 10 per cent of the affected population may develop stress-related disorders as a result of the disaster.

Finding shelter for the over 192,000 internally displaced people (IDPs), who had not been able to find accommodation with family or friends, presented another major challenge. The tsunami had destroyed huge tracts of land, and the identification of suitable and available sites was difficult. At the same time as people were being relocated, some would move in search of relatives and to get closer to their home communities. This complicated the task of registering survivors and the logistics of providing rations. Even so, IDPs had to be sheltered under tarpaulins because of a lack of tents. Sanitary facilities were often sparse, with one report indicating that a single facility had to cater for more than 500 people.

Economic losses

The total damage and losses were eventually estimated at 4.5 billion US dollars. The physical impact of the earthquake and tsunami was most damaging to the housing and human settlements: 141,000 houses were destroyed, accounting for 47.9 per cent of the total damage (BRR and the World Bank, 2005). Public infrastructure – including roads, bridges, health facilities and schools – were extensively damaged. Enormous quantities of waste had been created and this need to be removed before much reconstruction could begin. The United Nations Environment Programme (UNEP) estimated that between 7 and 10 million cubic metres of waste were dumped on the city of Banda Aceh alone.

Besides public assets, the private sector was gravely affected by the loss of land due to coastline changes, as well as the destruction of agricultural land and water sources due to saltwater intrusion and silting. Land loss and damage were particularly significant given that the agricultural sector provided 32 per cent of gross domestic product in Aceh province. Over 600,000 people in Aceh lost their livelihoods (although in some cases for only a few months), including all those in the fishery sector and 30 per cent of those in agriculture (Government of Indonesia, 2005).

Logistical challenges

On the ground, the main road from Medan to Banda Aceh took a week to clear and initial land transport was by a road around the north-east coast. All bridges and sections of the only road down the west coast were destroyed and impassable. There were no working ports or harbours along this extensive western coastline.

At the height of the emergency phase, most relief supplies coming into the country were delivered by large fixed-wing aircraft directly from donor countries to Medan or Batam island (a forward airport staging area near Singapore). After being received and recorded, and then transported to Banda Aceh, these supplies were distributed onwards, initially largely by three large

helicopters from Banda Aceh. Medan airport was forced to close for periods as it became overwhelmed in trying to handle and warehouse the enormous volume of inbound cargo. When Banda Aceh airport was opened, it faced similar capacity problems.

Nias earthquake

Having grappled with the challenges of the massive relief operation in Aceh province, three months later, on 28 March 2005, another large earthquake measuring 8.7 on the Richter scale struck near the island of Nias (North Sumatra province). The earthquake caused severe structural damage to buildings, roads and ports and almost 1,000 people were killed (figures included in the statistics in Table 1) – over 800 on the island of Nias, and the remainder on Simeulue and the Banyak islands off the west coast of Sumatra. The 26 December earthquake, the tsunami and the ongoing aftershocks had left many people anxious and traumatized. This nervousness led to an estimated 34,000 people fleeing their homes on Nias and along the west coast of Sumatra after the March earthquake. The World Food Programme (WFP) estimated that 720,000 people were affected by the Nias earthquake.

National and international response

National response

On the afternoon of 26 December 2004, the Indonesian government activated the ad hoc National Disaster Management Board (BAKORNAS). With overall responsibility for disaster management, the vice-president, with advisers including the president of PMI, left for Aceh. It was only after his arrival on 27 December that the extent of the damage was more fully appreciated. This led to a request for foreign assistance and the decision to allow access to Aceh by international agencies. Owing to the prevailing martial law, the Indonesia army and paramilitary police were present in large numbers and coordinated most of the initial search-and-rescue and recovery work.

As the government's disaster management organization with the responsibility and role of coordinating the national response, BAKORNAS had the primary oversight role. Without the capacity to fulfil its mission in the face of the scale of the tsunami's destruction, much of the command and coordination role fell to the Indonesian military during the emergency period.

International response

Foreign aid workers began to arrive in large numbers. The build-up of foreign military assistance was especially significant in providing badly needed water purification, air transport and medical teams.³⁴ These resources were mainly in and around Banda Aceh. A coordination centre (civil and military) was established to coordinate all foreign military assets in the area.

The emergency relief period saw huge international assistance. Support came from 34 countries in the form of 16,000 personnel, 11 medical teams, a floating hospital and mainly military

³⁴ In February, BAKORNAS reported that the following countries and organizations were operating field hospitals in Aceh: Australia, Germany (field and ship), Belgium, Singapore (2), China (2), Malaysia, ICRC (with the Norwegian Red Cross), Denmark, Russia, Pakistan, Portugal and the USA (ship).

logistical support by way of 23 ships, 31 aircraft and 82 helicopters. To further help in bringing relief, 17 countries sent military forces. This complemented Indonesian resources, including 124 medical teams, 11,800 paramedical personnel and some 6,000 military personnel. At one point, there were 240 international NGOs, although this fell to 124 by mid-year, and 430 local NGOs all needing coordination, as well as the UN and international organizations.

Coordination

The challenges of coordination were huge and were essentially met by the Indonesian authorities, with support from the UN. A UN disaster management team took the lead in sharing information and coordinating the activities of UN bodies and those of participating international and local aid agencies. UN coordination centres were running in Jakarta and Banda Aceh by 3 January in an effort to help improve coordination and information-sharing among international aid agencies, and to prevent unnecessary duplication of effort and optimize capability.

While various sectoral and thematic working groups were established, coordination was difficult and amounted mostly to information-sharing, rather than strategic planning.³⁵ With 40 donors and approximately 600 international and local NGOs, the achievement of coherence in approach and compliance by the individual organizations was challenging in the extreme. There was a vast difference in the experience of the NGO representatives in the field. Hundreds of them were under pressure to show quick results and support for coordination was often in short supply.

BRR

Faced with the challenge of coordinating relief and recovery needs, and inadequately resourced and powerless structures, the president of Indonesia established, by special regulation, an agency for rehabilitation and reconstruction for Aceh and Nias, called *Badan Rehabilitasi dan Rekonstruksi* (BRR). Established by law on 16 April 2005, BRR had two main roles. It was to manage projects funded from the government's budget and to coordinate all recovery projects funded by donors and foreign organizations. The agency had a lifespan of four years and was based in Banda Aceh, with a branch office in Nias and a representative office in Jakarta.

Importantly, BRR was given full authority to manage all aspects of the recovery operation on behalf of central government. The director of BRR had a direct reporting line to the president of Indonesia. BRR's mission was to restore livelihoods and strengthen communities in Aceh and Nias by designing and overseeing a coordinated, community-driven reconstruction and development programme. A coordinated approach to planning, fund-raising and implementation was seen as helping to ensure that the reconstruction programme was effective, duplication minimized, and the use of donor funds optimized. In addition, BRR worked to ensure transparency, accountability and efficiency, adopting innovative approaches to counter corruption and engaging openly with affected communities.

³⁵ Tsunami Global Lessons Learned Project Steering Committee. *The Tsunami Legacy: Innovation, Breakthroughs and Change*, 2009.

Red Cross and Red Crescent relief response

Palang Merah Indonesia (PMI)

In advance of the tsunami, Palang Merah Indonesia (PMI or Indonesian Red Cross Society) had a well-established relationship with the authorities. PMI had a presence at directorate level on BAKORNAS and was one of the few organizations in Indonesia with a mandate for disaster response. In Aceh, it was the only organization authorized to operate independently in the province during the conflict and, therefore, had close contacts with the military authorities. These contacts greatly facilitated a quick operational response and, while other organizations were restricted in their travel, PMI had unhampered access to the affected communities that could be reached during the emergency period. As PMI had been working closely with ICRC in dealing with the consequences of the ongoing conflict, it had built sound capacity and a profile that commanded respect in the community. The Aceh chapter of the National Society was therefore able to respond immediately in conducting search-and-rescue activities and in distributing relief rations made available from pre-positioned ICRC warehoused stock.

The chairman of PMI immediately flew to Banda Aceh on 26 December, arriving on the first plane into the airport following the tsunami. He witnessed the devastation and the work already being done by PMI volunteers and took the lead in organizing PMI back-up from around the country. Moreover, he was travelling with the country's vice president as one of his advisers during his visit, and was able to support the mobilization and planning for the national emergency relief operation. The operations room in PMI national headquarters was rapidly made operational to help facilitate a well-coordinated approach.

By the end of the tragic first day, 200 local *Satgana*³⁶ volunteers – many of whom had lost loved ones of their own – were engaged in recovering bodies and administering first aid. Over the following days, the local *Satgana* volunteers were supported by teams flying into Aceh on two-week rotations. These teams came from all parts of Indonesia. As part of its disaster response capacity, PMI had 70 *Satgana* teams each comprising 30 people spread around the country. They assisted in the gruelling work of retrieving and transporting bodies for proper burial. Three months later when the powerful earthquake hit the island of Nias, there was no local pool of PMI volunteers to call upon and the *Satgana* teams were flown in to lead the demanding emergency response work. In all, over 2,200 PMI volunteers were involved in retrieving and transporting 45,000 bodies for burial in Aceh and Nias. The military retrieved the remaining 85,000 dead. Some 37,000 people remain missing and have not been accounted for.

In the days following the disaster, PMI volunteers, supported by the IFRC, registered over 550,000 tsunami-affected people and this database became the basis for the distribution of emergency food and relief items. Bottled water was widely distributed to the homeless and destitute people who could be reached from the PMI warehouse in Banda Aceh. With the destruction of so much of the public health infrastructure, some people's wounds could not be treated for days and the role played by the *Satgana* teams in providing first aid was often critical. During the emergency

³⁶ *Satgana* is a team of specially trained PMI volunteers who are the first responders when disasters strike. They have life-saving skills and are experienced in search, rescue and disaster relief.



The Red Cross Red Crescent provided emergency items to help families and communities rebuild their lives immediately after the disaster. Photo: Fredrik Barkenhammar / German Red Cross

phase, PMI set up 15 health posts and 11 mobile clinics and was able to provide urgent attention to an estimated 70,000 people.

Following the massive earthquake on Nias at the end of March, PMI and the IFRC were able to mobilize swiftly using the logistical and resource capacities built up since the 26 December earthquake and tsunami. An RDRT recruited from surrounding countries was deployed to assist PMI in the emergency period. Heavy rains, high seas and damaged port infrastructure presented major logistical challenges. A logistics base was established at Sibolga on the west coast of Sumatra and relief supplies moved forward to the affected island population, which was in constant movement after the disaster and difficult to assess for the purposes of accurate distribution.

A PMI and IFRC office was established on Nias, where the local branch of PMI (a branch of the North Sumatra province) lacked the operational capacity of many of the branches in the Aceh province. Once the search-and-rescue and emergency phase was over, support for the Nias operation was coordinated from the PMI and IFRC office in Meulaboh, and Nias was established as another operational base within the general relief and recovery programme in Aceh province. It therefore became an integrated part of the ongoing earthquake and tsunami operation, and was covered by the same budget.

ICRC

Given the conflict between the government and GAM, which had persisted for almost 30 years, for much of the overall tsunami operation, ICRC had a presence in Aceh and knew the operational context of working in the area, including with PMI and its provincial chapter. ICRC had offices in Banda Aceh and Lhokseumawe (north-east coast) and maintained pre-positioned stock. In partnership with PMI, ICRC was particularly well placed to mount an immediate emergency relief effort. In the first days, food rations were distributed to 36,000 displaced people and a further 300,000 received tarpaulins and family kits containing cooking and hygiene supplies. ICRC also assisted PMI with first-aid supplies and gave material assistance to the still functioning hospitals in Banda Aceh.

In cooperation with PMI, ICRC established a temporary field hospital at Banda Aceh airport with medical personnel and material support from the Norwegian Red Cross. This emergency facility began work in mid-January and, by the time it closed in May, it had treated 10,000 outpatients, received 900 admissions and performed over 700 operations.

IFRC

Before the earthquake and tsunami, the IFRC had enjoyed a long and close relationship with PMI and had signed a legal status agreement with the national authorities. It had a small delegation based in Jakarta and, with the support of the regional delegation in Bangkok, it was at the forefront of efforts to mobilize international support after the disaster, particularly through the secretariat office in Geneva. The IFRC's preliminary appeal for the earthquake and tsunami was launched the day it happened.

A FACT was quickly assembled and sent to Indonesia, arriving on 29 December. It was deployed to Medan firstly, and then onwards to Banda Aceh. This team comprised a team leader (German Red Cross) and specialists in health (Australian Red Cross), telecommunications (Danish Red Cross), relief and logistics (American Red Cross), water and sanitation (Spanish Red Cross), reporting (Canadian Red Cross) and information (Australian Red Cross). The team worked together with PMI and ICRC, and took into account their relief activities in its planning. It also worked closely with the United Nations Disaster Assessment and Coordination team (UNDAC) in Banda Aceh to optimize coordination, including by updating it on the latest mobilization status of supplies being sent through the Red Cross Red Crescent logistics pipeline.

In early January, the FACT conducted aerial and rapid touchdown assessments by helicopter in the districts of Aceh Jaya, Aceh Barat and Simeulue island. In coordination with UNDAC, implementation plans for deploying the ERUs and relief distributions were developed. Importantly, in close coordination with PMI, ICRC and other stakeholders, the FACT prepared a six-month plan focusing on the emergency relief phase.

The FACT played a key role in spearheading the IFRC response and planning at field level. It provided people with the leadership qualities necessary, whilst the Geneva office sought delegates with the experience and technical skills needed to manage and implement the relief

programme. When it completed its mission on 15 January, the IFRC delegation needed to take over the responsibilities of coordination and oversight that had been assumed by the FACT.

National Societies had come forward in December with the offer of ERUs. The first arrived before the end of December and others during the following week. The Danish Red Cross provided a logistics ERU. The German and Japanese Red Cross societies sent basic health ERUs. The Austrian, French, German, Macedonian, Malaysian, Spanish and Swedish societies fielded water and sanitation ERUs. The Icelandic and Danish Red Cross, and the Turkish Red Crescent Society also sent experts in psychosocial support.

Strategic approach

From the beginning, the Red Cross Red Crescent strategy was to initiate assessments in the towns located furthest from Banda Aceh – from Lhokseumawe north to Sigli along the east coast, and from Meulaboh north to Banda Aceh along the west coast – where the densest pockets of population were located. This enabled the Red Cross Red Crescent to identify and assist communities not prioritized by other agencies. Members of the Movement were, therefore, among the first international organization representatives to reach the outlying areas of Samalanga, Sigli, Teunom, Lam No and Calang.

PMI teams were concentrated in Banda Aceh, Lhokseumawe and Meulaboh and were augmented by special team volunteers and medical personnel. PMI had been mandated by the government to coordinate relief activities in and around Meulaboh on the west coast of Aceh Barat province. This was close to the epicentre of the earthquake, just 150 kilometres away. The principal focus of operations developed around the area between Tapaktuang and Meulaboh, with the bulk of the effort centred on Meulaboh. PMI deployed large numbers of volunteers into this isolated part of the country that could only be reached after the disaster by air. Medical, rescue and relief personnel were deployed and they were augmented by 32 members of PMI's national special disaster response team.

Also prioritized for the Red Cross Red Crescent were the offshore islands of Simeulue and the Banyak group of islands between Simeulue and Pulau Nias, close to the epicentre of the earthquake and also extremely difficult to access. Helicopters were the only practical way of accessing and transporting personnel and equipment into these areas.

In March, the number of relief programme beneficiaries effectively doubled when the Red Cross Red Crescent agreed to take responsibility for 40,000 families on the north-east coast, reorienting the operation to a countrywide approach. The operation was further extended at the end of March when the island of Nias, in North Sumatra province, was hit by a massive earthquake with a further 72,000 people affected.

Logistics

The logistics challenges were enormous. Until mid-January, Medan was established as the key logistics staging area for most organizations, including the Red Cross Red Crescent operation. An

operational coordination centre was initially established by PMI, the IFRC and ICRC in Medan. Goods had to be moved forward from there to Banda Aceh or other operational bases. There were congested airports, closed and badly damaged roads, and a shortage of fuel and oil in the operational areas. During the first two months of the operation, the IFRC leased three helicopters that were used to deliver relief goods, transport expatriate delegates and PMI staff and volunteers, and to supply the PMI-IFRC operational bases.

A chartered fixed-wing plane was arranged to provide a reliable connection between Medan and Banda Aceh. Access to helicopters was critical for the Red Cross Red Crescent; Calang and Teunom would not have been accessible without them because roads remained impassable, and bridges and long sections of roadway had been destroyed. Heavy duty cargo helicopters were also used to deliver large tonnage equipment, including water-cleaning plants, medical equipment and vehicles. A large number and variety of boats were used to deliver relief supplies to affected areas along the western coast of Aceh province.

After the tsunami, it was immediately evident that heavy-duty, all-terrain trucks would be required to deliver assistance because of the destroyed transport infrastructure. The Norwegian Red Cross initially air freighted 64 six-wheel drive trucks to Batam and these were then assigned and sent to operational areas. These M-6 trucks had proved successful in other logistically difficult humanitarian operations where frequent off-road travel was required. In the end, a total of 96 M-6 trucks were imported and proved invaluable, not only in delivering essential humanitarian goods, but also in rescue operations to recover local, private and NGO trucks that had got stuck in the sludge of the tsunami-ravaged region.

Security

Adding to the difficulties being experienced in reaching the affected communities was the complication of persistent insecurity. The decades' long conflict between the government and the secessionist GAM fighters meant that there were still armed fighters and opportunities to disrupt and take advantage of the relief operation. The authorities decided that all foreign aid workers were required to obtain clearance to move outside of Banda Aceh and only to travel with a military escort. Whilst they required clearance, because of the special position of PMI, Red Cross Red Crescent representatives were unusually able to move without escorts, greatly facilitating the Red Cross Red Crescent operation. However, regulations had to be enforced and followed to limit the risk to Red Cross Red Crescent workers when travelling to operational areas.

Relief achievements

Within the first 30 days, PMI volunteers had distributed food relief consisting of biscuits, water, noodles, rice, oil, tea and sugar to 345,000 people, with an additional distribution of family kits, hygiene kits, blankets, tarpaulins and mosquito nets to the 29,000 people most critically in need.

Two months after the disaster, 125,000 people had been reached with non-food relief supplies, 145,000 people were still receiving food from PMI, with support from WFP and the American Red Cross. Each day, 80,000 people had access to clean water and improving sanitary conditions.

Over 82,000 people had benefited from medical treatment and public health epidemics had been avoided. Some 100,000 children had received measles vaccinations as part of a government-UNICEF campaign supported by the American Red Cross. The Danish Red Cross and the Turkish Red Crescent Society had started psychosocial programmes in association with PMI.

The revised appeal of 12 January had the aim of reaching 500,000 IDPs and the most vulnerable people in Aceh with food and non-food assistance by the end of June 2005. Over 437,000 people (123,124 beneficiary families) were reached during this period, representing 87.5 per cent achievement of the set target. The objective was to provide safe drinking water for 100,000 people. At the height of the operation, 150,000 people were being reached with a daily supply of potable water. No serious health epidemics occurred due to measures taken, including by PMI and its Movement partners. Although the revised appeal had been 'folded into' the subsequent plan of action and budget for 2005–2006 issued on 6 May, the objectives set had been largely met, if not exceeded, during the first six months.

On Nias, on the other hand, reaching beneficiaries proved much more difficult than expected because of destroyed and damaged infrastructure, the remoteness of some communities and the ongoing movement of people. By the end of June, 2,996 families (13,750 beneficiaries) were reached against a target of 25,000 families. The need to reach beneficiaries on Nias was all the more important since PMI and the IFRC was the largest relief agency on Nias, alongside WFP, and special efforts were made because of the high level of dependence on the Red Cross Red Crescent to support those affected.

At end of June, the total number of individual beneficiaries in Aceh province, according to ration card registration, was 437,445 people. By the end of the year, there were even more registered beneficiaries. According to ration card registration, which included host families, the number stood at 667,035 individuals across Aceh and Nias.

By the end of the year, two rounds of complementary food parcels (supplementing WFP distributions) reached the entire population of registered families. In addition, a large quantity of non-food items³⁷ was distributed by 744 PMI volunteers trained in relief distribution and registration, working across all operational areas.

It was widely acknowledged that the initial threat of disease was averted thanks to the rapid and coordinated efforts of health and emergency response organizations, including PMI and its Movement partners, working in close cooperation with government agencies. At the height of the emergency response, nearly 150,000 people were provided with water and sanitation services throughout Aceh province and on Nias. At the end of the six-month period, water and sanitation activities continued to benefit approximately 113,000 individuals in 53 temporary living centres and 24 tent camps for internally displaced people.

³⁷ The cumulative list of non-food items distributed were: 26,954 family kits, 86,720 baby kits, 552,534 hygiene kits, 40,917 kitchen sets, 81,277 cooking stoves, 274,327 bed sheets, 272,311 blankets, 181,662 jerry cans, 267,283 mosquito nets, 163,597 tarpaulins and 20,446 tents.

At the height of the operation, 1.5 million litres of water were being purified each day and this was still being sustained at over 1 million litres a day at the end of the year. Much of this water was purified under the initial leadership of the ERU teams, but they also worked closely with PMI to train members and volunteers in producing potable water, well rehabilitation, latrine provision and hygiene promotion. This effort in the health sector was reinforced by training communities in participatory hygiene and sanitation transformation (PHAST) techniques.

During the first six months, 462 community recovery toolkits had been distributed by PMI and the IFRC. A total of 537 kits had been distributed by the end of the year. Each kit provided equipment and tools designed to enable 50 families to take the initiative and clean up their environment and begin rehabilitating their properties.

Transitional shelter

The tsunami had forced large numbers of IDPs into tent camps and temporary accommodation. While the immediate needs of this displaced population had been largely met, after six months, there had been unrealistic expectations regarding the speed of implementing the recovery operation and the need for transitional shelter was late in being recognized. In the middle of the year, there was growing concern about the rapidly deteriorating condition of the tents – some of which were also situated on unsuitable ground – still used by some 67,000 homeless people. (In addition, an estimated 200,000 people were living with relatives or host families with 60,000–70,000 in government-built barrack-style accommodation.)

With the rainy season approaching, the IFRC and the Office of the United Nations Recovery Coordinator for Aceh and Nias (UNORC), jointly took the lead in addressing the needs for transitional shelters to bridge the gap between the existing tent camps and barracks and eventual resettlement in permanent housing. This represented a huge commitment, with the first priority being to rehouse those still living in tents. The time needed for planning and implementing the project meant that short-term accommodation needs had to be met with replacement tents. PMI and the IFRC provided 27,000 of these. In addition, Red Cross Red Crescent partners continued to strive to improve the sanitary conditions in the IDP camps.

The IFRC agreed to fund and implement the UNORC plan to provide 20,000 prefabricated shelters for approximately 80,000 people. The cost was budgeted at 129 million Swiss francs. The IFRC took responsibility for procuring kits, the logistics support through the use of M-6 trucks necessary to transport the kits to the building sites, and to take charge of either building the transitional shelters or finding partners to do this. In sourcing supplies for the steel frame and wooden structures, it was necessary to secure a reliable overseas supplier who could meet the specifications, including the need for suitable timber that was certified as not having been illegally logged. It took time to select a supplier and for the supply chain to open. It was not until the end of 2005 that the first kits had been delivered in Aceh.

PMI and the IFRC carried out training for those responsible for the construction of the shelter kits. A total of 35 organizations – including Red Cross Red Crescent partners, INGOs and local

NGOs – built the houses with the participation of the beneficiaries and local communities. Some 13,890 were constructed during the course of 2006 and the remainder in 2007 – a total of 19,923 in total (see section 6.2.1. for more detail).

Restoring family links (RFL)

During the first months, more than 50,000 people contacted PMI or ICRC seeking help to locate missing people. There were enormous challenges in responding to these requests given the level of destruction to communications systems and the difficulties in accessing some areas. There was a further problem of people becoming scattered in different areas as they sought refuge or tried to locate missing family members. Furthermore, the majority of recovered bodies had been buried without first being identified, making it impossible to know precisely who had survived and who had not. The Movement's Restoring Family Links programme was established. Following a huge tracing campaign using public information, bulletin boards, Red Cross and Red Crescent messages and a family links web site, the PMI and ICRC succeeded in bringing back together some 4,000 thousand families and reuniting 43 unaccompanied children with close relatives. Whilst modest in relation to the numbers of enquiries, given the hurdles faced, this was an important achievement, particularly for those who benefited from the programme.

Red Cross Red Crescent coordination

Early coordination

At a meeting on 26 December, it was agreed that PMI would lead the relief response operation in Aceh with initial support from ICRC in the technical areas of relief and health. Given that the earthquake and tsunami hit an area affected by conflict, at a Movement-wide level, ICRC took the immediate lead agency role. The IFRC secretariat was mandated to mobilize international resources for the National Society and also to provide technical support to PMI in the areas of disaster management and health, as needs would outstrip available ICRC resources on the ground. The more formal agreement reached on 2 January for the whole tsunami-affected region affirmed that ICRC would take responsibility for operational coordination for the international response of the components of the Movement in Aceh province, i.e. at operational level, while the IFRC would coordinate the international response and would take the lead in developing the strategic plan for relief and recovery.

Indonesia was the country most devastated by the earthquake and tsunami and the need for assistance was enormous. An unprecedented number of National Red Cross and Red Crescent Societies had shown great interest in providing help, many pressing to be actively involved on the ground during the initial emergency operation, and looking to provide assistance in the long-term recovery and reconstruction phase. Assistance was offered both through support for the IFRC and ICRC in a traditional multilateral approach and through bilateral agreements with PMI. Delegates from several National Societies started to arrive in large numbers from the early days. There was pressure to find projects and roles in the tsunami operation as funds flowed into National Societies and as media attention maintained the world's attention on the unfolding situation.



Water and sanitation ERU operated by the Spanish Red Cross in Indonesia, just two weeks after the disaster struck. By 28 January, it had provided more than four million litres of save water. Photo: IFRC

Movement Coordination Framework

On 31 January 2005, representatives of PMI, the IFRC and ICRC reached agreement on a Movement Coordination Framework (MCF) to coordinate the activities of all Movement members already active in the country. The aim was to be inclusive and to help integrate all partner National Societies working in the country, and to accommodate support for multilateral and bilateral projects for the emergency relief phase and for the coming recovery and rehabilitation phases.

The agreement sought the cooperation of all Red Cross Red Crescent actors to operate under this framework in order to avoid overlapping or duplication of effort, and to secure adherence to Indonesian and international standards and best practices. At the same time, it was important to respect the integrity and leadership of the host National Society so that PMI could optimize the opportunities to benefit in the longer term by a sustainable development of the National Society according to its own strategic plan for 2004–2009 and its cooperation agreement strategy (CAS).

The mechanism

The Movement Coordination Framework established a mechanism to address management at three levels: strategic, operational and technical.

- At a strategic level, a Movement platform was established as the decision-making body. It comprised the PMI chairman, the IFRC's head of delegation and ICRC's head of delegation. The platform had overall responsibility for endorsing country strategies and policies for the Movement's response to the earthquake and tsunami, the identification of assistance priorities, handling external contacts and being the 'spokes-body' for the Movement. The right of the host society to remain in the driving seat was reinforced by the decision that the PMI would chair the Movement platform.
- At an operational level, a Movement Partnership Task Force (MPTF) was formed. In addition to the organizations represented on the Movement Platform, all partner National Societies that had chosen to participate in the tsunami operation in Indonesia were entitled to representation on the MPTF. Its task was to oversee and monitor the response of the Movement to the changing humanitarian needs in Indonesia following the tsunami, to coordinate the consequent activities inside and outside the Movement, and to identify opportunities for possible project contributions of Red Cross Red Crescent partners. The MPTF reported to the Movement platform.
- At a technical level, it was decided to form technical working groups (TWGs) and to structure these around six sectoral areas: health and care, water and sanitation, disaster management, livelihoods and economic security, reconstruction, and organizational development. All partner National Societies that expressed an interest in the operation were invited to take part in the technical working groups. A number of sub-groups were set up and lead partners identified, for example, the Australian Red Cross for blood and ambulances, the Danish Red Cross for psychosocial support, the British Red Cross for livelihoods, and the IFRC with PMI for coordination in water and sanitation, construction and organizational development. Project proposals had to be submitted for evaluation to the appropriate technical working group which, in turn, would make a recommendation for approval to the MPTF.
- As an integral part of the Movement Coordination Framework agreement, two service centres were established by the IFRC in Banda Aceh and Jakarta to provide administrative and logistical support services to National Societies working on a multilateral and/or a bilateral basis in Indonesia. There was a logistics base in Medan, and IFRC offices were established initially in Meulaboh and later in Calang and on Nias.

A construction cooperation network had been created among the partner National Societies working with the IFRC delegation for the purpose of coordinating construction-related activities and connecting with the UN and NGO shelter community already at work in reconstruction. This group addressed issues such as land ownership, rapid urban planning, earthquake standards, building material supplies, and the streamlining of recurrent routines such as building permits, codes and bylaws, contract contents for consultants and contractor prequalification. One of the issues of concern to many of the agencies, including the Red Cross Red Crescent, was the sourcing of legal and sustainable timber supplies. The chronic problem of illegal timber

logging in Indonesia presented risks for those sourcing timber on the local market. The Movement decided to take a cautious approach and to look to offshore sources. This, in turn, forced a delay in the implementation of all the shelter programmes.

Recovery begins

Planning for recovery

As momentum was built in relief activities, attention started to shift to planning for recovery. On 19 January, an IFRC recovery assessment team, together with experts from a number of National Societies, began three weeks of travel throughout the tsunami-affected area. The team's mission was to undertake a review of short- and medium-term needs in the disaster zone. It comprised an eight-person multidisciplinary group made up of members of ICRC, the IFRC and PMI. The team was tasked with reviewing rehabilitation and recovery needs in affected communities, and determining relevant recovery programming for the various components of the International Red Cross and Red Crescent Movement over the subsequent 12-month period. The assessment aimed to build on the lead role of PMI, drawing on its skills and capacities, and to provide input for a clear plan that linked emergency relief with longer-term programmes focusing on disaster risk management activities.

As an early initiative, the MPTF collaborated in drawing up a *Movement Plan of Action for Indonesia* in regard to post-tsunami activities 2005–2010. This plan took account of the findings and recommendations of the recovery assessment team, which completed its work on 7 February 2005. This document was to guide Movement partners in prioritizing and allocating funding to assist PMI. It subsequently became an integral part of the PMI action plan, submitted upon request to the Indonesian authorities for inclusion in the government's coordinated plan for tsunami recovery activities.

Consultations continued on the recovery planning as needs became clearer and the contributions of the various external agencies and Movement partners took further shape.

Plan and budget: 6 May 2005

Plans for the longer-term emergency and recovery activities were finally developed in the run-up to the launch of the IFRC's tsunami operation plan and budget on 6 May 2005. This plan and budget, although subsequently revised, laid the foundations for the IFRC and Red Cross Red Crescent recovery activities. The main elements included in the plan and budget were as follows.

■ Health and care

PMI's health interventions had been an essential part of the emergency response, given the devastation of the health infrastructure in the earthquake- and tsunami-affected areas. The proposed plan was to continue to support the ongoing emergency and recovery needs with the aim of ensuring basic healthcare services were maintained, both curative and preventative, until normal pre-tsunami health services were restored. This included support for the continued operation of mobile health clinics through PMI branches and for health and first-aid posts within the IDP camps. There would be continued support to PMI

for HIV and AIDS education, and support for the school-based measles vaccine campaign, conducted in partnership with WHO.

■ **Water and sanitation**

The continued prevention of disease outbreaks related to water and sanitation remained a major focus. Building on increasing the capacity of PMI in this sector, safe drinking water would be provided to people in the temporary living centres and households in over 200 villages. Well rehabilitation, hygiene promotion and latrine construction were other components of this programme, all of which were to be fully integrated with community-based health initiatives that were already being prioritized by PMI.

■ **Disaster management**

As a consequence of PMI's exhausting involvement in the earthquake and tsunami response, and the terrible loss of life among PMI volunteers and staff, the National Society's capacity had been heavily taxed. The re-establishment of a disaster management unit in PMI Aceh at the provincial and district levels became a priority. This would enable the affected chapters and branches to deliver their recovery programmes. The need for an early warning and emergency communication system in this high-risk area was also identified as a further requirement, along with providing for an integrated community-based risk reduction (ICBRR) programme in all targeted PMI chapters and branches. This would develop risk assessment capacities and build resilience at community level.

■ **Livelihoods and economic security**

Clean-up kits for homes, followed by a scheme of appropriate and locally-based income-generation projects were planned to help rebuild lives and support the re-creation of a community fabric in the tsunami-affected areas.

■ **Reconstruction**

As auxiliary to the public authorities, PMI's primary focus, with IFRC support, would be on efforts to assist in the rehabilitation of public health facilities and the education system. Most health posts and hospitals did not need reconstruction, but rather refurbishment and, in some cases, re-equipping. Despite the fact that the government had not finalized plans for reconstructing housing, PMI and the IFRC expressed their intent to BRR (formalized in the memorandum of understanding signed with BRR on 6 May 2005) that the Red Cross Red Crescent would offer material support in this sector. Finally, as many PMI branch buildings and equipment had been destroyed or damaged in the tsunami, the provision of functional branch buildings and equipment was also an integral part of the recovery plans.

■ **Organizational development**

Given the disruptive impact of the disaster on PMI in Aceh and North Sumatra, and combined with the area's high vulnerability to earthquakes, emphasis would be given to rebuilding the physical and institutional structure.

■ Humanitarian values

There were also plans to help PMI develop its capacity to promote humanitarian values through strengthened communications with the media and external parties, and the publication of information about the tsunami operation in order to better profile the National Society as a neutral and impartial organization.

Recovery commitments

On the same day that the plan and budget was launched (6 May 2005), the IFRC signed the memorandum of understanding with BRR, committing the Movement to contribute towards projects valued at 600 million US dollars (770 million Swiss francs). The various bodies of the Movement Coordination Framework continued to meet regularly to oversee the way forward, and to process and approve projects for the recovery phase. By the end of June, 105 multilateral, bilateral and consortium tsunami recovery construction projects had been submitted to BRR for approval, with another 25 projects in the pipeline. The total value of the 105 projects was approximately 443 million Swiss francs (345 million US dollars) – over half of the memorandum of understanding commitment to BRR. These projects were estimated to require two to five years to complete, and included the construction of 89 schools, 20 PMI branch offices, 4 orphanages, 31,088 new homes and the rehabilitation of a further 7,206 homes for tsunami-displaced people.

BRR also specifically requested the Movement to address gaps in recovery plans for the Aceh Jaya district. This established some geographical priority for identifying and selecting projects.

Land acquisition had begun for PMI buildings and warehouses in the tsunami-affected area. A large plot of land had been secured in Banda Aceh for all of the PMI, IFRC and partner National Societies' requirements, and the first stages of preparation (levelling, drainage and roadworks) and construction (vehicle workshop) had commenced by the end of 2005.

New initiatives were taken in disaster management. PMI, with support and advice from the IFRC, proactively participated in the formulation of new Indonesian disaster response legislation. PMI had already been appointed a member of the implementing arm of BAKORNAS, the national disaster management agency. PMI was also an integral partner in the development of a national early warning and emergency communications system. Installation began with a system to provide early warning to alert people living along the Indonesian coastline of an impending tsunami wave surge. In October 2005, the first earthquake sensors were placed on the seabed about 1,000 kilometres west of the most severely impacted part of the Aceh coast. These devices remain attached to buoys on the ocean surface, which transmit warning signals via satellite. The system was designed to automatically notify the public and media by mobile phone text message (SMS), e-mail and fax.

The IFRC also worked on establishing a geographic information system (GIS) that would provide Red Cross Red Crescent partners in Indonesia with a computerized mapping system for visually displaying all Red Cross Red Crescent tsunami recovery activities in a collective and coherent manner. The goal of the GIS project was to provide an overview of all projects in all programme

sectors, identifying progress, which agency was doing what and where, as well as highlighting potential service gaps and unmet needs.

Security and the prospects for peace in Aceh

The security environment in Aceh had presented difficulties, highlighted when a Red Cross delegate received a gunshot wound in June 2005. This led to further review of the security regulations and renewed efforts by the IFRC to guarantee compliance within the Movement. Even though the GAM had agreed to suspend hostilities after the tsunami, unorganized armed elements were still present and capable of taking advantage of opportunities presented by a massive relief operation.

On the positive side, on 15 August 2005 an historic peace agreement was signed between the Indonesian government and the GAM. The military wing of GAM has formally disbanded and the last of the government's 'non-organic' military and police forces left Aceh province in accordance with the agreement. Improved safety made it possible for several thousand former combatants and people displaced by the 30-year conflict to return to their places of origin with support from a special government-funded assistance programme. ICRC redirected some of its humanitarian efforts to assist those communities that had been affected by the conflict and who were not benefiting from the tsunami operation.

The situation after one year

The enormous relief operation had largely succeeded in protecting the lives of over 500,000 survivors. In spite of the many challenges, the development and implementation of a massive recovery plan was beginning, with momentum building towards the end of the year. BRR played a critical role in driving this process. A well-respected former minister took the reins as BRR director and built BRR into an organization that, in later years, was held up as a model for managing huge disaster operations. He recruited competent and experienced staff, and used the full authority of central government delegated to him to drive the recovery process in a coordinated and efficient way, introducing new and innovative approaches.

By the end of 2005, BRR and the United Nations Management Information Services (UNIMS) reported that there were increasing signs of visible progress in the tsunami recovery despite the well-recognized constraints and challenges, such as the ongoing clearance of massive amounts of debris, the provision of shelter for IDPs, land ownership verification, the restoration of fish ponds and of farmland inundated with saltwater, and the reconstruction of public infrastructure and the related constraints on transportation. Infrastructure – including sea ports, bridges and roads – was being rebuilt or under construction. Of the 2,000 schools damaged or destroyed, 335 were being rebuilt. Some 38 new healthcare facilities had been rebuilt and another 51 were under construction to replace the 122 major health facilities that were destroyed or damaged (over 400 health facilities, large and small, were destroyed in total). More than 20,000 hectares of land were being rehabilitated out of the 64,000 hectares of land that had been severely impacted. Pledges of funds and donations received by the government had reached 7.5 billion US dollars, exceeding the estimated reparation costs of 5.8 billion US dollars.

Solid foundations had been laid for the start of the rehabilitation and reconstruction of Aceh and Nias but, with over 300,000 people still living in tents, barracks or with host families, there was growing pressure to speed up the recovery programming.

Thailand: emergency response and early recovery

Operational overview

The tsunami waves hit six provinces along the Andaman coast of Thailand. The impact on the environment included damage to coral reefs and marine and coastal habitats. The tsunami flooded coastal areas up to 3 kilometres inland and resulted in the contamination of both surface water and groundwater. The problem of groundwater quality was further compounded by pollution from sewage. The intrusion of seawater also damaged much of the coastal agricultural land.

Impact on the population

The tsunami left more than 8,212 dead, a third of them foreigners – mostly tourists. It was estimated that the number of people who lost a family member or a home reached 100,000.³⁸ The tsunami impacted 407 villages and completely destroyed 47, including well-known tourist destinations. Vulnerable fishing communities, ethnic groups, migrant workers and workers in the tourism industry bore the brunt of the disaster. The government estimated that 10,000 people suffered psychological trauma as a consequence of the disaster.

Among the vulnerable groups hardest hit by the tsunami were the ethnic groups and fishing communities living along the coast. Of the approximately 1,750 sea gypsy households, nearly 1,000 were affected by the tsunami. Approximately 7,000 migrant workers in the fishing, construction and tourism sectors, the majority of whom were from Myanmar, were badly affected. In the aftermath of the disaster, many migrant workers and their families had very uncertain immigration status as, along with their personal possessions, the tsunami swept had away crucial identification and employment papers.

Economic losses

The total financial impact of the tsunami was estimated at more than 1.6 billion US dollars. The waves destroyed 3,000 homes and damaged another 2,000 homes. Around 20 per cent of schools, serving 50,000 children in 20 districts, were affected by the tsunami.

The tourism sector was the most affected by the tsunami in pure economic terms, given that the six affected provinces generated 17 per cent of total tourism revenue for Thailand in 2004. Some 25 per cent of total room capacity in the six provinces had been destroyed or damaged. In terms of livelihoods, it was estimated that over 200,000 people in the tourism sector were adversely affected.

³⁸ UN. *Thailand's Response to the Tsunami & the Contribution of International Partners*. A joint publication of the UN and World Bank. 2006.

A further 120,000 people in the fisheries sector suffered losses, with nearly 6,000 fishing boats damaged or destroyed, and around 7,000 sets of fishing equipment lost.

National and international response

National response

The Thai government applied the provisions of the Civil Defence Act, bringing the response of different line ministries under the central coordination of the Ministry of the Interior. Deputy prime ministers and ministers were assigned to take charge of the four most affected provinces. A coordination centre was immediately established in Phuket, and the interior minister was directed to coordinate the search-and-rescue and relief operations in all affected provinces. This structure, replicated at provincial and district levels under the authority of the governor and the district civil defence director, coordinated the implementation of the national response.



International response

The government did not formally request international assistance, although it did welcome spontaneous gestures of generosity. In particular, assistance in the form of technical support, equipment and direct support to the affected communities was appreciated. An ad hoc tsunami disaster task force (under the Ministry of Foreign Affairs) coordinated foreign assistance. The support provided came from some 45 international partners through nearly 200 projects.

Red Cross Red Crescent relief response

Thai Red Cross Society

The Thai Red Cross Society was integrated into the response of the authorities at provincial level. Staff and volunteers in the Red Cross provincial chapters of the six affected provinces of Phuket, Phang Nga, Krabi, Trang, Satun and Ranong were among the first on the scene of the disaster. They helped rescue survivors, and provided medical care, water and clothing to the homeless, the injured and the suffering. Red Cross volunteers helped families settle into the temporary shelters established by the government.

During the emergency phase, the government asked the Thai Red Cross Society to be the lead agency in food distribution. Mobile kitchens fed several thousands of people every day. Drawing from its hospital staff, 29 medical doctors, 45 specialist nurses and other medical personnel were deployed. Thai Red Cross Society mobile medical teams worked alongside local medical teams and those sent by the Thai government, the military, medical and relief agencies. Over 11,000 volunteers provided relief assistance to some 35,000 people in the six affected provinces during the emergency period.

Given the increased need for blood, the Thai Red Cross Society's blood transfusion service launched an appeal for blood donations, and over 13,000 units went to tsunami victims. In the first weeks, five ambulances with nurses were on standby at Bangkok airport to care for and transport patients referred out from the disaster area, in coordination with foreign embassies. At the request of the Ministry of Foreign Affairs, the National Society assisted foreigners with the issuing of passports, medical insurance and the organization of transport.

The Thai Red Cross Society established a missing persons web site for those who wanted to advertise for loved ones missing after the tsunami. Red Cross volunteers coordinated with the many organizations operating in the disaster area in order to gather all known information about the survivors, the injured and the dead. This information was then made available through the web site. An assistance centre for victims of the tsunami was set up by the Thai government and the Thai Red Cross Society, enabling locals and foreigners to give and collect information about their loved ones who were still missing.

ICRC assisted the Thai Red Cross Society in liaising with the Ministry of Foreign Affairs regarding the provision of a tracing service. The Thai authorities assumed full responsibility for all tracing and identification matters, working in close cooperation with foreign forensic teams and experts. It is widely acknowledged that the government led a huge and effective forensic operation to identify the bodies of thousands of foreign visitors and Thai citizens.

IFRC

The Thai Red Cross Society did not seek emergency assistance from the IFRC, but the National Society's regional delegation, based in Bangkok, served as a channel for information. The IFRC immediately allocated 500,000 Swiss francs to support the Thai Red Cross Society in covering the operational costs of the relief phase. The regional delegation joined the Thai Red Cross Society in sending assessment teams to the affected areas to evaluate the immediate and recovery needs. The first assessment concluded that the Thai Red Cross Society was effectively meeting relief needs and that any longer-term needs should be assessed separately.

At the outset, the IFRC's regional delegation took the lead in convening weekly inter-agency meetings, bringing together the UN agencies and national and international agencies based in Thailand. This initiative allowed information-sharing on damage and needs assessments, and thematic sectoral issues, and it strengthened coordinated approaches to existing assistance and future planning.

Red Cross Red Crescent coordination

Monthly Red Cross partner meetings were convened with the Thai Red Cross Society and six partner National Societies – the American, British, Finnish, French and Swedish Red Cross societies, and the Hong Kong branch of the Red Cross Society of China. This forum led to the identification of partner support in the recovery phase for projects related to shelter and household non-food needs, livelihoods, community-based disaster preparedness (an area prioritized by the government for Red Cross Red Crescent involvement), organizational development, health, psychosocial support, water and sanitation, and children's needs.

Relief achievements

The achievements during the relief phase were essentially those of the Thai Red Cross Society, as detailed above. The IFRC had no plan or set of objectives for the relief phase contained in the preliminary appeal of 12 January 2005. However, in addition to the work of the Thai Red Cross Society, National Societies that had lost their own nationals in the tsunami had important support roles to play for bereaved family members. Several National Societies sent representatives to Thailand to support and assist bereaved families. A one-year anniversary event was organized and the Swedish, German, Finnish and French Red Cross societies supported the visit and the presence of their own citizens.

Recovery begins

Recovery planning

Recovery planning began early on after the initial emergency period. At the end of March, a meeting was held with six partner National Societies, namely, the American, British, Finnish, French and Swedish Red Cross societies, and the Hong Kong branch of the Red Cross Society of China, to discuss needs identified in the joint Thai Red Cross Society and IFRC assessment. From this discussion, expressions of interest in projects emerged.

Plan and budget

Taking into account earlier discussions, projects were identified for support from within the Movement. The main elements were included in the IFRC's plan and budget that was launched in May. They were as follows:

- **Health and care:** to provide psychosocial support for 3,000 children in Phang Nha province, develop child development centres to benefit more than 160 additional children in four provinces, provide access to safe water for 6,000 children in 12 affected schools, train and equip health volunteers in villages to provide basic healthcare to 20,000 people, and upgrade a health centre and district hospital
- **Disaster management:** to enhance community-based disaster reduction management capacities, provide support for awareness-raising and the institution of early warning systems, and support the capacity building of the Thai Red Cross Society

- **Recovery:** to assist in restoring the livelihoods of 2,000 fishermen, 2,000 severely affected women and 1,500 craftsmen
- **Organizational development:** to strengthen the organizational capacities of the six affected provincial branches of the Thai Red Cross Society with an emphasis on school-based youth programmes and volunteer management

In August 2005, the IFRC established an office in Phuket to facilitate contacts with the provincial branches of the Thai Red Cross Society. By the end of the year, work was under way in establishing psychosocial first-aid centres in every province. The water supply system of 19 tsunami-affected schools had been rehabilitated so that students had access to safe drinking water. A health centre and a district hospital were being upgraded.

The Thai Red Cross Society had begun community-based disaster risk management (CBDRM), activities to raise public awareness of disaster related issues, and contingency planning. A needs assessment was carried out to identify the target beneficiaries for the livelihoods projects and the procurement of tools and equipment was underway.

The Red Cross youth project made a prompt start, with a youth structure in 16 schools in the six provinces and a membership of more than 600 boys and girls by the end of the year. Thai Red Cross volunteer organizers had also been recruited.

The situation after one year

One year after the tsunami, Thailand had moved forwards with sustainable recovery for many of the affected communities. The number of people in temporary shelters fell from approximately 7,000 at the end of the second quarter to 2,900 at the end of third quarter. For the 3,361 people who sought government assistance in housing, 2,688 houses had been built by November 2005. The pace of recovery was, however, slowed by challenges such as the need to resolve land disputes, addressing the housing situation, addressing the rights of migrant workers, and engaging in environmental rehabilitation and community participation.

The government, international agencies and NGOs were assisting in the recovery of livelihoods in the fisheries, tourism, business and agricultural sectors. The government had also put in place social protection measures for children, especially orphans.

While tourism revenues dropped dramatically in the first quarter, they then started to slowly recover. By the end of the year it was projected that 50 per cent of the people who depended on tourism for their livelihoods had had these largely reinstated. The government used various measures to stimulate investment in the sector and to promote Thailand as a tourist destination.

The government gave considerable attention and resources to the establishment of an early warning system and a national disaster preparedness plan. This was not only to address the safety and security of the local population, but also to restore confidence in Thailand as a safe



The scale of the disaster meant that even those already injured were eager to offer any assistance they could. Here, a Thai Red Cross Society volunteer prepares rice in their mobile emergency kitchen. Photo: Yoshi Shimizu / IFRC

destination for international travellers. A national warning centre was established, and systems for issuing warnings through the media and using sirens – as well as evacuation maps and signs – were put in place in coastal areas. Community-level disaster preparedness and outreach programmes on natural hazards were also started.

As of November 2005, the government had provided around 1.1 billion US dollars in direct and indirect assistance to more than 442,000 affected people. International agencies contributed a further 69 million US dollars for the immediate and longer-term recovery effort.

Myanmar: emergency response and early recovery

Operational overview

The force of the tsunami that reached Myanmar's coastline was much reduced compared to some neighbouring countries, due to the particular topography of the southern and delta coastline. The Ayeyarwady delta (particularly the townships of Laputta and Ngaputaw) and the southern Taninthayi division (mainly around Kawthaung) were the worst affected. An estimated 854 households lost homes and property, and damage was sustained by major infrastructure, including water sources, roads, bridges and schools. Some 200 villages around the southern

coast suffered from the economic impact of the disaster with damage to the fishing sector. A total of 61 people lost their lives.

National response

The Myanmar government responded promptly in making an early assessment, the result of which correlated closely with subsequent assessments by other organizations.

Red Cross and Red Crescent relief response

Myanmar Red Cross Society

Volunteers from the Myanmar Red Cross Society were active immediately after the disaster struck, administering first aid and distributing relief supplies. From 1 January, the National Society undertook a series of assessment missions in the Ayeyarwady delta and, together with ICRC, along the Taninthayi coast and islands. It mobilized three emergency relief teams and some 200 volunteers for its operations, reaching over 3,000 people with support, including essential relief items, first aid, temporary shelters and the search for missing people. The Myanmar Red Cross Society also assisted in the distribution of food donated by WFP.

Red Cross Red Crescent

In the early days of the operation, the IFRC and ICRC played an active part in assisting the Myanmar Red Cross Society to carry out the assessments and by giving technical guidance. The IFRC immediately allocated 50,000 Swiss francs to support the National Society in meeting its early commitments and to pre-position 10,000 family packs in a warehouse as contingency stock. The National Society received a significant response to its local fund-raising efforts with donations from private and public donors, the diplomatic community and sister societies, including the Canadian and German Red Cross societies, which donated household relief items as part of the restocking programme.

Both ICRC and the IFRC had delegations in-country before the tsunami struck. Within the Movement, the Myanmar Red Cross Society took the lead in this operation, except in those border areas affected by conflict, where ICRC assumed responsibility in accordance with its mandate, in particular regarding contact with the authorities, security guidelines and communications about the Movement's activities.

Coordination

In the days following the disaster, the IFRC country delegation and the Myanmar Red Cross Society initiated the establishment of an inter-agency tsunami assistance coordination group. The objective was to cross-check and verify assessments and data, build complementarity of action and clear communications. The coordination group consisted of representatives from ICRC, UN agencies, MSF, World Vision, CARE, Save the Children UK, Population Services International (PSI), and Adventist Development Relief Agency (ADRA). The group issued a press release on 6 January 2005 with consolidated information on the situation, and this helped remove some uncertainty surrounding the tsunami's impact on the country.

Following the emergency phase, relief partners conducted a second round of assessments for mid- to longer-term needs. A liaison group, jointly chaired by the UN and the IFRC delegation, continued to provide a coordination mechanism.

Relief achievements

By the end of June 2005, 3,060 beneficiaries had received relief assistance from the Red Cross. This represented all targeted beneficiaries. Relief stocks were replenished and additional stocks procured to ensure capacity in the event of future disasters.

Recovery begins

Plan and budget: 6 May 2005

A second round of assessments focused on the longer-term recovery needs and the Myanmar Red Cross Society, and the IFRC agreed priorities to be included in the plan and budget. These priorities were mainly focused on assistance to help restore the livelihoods of those affected, and to build the capacity of the Myanmar Red Cross Society, including a stronger disaster preparedness capacity. In particular, the main elements were:

- **Health and care:** to increase the capacity of Myanmar Red Cross to carry out emergency healthcare, psychosocial support, water and sanitation activities, and to implement an expanded community-based first-aid programme
- **Disaster management:** to build relief and logistics capacity and pre-position relief stocks for 20,000 families
- **Recovery:** to assist in restoring livelihoods for tsunami-affected people, particularly through asset replacement



- **Organizational development:** to build management and operational capacity at headquarters and branch level to improve service delivery to disaster-affected and vulnerable people

Implementation began with the health and care programme. Community-based first-aid training of trainers courses were conducted in the tsunami-affected area and this training was also integrated into disaster management training. Restrictions placed on foreigners travelling within Myanmar prevented IFRC delegates from participating in most of the training and monitoring of health activities, and this contributed to the delayed development of the curriculum and other materials.

In logistics, the restocking of relief supplies was completed and plans were made for the establishment of a central warehouse. Approvals from the relevant government ministries were awaited before proceeding.

The Hong Kong branch of the Red Cross Society of China handed over 43 fishing boats to replace those lost during the tsunami in the township of Labutta.

Given the relatively small number of people affected by the tsunami, after the relief phase there was a focus on strengthening capacities to address vulnerabilities amongst those directly affected and other at-risk communities. The environment for effecting these changes placed some constraints on the speed of implementation and some programme plans had to be postponed until 2006.

Malaysia: emergency response and early recovery

Operational overview

As the tsunami struck Malaysia, five-metre high waves struck the coastlines of Penang and Kedah states. A village on the south-west of the island of Penang escaped serious damage thanks to a 50-metre mangrove swamp barrier. Elsewhere in the state of Penang, many people were caught on the beaches and most casualties in this way. In the state of Kedah, comparatively more damage was to property. Fishermen were particularly hard hit with thousands losing boats and equipment. The government calculated that losses of 14.6 million US dollars had impacted the agriculture and fishing communities in both states.

Impact on the population

Some 76 lives were lost and about 8,000 people were affected in total. Many had homes that were damaged and 900 houses were completely destroyed.

National response

The government brought its 'National Security Instruction no.20' into force, establishing an operations centre in Kedah state under the control of the national security division of the prime

minister's office. This provided the coordination framework for the government ministries and for the Malaysian Red Crescent Society.

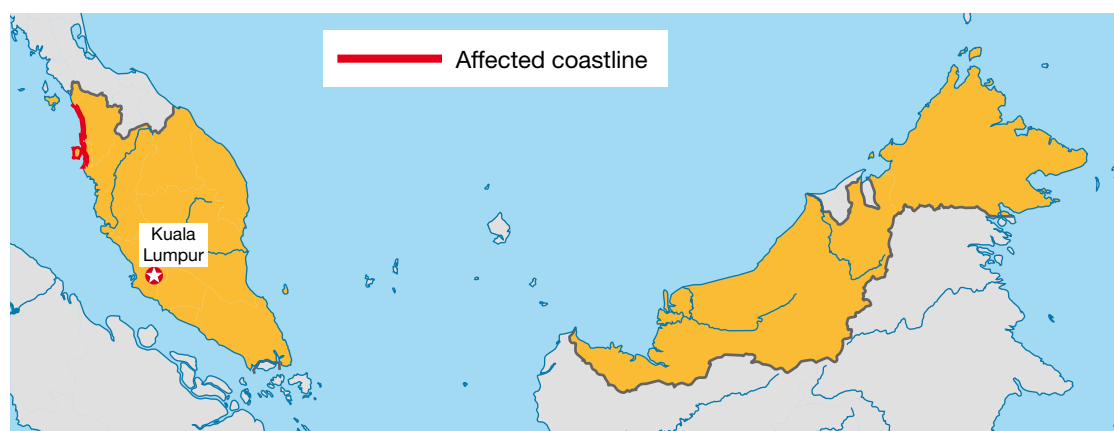
Red Cross Red Crescent relief response

Malaysian Red Crescent Society

After the tsunami struck, the Malaysian Red Crescent Society mobilized five RDRT members, who were sent on the first day to coordinate relief activities in the affected chapters. At branch level, the Malaysian Red Crescent responded with ambulances and volunteers to assist in the evacuation of beach areas, provide first aid, and transport the injured to local hospitals in Penang and Kedah. The National Society also helped establish relief centres and registration. The National Society provided mass food distribution, tracing and messaging services, as well as health services and psychosocial support. Some 3,000 volunteers registered at the Malaysian Red Crescent headquarters to assist in packing and organizing relief goods for the targeted 4,300 beneficiaries.

Within the first week of the disaster, families who had been accommodated in relief centres started to return home. With the situation under control, the government began to assume responsibility for all relief activities. After several months, however, the Malaysian Red Crescent was still providing assistance to 2,000 people in relief centres in Kota Kuala Muda, Kedah, carrying out mass food distributions, while qualified counsellors, aided by a team of volunteers, were still providing psychosocial support. Volunteers were also deployed to clean up beaches and areas where the tsunami had deposited waste.

The Malaysian Red Crescent Society received widespread support in-country, with the private sector alone donating the equivalent of 5.8 million US dollars (cash and in-kind donations) to the National Society's relief fund. Furthermore, the National Society responded quickly in supporting neighbouring countries by sending a five-person RDRT to Indonesia, and pledging 10,000 US dollars to both the Indian and Sri Lanka Red Cross Societies, with a further 5,000 US dollars going to the Thai Red Cross Society.



Red Cross Red Crescent

Dealing with the aftermath of the tsunami was well within the capacity of the Malaysian Red Crescent Society and its branches. Support was received from ICRC in establishing a tracing service in the early days of the disaster. The IFRC regional delegation released 100,000 Swiss francs from the IFRC's Disaster Relief Emergency Fund (DREF) to support the emergency response phase.

Plan and budget: 6 May 2005

Plans for the longer term involved building the capacity of the Malaysian Red Crescent through training in crisis management, psychosocial support, mobile field clinic management, regional disaster relief teams and community-based disaster management.

Preparatory work was undertaken in 2005 with the aim of implementing these programmes in 2006.

South Asia

Sri Lanka: emergency response and early recovery

Operational overview

Two hours after the earthquake occurred off the coast of Sumatra, the tsunami struck an extremely long stretch of Sri Lanka's coastline – more than 1,000 kilometres or two-thirds of the coast. It affected 13 of Sri Lanka's 25 districts, including Jaffna in the north, the eastern and southern coast, and parts of the west coast as far north as Chilaw.³⁹ The waves were as high as 10 metres as they hit the shoreline, and they penetrated inland up to 500 metres in many places and as far as 1 kilometre in others. The impact was highly variable and the extent to which areas were inundated depended, to a large degree, on factors such as topography.

Impact on the population

Widespread destruction killed over 35,000 people, destroyed 120,000 homes,⁴⁰ leaving over 516,000 displaced. The government calculated that over 1 million people were affected, out of a total population of 19 million. Vulnerable groups, particularly poor fishermen living close to the shore in simple houses and shelters, bore the brunt of the impact. The number of women and children killed was disproportionately high. Apart from the coastal communities, who were already comparatively poor in the Sri Lankan context, the tsunami compounded the vulnerabilities of those in the north and east where conflict with the Liberation Tigers of Tamil Eelam (LTTE) was ongoing.

The worst inundations occurred along the east coast and towards the south. An estimated 78 per cent of the population in the coastal district of Ampara was affected. This was high when

³⁹ Asian Development Bank (ADB), Japan Bank for International Cooperation (JBIC), and the World Bank. *Preliminary Joint Assessment*.

⁴⁰ An early assessment established that 98,525 homes were destroyed. Over time, this figure grew and RADA put the figure at 120,000 by the middle of 2006.

compared with the southern districts of Galle, Matara and Hambantota, where less than 20 per cent of the coastal population affected, albeit with scattered pockets of severe damage. The conflict-ridden area in the north was also badly hit: the coastal population affected ranged from an estimated 35 per cent in Kili-nochi to 80 per cent in Mullaitivu.⁴¹

Economic losses

The tsunami had also seriously damaged coastal infrastructure, including roads and railways, power, communications, water supply and sanitation facilities, and fishing ports. Sections of the main coastal road were washed away, compounding the problem of reaching the affected areas. In addition to the destroyed 120,000 homes, 200 educational institutions, and 100 health facilities were damaged or destroyed. Natural ecosystems were severely damaged, and the fishing and tourism industries were particularly badly affected.



The cost of damage was assessed as 1.5 billion US dollars. The government later assessed the total cost of the required relief, rehabilitation and reconstruction effort at approximately 2.2 billion US dollars. This was estimated on the basis of replacing destroyed infrastructure and to achieve full recovery. The largest funding needs were identified in the east (45 per cent), followed by the south (25.9 per cent), the north (19 per cent) and the west (10.1 per cent).⁴²

National and international response

National response

The first response, as always, came immediately after the disaster when local authorities and communities responded quickly to address the immediate needs of affected people. On 27 December, the president promised full support to the tsunami victims and immediately reintroduced emergency regulations to enact several emergency response mechanisms in order to expedite relief activities. A centre for national operations was formed under the president's secretariat to oversee and monitor emergency programmes, and to liaise with relevant line ministries, NGOs, the private sector, and other organizations contributing to the relief and recovery phases. Some 93 million Sri Lankan rupees (approximately 930,000 US dollars) were released to facilitate relief operations in ten of the affected districts.

Three task forces comprising representatives of the public and private sectors were also formed under the President's Secretariat: the Task Force for Rescue and Relief (TAFRRER), the Task Force

⁴¹ Ibid.

⁴² Joint Report of the Government of Sri Lanka and Development Partners. *Sri Lanka: Post-Tsunami Recovery and Rehabilitation*. December 2005.

to Rebuild the Nation (TAFREN), and the Task Force for Logistics and Law and Order (TAFLOL). TAFREN was given responsibility of spearheading reconstruction, assessing damage and coming up with a master plan to rebuild infrastructure. Food relief was to be channelled through the Ministry for Relief, Rehabilitation and Reconciliation (RRR) together with the Commissioner General of Essential Services (CGES). Responsibilities connected to IDPs, transit camps and liaison with the district secretaries were the task of the CGES.

Some 20,000 Sri Lankan soldiers were deployed in government-controlled areas to assist with the rescue and recovery of bodies, to initiate relief operations and to maintain law and order after sporadic looting.

The centre for national operations was disbanded in February when TAFREN and TAFLOL were merged to form TAFOR (Task Force for Relief), which had a mandate to look after the well-being of affected groups, including the provision of food, cash allowances and transitional accommodation. TAFREN was placed within TAFOR, and charged with ensuring smooth progress on the reconstruction and rehabilitation work in the tsunami-affected areas. In particular, TAFREN's objectives included facilitating and assisting government institutions and agencies in the construction and rehabilitation of infrastructure and other facilities, to ensure accelerated economic development, and to assist people and organizations to rapidly overcome the effects of the disaster.

In the north and east, an uneasy ceasefire had been in place and the government was able to reach an agreement to coordinate relief and recovery activities with the LTTE. It reacted swiftly and provided people with temporary shelter, distributed food and other goods, and prepared plans for reconstruction. The LTTE actively participated in district-level task forces, and undertook its own needs assessment of the north and east.

The government coordinated the provision of emergency shelter for about 500,000 people in 51 welfare centres and 597 schools and places of worship. (Other displaced people stayed with families or in other guest accommodation.) Some 98,000 new permanent houses were assessed as being needed. It was appreciated that these would take time to build so TAFOR launched a project to build transitional shelters. While the first 30,000 had been built by the end of May, it took until the end of the year to build 54,000 out of a target of 60,000.

Reaching the tsunami-affected population in the conflict zone

Hope emerged from the tragedy that the tsunami could restart the peace process. When the tsunami hit Sri Lanka, it came at a time when the peace process was at a low ebb with little dialogue between the two parties to the conflict. However, from the start, the government and the LTTE worked together to address immediate humanitarian needs. Different communities had immediately responded to the tsunami by helping one another, with no discrimination on the basis of political, ethnic or religious differences.



An estimated one and a half million people were displaced from their homes in Sri Lanka due to the tsunami. The poorer, marginalized communities were those worst hit. Photo: Grethe Østern / Norwegian Red Cross

With an effective ceasefire in place due to the disaster, in January 2005, negotiations between the government and the LTTE began with a view to creating a joint mechanism to oversee the recovery and reconstruction process. This led, in May, to the signing of the Post-Tsunami Operational Management Structure (P-TOMS) between the government's Ministry for Relief Reconstruction and Reconciliation, and the LTTE's Planning and Development Secretariat. P-TOMS provided a structure of three committees at national, regional and district levels to oversee the distribution of assistance, and it mandated the creation of a regional fund to finance recovery and reconstruction projects that would be accessed by these committees.

Committees were to be made up of representatives from the government, the LTTE and the Muslim community. While it was clearly stated that the responsibilities of these committees were limited to the tsunami-affected coastal belt, it was hoped that this mechanism could create an environment conducive to the revival of the peace process. For this reason, many external partners expressed their support for the mechanism and their willingness to put resources into the regional fund. However, the legality of this collaborative mechanism was challenged and the supreme court determined that some aspects of the agreement were contrary to the constitution. This compromised support for the structure and renewed hopes for peace were dashed.

International response

International offers of assistance and unsolicited donations immediately came from all around the world. UNOCHA immediately deployed an UNDAC team to the country to provide technical assistance to manage and coordinate the disaster response. UNDP started providing assistance to the government to coordinate relief efforts at both national and local levels. It also helped the government to set up the centre for national operations for coordinating all relief operations in the country.

Foreign military personnel arrived and helped in the rescue operations, particularly in the more inaccessible areas. Military assets from Australia, Austria, Bangladesh, Canada, India, Pakistan and the United Kingdom were made available to provide logistics support. They also helped to identify and bury the dead, and to clear debris. More countries actually provided their armed forces during the relief operation than in Indonesia, but their presence was not so extensive or as visible as in Indonesia.

Within days of the tsunami striking, the international humanitarian community started to arrive en masse. A few organizations had pre-existing country programmes and a presence on which to graft emergency response capabilities. Most, however, were arriving in Sri Lanka for the first time. By the end of the first month, there were an estimated 300 new INGOs operating in Sri Lanka, representing a four-fold increase on pre-tsunami numbers. Of these, only about half

With four and a half thousand fibreglass and over eleven thousand traditional boats destroyed, the livelihoods of many fishing communities was wrecked by the tsunami. Photo: Till Maye / IFRC



registered their presence and purpose with the governments' centre for national operations. The rest were operating largely independently.⁴³

The Sri Lankan government assessed that 2.2 billion US dollars was needed to cover all the reconstruction and recovery needs. This amount was fully pledged by May 2005 at a meeting of donor nations at the Sri Lanka Development Forum.

Coordination

The international financial institutions – the Asian Development Bank, the World Bank and Japan Bank for International Cooperation – established a steering committee as a counterpart to TAFREN that included participation from bilateral donors. The Consortium of Humanitarian Agencies, a non-governmental group that pre-dated the tsunami crisis, brought together Sri Lankan and international NGOs and offered another vehicle for coordination. The World Bank estimated that around 30 bilateral and multilateral donor agencies, and about 200 local and INGOs and private donors were present in-country.⁴⁴

Representatives of TAFREN, the international donor agencies, the NGOs and other private sector organizations began to hold biweekly coordination meetings to exchange information on reconstruction plans. Efforts were also made to improve coordination among development partners and the government through sector working groups. It was felt by some agencies that the national policies, standards and guidelines put in place by the government were not always adequately communicated to the local authorities. At divisional level, there was often a lack of clarity about national policies and, sometimes, a perceived lack of authority to apply them.

Later in the year, after national elections resulted in changes to the political leadership, a new institutional mechanism for post-tsunami recovery and reconstruction was established under the newly created Ministry for Reconstruction and Development. TAFREN's responsibilities were transferred to the Reconstruction and Development Agency (RADA). RADA had the role of coordinating all relief, rehabilitation and reconstruction work as a result of either man-made or natural disasters. RADA's role engaged all the tsunami recovery organizations, including bilateral partners, the UN bodies, international organizations and international and national NGOs. It assumed responsibility for monitoring the outcomes of tsunami projects against agreed targets, helping to eliminate bottlenecks and obstacles through meetings and negotiations, and ensuring that each party adhered to its commitments and to the principles established to ensure equity, transparency and accountability.

Red Cross Red Crescent relief response

Sri Lanka Red Cross Society

In the hours following the tsunami, the Sri Lanka Red Cross Society was immediately on the scene providing assistance. Over 5,000 Sri Lanka Red Cross volunteers (1,850 of whom were

⁴³ Simon Harris. *Disaster Response, Peace and Conflict in Post-Tsunami Sri Lanka Part 1: The Congestion of Humanitarian Space*. University of Bradford, UK. February 2006.

⁴⁴ World Bank. *Sri Lanka Development Forum: The Economy, the Tsunami and Poverty Reduction*. 28 April 2005.

trained in first aid) distributed relief items, food and water, and hygiene packs, administered basic first aid, helped recover bodies and trace the missing, managed accommodation of displaced people in welfare centres, and gave psychosocial support to a traumatized population.

The Sri Lanka Red Cross headquarters despatched teams – each comprising of three doctors and six volunteers with medical supplies – to ten different districts. Within two days, reports on the situation were received from nine branches, with information about the work being undertaken by branch volunteers and members. By the end of December, 15 branches were sending similar reports. Along with the information coming back from the teams sent from Colombo, an assessment of the situation through Red Cross sources quickly emerged and assistance needs could be prioritized.

The Sri Lanka Red Cross Society was involved in the distribution of tents and assisted with the relocation of displaced people to schools, temples and public buildings. Wells were cleaned as part of the effort to reinstate access to safe water. The Sri Lanka Red Cross Society was also among the first to provide psychosocial support to affected families. This programme grew with the support of partner National Societies, particularly the American, Belgian and Danish Red Cross, and the Turkish Red Crescent Society.

Within the first three months, support had been provided to help restore people's livelihoods, particularly asset replacement such as boats and fishing equipment for fishing communities, as well as vocational training to help people take up trades linked to the reconstruction activities such as masonry, carpentry and electrical wiring.

ICRC

According to its mandate in conflict situations, ICRC had been present in Sri Lanka for a number of years and had an operational capacity to immediately respond following the tsunami. This capacity was further strengthened by the mobilization of additional delegates, enabling it to expand its operations to meet the needs of the tsunami-affected population in the north and east. At the request of the Sri Lankan government and the LTTE, ICRC extended its presence on crossings between government- and LTTE-held areas to facilitate the passage of humanitarian aid and civilians.

Immediate additional support was also provided in the areas of tracing and messaging, medical support, relief distributions and water and sanitation. ICRC helped evacuate injured people to hospitals, and with the removal of bodies and the provision of body bags. It identified 150,000 people in the north and east as beneficiaries for its assistance. By February, it was working to provide water and sanitation facilities to 13 transit camps in the north and east of the country.

A delegate was specifically deployed to facilitate the tracing of missing persons. A tracing unit was first set up in the Colombo branch of the Sri Lanka Red Cross Society, and pilot teams of the Sri Lanka Red Cross and ICRC staff travelled out to districts with the aim of re-establishing family links through the use of satellite and mobile phones.



The logistical challenges of providing relief on such a large scale and over an extended period of time meant that the support of volunteers was essential. Photo: Yoshi Shimizu / IFRC

Given its mandate in the north and east, ICRC also took responsibility for setting security regulations in place for Red Cross Red Crescent actors and ensuring they were applied.

IFRC

When the tsunami struck, the IFRC had a small delegation in Sri Lanka, which in turn had nearby technical support from the regional delegation for South Asia based in New Delhi. Based on an immediate assessment of the situation, the IFRC's preliminary appeal for international assistance was launched the same day the tsunami struck. A FACT was deployed and was on the ground in Sri Lanka on 28 December. The team comprised a team leader (German Red Cross) and specialists in water and sanitation (French Red Cross), logistics (French Red Cross), telecommunications (IFRC), health (Australian Red Cross) and relief (New Zealand Red Cross).

The FACT was closely followed by the deployment of seven ERUs. These fully equipped, self-contained units provided specialist support in the areas of basic health (Finnish, French and Spanish Red Cross societies), water and sanitation (German and Swedish Red Cross societies), logistics (British Red Cross) and telecommunications (Spanish Red Cross).

Relief achievements

- The IFRC's preliminary appeal, last revised and extended on 12 January, set programme objectives for the first six months of the operation. They were not revised again until 6 May,

when the plan and budget for the emergency relief and recovery appeal was launched. The focus, by this time, was much more on recovery. The relief phase was, in fact, deemed by the government to be closed in June. The preliminary appeal objectives were indicative – as a result of being formulated in the early days of a large and complex operation – but they formed the basis for assessing the extent to which the planned outcomes of the emergency relief phase were reached. The overall goal was to bring relief, shelter, health and care, and community support to up to 40,000 families (or 200,000 people) in the south of the country. At the end of six months, it was recorded that over 200,000 people had received non-food relief assistance alone from the Red Cross Red Crescent. As the operation evolved, people in the south and east of the country were identified and accessible, so the programme became broader in its geographical base than originally intended. Furthermore, assistance included the bilateral contributions of many partner National Societies and was not funded solely from the IFRC's preliminary appeal budget or directly managed by the IFRC as a partner to the Sri Lanka Red Cross. Nevertheless, this was an IFRC and Sri Lanka Red Cross-coordinated activity and the original goal of the preliminary appeal had been achieved.

- The objective to provide adequate water and sanitation in temporary shelters and to the broader community was not quantified. By the end of the first quarter, 35,000 people were receiving potable water daily and this rose to 50,000 people by the end of the second

With so many lives lost, psychosocial support was recognized as one of the most important post disaster recovery programmes following the tsunami. Photo: Daniel Cima / American Red Cross



quarter, including IDPs in 20 tent camps. Most of this was achieved through the water and sanitation ERUs and three partner National Societies' bilateral water and sanitation specialist teams from the French, Italian and Spanish Red Cross societies. The Sri Lanka Red Cross Society was active from the outset in trucking water to affected communities along the damaged coastline, and helping to repair and clean wells and latrines. By the end of the year, water purification units in the east were still producing up to 3 million litres of drinking water every week, while 14 water tankers were distributing 1 million litres of water in ten districts. Over 2,500 tsunami-damaged wells had been cleaned in Ampara and Batticaloa alone. This work continued throughout the period, and training in participatory hygiene and sanitation transformation (PHAST) methodology was also given to improve the health and hygiene of the affected population.

- The objective of providing temporary shelter to 75,000 people (up to 15,000 families) was, in part, met. By mid-May, over 40,000 people had received Red Cross Red Crescent tarpaulins and tents.
- By the end of April, 386,000 people (105,000 in the east and 281,000 in the south) had received non-food relief items distributed by the relief ERU in partnership with the Sri Lanka Red Cross Society. This included family kits containing household items and fully met the objective of reaching 200,000 people with the minimum requirements needed after losing their homes and their belongings.
- The need for basic healthcare for 100,000 people was set as an objective at the outset. By February, it became apparent that the government's Ministry of Health was managing well and that the work of the three basic healthcare ERUs should be merged into the ministry's facilities. By mid-February, 7,000 people had benefited from ERU services. In addition, the IFRC funded the work of ten Sri Lanka Red Cross mobile first-aid teams working in the south and partly funded the work of 59 Sri Lanka Red Cross mobile medical units working in seven coastal districts. Agreements were reached with the health ministry for the Sri Lanka Red Cross and IFRC to rehabilitate 30 of the 97 medical institutions in need of reconstruction (the number was later increased) as a way of rebuilding the Ministry of Health's capacities to serve communities.
- Psychosocial support for those directly affected and for local relief workers was planned and implemented under the lead of the Danish Red Cross, which had been providing psychosocial support assistance in Jaffna (in the north) since 2003, working with ICRC. The Danish Red Cross set out to train 60 Sri Lanka Red Cross volunteers in psychosocial support to work in relief camps in Ampara, Batticaloa and Trincomalee. Other partner National Societies implemented programmes under this coordinated structure, including the American and Belgium Red Cross and the Turkish Red Crescent Society.
- The last objective was to assist with health and welfare support for 5,000 displaced families in welfare centres, especially those relocated from temporary shelters. There were no

specific activities reported under this objective as the problems of resolving transitional shelter issues prevailed during the period.

Restoring family links (RFL)

With support from ICRC, the Sri Lanka Red Cross Society managed a family links service. Twelve mobile teams helped to restore family links among the displaced population and visited over 300 welfare centres across affected areas. The teams provided satellite telephone services for making calls and collected “I am alive” messages through a dedicated web site. The Sri Lanka Red Cross Society established a 24-hour call centre, which was staffed by 15 volunteers trained in family tracing and linking. The Sri Lanka Red Cross and ICRC handled over 2,000 family link registrations.

Red Cross Red Crescent coordination

A Movement tsunami task force, chaired by the Sri Lanka Red Cross Society, was immediately set up in Colombo as a preliminary coordination and information-sharing body for the National Society, the IFRC, ICRC and partner National Societies. Many National Societies arrived in the first month following the tsunami and, during the first year, some 24 National Societies were actively engaged in the field with the tsunami operation. The need for a strong coordination mechanism was evidently needed and, as an innovation designed to address the special circumstances, the IFRC recruited and placed a Movement coordination delegate in the field.

Coordination instruments were already contained in the existing March 2003 trilateral memorandum of understanding between the Sri Lanka Red Cross Society, the IFRC and ICRC. This was renewed and extended until March 2006. In addition, there were the IFRC in-country service agreements and ICRC-coordinated activities agreements, but the impact of the tsunami and the presence of so many partner National Societies called for a special coordination structure. A new Movement Coordination Framework was formally endorsed in February 2005 by the Sri Lanka Red Cross Society, the IFRC and ICRC. Partner National Societies were required to adhere to the Movement Coordination framework, which consisted of the following:

- A Movement platform that brought together senior governance and management of the Sri Lanka Red Cross Society, IFRC and ICRC to identify and oversee the Movement’s strategies, policies and priorities at country level.
- A Movement Partnership Task Force which consisted of operational managers and coordinators from the Sri Lanka Red Cross Society, and representatives from the IFRC and ICRC to coordinate and monitor the Movement’s humanitarian response. The task force consulted and reviewed decisions with the partner National Societies through a weekly consultation meeting.
- Technical committees with programme managers and technical specialists or consultants from the Sri Lanka Red Cross Society, partner National Societies, the IFRC and ICRC, whose

responsibilities included the adoption and promotion of coherent approaches to common operational challenges within each programme sector.

The structures of the Movement Coordination Framework continued to evolve after its initial introduction, especially after the formal structure was adopted by the Tsunami Response Forum in Hong Kong at the beginning of March. Efforts were made to make it more responsive to facilitate effective implementation of the Movement tsunami programmes in Sri Lanka. By the middle of May, the Movement platform had approved over 180 concept papers, which allowed more defined project proposals for recovery and rehabilitation activities to be developed. The next step was for fully defined project proposals for all recovery and rehabilitation activities to be reviewed by the technical committees and finally approved by the Movement Partnership Task Force. While the system strove to ensure Movement cooperation and coordination and to eliminate duplication in core programmes, the process was considered time-consuming.

Furthermore, in line with the decision of the Tsunami Response Forum, the IFRC established a service centre in Colombo, providing office space and shared services to partner National Societies as a means of reducing costs and optimizing the efficiencies of a coordinated structure.

Recovery begins

Planning for recovery

As the momentum for relief activities continued, attention started to shift to planning for recovery. On 19 January, a recovery assessment team (RAT) arrived in Sri Lanka. The team comprised specialists in the field of water and sanitation, community health, community development, and relief and disaster recovery. The RAT was tasked to analyse and provide recommendations for the next 12 months of recovery programming. The findings were to be fed into the process to establish a plan for disaster recovery work based on the determination of relevant recovery programming for the Movement, taking into account the Sri Lanka Red Cross Society's capacity and role, as well as the skills and experience of different components within the Movement.

Plans for longer-term emergency and recovery activities were developed during March and April, and culminated in the IFRC's tsunami operation plan and budget being launched on 6 May. This plan and budget became the foundation of the recovery programming over the coming years, although it underwent substantial revisions to bring it into line with available resources. The main elements included in the plan and budget were:

- **Health and care:** The reconstruction, rehabilitation and upgrading of government-owned health facilities called for the greatest funding in this sector. At the time of the launch of the plan and budget, the IFRC had agreed to fund six of these projects and a number of partner National Societies had agreed to carry out work on 28 health facilities under the coordination of a Sri Lanka Red Cross–IFRC construction cell. (In June, a memorandum of understanding was signed with the Ministry of Health identifying assistance for 60 health facilities. Of these facilities, 18 were identified for multilateral funding, with the remainder

allocated to 14 partner National Societies.) The Sri Lanka Red Cross Society would also focus on psychosocial support and community-based health programmes.

- **Water and sanitation:** The need to provide potable water on an ongoing basis persisted until affected systems had been rehabilitated and new schemes constructed in eight districts. In addition, sustainable and environmentally friendly sanitation services were targeted at 100,000 beneficiaries. Fifteen hygiene promotion teams were to be established and the capacity of the Sri Lanka Red Cross increased to take full responsibility for the programme.
- **Disaster management:** To meet ongoing relief needs, the objective was to reach 50,000 families still living in camps with one set of non-food items, along with one health kit per family on a monthly basis. In addition, the goal was to further build Sri Lanka Red Cross capacity in disaster management and to develop programming for community-based disaster preparedness.
- **Recovery:** To help restore livelihoods, projects were launched to provide equipment for carpenters (500) and tailors (500), school equipment for 10,000 families, sets of equipment and boats for fishermen (1,000) and small business support for female heads of household (1,000). Of the commitment made to the government to build 15,000 permanent houses, 2,000 would be built through multilateral funding, and the remainder through bilateral partnerships, coordinated by the construction cell.
- **Organizational development:** The plan focused on building the capacity of the Sri Lanka Red Cross Society in line with the hugely increased demands placed on it, and to take the opportunity to promote its newly adopted constitution and develop a five-year strategic plan.
- **Humanitarian values:** The communications and dissemination capacity of the Sri Lanka Red Cross Society was to be built in order to promote better understanding of humanitarian values at community level, and to advocate for the most vulnerable people.

Recovery commitments

The main recovery commitments were encapsulated in a pledge given to the country's president and in two memoranda of understanding signed with the government. The pledge committed the Sri Lanka Red Cross and the IFRC, as well as National Society partners, to build 15,000 permanent houses (550 square feet each). The two memoranda of understanding related to the reconstruction and rehabilitation of health facilities⁴⁵ at a maximum total cost of 100 million US dollars, and the rehabilitation and construction of 26 large water and sanitation systems.

⁴⁵ The number of health facilities agreed with the government varied over time as priorities and resources changed. The number at the end of 2005 was 60, and the final number later rose to 69.

Shelter

From the outset, there was an agreement with the Sri Lankan government, UN agencies and NGOs that it would take 18 months to three years, if not longer, to construct the new houses and to repair the 120,000 damaged houses. There were a number of considerations. Firstly, construction capacity would be severely stretched in a country that in a normal year constructs only 5,000 to 8,000 houses. Secondly, the construction process would be aggravated by a shortage of building materials, skilled construction labour and increasing costs. Another major challenge proved to be the identification and securing of adequate land on which to build houses.

The first significant allocations of land from the Sri Lankan government to the Red Cross Red Crescent were only made in mid-July 2005. Although the land had been allocated, the final handover of sites took time due to various factors, including the ongoing acquisition of some of the sites by the government, the verification of title deeds, property disputes and incomplete lists of beneficiaries. Some plots allocated to the Red Cross Red Crescent proved to be unsuitable for construction. For example, one site was adjacent to a wildlife reserve, while another site largely comprised paddy fields and would have been too costly to develop for housing.

The entire process of building permanent houses was complicated enormously as a result of the government's early decision to create a buffer zone between the sea and land allowed for rebuilding as a means of providing better protection to coastal communities. The buffer (or set-back zone) zone was 100 metres in the south and south-west of the country, and 200 metres in the east and north.

The World Bank estimated that 60 per cent of those who lost their homes had lived within the buffer zone before the tsunami. This meant that the majority of people needing new housing had to be relocated, and land had to be found for them. They were predominantly fishing communities, and the land made available for resettlement could be several kilometres from the coast. People were reluctant to move on account of the threat to their livelihoods. Furthermore, these people were generally poorer members of the community and often did not own the land they had lived on, and so they had difficulty in meeting the criteria for resettlement, if strictly applied. This policy on the set-back distance was altered and made more flexible in October 2005, but by then it had caused confusion and uncertainty, resulting in a further delay in planning for the rehabilitation of housing and water and sanitary facilities.

These factors impacted the already complex process of building 15,000 permanent houses. A project of this scale and complexity required considerable time and human resources. The construction process involved a number of stages, including developing an approach, planning, consultations with beneficiaries, tendering for consultants, land surveying, developing master plans and structural designs, drawing up tender documents, contract agreements and securing approval from all the relevant authorities. These steps were vital in maintaining accountability and ensuring that the best technical expertise was used at the lowest price, whilst maintaining the highest standards of quality.

By the end of the year, land had been allocated to the Movement to build 6,762 houses in ten districts. Construction had started on over 2,000 houses and 167 houses had been completed.

Given the difficulties inherent in the donor-driven housing project, the possibility of supporting an owner-driven housing project was explored. This led to a memorandum of understanding being signed between the Sri Lankan government, the Sri Lanka Red Cross Society, the IFRC and the World Bank's IDA. It marked the beginning of a collaboration through which the IFRC committed up to 25 million US dollars (32 million Swiss francs) towards the construction of 10,000 owner-driven permanent houses for tsunami-affected families. (The World Bank had already committed to a similar programme for housing outside the 100- to 200-metre buffer zone.) A second memorandum of understanding was under negotiation with UN-HABITAT to complete a two-tiered programme (This would be signed in March 2006 for up to 31 million US dollars, approximately 40 million Swiss francs, to be subscribed by IFRC's member societies.)

Collectively, these two projects comprised the Community Recovery and Reconstruction Partnership (CRRP) and focused on supporting reconstruction by owners of houses outside the buffer zone (now reduced) that were destroyed or badly damaged by the tsunami. The programme provided funds to families to rebuild on their own land. It consisted of two tiers:

- Support to reconstruct 10,000 tsunami-damaged houses – a grant of 250,000 Sri Lankan rupees (2,500 US dollars) to be given to each beneficiary approved by the local authorities (district secretariat). The grant, paid through the state banking system directly into the account of the beneficiary, was to be made in five stages coinciding with five progressive milestones achieved in the construction process.
- A top-up grant to support the reconstruction of 15,000 tsunami-damaged houses – this was a second level of support to homeowners in tandem with the above-mentioned grant. Through this approach, additional support would be provided to beneficiaries. At one end of the support scale, beneficiaries would receive an additional 250,000 Sri Lankan rupees (2,500 US dollars) to support house reconstruction, and benefits increased proportionally for individuals or communities requiring higher levels of non-monetary support.

The beneficiary was to be responsible for reconstruction of his or her own house, with technical support provided by the Sri Lankan government, the IFRC, the Sri Lanka Red Cross Society and other partners. Technical guidance was to be provided by government's North East Housing Reconstruction Unit in the north and east, and by South West Housing Reconstruction Unit in the south, the urban development authority and district secretariat offices, as well as by Sri Lanka Red Cross branches and partner National Societies.

Health facilities

By the end of the year, 11 projects for the construction and/or provision of medical equipment had been approved for implementation. A budget was established to cover the multilateral com-

mitment to fund 19 health facilities at a cost of 43 million Swiss francs. This project necessarily required time for planning and design approvals before tenders could be advertised.

Water and sanitation

In August, the Sri Lanka Red Cross Society and the IFRC signed a memorandum of understanding with the Ministry of Urban Development and Water Supply and the National Water Supply and Drainage Board. This committed the Red Cross Red Crescent to construct and renovate 26 water supply facilities over the next seven years. Areas targeted included Galle, Matara, Hambantota, Ampara and Jaffna. By the end of the year, projects budgeted at 30 million US dollars had been identified.

Disaster management

One significant contribution to the programme was the commitment by the Republic of Korea National Red Cross to fund the building of a national disaster management centre for the Sri Lanka Red Cross as a bilateral project.

Organizational development

In June, the Sri Lanka Red Cross Society and its Movement partners agreed on a minimum branch management structure and a core staff plan for National Society branches. The agreed structure aimed to provide an operational mechanism for the implementation of IFRC, partner National Society and ICRC supported programmes in tsunami-affected and non-tsunami-affected branches. Included in the funding for capacity building was a budget line for over 13 million Swiss francs for Sri Lanka Red Cross headquarters and branch buildings.

The situation after one year⁴⁶

The enormous relief operation had been largely successful. Immediate repairs to the basic infrastructure – such as major pipelines and water sources, roads, bridges, electricity and telephone lines – enabled relatively quick access to affected areas. Approximately 910,000 survivors received early food aid and a financial compensation system was put in place to help those affected rebuild their lives. Measures taken to address health needs, including the provision of safe drinking water, resulted in no major outbreak of disease. The government and the LTTE had cooperated in order to ensure that emergency humanitarian assistance reached those in need.

By the end of the year, over 54,000 transitional shelters had been built, almost covering the total requirement and allowing displaced people to move out of tents. Linked to this project was the provision of 5,000 latrines and, by the end of the year, 65 per cent of all camps and transitional shelters had full ablution facilities.

Some 150,000 people were assessed as having lost their main source of income – 50 per cent of them were fishermen. In the first year, it was estimated that three-quarters of people had had

⁴⁶ Joint report of the government of Sri Lanka and development partners. *Sri Lanka: Post-Tsunami Recovery and Reconstruction*. December 2005.

their livelihoods restored. Some 90 per cent of the boats lost and damaged had been repaired or replaced.

The building of permanent housing to replace the 120,000 homes lost (51 per cent in the north, 11 per cent in the east) had begun, although progress had been impeded by the change in the definition of the buffer zone late in the year. When the buffer zone from the sea was made smaller, the number of households that had to be relocated was substantially reduced. Of the 32,000 houses damaged within the buffer zone, donors committed to funding most of the new housing on plots outside the zone. By the end of the year, 10,707 were under construction or completely built (4,299 houses). For the owner-driven houses, some 55,500 beneficiaries had received their first cash instalment.

Challenges remained with the housing project: there were insufficient numbers of government technical officers to monitor owner-driven housing; there were the problems associated with establishing legal ownership to land due to the absence of documentation; and there was a lack of land for rehousing. Furthermore, it was recognized that property ownership was being vested in the male head of household. In an effort to correct this, the government approved gender mainstreaming in tsunami recovery and provided land rights to women to ensure joint ownership.

By the end of 2005, the recovery programme was gaining momentum and the government had its budget of 2.2 billion US dollars fully covered by pledges from the international community.

Maldives: emergency response and early recovery

Operational overview

Maldives had experienced no national disaster in its recorded history. Being low lying with an average elevation above sea level of 1.5 metres, its 199 inhabited islands had experienced sea surges and flooding, but nothing on the scale of the tsunami. Three hours and 18 minutes after the earthquake struck off the coast of Sumatra, the tsunami reached Maldives, at 9.20am on 26 December 2004. There was no early warning.

By the time, the waves reached Maldives, they were relatively small – estimates range from 1 metre to 4.4 metres – but the effects were felt across the whole country. All but nine of the inhabited islands were partially or completely flooded. Houses were destroyed, power supplies were wiped out, water supplies were polluted, and there was widespread damage to essential infrastructure, including harbours and jetties.

One-third of the population lived on one island, Malé, the capital city. While two-thirds of Malé was flooded, the tsunami caused no major damage and the machinery of government was essentially in place. However, the airport was closed for two days, cutting the country off from

the rest of the world until the runway could be cleared of debris from the flooding and repaired for air traffic.

The distance between the northern-most island and the southern-most is 900 kilometres. Marine transport was the only immediate physical means of communications as the two internal commercial sea plane companies suffered serious damage, and land-based air connections to four domestic airports were not operational for several days. Communications links with 182 islands (over 90 per cent of the inhabited islands) were down for ten hours or more, making it impossible to immediately gauge the full extent of the disaster.

Maldivians not resident in Malé live in relatively isolated island groups centred on 23 atolls or administrative regions, where the atoll capital affords a level of public services. At island level, these services are at a more limited and basic level.

Impact on the population

Fortunately, the loss of life was not great in absolute terms compared to other countries: 108 people lost their lives. Just three tourists lost their lives, although tourist resorts were located on 87 islands, in addition to the 199 islands inhabited by Maldivians.

One-third of the local population lived on islands in small communities of 500 people or less. These people were particularly vulnerable in the first few days as they were forced to depend very much on their own resources until they could be reached.

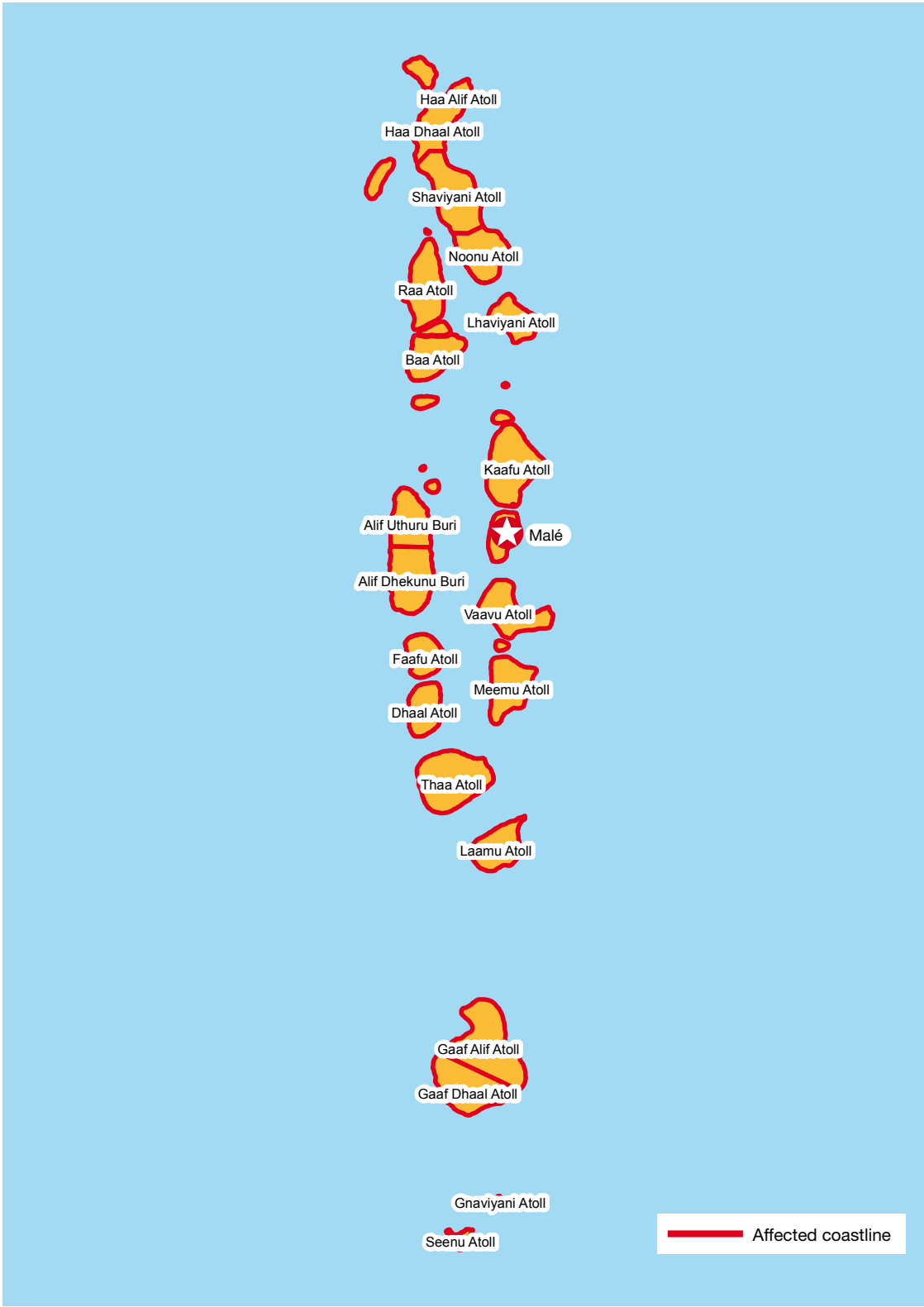
The impact on the country was nationwide. The central and southern-central islands were the worst affected, but the impact was not uniform with islands across the nation suffering serious damage. Only nine islands suffered no damage at all. In total, 53 of the inhabited islands were severely damaged and a further 13 destroyed to the point that the population had to be permanently relocated. One-third of the country's population of 290,000 people was directly affected. Some 29,000 people were immediately made homeless, having to find accommodation with family or neighbours. This number gradually diminished over the weeks as people found alternative solutions, but a core of 11,000 people remained in tents, emergency shelter or living with host families. For many who lost their homes, their belongings were also washed away, including household goods, and legal and other documentation that later proved so important in establishing land ownership.

Fresh water was a priority need for many of the affected people as seawater had entered shallow wells and the precious fresh underground water supplies. Human waste from damaged or destroyed septic tanks and pit toilets also seeped into underground water supply systems.

Economic losses

A joint assessment conducted by the UN, the World Bank and the Asian Development Bank⁴⁷ estimated that the equivalent of 62 per cent of the country's GDP had been destroyed – around

⁴⁷ The World Bank, Asian Development Bank, UN System. *Maldives Tsunami: Impact and Recovery, Joint Needs and*



470 million US dollars. One regional hospital, two atoll hospitals, 19 health centres and 21 health posts were damaged or destroyed, together with a huge loss of medical stock. Of the nation's 315 schools, 116 were affected in some way with 8 needing complete reconstruction. The government estimated that the reconstruction of infrastructure alone would cost 390 million US dollars.

Many homes were destroyed or damaged. After full assessment, the government established that there was a need for 2,879 new houses to be constructed and 5,215 to be repaired. The fishing industry, which is the second-largest income-earner involving some 20 per cent of the population, suffered direct losses estimated at 24.75 million US dollars. The small agricultural sector lost many perennial trees, such as breadfruit, mangoes and guava, while saltwater intruded into about half of the cultivated land.

Of the 87 islands where high-end tourist resorts were located, 21 of them were damaged to the point of having to close, and six had to be totally rebuilt. As tourism represented the country's main source of income, this loss and the premature departure of most of the tourists, combined with the subsequent 50 per cent drop in tourist numbers in the following six months, was a major blow to the Maldivian economy. The impact of the tsunami saw the government's current account deficit double from 12 per cent before the tsunami to 25 per cent in 2005.

National and international response

National response

The government immediately declared a national emergency and established an ad hoc ministerial task force which, in turn, set up a National Disaster Management Centre (NDMC) to coordinate the relief operation. The Minister of Defence and National Security, as chief disaster relief coordinator, had the resources of the national security service and coastguard at his disposal to play the key logistical role in rescue, delivery of relief supplies and transport. Representatives from all relevant ministries, international agencies, representatives from deployed foreign military resources, NGOs, the media and other organizations were accommodated under one roof so that frequent consultation and coordination was possible.

A special body, the Management of IDPs (MIDP) unit, was formed to take responsibility for the welfare of internally displaced people and to manage the relationship with resident communities as many of the displaced were living on host islands. With the passage of time, tensions between the two communities inevitably began to manifest themselves.

During the first month, many individual Maldivians and corporate bodies volunteered time and resources. Those with boats assisted with transport, storekeepers donated food, and volunteers spent several weeks in the capital, Malé, sorting and sending donated materials. Organized local NGOs lacked a strong national capacity and there was no National Red Cross or Red Crescent Society to provide a ready link to the affected communities.

Drawing on the needs assessment carried out in February 2005, the government produced the National Recovery and Reconstruction Plan (NRRP)⁴⁸ in early March. This contained 95 projects across 14 different sectors and became the framework for coordinated assistance for all donors. The initial NRRP called for assistance amounting to 375 million US dollars.

International response

The navies and armed forces of several countries played a key logistical role in the emergency period. American, Bangladeshi, French, Indian and Pakistani forces helped with provision of relief and medical supplies, medical evacuations, the transportation of tourists from resorts, and the distribution of water and food. Given the difficulties in accessing small and scattered communities over wide expanses of water, this assistance was vital in the first few days.

The UN already had a presence in Maldives, but few other international organizations had experience of working in the country. In addition to the IFRC, the World Bank, the Asian Development Bank and the Japan International Cooperation Agency (JICA) established offices and a few INGOs (for example, Oxfam) contributed to the relief and recovery effort, particularly in the earlier operational period. The scale and complexity of the needs in Indonesia and Sri Lanka absorbed much of the attention of the international community, and Maldives did not attract the same number of donor representatives on the ground.

Among the UN agencies, UNDP partnered with UN-HABITAT in playing a key role in repairing damaged housing. WHO assumed responsibility for support in addressing many of the most pressing health needs. The Food and Agriculture Organization of the UN (FAO) worked on restoring livelihoods and rebuilding the fishing sector. UNEP was present to initiate the process of waste clearance and WFP handled food distributions to the affected populations.

Red Cross and Red Crescent relief response

Maldives was one of the few countries in the world where there was no established National Red Cross or Red Crescent Society or National Society in formation. Furthermore, civil society organizations and NGOs were not strong, and there was a lack of nationwide capacity for all but a few of the existing organizations.

IFRC

News of the damage in Maldives was slow to emerge. The IFRC quickly dispatched a four-person RDRT on 29 December, followed by a three-person FACT on 31 December 2004. The two teams worked together to assess the situation in coordination with the government and the UNDAC team. Field assessments were made to 19 islands on 7 of the worst-affected atolls. The South Asia regional delegation actively monitored the situation and delegates visited to support the relief planning and interventions. By the third week of January, the IFRC had sent a more permanent delegation to take over from the FACT and RDRT, with the expectation that this delegation would remain for six months to manage the relief phase.

⁴⁸ Ministry of Planning and National Development, *National Recovery and Reconstruction Plan: Programmes and Projects*, Second Print, March 2005. Link via www.planning.gov.mv/en/content/view/279/86/



In the Maldives, virtually every part of the entire island chain was hit and flooded by the tsunami waves. Photo: IFRC

In the revised preliminary appeal of 12 January, the IFRC sought to address the needs of 10,000 people as the initial target population. The appeal objectives were firmly based on achieving complementarities with the plans of other agencies, especially the UN and Oxfam, as an outcome of regular donor coordination meetings.

Relief phase achievements

Food, medical supplies, hygiene kits, kitchen sets, water and sanitation equipment and other relief supplies were brought into the country and distributed in the days following the disaster. Some 12,640 beneficiaries were reached with the first round of relief distributions in January.

As the relief operation progressed, 5,000 mattresses, 10,000 pillows, 20,000 family hygiene kits and 600 sets of cooking utensils were provided to support the IDPs. A total of 21,000 sheets of corrugated iron were imported from India to enable the construction of transitional shelters. The IFRC committed funds for the purchase of other building materials, sufficient to build 89 accommodation blocks and the associated latrines and shower blocks for an estimated 9,000 displaced people. This funding commitment was to be met in two stages for a total amount of 3.1 million US dollars. The design of the accommodation blocks was improved as work began to ensure compliance with Sphere standards. By the end of 2005, most of the transitional shelters

had been built and 7,488 internally displaced people had been relocated to them, awaiting new permanent housing.

Restoring electrical power was a major project. The IFRC, with support from the British Red Cross, had 32 generators airlifted to Maldives, transshipped and installed on various islands, which benefited an estimated 22,000 people.

The Red Crescent Society of the Islamic Republic of Iran was among the first of the National Societies to respond bilaterally. Before the end of December, it had sent delegates with supplies of canned food, tents and clothing. At the beginning of January, an American Red Cross psychosocial team arrived from India. It trained 59 counsellors in psychosocial first aid and 321 school teachers in counselling skills. The team played a key role in addressing the widespread need for stress-related disorders and post-disaster trauma counselling.

A major challenge for the whole relief operation had been the difficult logistics situation with 69 severely affected islands separated by water and long distances. In some cases, jetties had been destroyed making the shipment of goods even more difficult to handle. Existing transportation

Kandholhudhoo Island (9.9 hectares in size) on which approximately 3,600 people lived, was evacuated after the tsunami.

Photo: IFRC



resources were stretched and the shipment of relief goods had to take priority over normal trade. The national security service had taken responsibility for coordinating logistical support, and set up seven forward control centres as regional depots to provide on-forwarding services and to handle the transportation of goods. The IFRC, with no existing independent capacity in-country, relied on the government service to transport goods, monitoring ultimate distributions as practicable. To support the government's logistics efforts, the IFRC provided four rubb halls. In March, with a major bottleneck in the supply line, the IFRC paid for the government to charter a large landing barge to move some critically needed supplies to the outer islands where harbours and jetties had been destroyed or damaged.

Red Cross Red Crescent coordination

To facilitate the work of the IFRC Maldives, the government signed a legal status agreement with the IFRC on 1 March 2005. This paved the way for much-improved operational facilities, including tax exemptions, the capacity to enter into contracts, and the easing of visa formalities for expatriate staff. Subsequently, the government granted special legal status to the partner National Societies that were in-country, allowing them to open offices and to enjoy certain privileges for the lifespan of the recovery programme.

The number of partner National Societies grew over the first six months, by which time six societies – the American, Australian, British, Canadian, French and German Red Cross societies – were established in-country with project offices. As they had been accorded a project-based legal status, they did not depend on the IFRC's agreement with the government.

A formal Movement Coordination Framework was not deemed appropriate, especially as there was no host National Society. Weekly information meetings were convened by the IFRC head of delegation to ensure good information flow on all programming developments and plans. In addition, a weekly meeting with all partner National Society heads of mission was held to discuss and seek agreement on issues of common interest.

A cooperation agreement was prepared by the IFRC, in consultation with the partner National Societies, to define some roles and responsibilities and to express the spirit of cooperation expected in Maldives. The IFRC had the lead role in a range of matters, such as National Society formation and development, security, encouraging a coherent approach for profiling the Movement, and facilitating coordination within the Movement. Each partner National Society was encouraged to contribute to a stronger Movement response and profile, and was expected to take the lead in coordinating certain activities. By the end of the year, the cooperation agreement had been formally signed with the Australian and British Red Cross societies. All but one of the partner National Societies followed in 2006.

The IFRC's delegation took the lead in representing the Movement in its contact with the government, and in coordinating responses to the post-tsunami relief and recovery needs. Joint efforts were made in order to have well-coordinated approaches to certain issues, such as the recruitment and retention of volunteers, and the conditions of employment for local staff.

The ICRC regional delegation in New Delhi maintained contact and, in addition to carrying out its mandate to visit political detainees, visited Maldives to keep abreast of the evolving efforts to establish the Maldivian Red Crescent.

Recovery begins

Planning for recovery

Recognizing the requirement to support ongoing recovery needs, the IFRC decided to maintain its presence in Maldives after the relief phase. The original plan was to remain for six months only. In the absence of a National Society, the IFRC needed to develop projects prioritized in the NRRP and sought partnerships with the government to this end. In recognition of this emerging partnership, the Minister for Planning and National Development, accompanied by a senior staff member, was invited to attend the Tsunami Response Forum in Hong Kong. The government's initiative and ability to produce a comprehensive plan in the form of the NRRP two months after the tsunami paid dividends in Hong Kong as several partner National Societies found concrete project proposals to which they were willing to commit. Project partnerships grew and the Movement eventually committed 150 million US dollars through the NRRP, becoming the largest single donor to the recovery programme.

The partnership commitments were all made through memoranda of understanding or written agreements with the government. The government considered them to be legally binding commitments – more than just statements of intent. The government asked for these documents to be in place before they accepted a donor's interest in a project as a 'hard commitment'. This interpretation was based on the government's concern that pledges might not be fully honoured and that allocating projects on the basis of an expression of interest could lead to the loss of reliable potential donors. Donors were therefore invited to support projects on a first come, first served basis, with project sponsorship secured through memoranda of understanding or agreements.

The main areas of support agreed by the IFRC were the building of over 2,000 new houses (IFRC, British and French Red Cross), the building, repair and replenishment of health facilities (German Red Cross), psychosocial programming (American Red Cross), removing waste from 73 islands and providing waste management centres (Australian and Canadian Red Cross), repair of sports and public infrastructure (Canadian Red Cross), distribution of 15,200 water tanks across 79 islands (IFRC), water desalination plants for 15 islands (IFRC), off-island sewerage disposal for new housing projects (American and British Red Cross and IFRC), livelihoods projects (British and French Red Cross) and building community resilience and disaster preparedness (IFRC and British Red Cross).

Plan and budget: 6 May 2005

The main activities planned for implementation by the IFRC were:

- **Water and sanitation:** Support for this sector was shared with UNICEF. Access to safe water was seen as a particular priority. The IFRC agreed to install water desalination units

(reverse osmosis) on islands that were particularly vulnerable to shortages of potable water. It also agreed to provide rainwater harvesting kits for 100,000 beneficiaries and to provide off-island sewerage for all the new housing it constructed.

- **Disaster management:** There was continued support for the building of transitional shelters for internally displaced people and for providing them with livelihoods support.
- **Recovery:** The goal was to construct 960 houses and associated buildings for displaced people. Some 700 of these houses were for people who had voluntarily agreed to relocate to new islands away from their former homes, as the tsunami had highlighted their extreme vulnerability.
- **Organizational development:** With the goodwill generated as a result of the Movement's contribution to the post-tsunami relief operation. There were plans to initiate a process to form a National Red Crescent Society.
- **Humanitarian values:** With extremely limited knowledge of the Movement and the significance of its emblems and the values it represents, the aim was to increase understanding of the fundamental principles and humanitarian values.

By the end of the year, rainwater harvesting kits – each comprising a 2,500-litre water tank, guttering and downpipes – were being imported from India and distributed. Over 15,000 kits were purchased and 72.5 per cent of the kits, covering 78 per cent of the targeted islands, were distributed by the end of 2005.

Two of the reverse osmosis plants were installed once a pilot project had tested the technical requirements and it was understood how best to introduce a participatory approach. This was important as the plants would have to be operated and maintained by the island communities.

A total of 1,084 transitional shelters for 6,500 internally displaced people were completed by the end of the year, all fully meeting Sphere standards. A delegate was deployed to assist with community mobilization and vulnerability assessment in determining the beneficiary list for new IFRC-provided houses. The government had a policy of a 'house for a house' and agreed to fund houses for people who did not meet the IFRC vulnerability criteria.

A number of new houses were under construction with the first scheduled to be completed in the first quarter of 2006. The massive project to relocate 3,600 people onto the hitherto uninhabited island of Dhuvaaafaru had been through the design phase and was put out to tender.

A public meeting had been convened at the end of September, with the support of the government, to promote the need for the formation of a Maldivian National Society. Eighty people volunteered to work to support the process. Weekly meetings were held to draft statutes, plan the most suitable organization and map possible activities. The government had been approached

to facilitate the issuing of a presidential decree to enable the legal base to be established. Without this, no activities could progress beyond the planning work undertaken by the volunteers. Individuals from the partner National Society delegations in the country actively contributed to this process.

Red Cross Red Crescent dissemination activities, through the media and public meetings, took place as efforts were made to build understanding about the Movement and its humanitarian values. This was also critical in creating the right environment for the formation of a National Society as many members of the public wrongly assumed the Movement to be a Christian-based organization; Maldives is an Islamic state.

The situation after one year

Six days before the tsunami struck, Maldives had graduated from the UN-classified Least Developed Country (LDC).⁴⁹ Because of the set-back to the economy caused by the disaster, this graduation was subsequently suspended to enable the country to receive the full concessions and benefits of an LDC until 1 January 2008, and until 2011 for graduation to become fully effective. This was important for the economy if the country was to receive concessional loans and other benefits.

By the end of 2005, the important tourism sector had rebounded after the initial sharp downturn and virtually all the resorts had been repaired and reopened for business. Assistance provided to the fishing industry had restored the livelihoods of most of the affected people.

The government had held high expectations about the speed with which new houses could be constructed, but the process of approving land plans, designing and tendering took longer than expected with severe capacity constraints. The government initially required that all building be undertaken by Maldivian-owned companies, but this was broadened to include the possibility of joint partnerships with offshore companies in order to increase capacity. In addition, the process of community consultation and reaching agreement on voluntary relocation took time. The government held firmly to the principle of relocation being voluntary, but decisions often proved difficult to make as island communities could not always readily agree amongst themselves.

The Maldivian government embraced the UN concept of 'building back better' and opportunity offered by the tsunami reconstruction programme. It was seen as giving the impetus to addressing long-standing issues related to the provision of safe water, proper sanitation and quality health and education services. Planning required policy development and new technical standards to guide projects in meeting the requirements of sustainable development. The absence of these complicated and slowed the implementation rate and there were concerns about sustainability, particularly for water and sanitation projects, during the recovery period.

⁴⁹ Ministry of Planning and National Development. *Country Review Report on the Implementation of the Brussels Programme of Action for LDCs*. Republic of Maldives. January 2006.

By the end of 2005, humanitarian needs were being met and reconstruction was slowly gathering pace. The government was anxious that the NRRP remained underfunded with 145 million US dollars still required to bridge the funding gap. With 30 per cent of the funding unsecured, Maldives was the only tsunami-affected country whose appeal for assistance was not fully covered at the end of the first year.

India: emergency response and early recovery

Operational overview

The greatest impact of the tsunami was felt on the Andaman and Nicobar Islands and on the eastern and southern coast of mainland India. The Andaman and Nicobar Islands were the first part of India to be hit by the earthquake (magnitude 7.6) since the islands are located on the same earthquake fault line, which extended from the epicentre near Sumatra. The damage caused by the tsunami and the risks presented by the aftershocks resulted in the Indian authorities deciding to limit access to the affected islands for safety reasons. Of the 2,200 kilometres of affected continental coastline, the greatest impact was felt in the states of Andhra Pradesh, Kerala and Tamil Nadu, and in the union territory of Puducherry. The tsunami wave travelled up to 3 kilometres inland in some areas.

Impact on the population

In all, 16,279 people lost their lives; a third were recorded as missing and presumed dead. Some 2.79 million people and an estimated 1,089 villages were affected by the tsunami in five states or union territories (Andaman and Nicobar Islands, Andhra Pradesh, Kerala, Tamil Nadu and Puducherry). An estimated 730,000 individuals were left homeless. The livelihoods of thousands of fishing families, and those families dependent on the fisheries industry, were destroyed. Close to 2 million people were estimated to have been affected either directly or indirectly.

Economic losses

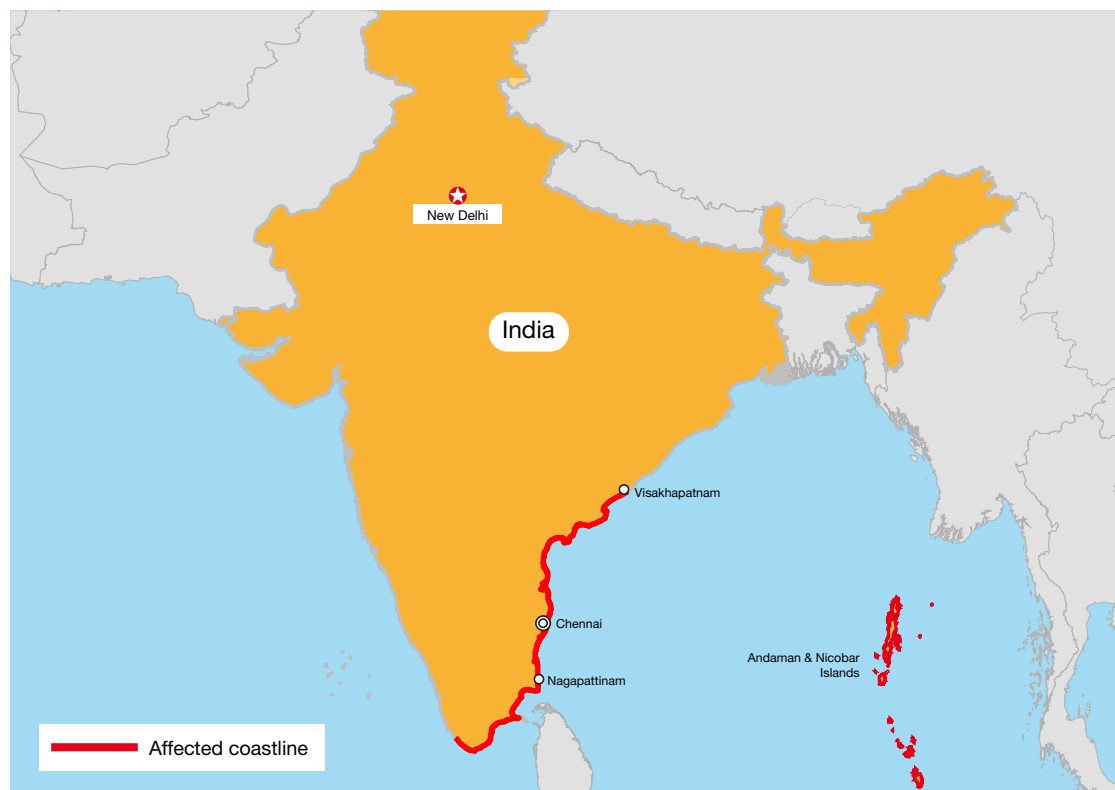
According to the government of India, overall damage was assessed at approximately 2.56 billion US dollars with the greatest damage suffered by the fisheries sector, houses and infrastructure. An estimated 157,393 homes were destroyed; a total of 83,788 boats were damaged; 31,755 livestock were lost; and 39,035 hectares of crops were damaged. The tsunami destroyed or damaged 80 hospitals and health centres in the worst-hit districts of the Andaman and Nicobar Islands, and Tamil Nadu.

National response

Immediately following the tsunami, a number of steps were taken at national level. The Ministry of Home Affairs was designated as the nodal agency for coordinating relief in the affected states and union territories, and set up a control room with a public helpline. A national crisis management committee was established under the cabinet secretary to draw up an emergency relief plan and to review the efforts together with secretaries of the relevant ministries and/or departments and chiefs of the armed forces.

An amount equivalent to 627.81 million US dollars was allocated to the affected states and union territories from the National Calamity Contingency Fund. In the various affected states and union territories, the chief ministers directed officials of the revenue department, under the relief commissioner, to coordinate search and rescue and relief efforts through the relevant district collectors with assistance from the police, the fire and rescue services, medical and health services, and all other associated departments. The state relief commissioners opened control rooms and disseminated information to the public and state government.⁵⁰

The key to the Indian government mechanism was to devolve significant authority to local administrators and to establish a network of state- and district-level knowledge centres. These, in turn, became a focal point for NGOs seeking involvement in recovery. In all, 1,360 medical teams were deployed, and food, clothing, water and cash allowances were distributed.



During the relief phase, India's government stated that, while it deeply appreciated the offers of assistance from foreign governments and international agencies, it had the capabilities and resources to deal with the aftermath of the disaster through its own national effort.⁵¹ As an auxiliary to its government, the Indian Red Cross Society worked closely with the authorities.

Red Cross and Red Crescent relief response

Indian Red Cross Society

An assessment team reached Nagappatinam, Tamil Nadu on 27 December 2004. The team comprised the secretary general and joint secretary of the Indian Red Cross Society, together with the disaster management delegate of the IFRC's regional delegation, and with the National Society's national disaster response team (NDRT) they deployed on 30 December to carry out a comprehensive sectoral and needs assessment of the affected population in Tamil Nadu – the worst-affected state.

In the period immediately following the tsunami, the state branches of the Indian Red Cross Society responded by mobilizing local financial and volunteer resources, providing cooked food and basic healthcare to the affected population. Approximately 10,000 volunteers were engaged in relief distributions, psychosocial support, and tracing and family links, reaching over 500,000 people. Medical teams and paramedical volunteers were mobilized, including from other state branches, to run mobile medical clinics and to support existing public health facilities.

The Indian Red Cross headquarters sent 26,000 family packs to the state branches of Andhra Pradesh and Tamil Nadu, and to the union territories of the Andaman and Nicobar Islands. Emergency food rations, clothing and relief materials were also dispatched by Indian Red Cross Society to other affected states.

As well as having trained volunteers and medical staff to mobilize, the key to responding quickly was the existence of pre-positioned relief items, which could be mobilized immediately. Red Cross warehouses around the country were able to rapidly dispatch goods to where they were needed.

During the emergency period, the Indian Red Cross Society managed largely with its own resources, releasing stocks managed by national headquarters and mobilizing interstate Red Cross branch support. The Indian Red Cross was also successful in attracting substantial corporate donors, including multinational organizations, which donated much-needed supplies such as bottled water and milk. Within the country, fund-raising efforts resulted in the equivalent of over 391,000 Swiss francs being raised to cover additional costs.

Red Cross Red Crescent

Within days of the disaster, an advisory group was formed with representatives from the Indian Red Cross, the IFRC regional delegation, ICRC and partner National Societies. As the Indian Red Cross took full responsibility for the emergency response, the advisory group's role was primarily

⁵¹ Press Guidance on India's position on tsunami relief assistance, New Delhi, 21 January 2005.

to provide technical advice on the different sectors. It looked to the regional delegation to play a supportive and coordinating role amongst other Movement members.

One area where specialized external assistance was sought was in setting up five mobile water purification units for the Andaman and Nicobar Islands. These were donated by the Spanish Red Cross and USAID. They were deployed with a three-person water and sanitation team (two technicians and a Spanish Red Cross water and sanitation delegate) to install and provide on-the-job training for local operators. Once in place, the plants supplied 100,000 litres of purified drinking water a day to 1,300 families in the islands.

Planning for recovery

As early as the end of January 2005, the Indian Red Cross convened a three-day planning meeting with representatives from the affected branches to develop draft plans for rehabilitation and reconstruction. This plan was endorsed by the Movement partners at the end of the meeting. However, the assessment and definition of needs was ongoing and took time. The process was slowed down partly because of the change of leadership at the Indian Red Cross Society. The secretary general resigned in early March and, although an acting secretary general had been appointed, the new secretary general was not appointed until the beginning of November. Furthermore, the Indian Red Cross experienced a considerable turnover of senior staff during this period – a period when other priorities, such as the humanitarian consequences of the large earthquake that struck India and Pakistan in October, absorbed the National Society's capacities and management attention.

The planning for recovery could not be fully completed by May 2005 in time for inclusion in the IFRC's tsunami operation plan and budget. Further revision and assessment was requested by the national headquarters. Nevertheless, a memorandum of understanding was signed on 10 May 2005 between the IFRC secretary general and the Indian Red Cross Society to establish a clear commitment to support the short-term recovery phase.

By the end of the year, disaster preparedness stocks that had been used during the initial emergency phase of the tsunami had been replenished. These included 30,000 family kits of non-food items. Procurement of other stock was also begun. The Andhra Pradesh state branch distributed 23 community fishing nets and 228 boats thanks to resources that had been mobilized nationally.

A further objective had been to provide the means of livelihood for 17,000 families in Andhra Pradesh, Kerala and Tamil Nadu. Although activities had been undertaken to support livelihoods initiatives, by the end of the year, the Kerala and Tamil Nadu state branches had not submitted revised plans, delaying the execution of the short-term recovery plan.

The situation after one year

By the end of the year, the fishing sector had been largely returned to normal. Fishermen were yet to receive the bigger and heavier nets that allowed larger catches further from the shore.



About 60 families in Thirumullaivasal, a coastal village of Tamil Nadu in South India, many of whom lost their homes.

Photo: Yoshi Shimizu / IFRC

However, the immediate needs of tsunami-affected fishing communities for new boats had been addressed through a range of government and NGO interventions.

The large number of people who depended on the fishing industry for their livelihoods, and who provided an important component of the local market economy, received skills training and support to rebuild their lives and the local economy.

The government – supported by UN agencies, NGOs and civil society – had built 39,000 temporary shelters in 900 relief camps, which accommodated 647,000 people displaced by the tsunami. The UN estimated that 70 per cent of the houses destroyed were expected to have been replaced by mid-2006.⁵² Land availability remained an ongoing challenge and progress was slower in the Andaman and Nicobar Islands, partly because of the remoteness of the islands and partly because key logistical facilities suffered such a high level of damage.

The majority of the 2.18 billion US dollars secured for long-term recovery was committed by the Indian government. An amount of 800 million US dollars had been pledged from external sources, primarily from international financial institutions.

⁵² UN Team for Recovery Support. *Tsunami: One Year After – A Joint UN Report – India*.

Bangladesh: emergency response and early recovery

Operational overview

In Chittagong, the earthquake measured 7.36 on the Richter scale. It sent three aftershocks across Bangladesh; two children died after a boat capsized and more than 100 people were injured; it caused minor damage to buildings and raised the water levels of rivers and lakes.

Geologists attributed the limited wave damage in Bangladesh to the natural process of sedimentation from the numerous rivers that flow into the Bay of Bengal. As a consequence the seabed on the continental shelf is shallow along the coast. This created a barrier, absorbing the impact of the tsunami, and helped to slow down the sea surges before they hit the coastline. The north–south orientation of the shock is also considered to have reduced the impact on the Bangladesh coast.

Bangladesh Red Crescent Society

Following the earthquake off the coast of Sumatra, the Bangladesh Red Crescent cyclone preparedness programme immediately activated its early warning system in the coastal belt. The cyclone preparedness programme boasted more than 33,000 volunteers trained in evacuation, rescue, first aid and emergency relief work, and it covers 11 districts in the coastal area. A damage assessment of the whole Bangladesh coastal belt through the early warning network was completed within four hours.

Relief and recovery

There were no special needs to be addressed during the relief phase, but the importance of a strong early warning system – as highlighted by the cyclone preparedness programme – showed the need to extend its coverage during the recovery phase. Accordingly, the IFRC's 6 May 2005 plan and budget included assistance for the Bangladesh Red Cross Society to expand the programme to all 31 sub-districts in the coastal area. The programme network was only operational in 13 of the sub-districts when the tsunami struck. The activities planned for the remaining 18 sub-districts included strengthening early warning systems, dissemination and raising awareness, as well as search-and-rescue and first-aid training. Linked to this, organizational development support for the National Society was also planned.



By the end of the year, slow progress had been made in implementing the plan. However, work had started to increase awareness about earthquake and tsunami disaster response and preparedness in coastal areas, as well as the upgrading of the cyclone preparedness equipment to improve the quality of the programme and to motivate volunteers.

In the following four years, after having integrated tsunami preparedness into the cyclone preparedness programme, tsunami funding had contributed towards expanding training and awareness-raising activities to cover tsunami and coastal flooding events, renewing and upgrading equipment used to communicate early warnings, and repair work to the cyclone shelters that provide refuge from tidal waves and storms.

East Africa and Indian Ocean

Somalia: emergency response and early recovery

Operational overview

One-metre high waves, generated by the tsunami, were reported to have hit the coast of Somalia, with the worst-affected area in the north-east, particularly a stretch of around 650 kilometres between Hafun (Bari region) and Garacad (Mudug region). Many parts of Somalia had already been suffering from four consecutive years of drought and periodic floods, in addition to chronic conflict and insecurity. The tsunami represented a further assault on an already vulnerable population.

Impact on the population

In total, 289 people were killed by the tsunami in Somalia. The UN estimated that as many as 18,000 households were directly affected. About 2,000 buildings, 1,400 of them permanent, were damaged. In Hafun alone, which is situated a few metres below sea level, virtually all of the 800 buildings along the shore were destroyed. Nearly 600 fishing boats that provided income for 75 per cent of the people in the region were destroyed. Wells were washed away. The livelihoods of many people living in the small fishing villages along the coast were devastated; the situation was made worse because the tsunami coincided with the peak of the fishing season, which increased the number of people affected.

National and international response

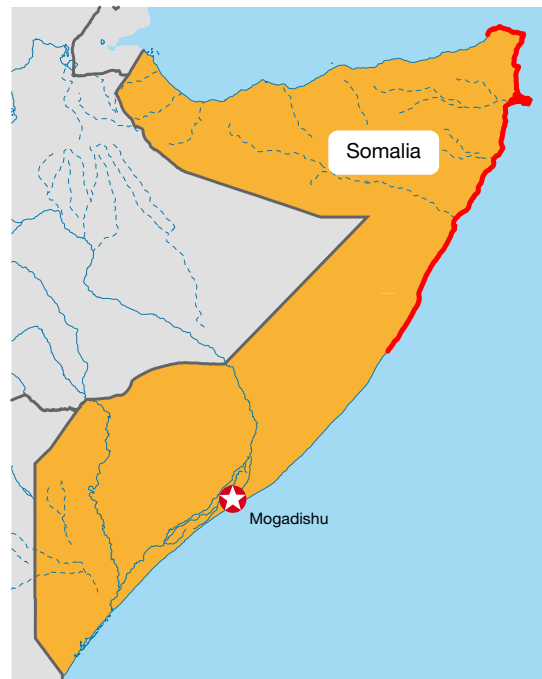
National response

On 27 December 2004, the Puntland authorities declared an emergency and the prime minister of the Transitional Federal Government of Somalia appealed to the international community to extend assistance to the affected population. Although the government's capacity was limited, the prime minister established an emergency disaster response group to coordinate government efforts.

International response

UNOCHA had taken the initiative to establish a tsunami task force in Nairobi to coordinate the delivery of humanitarian assistance. The task force, called the Somali Aid Coordination Body (SACB), comprised UN agencies, NGOs, donors and international organizations, including the IFRC and ICRC. The Somali Red Crescent Society took part in the field-level coordination forum set up in Garowe.

Owing to the limited logistical capacity of the Somali authorities, on 30 December 2004, the UN facilitated an interagency aerial assessment to explore the magnitude of the damage in the three worst-affected areas of Beinder Beila, Hafun and Garacad. Staff from Somali Red Crescent branches in Garowe and Galkayo took part in this initial assessment.



Red Cross Red Crescent relief response

Somali Red Crescent Society

Staff and volunteers from the Somali Red Crescent Society were the first to provide emergency response in many of the worst-affected areas in the regions of Bari, Nugal and Mudug. Trained volunteers were mobilized from both inland and coastal districts. Health staff from the National Society's clinics and branches were instrumental in the disaster health and sanitation response and in carrying out assessments. The initial work of first aid and medical referral was quickly followed, in January, by the distribution of essential drugs and oral rehydration solutions, the sanitation of households and chlorination of water sources, the treatment of eye, skin and other infections, environmental hygiene and clean-up campaigns, psychosocial support, and health and sanitation awareness activities, all of which continued in February.

Partnerships with other operational organizations were essential during this phase. From the outset, WFP had taken overall responsibility for food assistance, drinking water was the responsibility of UNICEF, and shelter was the responsibility of UNHCR and UNICEF. WHO took responsibility for providing emergency health kits and UNICEF provided supplementary medical items. Somali Red Crescent staff worked closely with UNICEF and WHO in particular – both long-standing partners of the Somali Red Crescent integrated healthcare programme – to coordinate and complement emergency health efforts. Through its office in Bossaso, UNICEF had significant supplies of relief and medical items pre-positioned in the region, and the Somali Red Crescent Society worked with UNICEF to distribute and use these items.

Given the limited services available to the affected communities, the Somali Red Crescent Society played an important role in undertaking relief and basic health activities in cooperation with UN agencies, despite extremely difficult security and logistical conditions throughout the country. In Puntland, local communities already relied heavily on the Somali Red Crescent Society as a major component of the health structure, which meant it was important for international organizations to partner with the Somali Red Crescent Society.

IFRC

The regional delegation based in Nairobi played a strong leadership and support role. Owing to the conflict situation inside the country, the Somali Red Crescent Society was headquartered in Nairobi. The IFRC and ICRC worked closely with the National Society to provide operational and logistical support and advice, as well as staff for assessment missions. Numerous partner National Societies wished to support the work of the Somali Red Crescent Society, including the American, Belgian, British, German, Luxembourg and South African Red Cross societies, and the Hong Kong branch of the Red Cross Society of China. The IFRC's regional delegation assisted in coordinating these interests.

With many UN bodies, international organizations and other interested humanitarian agencies stationed in Nairobi, the work of representing the Movement was an important role for the regional delegation. Together with ICRC, the regional delegation was a member of the Somali Aid Coordination Body, with special contributions to make in the area of health services, where the Somali Red Crescent Society was one of few agencies with community-based capacity, albeit limited.

Logistics

The logistical constraints were enormous as the affected stretch of coast is one of the least accessible parts of the country. There is no road infrastructure in most areas and it is often impossible to travel along the coast without backtracking inland. Supplies to badly affected Hafun, for example, could only get there by four-wheel-drive vehicles and using limited windows of opportunity between tides to access the town. Furthermore, communications and the ability to convey information were extremely difficult and compounded the operational difficulties.

Recognizing the need to greatly improve communications within the National Society's branches, the IFRC's regional IT team prioritized the upgrade of the communications infrastructure of the Bossasso, Garowe and Galkayo branches, which were at the forefront of the tsunami response. By the end of March, radios had been installed in all the branch outreach and monitoring vehicles, while computers in Bossasso and Garowe branches had either been upgraded or purchased.

Relief achievements

Approximately 5,000 beneficiaries in the hardest-hit area of Hafun and nearby villages received oral rehydration salts. The Somali Red Crescent Society, in partnership with UNICEF, also carried out an environmental clean-up and household sanitation activities. Volunteers also assisted

UNICEF with the distribution of high-energy biscuits and shelter materials, and helped WFP to distribute food in Hafun.

The Somali Red Crescent was able to cover the affected coastal regions of Eyl and Jariban through its 12 mother-and-child health/outpatient clinics, and supported by its branches in Galkayo and Garowe. Moreover, 70 Red Crescent volunteers were active in Bari region and a further 30 volunteers active in Mudug and Nugal where, through their outreach activities, they treated over 700 people.

Just before the tsunami hit, the IFRC had trained a number of Somali Red Crescent branch members in contingency planning and vulnerability and capacity assessment (VCA). Trainees included key staff and volunteers from the Galkayo and Garowe branches, and they were able to put these skills to good use during the early response and assessment phases.

Despite the fact that the environment presented a very high risk to public health, there were no major disease outbreaks. This is to the credit of all the organizations that assisted those affected by the tsunami at community level, including the Somali Red Crescent Society.

Red Cross Red Crescent coordination

From the outset, Movement coordination was very well managed with daily meetings between the National Society, IFRC delegation and ICRC, with regular updates to interested partner National Societies. Periodic meetings in Nairobi brought all partners together to review the activities so far and to decide future direction.

Recovery begins

Planning for recovery

One month after the tsunami, a joint Somali Red Crescent and IFRC review team, with logistical support from ICRC, conducted a ten-day mission through the tsunami-affected areas to assess and update the situation at that time. The team's findings are as follows:

- Health services in Bari region were extremely limited and unreliable. Staff could not be found at many health centres. There was no district hospital available in the region for referral. Health services were the responsibility of the authorities with support from international organizations, many of which had withdrawn before the tsunami because of insecurity. This region included Hafun, the town worst hit by the tsunami.
- Further south in Nugal and Mudug regions, the only fully functional health facilities operating in the tsunami-affected coastal strip were the static and outreach health services provided by the Somali Red Crescent clinics in Eyl and Jariban districts. Staff and volunteers had played an important part in responding after the tsunami.
- The team identified persistent diarrhoeal diseases, eye and skin infections, as well as upper respiratory tract infections – all attributed to poor environmental conditions and poor

hygiene practices. This phenomenon was observed in most areas visited except Eyl, where reasonably good water sources were available.

- Emphasizing the challenges associated with securing adequate water supply, UNICEF had set up a base in Hafun and was trucking water from a source 95 kilometres away from the town, enabling 20 litres of water to be distributed to each household per day. This situation was unsustainable.
- The situation regarding access to adequate sanitation and latrine coverage was alarming. In Bari region, latrine coverage was effectively non-existent and, in general, where latrines did exist, they were hardly used. This highlighted the need for education programmes to be delivered alongside the provision of hardware. Red Crescent volunteers in Hafun had begun to conduct hygiene promotion activities through the dissemination of simple hygiene-related messages, such as hand-washing at critical times, safe disposal of refuse and the proper use of latrines. These activities needed to be reinforced.
- The team found little evidence of the restoration of livelihoods at this time.
- The review team observed that there was an urgent need for qualified staff to deal with the psychosocial aspect of the disaster.

The findings of the review team were shared among members of the Movement and became a basis for planning longer-term activities. They led to a focus on scaling-up health education, sanitation activities and health rehabilitation. On the disaster management side, greater emphasis was placed on targeted community-based risk reduction. The mission results were also shared with all SACB partners and helped to inform the inter-agency sectoral assessment performed later.

By the end of March, it was decided that the emergency phase was over. There was a shift to a more standard Red Crescent volunteer approach, with newly recruited and trained teams of volunteers in place among communities themselves. The focus shifted to improving and expanding the core areas for which the Somali Red Crescent Society was known and providing services to vulnerable communities in those areas. Principally, these were the provision of primary health-care and activities that promote health and hygiene.

Outreach services to remote tsunami-hit communities from the mother-and-child/outpatient clinics were expanded. There was a focus on raising community awareness about water and sanitation, with training activities to complement the hardware components of other agencies' work. The water and sanitation facilities of the Somali Red Crescent clinics themselves were to be upgraded as an example of sound practice within the catchment populations.

Plan and budget: 6 May 2005

Plans for longer-term emergency and recovery activities were integrated into the IFRC's tsunami operation plan and budget of 6 May 2005. The main elements included in the plan and budget were:

- **Health and care:** to strengthen the Somali Red Crescent Society's health training and health education to communities, with an emphasis on reinforcing hygiene procedures and practices, improving water and sanitation, and upgrading health facilities
- **Disaster management:** to strengthening vulnerability and capacity assessment (VCA) skills and contingency planning at Somali Red Crescent branch level, developing the logistics management capacity of the National Society
- **Organizational development:** to further strengthen the capacity of the National Society, including reporting capabilities at all levels
- **Humanitarian values:** to supporting staff and volunteers to acquire skills in dealing with the media and external relations

By the end of the year, the Somali Red Crescent had opened four more clinics in Bari region in response to community needs assessed after the tsunami. With continued support from the IFRC, the National Society provided essential healthcare to vulnerable communities in the 12 mother-and-child health/outpatient department clinics in Puntland. Staff were recruited and trained in the management of childhood ailments. Among the partner National Societies, the American Red Cross supported its Measles Initiative partners by funding vaccines for a campaign to reach children aged 9 months to 15 years. Somali Red Crescent staff and volunteers actively participated in the national immunization campaign.

The Somali Red Crescent Society, with the support of the IFRC's country and regional delegations, conducted participatory hygiene and sanitation transformation (PHAST) training for its 35 health officers and volunteers from three branches in Puntland. An assessment was conducted to identify possible water and sanitation interventions in the districts of Galkayo and Garowe. Further assessments were due to be carried out in Bossasso branch in early 2006. The Garowe hospital was also assessed, and recommendations for improvement were made in the areas of waste disposal systems and to expand the existing water supply storage facilities.

VCA training was held for 25 course participants from all the zones of Somalia (South and Central, Puntland, Somaliland).

The situation after one year

Having had no effective government since 1991, combined with an ongoing drought, no amount of outside aid was ever going to resolve all the difficulties that people were facing in the tsunami-affected areas. However, a new town was under construction in Hafun – this time built 500

metres from the sea. A covered market and a centre where women could meet had also been built. The fishing industry was recovering, with many boats having been replaced by aid agencies, and some new roads had also been built.

Seychelles: emergency response and early recovery

Operational overview

The tsunami hit Seychelles on 26 December 2004, causing severe flooding and major damage to the country's bridges and roads, the fishing port, hotels, public utilities, houses, and water and sanitation facilities. Most of the damage was centred on coastal areas on the islands of Mahé and Praslin, and to lesser extent some coastal areas of Cerf and La Digue islands. The most affected districts were in northern Mahé, and the central and south-western coastline of the same island. Five hundred houses were either damaged or destroyed along the coastline of Mahé, Praslin and La Digue. To a lesser extent, the island of Cerf was also affected. Boats were damaged or destroyed, together with fishing items and equipment.

The damage wrought by the tsunami was exacerbated by heavy rainfall the following day.

The total damage was estimated at about 30 million US dollars.

Impact on the population

Two people died in the tsunami and 950 families were initially displaced. Houses were either washed away or destroyed, forcing many families to evacuate their homes.

National response

As a result of the damage caused and the risk associated with the heavy rain, the government took the precautionary measure of evacuating some 75 families and temporarily placing them in a hotel until the situation became stable. The government provided financial assistance to those affected to meet their immediate food needs.

The government established a national disaster preparedness and response committee to coordinate the tsunami response, and this body met weekly. The Seychelles Red Cross Society was given a lead role in securing relief assistance for those affected, as well as providing psychosocial support in cooperation with the Ministry of Health and other local experts. The Seychelles Red Cross Society was also a member of the national disaster emergency fund committee, which was set up to respond to the needs of the community following the tsunami.

Red Cross Red Crescent relief response

Seychelles Red Cross Society

The premises of the Seychelles Red Cross Society were flooded and, throughout the emergency, it was forced to operate from an improvised office in a private house situated on higher ground. Staff and volunteers used their private vehicles, mobile telephones and food reserves to assist

those affected by the tsunami, and the National Society was seen as the only organization assisting the authorities in responding to the disaster. All available volunteers and trained disaster response team members had been alerted and placed on standby, and a crisis cell was created. An assessment was carried out immediately following the disaster and an initial 350 families identified as being in need of support. A later assessment identified a further 60 families as also needing assistance.

The National Society received and distributed mattresses, bed sheets, kitchen sets and canned fish donated by the local community to 100 families.

Praslin branch volunteers helped the authorities to evacuate people on beaches, to communicate with people living in low-lying areas and to provide ambulance services. They also assisted in removing debris from the roads and cleaning up homes. A radio appeal for non-food items such as mattresses, bed sheets and kitchen utensils was well received by the local public, which enabled the National Society to bolster its rather limited resources.

Volunteers from La Digue branch worked closely with the emergency brigade in removing debris from main roads. They assisted the Ministry of Health to relocate the La Digue hospital. Red Cross volunteers were also part of the post-disaster stress management committee set up by the Ministry of Social Affairs, and also provided psychosocial assistance to those in need.

In total, during the emergency relief phase, the Seychelles Red Cross Society assisted 350 families with basic non-food items, including mattresses and cooking sets. This includes 90 fishermen who also received fishing kits.

The National Society was widely credited for its swift response, and it took the lead role in assisting the tsunami-affected population with the provision of food, non-food items and sanitation, responding particularly to the needs of fishermen and farmers. Thanks to the credibility it had built up, the National Society was invited to become a member of the national disaster sub-committee under the Office of the President. This sub-committee was mandated to review the draft national disaster plan and to submit a final plan to the national disaster committee.

IFRC

As there was no UN presence in Seychelles, the IFRC's regional delegation in Nairobi, Kenya, played a key role in liaising with the UN and other international agencies, who were observing the humanitarian situation in Seychelles. In addition, there was close coordination with the French Red Cross and the Indian Ocean regional disaster response platform (PIROI), which it supported. A number of partner National Societies also approached the regional delegation to enquire about needs and potential opportunities for partnerships.

The IFRC procured mattresses and kitchen utensil sets for the Seychelles Red Cross Society and airlifted them to Seychelles in January 2005. Funds were transferred from the IFRC to the Seychelles Red Cross Society to procure relief items locally, to facilitate the provision of essential

electrical power and water pumping equipment for the offices of the national headquarters, and to equip 60 national disaster response team and local volunteers with basic tools and personal protection items.

With a view to enhancing capacity, the IFRC procured and sent kitchen utensils, family tents, office tents, tarpaulins and blankets to build up the Seychelles Red Cross Society's disaster preparedness stock.

Recovery begins

Plan and budget: 6 May 2005

The following were the main elements of the IFRC's plan and budget:

- **Disaster management:** Support was sought to develop a contingency plan for floods and cyclones, and to establish a community-based risk reduction programme. Assistance with the strengthening of capacity in logistics management was also sought.
- **Recovery:** Livelihoods projects were needed for fishermen and others who were still rebuilding their lives following the tsunami and floods.
- **Organizational development:** There were plans to recruit a disaster management staff member, and to assist with the improvement of the quality of office space at branch and headquarters level.

Further contingency stocks and equipment were positioned in 23 districts. A consignment of over 3.5 tonnes of disaster preparedness stocks arrived in Seychelles in July 2005 in an effort to continue to build up stocks for future contingencies. Unfortunately, some stock was lost after a fire in a storage container later in the year.

Support was provided to enable people to rebuild their lives. Approximately 150 tsunami- and landslide-affected families in Mahé and Praslin were assisted with essential household materials. Twelve other families on Cerf received non-food items. Some 20 fishermen on Mahé and Praslin were helped to repair their boats and purchase fishing equipment, and eight families on Mahé were provided with building materials.

A disaster management officer was recruited in August, who focused activities on strengthening capacities at all levels, particularly that the Red Cross branches. This commitment increased volunteers' motivation on both islands of Praslin and La Digue. The IFRC also contributed to the National Society's administrative and operational costs during the year.

Other affected East African countries: emergency response

Kenya

Thanks to an early warning issued by authorities and the Kenya Red Cross Society, major loss of life was prevented. One person was killed. Some 200 fishermen were reported to have lost their boats and other property. In Mombasa, where thousands of tourists spend their holidays, beaches were closed as a precautionary measure. The Kenya Red Cross Society provided some immediate assistance to affected coastal communities but ongoing relief activities were deemed unnecessary by the Red Cross.

Madagascar

The Malagasy Red Cross Society sent out an assessment team on a four-day mission. During the assessment, the team distributed some basic relief items in Manakara, the tsunami-affected area of the coastline, and visited branches en route. No request for assistance was submitted to the IFRC secretariat.

Tanzania

Thirteen people were killed by the tsunami. Ten of these were swimmers who were drowned at beaches near Dar es Salaam. No request for assistance was submitted to the IFRC secretariat.



2006–2009: recovery progress and challenges

Managing the recovery phase

Regional strategy and operational framework 2006–2010

Towards the end of 2005, a group was formed to review the regional strategy and operational framework (RSOF) approved by the Tsunami Forum meeting in Hong Kong at the beginning of March 2005. This review group comprised members of the tsunami-affected National Societies, the partner National Societies, ICRC and the IFRC. It was felt a review was necessary as the operational and policy environment had changed in significant ways since early 2005. Some of the assumptions made were no longer valid and some new factors had emerged as the recovery operation got under way. Different components of the Movement had also learnt from the experience of the first year and some of the realities had become clearer.

The review group sought advice from those interested within the Movement and this resulted in the decision to update the strategy with the aim of being more implementation orientated and

to focus more on the strategic elements of recovery programming. Further work was done by the review group on a consultative basis and the outputs of the two real-time evaluations conducted in 2005 and the findings of the Tsunami High Level Group in early 2006 (see section 6.1.2.) further added to the review process. The Tsunami High Level Group, with its many National Society members, endorsed the draft RSOF in June 2006, before it was formally launched.

The revised RSOF⁵³ set a strategic framework for the period 2006–2010. It contained a clear vision and established nine key strategic areas and accompanying objectives. It went on to elaborate the links between the strategic objectives and associated programme sectors (health, livelihoods, disaster management and shelter) and the expected outcomes for each sector. The main elements are detailed below.

Vision⁵⁴

By the end of 2010, we will have collectively:

- 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, we will leave safer communities and a stronger International Red Cross and Red Crescent Movement.

Nine key strategic areas⁵⁵

Achieve safer communities by supporting rebuilding and improving:

- Disaster risk reduction
- Equity and conflict sensitivity
- Sustainability
- Beneficiary and community participation
- Communications and advocacy
- Quality and accountability

Using our resources productively and achieving a stronger International Red Cross and Red Crescent Movement by improving:

⁵³ International Federation of Red Cross and Red Crescent Societies. *Responding to the Asia earthquake and tsunamis: Regional Strategy 2 2006 -2010*. 2006.

⁵⁴ Ibid. Page 8

⁵⁵ Ibid. page 11

- Coordination and collaboration
- Organizational development
- Organizational learning

The revised RSOF became the established template for planning and monitoring the entire tsunami recovery operation at a global level. Each member of the Movement was urged to use it and to make sure there were clear linkages from the regional, to the country and the programme level.

In parallel, attempts were made to develop strategies at country-level for the larger operations, with collaboration with the Movement members present. In Indonesia, Maldives and Sri Lanka, the IFRC delegations took the lead in initiating the development of a country-level strategy that would provide the operational framework specific to the particular environment of each country. This called for the engagement of all Red Cross Red Crescent actors at this level. With so many Red Cross Red Crescent actors in Indonesia and Sri Lanka, the process proved very challenging. Final country-level strategies were never formally agreed as such, but the process did partially meet its objectives in bringing Red Cross Red Crescent stakeholders together to discuss and share strategic priorities. In Maldives, however, there were just six partner National Societies and the process was less complicated. A country strategy 2006–2008 was agreed by all the Red Cross actors present in country.

Tsunami High Level Group

The origins of the Tsunami High Level Group are found in the March 2005 RSOF, which outlined new strategic initiatives, including the establishment of an independent advisory group to guide the special representative of the IFRC secretary general. This advisory group would report directly to the secretary general with strategic guidance from the special representative. The concept evolved during the course of 2005.

A meeting of partner National Societies was convened in October where the proposal to form a high-level group for tsunami response was adopted together with the plan for teams – including 14 senior representatives from partner National Societies and IFRC representatives – to visit the three most affected countries, namely Indonesia, Sri Lanka and Maldives.

The teams were asked to evaluate the progress of the tsunami recovery operation. In particular, they were asked to consider whether Red Cross Red Crescent resources were being used as efficiently as possible, whether internal and external coordination was working effectively, whether host National Societies were receiving appropriate support, and whether proper accountability to all stakeholders was being demonstrated.

The visits took place between the end of March and early April 2006, with a visit to each of the three countries followed by a joint meeting in Bangkok, and a report back involving the IFRC secretary general.

The teams acknowledged the progress made in highly complex and demanding situations. Good progress was noted in recovery and reconstruction, particularly with the increased number of people moving into good-quality temporary shelters and new homes. Notwithstanding the positive achievements, the challenge was to try to further improve the implementation of the recovery programme and, addressing this task, each country team went on to make recommendations based on their findings. These recommendations highlight many of the operational challenges being faced at the time, and the themes were common in two or more of the country reports.⁵⁶

On the basis of analysis of the three country reports, the Tsunami High Level Group meeting in Bangkok identified eight priorities that needed to be addressed:

- **Strategy:** the need to link the tsunami strategy to the Movement's financial capacity and the vulnerability of the communities. In addition, it must take account of the strategy of external partners.
- **Sustainability:** ensure programmes can be sustained by communities and local government after operations close.
- **Human resources:** the need to reduce expatriate turnover and review human resources policies and practices to ensure volunteers are treated uniformly and in a way that is sustainable in the long term for the host National Society.
- **Leadership:** strong leadership required senior and experienced people who were sufficiently empowered to take decisions.
- **Coordination:** Movement coordination needed strengthening at strategic level and in relation to other actors in the field. The coordination and implementation roles of the IFRC needed to be clearly defined at all times.
- **Communications:** needed strengthening in relation to the public and beneficiaries.
- **Capacity building of host National Societies:** exit strategies needed to be in place to help to ensure sustainable development and host National Societies. Ability to sustain their volunteer base needed to be in place.
- **Consistency:** common standards in delivery, especially in housing, needed to be respected.

⁵⁶ See Annexe 4 for the country-level findings and recommendations.

The Tsunami High Level Group found that many of the early collective decisions on commitments and allocations by the IFRC needed to be reviewed and adjusted in light of changed realities, existing needs and an optimization in the use of resources available to the Movement. Of particular concern was the drastic increase in field costs due to the high demand and limited supply, mainly of construction material. Also identified was the need to further enhance partnerships with authorities and other organizations for coordinated solutions to challenges on the ground.

In addressing the IFRC's funding gap, the Tsunami High Level Group reaffirmed that the situation could not be allowed to develop to the point where hard commitments and obligations could not be met. This represented a potentially serious reputational and financial risk for the Movement, and it needed to be addressed in order to find solutions on a collective basis. Tsunami recovery programmes needed to be further reviewed to assess whether they were able to meet minimum criteria, including legal liability, needs of the beneficiaries, whether or not the activity represented core business, and whether there were alternative and more cost-efficient methods of implementation through the formation of external partnerships.

Funding challenges 2006—2007⁵⁷

The Tsunami High Level Group had highlighted the challenges being faced by the IFRC, including the need to provide a strategic framework to take account of emerging realities, more effective coordination of the work of the Movement, better planning for the support to host National Societies and clearer exit strategies for assuring sustainability. One of the major issues identified, and which held real risks for the reputation of the IFRC, was the underfunding of the IFRC multilateral appeal and the implications this had for the whole operation.

The first year of the enormous relief and recovery operation placed unusual demands upon the IFRC, just as many similar and particular demands were placed on the host National Societies and those member societies that elected to work bilaterally. The operating environment was one in which many agencies were competing for projects and the spending of funds with an eye to satisfying the expectations of their constituencies at home as well as the needs of beneficiaries. Internally, members of the Movement were also sometimes vying with other members for projects.

The IFRC had secured some space for components of the Movement through memoranda of understanding and agreements with the authorities as it was expected that special efforts would be needed to effectively spend all the globally available funds. Assumptions had to be made by the IFRC about the share of funds available that would be channelled multilaterally. These subsequently proved to be wrong as many partner National Societies unexpectedly chose

⁵⁷ This chapter draws information from the records of Governing Board meetings, reports made to the Governing Board by senior management, reports from bodies including the THLG, RRRG, TGC, the newsletter of the secretary general to member National Societies and the recommendations from a commissioned report from PWC on strengthening internal procedures and controls.

to work bilaterally because of the economies generated by the resources placed at their disposal and the need to be visible and accountable for the funds entrusted to them.

The IFRC's role at country level was difficult to define clearly. Many partner National Societies saw the role of the IFRC as one of providing coordination and support services, as opposed to being directly involved with implementation. They considered that being involved in both coordination and implementation roles would be a conflict of interest that prejudiced their work. However, approximately 75 National Societies had contributed to the IFRC's multilateral funding, and senior management felt that there were reasonable expectations that these funds would be spent on projects and not applied largely to coordination costs. To take account of this, in 2005, country delegations were instructed to budget on the basis that at least 40 per cent of total expenditure would be reserved for projects supported by multilateral contributing partners.

At the outset, the IFRC tried to be flexible in order to address uncertain and unforeseen longer-term needs. This was done by encouraging unearmarked donations; and where they were earmarked, then no lower than country level. Furthermore, the IFRC realized there would be a huge need for individual project reporting if donor funds were earmarked to project level, as hundreds of projects had already been identified and included in the sector programme budgets. Unfortunately, this decision on earmarking proved a disincentive to giving to the appeal as, especially by 2006, donor National Societies began to seek programmes or projects with which they could establish a clear identity. From 2006, it was decided that earmarked donations would be accepted. This had the result that almost all funding became project based which, in turn, increased enormously the reporting and donor accountability workload.

At headquarters level, the IFRC secretariat was stretched with the volume of work generated by the operation and was found to have inadequate financial systems for complex multi-year, multi-country and multi-actor operations. There was no clear picture of the IFRC-wide funding and project commitments. The IFRC's own commitments for future expenditure had not been well tracked during the 2005 budgetary processes.

At the same time, the start of recovery programme implementation was slower than expected as some of the realities of operating in the complex field environment emerged. Some government plans changed: for example, the revised buffer zone in Sri Lanka directly impacted shelter planning. The nature of some recovery needs changed: new needs emerged while others were no longer relevant. With the high demand created, many costs had increased: for example, the cost of building a house in Sri Lanka doubled in 18 months.

In this context, the IFRC entered a two-year period of review and corresponding activity to manage the financial and reputational risks that were present, both for the IFRC and for the membership, as the largest humanitarian organization in the world. It had become clear that there was a need to reconsider the allocation all Red Cross Red Crescent funds, the commitments made and the basis for funding the multilateral component of the operation.

Review of the funding situation

The IFRC's funding situation became an increasing cause for concern in the first quarter of 2006 with the contributions from member National Societies falling short of expectations. Experience had indicated that the IFRC could expect to be the channel for 40 per cent of funds raised globally for humanitarian operations, and this figure had been discussed at the Hong Kong Tsunami Forum meeting as early as March 2005, although it was never formally accepted as a commitment by the partner National Societies.

After 12 months, and based on information from its members, the IFRC estimated that 2.87 billion Swiss francs had been raised globally. Some 2.3 billion Swiss francs had been spent or allocated to ongoing and future activities and programmes by the IFRC and the bilateral partners. Given the financial information available, the IFRC's December 2005 revised budget for 2005–2007 represented 37 per cent of the global funding available. While this was within the benchmark 40 per cent, adding the indicative budget for 2009–2010 pushed the total percentage figure to almost 45 per cent. Although the indicative budget would be subject to review in the light of experience, this figure had been considered a realistic planning figure at the end of 2005, given the volume of money raised and the balance of over 500 million Swiss francs of uncommitted funds remaining within the Movement.

With 418 million Swiss francs received or pledged for the IFRC's multilateral appeal as at the end of 2005, there was clearly a shortfall in the funding support required for the planned expenditure. The income represented 14.5 per cent of the global funding – far short of the 40 per cent of global funds expected to be directed through multilateral channels. In addition, the rate of contributions had slowed markedly in the last half of 2005. Some 345 million Swiss francs had been received as at the end of June 2005, and the 73 million Swiss francs received during the second half year had been considerably less than expected. There were concerns that assumptions made about multilateral funding were misplaced and could result in a significantly underfunded budget. Firm programming commitments had been made in the field and action was required to meet the IFRC's obligations without incurring a funding deficit.

How did this situation of an emerging material shortfall in the budget arise? Subsequent analysis⁵⁸ pointed to several contributing factors:

- The unprecedented amount of funding generated by the tsunami placed pressure on the IFRC and its members to undertake large-scale relief immediately after the tsunami, and to make substantial commitments for the longer term. There was significant pressure to account for the use of the generous funds donated. The major constraint was perceived to be absorptive capacity and not available funding.
- The preliminary emergency appeal and its two revisions (in December 2004 and January 2005) were rapidly over-subscribed, raising expectations about the availability of funding.

⁵⁸ The Tsunami Governance Committee of the Governing Board undertook detailed analysis.

- While the expectation that 40 per cent of the funds raised globally would be channelled multilaterally, this was never formally agreed within the Red Cross Red Crescent family. However, the IFRC – in close cooperation with the partner and host National Societies – strived to make commitments that were sufficient to absorb this assumed level of resources, taking into account the resources planned to be applied bilaterally by the partner National Societies.
- There were many agencies on the scene and sometimes intense competition for projects existed, especially in the worst-affected countries. The supply of funds, rather than actual needs, had become the driving factor in making commitments for many agencies.
- The nature of fund flowing into the Red Cross Red Crescent often requires the IFRC to commit to long-term programming that is not fully funded from the outset. It is normal to manage the risk on the basis of experience and in the light of the assessment of the specific context. Initially, the exposure was not considered abnormal because of the assumptions made about the volume of funds to be channelled multilaterally.
- While indications of the developing financial situation were known to those in the IFRC responsible for the accounts, this information was not clearly transmitted in a timely way to the line managers responsible for the tsunami operation. This contributed to the delay in addressing the situation.
- The IFRC had no centralized system for tracking and collating the commitments being made at country level. Field offices were being positively encouraged to commit to projects that would utilize the expected income.

Recognizing and addressing the funding shortfall

While management was aware that income was falling short of expectations during 2005, the IFRC also knew that funds were available within the Movement, and it assumed that additional income would be forthcoming as more projects were further elaborated and fully developed for implementation. Partner National Societies would then have a 'product' to fund. There was some breathing space to work on resource mobilization as the income received by the end of 2005 well exceeded the expenditure of 186 million Swiss francs during the same period. Nevertheless, the situation would be seriously reversed if additional funds could not be raised to meet expenditure on the commitments already made.

The end-of-year financial figures brought sharper focus to the financial exposure and associated risks if budgets for expenditure based on the December 2005 revised plan and budget were approved. A further 400 million Swiss francs had to be raised to cover budgeted expenditure for 2006, and an additional 240 million Swiss francs to meet the appeal budget to the end of 2007. The feasibility of funding the revised budget submitted to member National Societies at the end of 2005 was now in question.

During the first quarter of 2006, the senior management team in Geneva and the delegations systematically worked to analyse the commitments made by way of memoranda of understanding, agreements or contracts, categorizing them as either 'hard' or 'soft'. The hard commitments were those that were legally binding (signed contracts, some formal commitments made to governments, etc.) while the soft commitments included those that were statements of intent and were considered to still be negotiable. While the distinction was not always easy to make, the IFRC found that commitments to governments alone already represented a large amount of money.

Memorandum of understanding commitments made to the Sri Lankan government totalled 175.24 million Swiss francs, namely:

- the construction and the equipment for 18 health facilities budgeted at 56 million Swiss francs
- water and sanitation projects amounting to 22.14 million Swiss francs
- the construction of 6,000 houses budgeted at 97.1 million Swiss francs

In Maldives, memorandum of understanding commitments with the government totalled 70.4 million Swiss francs, namely:

- water and sanitation projects amounting to 22 million Swiss francs
- the construction of temporary shelter amounting to 3.4 million Swiss francs
- the construction of housing and community buildings amounting to 45 million Swiss francs

The IFRC's commitments to the Sri Lankan and Maldivian governments represented over 245 million Swiss francs in total. Some of the memoranda of understanding with the Sri Lankan government were seen as negotiable, because they were more clearly letters of intent. The basis for the agreements in Maldives was different and the government clearly considered memoranda of understanding as firm and binding agreements.

In Indonesia, a commitment had been made to the government by way of a memorandum of understanding for the amount of 600 million US dollars (equivalent to 786 million Swiss francs) as a hard pledge to the national relief and recovery programme. However, it was clear that this commitment was made on behalf of the IFRC and partner National Societies with no pre-arranged allocation of responsibilities between members of the IFRC. The IFRC was, therefore, responsible for finding the whole amount, either by seeking agreement with partner National Societies to bilaterally implement projects covered by the memorandum of understanding or to implement projects through the allocation of multilateral funds. For the IFRC, the implications

of this very large commitment remained unclear at the end of 2005. However, the December 2005 revised appeal documents included indicative commitments of 557 million Swiss francs from bilateral partners, leaving an unmet balance of approximately 229 million Swiss francs for the IFRC to meet by way of encouraging further partnership funding or by allocating multilateral funds.

There were other legally binding commitments for the IFRC, including staff contracts, rental accommodation and vehicle hire, all of which had to be honoured. Some contracts had already been awarded to build houses and to construct large water and sanitation projects.

There was some confidence that more support would be forthcoming from partner National Societies for some projects, obviating the need to apply multilateral funds in several important cases. For example, there were grounds for confidence that the partner National Societies would fund the transitional shelter commitment in Indonesia, totalling over 120 million Swiss francs. Commitments to provide funds for owner-driven housing projects in Sri Lanka under agreements with the World Bank and UN-HABITAT would also depend on partner National Society funding.

By March 2006, having gone through a due diligence process to identify as clearly as possible the IFRC's commitments, the steering committee identified a total of 285 million Swiss francs (a combination of signed contracts, memoranda of understanding and commitments to governments) and categorized these into hard commitments of approximately 91 million Swiss francs and soft commitments of 192 million Swiss francs, noting that some of the soft commitments would soon become hard if not renegotiated promptly.

Emphasis was placed on the need to intensify fund-raising with the partner National Societies. This approach was reinforced as information reaffirmed that partner National Societies still continued to hold considerable sums of money that had not yet been committed. A fund-raising plan evolved. At the same time, the IFRC's heads of delegation were instructed to review budget expenditure with a view to reducing this wherever possible. Expenditure budgets were approved only for those projects that had funding, earmarked either by donor or by senior management on the basis of being priority commitments that had to be met.

As well as concerns to resolve the issue of exposure with the funding shortfall, management was aware of the abnormally heavy demands being made on the organization, its staff and its systems. PricewaterhouseCoopers (PwC) was commissioned to undertake a study of the delegations in Indonesia and Sri Lanka focusing on organizational structure, human resources and internal controls. The study raised risk management issues, including the risk of project deficits, the risk of lack of absorption capacity, the reputational risks and the risks associated with the liabilities assumed by the IFRC in relation to the actions of partner National Societies operating in-country under the legal status of the IFRC.

Taking account of the emerging situation and the findings of the Tsunami High Level Group, action had to be taken in the light of changing operational needs, higher costs in the field, and the need to match commitments and plans to funding realities. The evolving challenge to address the funding gap, in particular, became the focus of the work of the Reprioritization and Reallocation of Resources Group (RRRG).

Reprioritization and Reallocation of Resources Group (RRRG)

As a result of the Tsunami High Level Group assessment of the financial situation, the secretary general appointed a joint partner National Society–IFRC working group, called the Reprioritization and Reallocation of Resources Group (RRRG). It comprised three secretaries general from National Societies and three senior members of staff from the IFRC. Its task was to address the means to overcome the financial exposure and funding challenge.

The RRRG reviewed the plans and commitments of all Red Cross and Red Crescent societies with a significant stake in the operations. A more comprehensive and updated collection of all Red Cross Red Crescent financial data (income, expenditure, commitments, un-earmarked funding) was needed for analysis and a questionnaire was sent to 28 partner National Societies to elicit this. The information provided gave a global picture, although it was acknowledged that there were some inconsistencies in the quality of returns received.

At field level, consulting with in-country partner National Society representatives and the host National Society, all delegations were requested to go through a due diligence process and critically reassess existing and realistic needs. The delegations were asked to undertake a full review of plans and budgets and to reprioritize their planned interventions according to clear criteria, including respect for any legal obligations and the need to avoid a negative impact on beneficiaries. The review also addressed a more coordinated and streamlined use of human resources at field level. These revised plans became the basis for deciding which recovery programmes would be prioritized and financially supported in the future.

Delegations were also asked to consider how existing and remaining needs could be addressed. The variety of approaches included partner National Societies taking over some of the IFRC's earlier commitments, programmes implemented with a higher degree of economy of scale, better use of common resources and the identification of external partners who could take on operational aspects that were not core to the Red Cross Red Crescent.

The RRRG paid close attention to the effect on beneficiaries and governments, and the reputational risk to the IFRC in developing its recommendations. As a secondary issue, the RRRG explored the reasons for the situation having arisen and how this could be best remedied in the future. After the IFRC conducted this due diligence process, the RRRG proposed that the December 2005 appeal budget could be cut by over 450 million Swiss francs. The RRRG went on to make recommendations to the IFRC secretary general and reported back to the Tsunami High Level Group in June 2005. Its analysis led to the following financial picture:

Table 4: Budget revision — RRRG’s analysis of financial situation

Summary	CHF* millions
December 2005 plan of action 2005–2010	179,312
Funds received	420
Initial funding gap	860
Proposed budget cuts	450
Revised funding gap	410
National Society uncommitted funds	350
National Society ‘negotiable’ projects	350
Funds potentially available	700

* CHF indicates Swiss Francs

According to the data provided to the RRRG, partner National Societies had an estimated 350 million Swiss francs of uncommitted funds in hand and a further 350 million Swiss francs that could be available if agreement could be reached on allocations to “IFRC projects”. In the RRRG’s view, the Movement needed to take a collective responsibility for the commitments made. On this basis, sufficient funds were available to cover the revised outstanding commitments and should therefore have been forthcoming.

The IFRC was asked to carry out further immediate due diligence analysis and checking of the figures provided by the partner National Societies. Consultations with partner National Societies were to include a joint assessment of the implications of withdrawing from their “negotiated” projects. The RRRG recommended that the IFRC secretary general commence personal negotiations with those partner National Societies with substantial “negotiable” or uncommitted funds with a view to increasing support for multilaterally-funded projects or to have partner National Societies take over responsibility for one or more projects in the multilateral budget. It was also important to assess the impact of inflation and other additional cost factors for the IFRC to make proposals for an adequate level of contingency funding.

Turning to management issues, the RRRG recommended that the IFRC secretary general conduct a review of systems to address concerns about the adequacy of risk management practices, management controls, authorization practices and the systems in place for contracting, recording, monitoring and reporting. It was recommended that the IFRC develop a standard memorandum of understanding and contract for services template for use by both the IFRC and its members. The result of this review, with the action being taken to address any concerns, was to be reported to the Finance Commission and the Governing Board.

The RRRG identified the need for the IFRC to demonstrate clear leadership and coordination to maintain the confidence of the partner National Societies. There was a perception that partner

National Societies experienced cumbersome in-country project approval processes in working with the IFRC, and that this encouraged bilateral assistance. Partner National Societies were already facing pressure to raise their own profile as part of their accountability to their donors. To further encourage support from the partner National Societies for IFRC-led multilateral projects, the Finance Commission and Governing Board were asked to agree that contributions by partner National Societies that reduced the IFRC's funding gap should not be subject to PSR.⁵⁹

The RRRG's findings acknowledged that the scale of the operation and the enormous donor response had placed pressure on the IFRC to respond and to be seen to respond swiftly, as well as to be seen to spend accordingly. In common with other humanitarian actors, such haste had led the Movement to a lack of an adequate response strategy, particularly in construction; to a lack of balance between countries; to duplication of costs and activities; to assuming responsibilities that better belong to governments and, finally, to premature emphasis on "building back better" before adequate analysis of implications, costs and risks has been carried out. To address this situation, the IFRC was urged to produce a clear description of the Red Cross Red Crescent operational strategy for meeting the needs of vulnerable people. This strategic description would serve as a basis for negotiating reductions in the IFRC's commitments at country level.

Closing the funding gap

The RRRG's recommendations were shared with the Finance Commission and the Governing Board in June 2006. After considering these recommendations, several decisions were taken by the board to encourage the multilateral funding of IFRC commitments. A tsunami special fund was established to receive additional resources towards the IFRC budget. It was decided by the board that contributions to this special fund would have PSR waived, removing one of the hurdles to attracting multilateral contributions. The board established a Tsunami Governance Committee (TGC) – made up of its own members – to further analyse a range of aspects of the tsunami operation.

The secretary general acted on the recommendations and findings of the RRRG. Further work was undertaken to get a more accurate picture of the resources that existed within the IFRC's membership.

It was appreciated that a large reputational risk was involved if the IFRC withdrew from its current commitments. The most problematic agreements on commitments with governments were found to be in Sri Lanka, particularly in the health infrastructure and water and sanitation sectors where some high-cost projects were included that did not necessarily address needs caused by the tsunami. The secretary general and the special representative visited Sri Lanka and held preliminary meetings with the government, signalling the need to review commitments. Discussions were initiated to renegotiate the two memoranda of understanding. This resulted in a lengthy process, at the end of which the secretary general formally communicated to the Sri Lankan government in May 2007 that the IFRC would proceed with 73 health infrastructure

⁵⁹ PSR (programme support recovery) is a mechanism used to attribute programme support costs to programmes. (It was later named PSSR – programme and services support recovery.)

projects but that seven additional projects could not be undertaken for the reason that no donor funds could be found.

The secretary general resolved to invest in systems, and to strengthen oversight and controls of monitoring and evaluations. In order to reinforce the change process, he decided to effect changes in management, moving the reporting line for the tsunami unit to the Office of the Special Representative with effect from 1 July 2006.

The secretary general also commissioned PricewaterhouseCoopers to conduct an independent review of the causes behind the problematic funding situation and to make recommendations for addressing them.

After the submission of the RRRG's findings in June 2006, the principles were agreed for the re-prioritization of the programmes:

- Indonesia, Maldives and Sri Lanka were identified as priority countries for ongoing support, with some support for Thailand. Support for 'second tier' countries was put on hold.
- Priority programmes were sheltering, health, water and sanitation, disaster management, and organizational development of host National Societies.
- Meeting legal obligations would be prioritized in terms of programme support.
- Further revision of plans and programmes was required to reduce commitments as far as possible without having an unduly negative impact on the most vulnerable groups.
- Budgeted support for regional delegation programmes was put on hold.
- IFRC secretariat costs and staff costs across the board had to be reduced.

When the special representative took management responsibility, steps were immediately taken to revise the whole multilateral appeal plan for the IFRC tsunami operation. This resulted in the production of an internal appeal document in September 2006 (styled as a 'request for support') with a radically reduced budget of 692.5 million Swiss francs. This represented budget cuts of a further 243 million Swiss francs over the 450 million Swiss francs recommended by the RRRG. The much more conservative approach was adopted to bring the funding shortfall under control as rapidly as possible and in reaction to the relatively slow progress being made to attract further multilateral funding in the first part of 2006.

The internal appeal presented three options for support: direct un-earmarked funding through the special fund, direct earmarked support for defined projects, or the takeover of IFRC projects according to lists for the respective countries. In the latter case, takeover could take place completely or partially in collaboration with the IFRC or other partners.

Table 5: Funding gap identified in internal appeal (September 2006)

Summary	CHF millions
RRRG:	
• initial funding gap	860
• proposed budget cuts	450
Revised funding gap (RRRG)	410
Internal appeal additional budget cuts	243
Funding gap in internal appeal	167

The new operational strategy in the form of the revised regional strategy and operational framework (RSOF) provided the foundation to underpin the internal appeal. Emphasis was given to the need to strengthen the collective Red Cross Red Crescent approach and avoid duplication and inefficiencies wherever possible.

Chart 1 (over) shows the marked reduction in the IFRC budget, as a result of the action taken during 2006 and 2007, and the increase in donations achieved particularly during the same period. By the end of the period 2005–2010, the IFRC had channelled 21 per cent of the global funds raised through multilateral expenditure. This was slightly more than half the originally anticipated 40 per cent of global funds raised.

The radical downsizing of the budget fell right across the board, but some country programmes were cut more than others, and regional and global services and costs were substantially affected.

At country level, the priority countries of Indonesia, Maldives, Sri Lanka and, to a lesser extent, Thailand, were supported but with reduced budgets. Other country programmes would lose multilateral funding unless expressly earmarked.

The budgets for Indonesia and Sri Lanka were almost halved. In Indonesia, partner National Societies were identified to assume project responsibilities originally budgeted by the IFRC. The delegation's role, after the completion of the large transitional shelter project, became largely focused on coordination and service provision to the partner National Societies and on being the focal partner in working with and supporting organizational development projects for the Indonesian Red Cross (PMI). The IFRC delegates in Indonesia were to continue to support PMI in implementing the Strategy 2010 core programmes, but involvement in directly implementing tsunami-related projects was minimized. Senior delegate positions had to be cut, for example, the post of recovery coordinator. For a period, the option of partner National Societies entering into integration agreements with the IFRC was suspended as the delegation did not have the staff needed to meet the obligations that would be placed upon it.

In Sri Lanka, it was planned that some IFRC-funded health infrastructure projects would be dropped or other partners would be found in order to meet the new budget constraints. Negotiations with the Sri Lankan government were centred on reducing the pledge of the IFRC from 93 million Swiss francs to 36 million Swiss francs, of which 17 million Swiss francs would still be subject to available funding. Funding for the expensive housing commitment was also actively sought from partners.

In Maldives, the possibility of reducing the budget was more limited as most recovery projects had already been started and they were almost all subject to agreements with the government, which were considered legally binding. Furthermore, the involvement of few partner National Societies in Maldives, each of whom already had substantial commitments, left little scope for encouraging them to take over IFRC responsibilities.

Chart 1: Plan and budget: donations

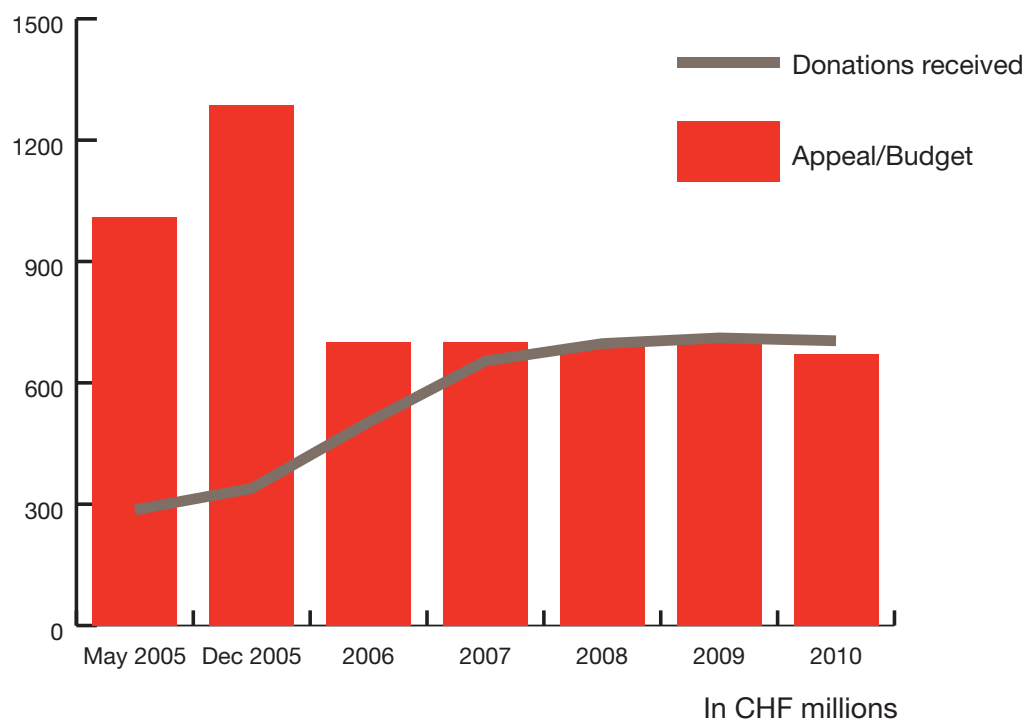
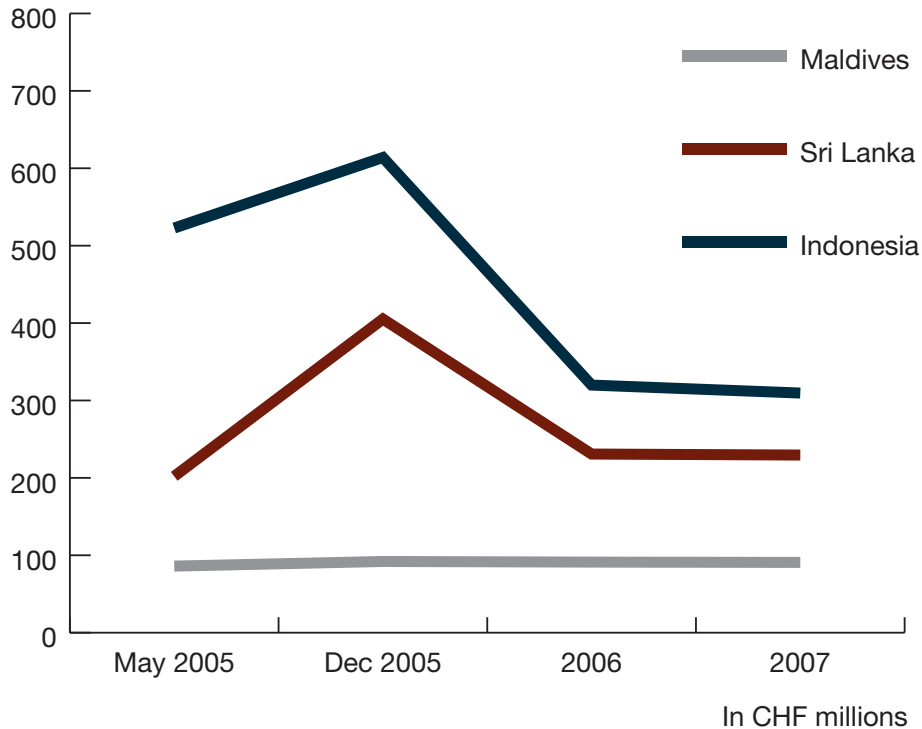


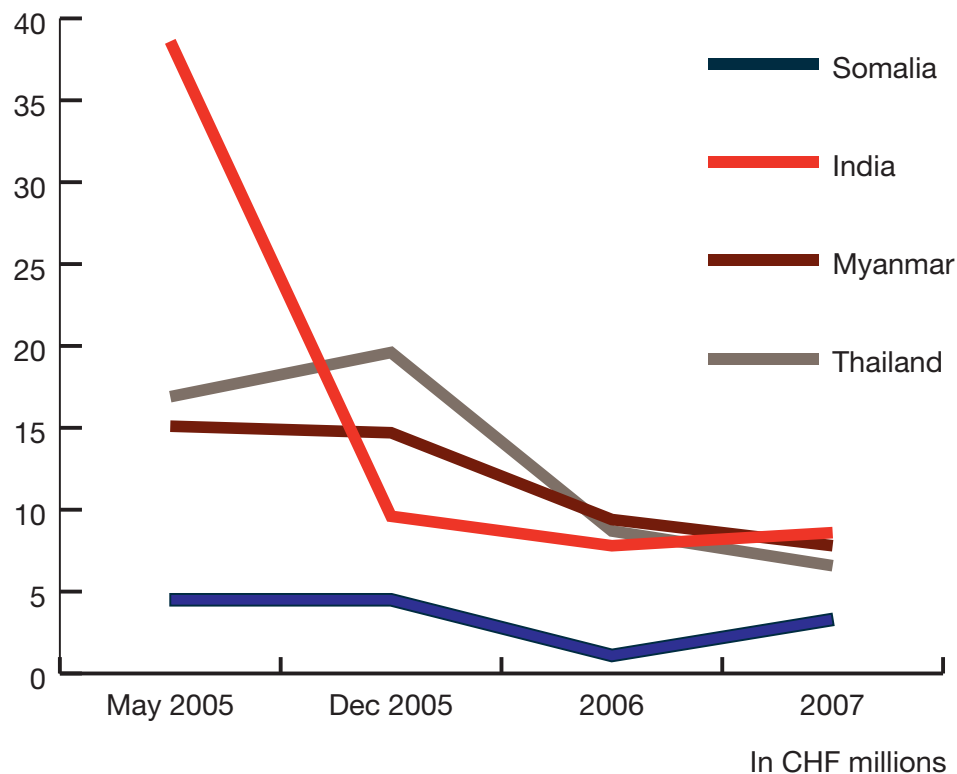
Chart 2: Budget changes for Indonesia, the Maldives and Sri Lanka



For some of the smaller country budgets, sizeable cuts were also made. In the case of Thailand, India and Somalia, partner National Societies were able to assume responsibilities for some of the earlier IFRC commitments. The opportunity to meet recovery needs in Myanmar, on the other hand, was found to be small and the focus of the budget was on disaster preparedness and disaster risk reduction. This meant that many of the projects could be transferred to the annual development assistance budget. This happened at the end of 2008 when multilateral funding that had been unspent, but earmarked, was transferred to the assistance budget and the tsunami project closed.

At the global and regional levels of the IFRC, significant cost reductions were made. The technical support envisaged from the regional delegations was radically cut. Global-level costs were cut as staff numbers were reduced and funding withdrawn from departments in Geneva that had been heavily involved in supporting the tsunami operation. This became more possible as the workload had decreased from the high activity levels necessary in the early relief and recovery period.

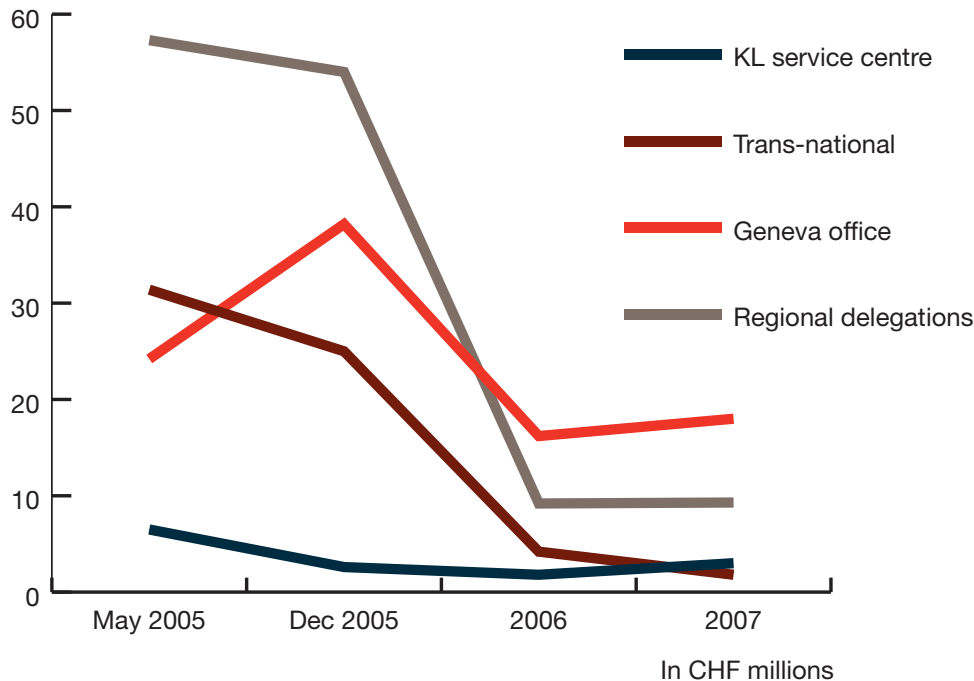
Chart 3: Budget Changes for India, Myanmar, Somalia and Thailand



The trans-regional programmes originally planned had been, in part, prompted by the IFRC's responsibility to follow through on the support to National Societies, as auxiliaries, in strengthening partnerships with governments to give effect to the World Conference on Disaster Risk Reduction decision to build national disaster reduction platforms as a means of reducing disaster risk and strengthening community resilience. National Societies could play a crucial role in complementing government investment in early warning technology by getting messages out to communities, and the opportunity was there for the Red Cross Red Crescent to increase its work at community level to build awareness about disaster risk and response. The IFRC was part of the inter-agency consortium for strengthening national capacities for tsunami early warning and response systems in the Indian Ocean. It was decided that this important work would continue by being integrated into broader disaster management programming, as well as regional delegation disaster management programmes rather than having a stand-alone programme funded from the tsunami recovery budget.

In addition, trans-regional plans had been made for strengthening regional disaster management and response mechanisms, such as building the FACT and RDRT resources at regional level. Improved contingency planning and upgrading of response resources and infrastructure – such as improved stocking of emergency supplies – were also planned. Lastly, the IFRC

Chart 4: Budget changes for global and regional activities



planned to explore the establishment of a disaster management trust fund for the Asia and Pacific regions to enhance the possibilities for funding future disaster emergency needs. These trans-regional plans were mostly dropped from the 2006 internal appeal budget as efforts were made to cut all non-essential expenditure.

The internal appeal contained a list of 71 selected priority projects in Indonesia, Sri Lanka and Maldives offered to partner National Societies for takeover, for which budgets were provided and more detailed project description sheets could be accessed through the IFRC web site. These projects had budgets totalling more than 270 million Swiss francs.

After the issue of the internal appeal, fund-raising efforts directed towards Red Cross Red Crescent partners intensified further. One challenge during this period was to convince partner National Societies to contribute towards the cost of the IFRC's existing hard commitments and not, as many donor societies wished, to earmark funding for new priorities that they selected. The latter approach did not assist in reducing the funding gap. Furthermore, it was known that all partners had considerable contingency funds set aside to cover possible cost overruns, adverse variations in foreign currency exchange and the extra costs that could arise from maintaining field management structures because of slower-than-planned project completions. As these were released, partner National Societies were encouraged to consider the priorities established by the internal appeal.

The IFRC continued to exert pressure to reduce costs further. Heads of delegation were advised in late 2006 that operational overheads had to be substantially reduced. The heads of delegation and IFRC secretariat departments were also given clear guidance by the special representative on the principles for managing the IFRC tsunami 'funding gap'⁶⁰. The principles that the heads of delegation were instructed to follow included prioritizing fund-raising for hard, legally binding and authorized commitments; approved budgets and PEARS⁶¹ were absolutely binding; delegations and departments must not plan and seek resources for programmes outside existing approved plans and budgets; resource mobilization for core programmes was put on hold until hard commitments were met; and, as soon as the funding gap was closed, attention would shift to funding host National Society core programming and priorities.

Over the better part of the next 12 months, this approach slowly, but progressively, narrowed the funding gap and, by middle of 2007, the funds were eventually secured for planned expenditure for the published plan and budget to the end of 2007. Despite this major achievement, senior management at the IFRC secretariat now had to turn its attention to the challenge of covering needs beyond the end of 2007 so that the operation could be concluded in a responsible way, not only in terms of completing project commitments and leaving sustainable projects, but also in meeting the obligations towards the many remaining partner National Societies that would remain in-country beyond 2007 to complete bilateral projects.

The funding gap never gave rise to an account deficit in that funds were always 'in hand' to meet expenditure, but there was a high risk that a financial deficit could be faced in the future if strict measures were not quickly put in place. These measures, coupled with the diversion of management time to resolve the situation, impacted the operation by slowing the speed of implementation at field level. Authorizations to make expenditure commitments needed more processes than usual, and a lack of certainty made planning difficult. However, the situation made it imperative that the IFRC adjust its operational plans to fit the new realities.

Furthermore, there was a need to limit the risk of future similar problems occurring. The secretary general's decision to commission PwC to conduct a management audit resulted in a report with a number of recommendations including the need to:

- enhance monitoring review controls over financial reports
- clarify management roles and responsibilities
- introduce an accountability framework and build an accountability culture
- set up a system to track commitments being made

⁶⁰ The difference between the volume of funds available and the amount required to cover the IFRC's authorised and legally binding commitments.

⁶¹ PEARS = Project Expenditure Approval Request. PEARS were the tools for obtaining budget expenditure approvals according to the IFRC financial procedures.

- compile a central risk register and introduce formal risk management policies and procedures

The recommendations were promptly addressed and implemented by management. While risk management practices were adopted in the delegations, the establishment of a central risk register for the tsunami took more time than expected but, when in place, became the catalyst for introducing a more comprehensive IFRC-wide approach to risk management.

Governance oversight

The IFRC's Finance Commission had received regular reports on the funding situation from April 2005. Given the size and challenges involved in managing the tsunami operation, special reports were regularly made to governance. By mid-2006, the Governing Board was aware that there was a significant gap between commitments made by the IFRC and resources available at that level, and that there was a risk of a funding shortfall by the end of the year.

Having considered the findings of the Tsunami High Level Group and the RRRG, in June 2006 the board established the Tsunami Governance Committee (TGC). This action was taken along with the decision to waive PSR charges on the expenditure of funds contributed to the tsunami special fund. The special fund was established as a measure to encourage the additional funding of IFRC commitments. In addition, the board requested the secretary general to publish annual reports on the entire Red Cross Red Crescent response to the tsunami disaster, providing better information about the global response and the allocation of all tsunami-related resources made available through the IFRC's membership.

The TGC was tasked with helping to ensure that the IFRC as a whole delivered on the management's approved plans of action. It was to report on issues associated with coordination, the operation, communication, fund-raising and accountability. It was asked to assess what had worked well, what had not and the measures required to improve effectiveness, efficiency and accountability. It was also to support the IFRC in finding ways of bridging the funding gap.

In its report to the Governing Board in May 2007, the TGC acknowledged the major achievements in assisting hundreds of thousands of survivors to take significant steps along the road to recovery. Much had been achieved in providing shelter, improving access to healthcare and rebuilding livelihoods.

It had monitored the steps taken by management in addressing the funding shortfall and, by the time it reported, it was confident that the funding gap would be bridged.

After reviewing evaluation reports, the findings of the Tsunami High Level Group and the RRRG and other reports, a number of issues were identified and presented as important lessons learnt:

- At the outset, there should have been more beneficiary community participation in planning to avoid some programming mistakes and to build understanding with the affected communities.
- The scale of the operation forced the IFRC and partner National Societies to mobilize high numbers of staff. This resulted in the recruitment of some staff with insufficient experience for such a complex operating environment, and an inability to work flexibly in a positive way to optimize a collective approach to multilateral and bilateral ways of working.
- The field coordination mechanism (Movement Coordination Framework) developed for the operation was useful for the division of labour and responsibility, but was less successful in bringing together the multilateral and bilateral actors. Some suboptimal use of resources and some duplication of efforts were experienced, while there were few attempts to benefit from economies of scale.
- There had not been an appreciation of the need for transitional shelter in Indonesia and Sri Lanka by all agencies, including the Red Cross Red Crescent. It takes time to deliver permanent shelter and humanitarian support during the transition period was needed, along with longer-term rehabilitation and development programmes.
- A clear understanding of the IFRC-wide activities, particularly bilateral projects, was not possible without better communications and the introduction of a reporting format. The annual tsunami progress report was an important start and was to influence the performance reporting system in the new operating model, which was being introduced as part of *The Federation of the Future*.
- It was found that there was a lack of a clear accountability culture in the IFRC. There was need to correct this and to implement an accountability framework that was understood and applied by all staff involved.

Among its recommendations to the Governing Board, the TGC called for the establishment of an audit and risk management committee at board level. There was also a need to strengthen the internal audit department of the IFRC's secretariat. The TGC commented on the PwC report commissioned by the secretary general and the implementation of the recommendations made to address shortcomings such as management reporting deficiencies, budgetary procedures and monitoring of income, roles and responsibilities in managing financial risks and the need for a formal risk management model and better accountability.

Moving forward

With the funding gap closed, the final impediments to the implementation of the radically reduced budget for multilateral projects were removed. The constraints that had been imposed had been especially difficult to manage at country level and for the priority countries, which

had taken the largest cuts, relationships with some of the stakeholders had become strained – especially where expectations and commitments had to be revised downwards. It was described by some senior managers as a particularly painful period and efforts were made to rebuild trust and confidence in the work of the IFRC.

Budgets were still tightly controlled. While the now-approved projects had funding, the IFRC's coordination and operational support costs beyond the end of 2007 still had to be secured. By this time, it had also become apparent that the target date for completing the implementation of many tsunami recovery projects would not be met. As most agencies found, construction projects, in particular, had taken longer to start than expected. This was because of issues such as securing land titles, dealing with tender processes, and because of the overstretched construction capacity in most countries, which effectively placed suppliers and contractors in the driving seat. This, in turn, meant that some of the partner National Societies remained involved with the tsunami operation in-country for longer than originally planned and, therefore, the IFRC had to extend coordination and operational support for longer.

With careful management of the budget and measures such as the freeing up of contingencies made for construction projects as they completed, the multilateral tsunami budget remained balanced to the end of the recovery operation.

The greatest delays for the multilateral programme were in Sri Lanka. By the end of 2007, 56 per cent of the budget for Sri Lanka (129 million Swiss francs) still remained to be expended. This largely related to delays in the construction of houses, hospital facilities, and water and sanitation infrastructure. Donor-driven housing was mostly completed in 2008. Owner-driven housing was not completed until 2010 because of the delay in reaching affected communities in the north of the country. All hospitals were handed over to the authorities by the end of 2010. Most water and sanitation projects were completed in 2010, but two projects – because of late start dates – would not be completed until 2011 and 2013 respectively.

By contrast, at the end of 2007, Maldives still had 33 per cent of the country budget to expend and most of this would be spent in the next 18 months. Indonesia, on the other hand, had only 12 per cent of its budget remaining at this time. All in all, the outstanding commitments in Sri Lanka represented two-thirds of the total remaining planned expenditure and special efforts were made to expedite project implementation to meet the 2010 deadline, as far as practicable.

Management emphasized that the tsunami operation was to close at the end of 2010 in accordance with the six-year period of the RSOF. As almost all the construction projects involved defect liability periods of 12 months following handover of the projects, the goal was to complete handover by the end of 2009. This goal was met in most countries, except in Sri Lanka where there were several reasons including the cessation of the conflict in May 2009. This belatedly allowed a number of large construction projects to start in the north of the country and, although late, gave the opportunity to provide much-needed assistance to those affected by the tsunami, who were particularly needy having also suffered the scourge of conflict.

Having reached the halfway point of the five-year tsunami recovery operation, country delegations were required to give special attention to collective exit and transition planning among the Movement partners. This planning called for good coordination between the partners as well as close communication with the communities. The aim was to ensure that the programme results were sustainable and would be maintained even when the direct assistance had finished. Equally important was the need to build longer-term capacity and skills in the host National Societies as well as in the communities.⁶²

Increased efforts were also made to capture lessons from the tsunami operation with a view to strengthening disaster management response capacity, including in dealing with mega-disasters, which put unusual stresses on the IFRC's disaster response capacity.

A mid-term review was conducted during the second and third quarter of 2007, culminating in a meeting of the Tsunami Forum in September 2007 in Kuala Lumpur to consider the findings. Arising from this meeting with host and partner National Societies, 15 wide-ranging recommendations⁶³ were made and directed to the IFRC's Governing Board. These covered issues such as the need to update the Movement's Principles and Rules for Disaster Relief to reflect the tsunami experience, including the presence of multiple Red Cross Red Crescent actors, to develop guidelines to strengthen coordination mechanisms, to develop general principles for public fund-raising and fund management, to find an equitable and fair basis for supporting the cost infrastructure of host National Societies during large-scale emergency and recovery operations, and to address the policy on volunteering to ensure that the role of volunteers was adequately respected when human resources are called upon to meet often overwhelming needs.

During the latter part of 2008, a meta-evaluation was conducted to review the range of different evaluations undertaken by the IFRC, to analyse the gaps and the need for further evaluations. These findings produced 11 recommendations for follow-up, and these were a major input to the lessons learnt process covered in the Meta-evaluation section of the Evaluation chapter.

Geneva-based coordination, vested in the tsunami unit, was critical in leading these processes and it provided continuity by being the focal point for dealing with the donor community. Given the scale and complexity of the ongoing commitments, the life of the unit was extended initially by 12 months until the end of September 2008. This was subsequently revised and the tsunami unit finally relocated fully to the Asia Pacific zone office in Kuala Lumpur at the end of June 2009.

In line with the plan to relocate the tsunami unit to Kuala Lumpur and to begin mainstreaming core programme support from the zone office to the host National Societies, the reporting line for the Sri Lanka and Thailand delegations reverted to the regional offices in Delhi and Bangkok respectively on 1 January 2009. The delegations in Indonesia and Maldives changed their reporting lines to the regional offices in Bangkok and Delhi respectively from 1 April 2009.

⁶² See Section 7.1. for more information about the exit strategies.

⁶³ See Section 12.2. for more information about the findings of the Mid Term Review and the outcomes.

The transition also began with the shift of host National Society budgets for core programmes and capacity building activities from the tsunami fund to the IFRC standard national plans and budgets (appeals). These annual appeal budgets would depend, in the future, on contributions from longer-term development partners and it was timely now to re-engage with the normal mechanism for finding assistance. This shift began for the period 2008–2009 for the National Societies in Indonesia, Maldives and Sri Lanka, although by the end of 2008, the Sri Lanka plan and budget had to be reverted to the tsunami operation, pending steps being taken by the Sri Lanka Red Cross to develop a new strategy and development plan on which to base its programming needs more firmly.

The plan and budget remained largely the same for the last three years of the operation. The revised plan and budget 2005–2010, issued in March 2008, totalled 691,336,295 Swiss francs. The revision in 2009 saw an increase of 15,100,982 Swiss francs to 706,437,277 Swiss francs, mainly on account of projects being ‘taken over’ from partner National Societies with full funding, or new projects that were now possible because additional funding had been identified. The latter projects included final evaluations, fifth-year anniversary activities, contingencies, the funding of exit strategies and support for host National Society transition plans.

In May 2009, the Governing Board reversed its decision of June 2006 and resolved that the waiving of PSR for tsunami expenditure be withdrawn with effect from 1 July 2009. This introduced an unbudgeted cost for the remainder of the period that had to be absorbed within an already tight budget.

By the end of 2009, most recovery activities had been completed by the IFRC, except in Sri Lanka. Partner National Society tsunami operation delegations were also either closed or being phased out. Some partners opted to remain in-country, particularly in Indonesia, to continue to work with and support PMI core programming activities at national headquarters and in non-tsunami-affected chapters. The IFRC scaled down its presence in most countries, particularly in the four priority countries of Indonesia, Maldives, Sri Lanka and Thailand. Delegations still had coordination and service responsibilities to fulfil, while primarily focusing programme support to the host National Society core activities.

South-East Asia

Indonesia: recovery progress and challenges

Context

The volume of emergency aid and the spending by foreign personnel present during the first year of the emergency in Aceh provided a much-needed stimulus to the economy. Employment increased and the market economy developed around the tsunami operation and the associated economic activity. While this result was positive in many respects, it also gave rise to high cost inflation, which, to a certain extent, was induced by businesses taking advantage of limited supply to escalate costs, particularly building materials. The increase in these costs was observed

to be in the order of 60 per cent and rising (Tsunami High Level Group) at the end of the first quarter of 2006. Along with scarcity and the high cost of labour, this was forcing many donors to review budgets and commitments.

On 11 July 2006, the Indonesian government passed the 'Law on the Governance of Aceh', enabling the direct election of a provincial governor and local district officials by the end of the year. This significantly contributed to building stability and a lasting peace after the 30 years of conflict in the province.

BRR, the government's coordinating agency, played a key role in coordinating and supporting the work of all agencies. Equipped with its mandate and a master plan, it approved more than 12,500 projects involving over 60 bilateral donors and multilateral agencies and around 700 NGOs, in addition to the 5,000 reconstruction projects it implemented itself. The information submitted on each of the projects was made available to any interested person on a web-based database – the recovery Aceh-Nias database (RAND) – and included key performance indicator data.

After four and a half years of recovery operation (soon after BRR closed), the overall efforts of all actors involved in the recovery operation had resulted in the construction of 140,304 permanent houses, 1,115 health facilities, 1,759 schools, 3,696 kilometres of road, 363 units of bridges, 13 airports/airstrips, 23 seaports and the construction or rehabilitation of 3,781 religious facilities.⁶⁴

BRR asked the UNORC to convene an inter-agency steering committee. This forum, in which BRR participated, provided the means for regular discussions on recovery issues among international and a number of other donors. UNORC also provided an important interface with the local government, playing a coordination role for all agencies in working with the relevant local bodies which would ultimately be responsible for supporting and sustaining the many recovery projects.

Meanwhile, BRR created the Coordination Forum for Aceh and Nias (CFAN). This forum brought together those interested in the recovery programme, including ministers, elected national and local parliamentarians, central and local government officials, heads of local, national and international recovery organizations, ambassadors from donor countries, and activists from national and local civil society groups. CFAN met on four occasions annually before BRR closed in April 2009. It encouraged an inclusive approach to the implementation of the recovery programme, ensuring awareness of broader perspectives and concerns and helping to identify the most pressing reconstruction obstacles. The final meeting of CFAN in February 2009 was an international summit event, providing a forum for sharing lessons learnt among the actors involved in the tsunami recovery and reconstruction work. The Red Cross Red Crescent played an active part in this event.

⁶⁴ Source: *Badan Kesinambungan Rehabilitasi Aceh* (the agency for the rehabilitation of Aceh). Data as of 30 June 2009.

One of BRR's innovative approaches was the creation of a one-stop shop or Tim Terpadu for processing international workers' visas and work permits, importation documentation and tax exemptions, among other services. This greatly reduced the administrative problems and associated delays that might otherwise have been expected for agencies working on the tsunami operation.

BRR had been created with a life of four years to complete its recovery task. This time-limited mandate placed a responsibility to deliver results in a short period of time, given the enormous challenges still to be faced. Logistics remained a major impediment to project implementation with time-consuming work to rebuild the 800 kilometres of west coast road needed to give necessary access to many of the tsunami-affected areas. Opening pipelines for logistical access to the islands of Simeulue and Nias presented further challenges. Land ownership issues had to be resolved. New land had to be found for households that had literally had their own land swept away by the tsunami. BRR made a breakthrough in changing the law to allow women to have title to land, resolving one impediment to ownership and assuring an equitable treatment of all beneficiaries, irrespective of gender. BRR also established systems to ensure transparency and accountability in its processes to fight against corruption, an endemic problem in the country.

There was also a strong commitment to 'build back better' and to take into account the need to integrate measures to reduce disaster risk into all projects in accordance with the Hyogo Framework for Action.

Given the enormous complexity and scale of the operation, BRR faced huge challenges to deliver on the expectations of donors, beneficiaries and the Office of the President. Speed was needed and BRR was able to innovate and bring about the change necessary to provide the space for agencies to work as effectively as possible. In consultation with the various stakeholders, BRR established leadership through the centralized authority vested in it and provided good coordination. For their part, the aid agencies had to deliver with pressure exerted to meet timelines.

The Indonesian government determined that the tsunami operation should be drawn to a close by the end of 2009. Other development priorities needed to be brought into stronger focus in Aceh, especially in the light of damage done through 30 years of conflict. Overall central responsibility for the conclusion of the tsunami operation reverted to BAKORNAS, but the day-to-day decision-making was transferred to the local authorities. In Aceh, a special agency was set up to provide continuity for the reconstruction (Badan Kesenambungan Rekonstruksi Aceh or BKRA). The back-to-normal structure slowed decision-making with some decisions now having to be referred to Jakarta for final approval.

With local and national elections in 2009, criminal activities increased and government restrictions were applied to field visits by humanitarian agencies, frustrating the efforts being made to conclude and close the recovery operation in a timely and orderly way. By the end of the year, demonstrations were being held in front of the governor's office or local parliamentary build-

ings in Banda Aceh. These were staged by both former conflict survivors and tsunami survivors respectively seeking more equitable access to aid and housing facilities.

The environment became more insecure for expatriate personnel. The German Red Cross country representative was shot and injured and was medically evacuated out of the country. The EU representative and expatriates at the university were also targeted.

International Red Cross and Red Crescent Movement

The Indonesian Red Cross (PMI) received an unprecedented degree of international assistance from National Societies across the world. This brought with it the pressures of coordination and managing different expectations. For much of the first year of the emergency and early recovery period, 22 National Societies were present in the country. Since they could register with BRR and thereby have an independent legal basis to operate in the country, their presence was not technically determined by the host National Society, PMI. Nevertheless, the Movement Coordination Framework was generally respected and provided the communication and institutional structure for interaction across project sectors and geographic areas. This, in turn, led to the establishment of various project consortia among Red Cross Red Crescent implementing partners and provided a forum for open dialogue on recovery programme-related issues. PMI, as chair of the Movement Platform, rightly remained in the driving seat.

The objectives of the RSOF were promoted through the Movement Coordination Framework. Issues of equity in relation to the needs of the wider communities were addressed, for example, through community-based first aid (CBFA) programming and participatory hygiene and sanitation transformation (PHAST) approaches. Beneficiary selection criteria were commonly agreed and applied by the members of the Movement. Disaster risk reduction was embedded in the programming through an integrated community-based risk reduction approach.

The Movement placed emphasis on beneficiary participation and communication outreach in all programming. This inclusive approach required more time for implementation, especially in the construction of houses, as beneficiaries were consulted about house design and settlement planning.

As the recovery programming got under way and strict financial constraints were applied in efforts to address the funding gap, the IFRC moved away from large-scale direct implementation, other than in transitional shelter and in supporting PMI capacity building in core Red Cross Red Crescent programme areas. For instance, most of the health programming was passed to partner National Societies to implement, except for a number of water and sanitation projects. The focus of the IFRC's work shifted towards its role in coordination and service provision to partner National Societies.

The Movement Coordination Framework, which had been established to assist the tsunami response, officially ended on 16 April 2009 (the same day as BRR closed). PMI appreciated the value of the framework for the purpose created. Since many partner National Societies had



A fleet of Norwegian Red Cross M6 trucks arriving in the tsunami area. The tsunami operation was among the largest logistic manoeuvres in the history of the Red Cross Red Crescent. Photo: Raqai Yani / IFRC

expressed an interest in continuing to support PMI with projects in other parts of Indonesia, the same coordination framework was put in place in order to ensure a coordinated approach and that partners align their interests with the PMI 'back to basics' strategy, emphasizing a more equitable development of PMI's nationwide mandates. As an integral part of the coordination mechanism, partner National Societies were also required to agree to adhere to the PMI's cooperation agreement strategy (CAS).

The IFRC delegation provided a continuous range of services to the partner National Societies present in-country. These included assistance with visa applications, national staff recruitment and payroll, leasing of vehicles, procurement and warehousing, transport and IT-related services. At the peak of the recovery period, the IFRC was managing the contracts and payroll of almost 1,600 national staff, nearly 1,200 of whom were assigned to work with partner National Societies. As partners reduced their activities and left the country, the IFRC had the added responsibility of reducing staff levels – a complex management task.

Throughout the tsunami operation period, besides the very close working relationship with BRR, the IFRC delegation worked with the Office of the United Nations Recovery Coordinator for Aceh and Nias (UNORC) to ensure it maximized the joint Red Cross Red Crescent and UN efforts in service delivery, coordination, as well as the facilitation of and participation in evaluation and lessons learnt efforts, such as the Tsunami Recovery Impact Assessment and Monitoring System (TRIAMS), global lessons learnt, and the evaluation of the links between relief, rehabilitation and development (LRRD).

Health and care

Community-based first aid (CBFA)

In Aceh alone, the tsunami destroyed over 400 health structures and displaced or killed almost one-third of health workers in a sector that was already underresourced. With the threat of preventable diseases, such as dengue fever and malaria, ever present after the relief effort, the Red Cross Red Crescent sought to help rebuild the health services and to complement the authorities' capacities by supporting PMI to fill some of the existing gaps in public health, especially by providing CBFA and PHAST training to staff and volunteers. On Nias, given the combination of chronic needs and the absence of a strong PMI branch structure, technical training was given directly to staff in the district health office.

Progress in implementing these programmes was slowed by the overloading of the few trainers available within PMI's Aceh chapter. Many PMI trainers had been lost during the tsunami. New recruits had to be found and trained in the basics before they could be expected to assume any programme-specific responsibilities.

The difficulty of reaching the whole affected area, including outreach into some of the more remote and needy areas, remained a challenge. Despite this, there were important achievements, sometimes as a result of the commitment of PMI staff and volunteers who, for example, trekked up to four hours to provide CBFA training in some isolated villages on Nias.

More than 100,000 people were ultimately reached by the CBFA programme in seven districts of the tsunami-affected areas, namely, Aceh Jaya, Banda Aceh, Bireuen, Sabang, Nias, Nias Selatan and Simeulue. Training was provided to village health volunteers; through household visits and village education activities, basic health and hygiene information was provided, with a focus on how to manage the risks of malaria, tuberculosis, fever and dengue. Access to schools ensured that teachers and school administrators had the skills to protect and care for children. First-aid kits were also replenished in selected communities.

To support PMI in providing basic health services to communities, a CBFA implementation guide, volunteer manual and a community toolkit were developed, printed and distributed.

Support to PMI for this programme came from the American, Australian, Japanese, Netherlands, Norwegian, Singaporean, Spanish, Swedish and Swiss Red Cross societies, as well as from the IFRC. The American Red Cross implemented a new approach – referred to as CBFA in action – with a more practical application towards strengthening local resources and promoting healthy behaviour.

The IFRC took responsibility for implementing CBFA on Nias. Working on the island presented particular challenges due to its relative state of socio-economic underdevelopment, and the remoteness and isolation of many villages. CBFA was an appropriate tool for helping communities to take more responsibility for improving their standard of health and well-being. Many of the same villages also received support with water and sanitation projects. In the first phase, over

43,000 people in 39 villages were reached with health education. A second phase was launched in 2009, which targeted an additional 39 villages, making a total of 78 villages. The second phase built on experience to revise modules and bolster PMI capacity to manage and implement the project over an 18-month time frame. Many of the targeted villages are so remote that they are only accessible by foot or two-wheeled vehicles.

Public health campaigns

Partner National Societies, including the American and Spanish Red Cross societies, played active roles in supporting a number of health campaigns and building awareness into community-based health programming. These interventions included measles vaccinations and the dissemination of information on how to avoid contracting polio, avian and human influenza, dengue fever, malaria and HIV.

Psychosocial support programme (PSP)

The trauma caused by the tsunami had a lasting impact on tens of thousands of people. Ongoing psychosocial support was provided to those affected, while crisis response plans were also put in place to build future capacity to help ensure that appropriate psychosocial support would be available for future disasters. The experience of the tsunami underlined the importance of psychosocial support as a basic need in the toolkit of disaster responders. Psychosocial support was introduced as part of the basic training of all PMI Satgana members. This capacity, developed within PMI, proved its worth during the response to the earthquakes that struck Yogyakarta in 2007 and Padang in 2009, as well as during the frequent lower-impact disasters.

The partner National Societies supporting this programme included the American, Danish and Icelandic Red Cross societies and the Turkish Red Crescent Society. The Norwegian Red Cross also helped develop a training curriculum for young people in raising awareness about mental health.

Blood services

The Australian Red Cross provided assistance to the PMI blood programme in Aceh by providing a new blood transfusion building and training staff to manage and operate the facility.

Ambulance service

The capacity of PMI to despatch emergency vehicles was further developed, particularly in the Aceh Besar, Banda Aceh, and Meulaboh branches of the Aceh chapter, as well as another project in three branches of Medan at the neighbouring North Sumatra chapter. The training of teams and setting up of dispatch centres were accomplished with the assistance of a consortium: PMI headquarters, working with the Australian and Norwegian Red Cross societies, assisted the three Aceh chapter branches; and the German Red Cross and the Hong Kong branch of the Red Cross Society of China assisted the North Sumatra chapter. Equipment and three new ambulances were also provided. The consortium went on to support the production of national guidelines for PMI ambulance services across the country.

Clinics and hospitals

Several Red Cross Red Crescent partners committed to build, reconstruct or refurbish 215 health clinics and hospitals as a contribution to the authorities' rehabilitation and expansion of health services. By the end of the period, a total of 194 hospitals and clinics had been built or rehabilitated and handed over to the authorities, with another 21 under construction or in the planning phase. (These were completed by the end of March 2011.)

Adding to the standard health facilities available to the public, the Norwegian Red Cross constructed a nursing academy and a mental health hospital in Banda Aceh, and helped establish cooperation with a mental health hospital in Central Java as a measure to upskill nurses and build capacity.

BRR had reported that 122 major health facilities had been destroyed or damaged by the earthquake and tsunami. A total of over 300 clinics and hospitals were built with the help of all partner agencies, representing a substantial effort to 'build back better' and provide more accessible healthcare to the population throughout the affected provinces.

Water and sanitation

Working with PMI volunteers, the Red Cross Red Crescent ensured the conditions necessary for over 327,000 people to rebuild their lives in a more healthy and safe environment through the cleaning of wells, building of water and sanitation networks, tap stands, washing stands, bathing areas and latrines, combined with proper waste management measures. Over 100,000 of these people were in temporary settlements, while the other 220,000 were in permanent settlements. Over 191,000 people had access to improved waste management facilities or new latrines. Through PHAST training, awareness was raised about the importance of water hygiene, and this helped to enable water and sanitation needs to be locally identified and addressed.

Throughout the emergency period up until the end of 2006, an Austrian Red Cross ERU provided safe water to the damaged water utility network in Banda Aceh (PDAM). Throughout this period, 14,300 households, including those in the camps set up for internally displaced people, were assured a safe water supply. The operation was transferred to PDAM after the Swiss Red Cross had refurbished two PDAM buildings and reconstructed a warehouse, providing a refurbished municipal water plant, complete with filtration equipment and a maintenance workshop.

Five water and sanitation projects were initially approved through the Movement Coordination Framework process and recorded with BRR:

- community hygiene promotion, water supply and sanitation – Meulaboh (west coast)
- community hygiene promotion, water supply and sanitation – Bireuen District (east coast)
- restoration of water supply, sanitation and flood drainage systems – Pulau Weh Island (Sabang)

- integrated water supply, sanitation and hygiene promotion; a community reconstruction project – Nias Island (Lahewa and Mandrehe)
- PMI water supply and sanitation training centre

These projects were implemented by partner National Societies and the IFRC delegation and included PHAST training as part of the implementation package. PMI provided volunteers – 20 of whom were fully trained to certificate level – to train trainers. These specialist trainers were recruited from a variety of backgrounds, including from the communities of villagers and internally displaced people where the projects were to be implemented. Given that they were new recruits to PMI, it was difficult to meet the challenge of having these people in place and ready to support and complement the early implementation of the hardware component of projects.

The IFRC and PMI community-based water and sanitation projects had a strong participation from community members during the design phase when needs were identified. After this had been completed, a village committee was selected and agreed the project and the sharing of roles and responsibilities. Villagers undertook much of the physical work, such as latrine construction, trenching and the laying of pipes.

Among partner National Societies, the American Red Cross provided widespread support to other in-country National Societies' housing construction projects and completed a major water supply project to pipe water 32 kilometres to Calang town, which lost nearly 70 per cent of its population during the tsunami. The American, Australian and Canadian National Societies provided support to address water and sanitation needs in the IDP barrack camps. The German Red Cross focused its sanitation support in the Teunom area, where it first established a presence immediately after the tsunami. The French Red Cross worked on water and sanitation needs in villages so that people could return to their homes. The Irish Red Cross Society provided a village water distribution system, constructed a drainage system in a village prone to flooding, and supported small-scale community-based projects. The Japanese Red Cross constructed shallow wells and drilled boreholes, in cooperation with Norwegian Red Cross. The Netherlands Red Cross provided protection for water sources, and a supply network of water and latrines in remote villages on Nias. The Norwegian Red Cross provided water and sanitation support in the hard-to-reach areas of Simeulue Island. The Spanish Red Cross also worked in the remote areas on Nias, as well as in the Meulaboh area, where it first responded after the tsunami. The Turkish Red Crescent Society supported the trucking of water to communities in the early phase before a regular supply could be established. The Hong Kong branch of the Red Cross Society of China provided water supply projects in four villages where the tsunami had caused the saline contamination of shallow wells.

The IFRC and PMI water and sanitation projects in Aceh were completed by the end of 2008. These projects provided improved water sources for more than 8,000 people and enhanced waste management facilities or improved latrines for more than 14,000 people across four districts in Aceh province – namely, Aceh Barat, Aceh Barat Daya, Bireuen and Nagan Raya.

On Nias, IFRC-funded projects began later in the recovery period and were planned to reach a total of 63 villages and 74,000 beneficiaries.

- The IFRC arranged the provision of water harvesting, access to safe water supplies and latrines to complement the construction of 2,100 houses funded by the Canadian Red Cross and to support neighbouring communities with 40,000 people in 33 villages in Lahewa. In addition, improved water and sanitation facilities were provided to 23 primary schools and 2 health facilities. This project included training in health and hygiene (PHAST method) which was carried out with the help of PMI volunteers. Before this project, only 30 per cent of the population had access or used potable water, and 80 per cent practised open-space defecation. As a result, by late 2009, malaria prevalence had decreased by 16 per cent, cases of acute respiratory infection had decreased by 21 per cent, and there was a 24 per cent reduction in the incidence of diarrhoea.
- In a further 30 particularly remote villages in Mandrehe on Nias, some 37,000 people benefited from the provision of gravity-fed piped water (pipeline of over 17 kilometres laid) and latrines. In addition, improved water and sanitation facilities were provided at 33 primary schools and four health centres. An important part of this project was to raise community awareness about waterborne diseases. A KAP (knowledge, aptitude and practice) survey conducted in 2009 showed that the number of people who washed their hands with soap

Disaster management drill conducted by PMI in, Banda Aceh, Indonesia, as part of their disaster preparedness programme following the tsunami. Photo: Nobuyuki Kobayashi / Japanese Red Cross Society



and water before eating increased from 20 per cent to 30 per cent, compared with a similar KAP survey in 2006.

The IFRC received funding for these Nias-based projects from the Canadian, Icelandic, Irish, Netherlands, Singapore and Swedish Red Cross societies.

One unusual project was conducted by the French Red Cross, which completed a solid waste management project in the administrative capital of Nias, Gunung Sitoli. As a result of this project, half the population of the capital was provided with household solid waste collection and disposal, and the French Red Cross worked with and provided the equipment for the local authorities to take over the ongoing responsibility.

PMI sought to build its capacity to provide water and sanitation support during emergencies, in particular, to carry out emergency provision of water and sanitation, as well as water treatment. With the help of the Spanish Red Cross, a national water and sanitation emergency response unit (ERU) team was formed, trained and deployed on several occasions following disasters. For example, after the earthquake in Padang in 2009, members of a PMI water and sanitation team, having gained experience in the tsunami operation, arrived in Padang and produced 600,000 litres of safe drinking water a day from water purification units.

Plans were drawn up to establish a water and sanitation centre in West Java. A large plot of land was secured in Bandung and the Spanish Red Cross funded the construction of a warehouse to store safely the PMI water and sanitation team's equipment. In addition, a centre of excellence for training in water and sanitation response in emergencies was planned on the same site, funded by the IFRC. This would also serve National Societies in the wider region. This project was completed in 2010.

Disaster management

The objective for disaster management was twofold: to help strengthen PMI capacity to respond efficiently during emergencies, and to enhance the capacities of vulnerable communities to cope with disasters.

The IFRC took the lead on a number of projects to strengthen PMI's capacity. A commitment was made to support the pre-positioning of disaster relief supplies throughout the affected area, given its high vulnerability to earthquakes, landslides and floods. All 21 PMI branches in Aceh received at least one converted shipping container. In all, 32 containers were installed, storing 6,400 family kits and 22 disaster preparedness toolkits across the province, providing branches with the capacity to meet emergency needs without having to access stocks from the chapter headquarters. Disaster preparedness container and stock management guidelines were put in place, and staff and volunteers trained in warehousing and logistics.

Two disaster preparedness containers were established on Nias, including in the remote south of the island, where a new branch was established. Volunteers were also trained with the aim of establishing emergency response teams or Satgana.

The tsunami highlighted the lack of an adequate early warning system and the Indonesian government developed a plan to address this need. PMI was allocated the responsibility of mobilizing communities in times of disaster. As part of this plan, PMI repaired and upgraded high frequency (HF) and very high frequency (VHF) radios in 25 locations, including at each one of its 21 branches in Aceh and at two branches on Nias. The radios were installed and over 100 volunteers were trained to operate and maintain the equipment. The project had the additional benefit of providing a communication network among the PMI branches, the Aceh and North Sumatra chapters and the PMI national headquarters, enhancing the exchange of information and facilitating reporting. Standard operating procedures for early warning were agreed in 2009, endorsed by the government and disseminated within PMI. This project was implemented by the IFRC and Australian, Canadian and Spanish Red Cross societies, with some technical support from the American Red Cross.

Throughout this period, the important work done by the Satgana teams was supported and encouraged by all PMI partners. PMI was supported in training activities and with tools and equipment. The lessons learnt from the tsunami operation were built upon and applied in subsequent disasters, including the two particularly devastating earthquakes that hit Yogyakarta in 2007 and Padang in 2009. At community level, volunteer corps were formed in Aceh, and PMI distributed equipment and encouraged the development of branch disaster response and contingency plans. Disaster management and preparedness awareness were also built into the second phase of the CBHFA programme in Nias. The PMI branch demonstrated its disaster response capacity in 2009 when it responded to seasonal floods by carrying out an assessment and provided subsequent assistance to 150 affected families.

With respect to the objective to build the capacities of vulnerable communities, before the tsunami, PMI had developed a community-based disaster preparedness approach to its programming. In the course of the tsunami operation, community-based disaster preparedness developed into a standardized approach – applied by all Red Cross and Red Crescent partners – and entitled ‘integrated community-based risk reduction’ (ICBRR).

PMI and partner National Societies took various community-based disaster risk reduction initiatives, including the formation of trained ‘community-based action teams’ (CBATs). Emphasis was placed on having women members of these community groups to ensure gender balance. CBATs mapped their villages’ vulnerability and, based on this, drew up disaster risk reduction plans for each community. This led to various work being undertaken, including the planting of coastal plantations, establishing emergency evacuation routes, the draining of channels and the protection of riverbanks. As far as was practicable, participatory rural appraisal (PRA) and vulnerability and capacity assessment (VCA) tools were used for the mapping process.

ICBRR programmes were also extended to teachers and school children, through the education system, as a way of reaching out into communities.

Furthermore, ICBRR initiatives were integrated into all physical construction projects – such as housing, health clinics, schools and community centres – and the ICBRR principles guided community settlement planning.

One of the greatest challenges faced during the implementation of the disaster management phase was human resources. With the heavy demands being placed on PMI, it was difficult to build a volunteer base to support the programme and a lack of compensation also led to difficulties in recruiting volunteers at community level. During the implementation of the early warning system project, it was found that there was a high turnover of volunteer radio operators due to the lack of monetary incentives. This particular issue was eventually resolved with an agreement to provide some compensation. Training was also given to PMI governance members and motivational campaigns were carried out.

Before the tsunami, the Danish and Norwegian Red Cross societies had a national partnership with PMI to support the establishment of a community-based disaster preparedness programme. Along with the IFRC, many other National Societies joined this partnership in the tsunami-affected areas to implement the programme at community and branch level. These National Society partners included the American, Australian, British, Canadian, German, Japanese and Spanish Red Cross societies. The Norwegian Red Cross, Japanese Red Cross, the IFRC and PMI established a consortium to build warehousing. A central warehouse in Surabaya and a regional warehouse in Aceh had been completed in 2008 and 2009 respectively. Two additional warehouses (in Padang, West Sumatra and in Serang, Banten) were also planned. The Danish Red Cross also worked at a national level to help build capacity within PMI and assisted in the development of PRA/VCA manuals.

Construction

Transitional shelter

The need for transitional shelter was late in being acknowledged during 2005. Agreement was reached that the IFRC, in partnership with the United Nations, would take responsibility for providing 20,000 shelters to accommodate those most in need of shelter, especially the 75,000 people still living in tents. The IFRC secretariat made a financial provision for 129 million Swiss francs to procure materials and to cover the logistical, operational and financial support needed. It took the lead in the planning of shelters that would have a lifespan of at least four years and would provide safe shelter for beneficiaries until permanent houses could be built. This was the largest project of its kind in the IFRC's history and it represented a huge challenge.

The 25-square-metre lightweight units were designed by Red Cross Red Crescent construction engineers for local conditions, ease of delivery and speed of assembly. Each unit comprised an easy-to-assemble galvanized steel frame that could be securely erected without the need for

electric tools. The frame was then clad in pre-cut timber, which was also used for the floor. The complete transitional shelter could be built in one to two days by four people.

Each transitional shelter kit included the frame, foundations, aluminium sheeting for the roof, timber for the walls and floors, as well as tools and written instructions. To ensure optimal stability and to increase earthquake resilience, the frame and roof were braced and the platform reinforced. The roofing sheets were fixed to the frame with a special attachment technique to ensure better wind resistance. To improve living conditions, the frame had a raised floor to avoid floods and a large roof to protect against rain.

The shelter kits did not include a covering for the gables. However, it did include a reimbursement valued at 550,000 Indonesian rupiahs (approximately 68 Swiss francs) to cover the cost of gable materials and the necessary labour costs. This reimbursement was payable after the monitoring of outcomes.

Since land issues were not always easily resolved, the ability to quickly disassemble the shelter was an important factor in the design. This design feature was also an added benefit if the owner wished to relocate the building for other reasons, including the ultimate sale of the shelter when new, permanent housing was made available.

UNOCHA drew up a list of organizations, which were active in the affected communities, to be implementing partners. On accepting the role, the implementing partner would take responsibility for dealing with the local authorities to resolve land issues. Land ownership certificates had to be presented before construction could begin.

The IFRC secretariat was responsible for procurement and, after UNOCHA found it was unable to fund the distribution of the kits, the IFRC had to commit extra funding and take responsibility for distributing all kits imported through Medan. This was a major logistical challenge requiring road and marine transport, plus 60 M-6 trucks, to carry the shelter kits off-road for delivery as close to the building sites as possible. In all, 36,000 tonnes of construction materials were delivered in 11 districts throughout Aceh. To the credit of the logistics team, only 0.4 per cent of the building materials suffered damage during transport to beneficiaries' sites.

The IFRC also provided 24 field supervisors to support the 35 implementing partners. They ensured that proper information was given to communities, they supported better coordination between the partners and the communities, and they monitored all construction to check on-site safety and quality control. The communities were trained to construct the shelters themselves. The supervisors also mapped the completed constructions and entered each one in a global positioning satellite (GPS) database.

While most of the shelters were completed by the end of 2006, after two years, a total of 19,923 shelters were built, housing over 80,000 people in 382 communities.

According to a preliminary assessment,⁶⁵ approximately 98 per cent of all residents found the transitional centres to be extremely important in rebuilding their livelihoods. More than 80 per cent had invested their own resources in improving their shelters by dividing and expanding rooms. Almost one-third had decorated the exterior, helping to give individual character to their new homes. In new settlement areas, 3.5 per cent of the shelters were used for business purposes, with 9 per cent of the shelters in return areas being used for this purpose. The vast majority were, therefore, used for accommodation.

When the permanent homes were built and handed over to beneficiaries, the transitional shelters were often adapted and attached to the new homes to provide extra space. Some of the shelters that were not needed once new permanent houses became available were sold or relocated for other purposes, which validated the original design of allowing the shelters to be disassembled and reconstructed.

The preliminary assessment (referred to above) was backed by a socio-economic study⁶⁶ published in 2009, which found that the greatest number of beneficiaries described the impact of the transitional shelters on their lives as either “very positive” or “positive”. Furthermore, most of the beneficiaries were still using their shelter even after having moved to their permanent homes. This demonstrated that the use of transitional shelters went beyond being a temporary housing solution as they became a valuable asset when beneficiaries permanently resettled. What was noticeable was that the longer the period that beneficiaries lived in the transitional shelters, the more negative an impact was felt, especially regarding their economic well-being and the household’s community life.

The project was complex with the initial challenges of establishing a beneficiary list. Many people remained on the move after the tsunami and this complicated the needs assessment, slowing down implementation. The severe damage to the road infrastructure across the province imposed enormous constraints.

Many partner organizations contributed to the success of the project. The IFRC took responsibility for providing 20,000 transitional shelters and, following an agreement with UNOCHA, assumed the lead role in implementing the plan. BRR facilitated cooperation with the various government agencies. The provincial governor’s office took the lead in directing district and village leaders to identify sites for settlement. Implementing partners had responsibility for community mobilization and coordination, site supervision and the provision of necessary ancillary services, such as water and sanitation facilities.

⁶⁵ Tango International. *Preliminary Impact Evaluation of the Transitional Shelter Programme in Aceh province, Indonesia*. September 2007. Copy available at www.ifrc.org/what/disasters/response/tsunamis/evaluation.asp

⁶⁶ Simone van Dijk, *A socio-economic impact study on a transitional housing programme. A case study of a Red Cross and Red Crescent societies housing programme in Indonesia*. Netherlands Red Cross/Technische Universiteit Eindhoven/IFRC, 27 February 2009.



A family from the village of Lahewa, on Nias Island, Indonesia, in front of their new home, one of more than 19,200 permanent houses built by the Red Cross Red Crescent in Indonesia. Photo: Ahmad Husein / IFRC

The implementing partners included local NGOs, international humanitarian agencies, five partner National Societies and four PMI branches. The IFRC and PMI took responsibility for implementation in areas where other partners were unable to work.

The total final cost of the project was 114.6 million Swiss francs, from which it can be deduced that each shelter cost 5,742 Swiss francs.

Permanent housing

Initial assessment by the authorities indicated that close to 100,000 new permanent houses would be required. This number grew over the recovery period to 128,000 as the needs became clearer. By the end of the period, a total of 21,342 houses were built by Red Cross Red Crescent partners.

At the outset, there had been expectations that the provision of permanent housing would take place reasonably quickly. This proved not to be the case as the complexities involved in implementing the project surfaced. Legal title to land had to be established and, in many cases, records had been swept away in the tsunami. Some people had actually lost the land they owned to the ravages of the tsunami and new plots had to be found. This proved difficult as families often wished to remain in their own communities, but found acute shortages of available land. Access to sites and the logistics of transporting building materials over impassable roads took time and energy. Furthermore, houses needed ancillary services in the form of basic water and

sanitation facilities, electricity supply and access roads. These took time to arrange. Once the tendering process began, it became evident that the procurement environment was challenging with a limited range of contractors who took the opportunity to increase costs above those prevailing when budgets were first prepared. This tendency was supported and exacerbated by the high cost inflation of building materials.

All the houses were built according to strict specifications, including the requirement to meet earthquake-resistant standards. With advice from Handicap International, the design of a number of houses was modified to take into account the needs of family members with disabilities.

BRR played a key role in establishing initial beneficiary lists, which were then screened on the basis of agreed Red Cross Red Crescent vulnerability criteria.

The Canadian Red Cross undertook a challenging project to build over 2,100 houses on Nias. This required a separate logistical pipeline to be established: from Medan by road to warehousing on the west coast of Sumatra, shipment by landing barge, warehousing on Nias, and then handling once more to deliver the materials to the building sites. The Canadian Red Cross contracted the IFRC – managed by the Asia Pacific zone office – to take responsibility for procuring the kit sets in Thailand (of a similar construction type to the transitional shelters) and to manage the logistics pipeline. This contract to manage a complex logistics pipeline worked well, given the numerous stages and challenging environment. Maintaining sufficient stock at the forward base on Nias was critical to meeting construction targets. Only on one occasion was a delay of a few days recorded in the supply line.

Most of the partner National Societies present in Aceh and Nias undertook the building of houses. Some also built other community buildings. By the end of September 2009, these included the completion of 96 schools and 184 other community structures (excluding clinics and hospitals), which were either built or rehabilitated.

A joint review of the shelter programme experience was conducted after an initial workshop organized in Banda Aceh by the British Red Cross and the IFRC in February 2008. This was attended by 12 partner National Societies with the objective of recording the lessons learnt and of generating a list of best practice guidelines and shelter programme tools for the benefit of the wider Movement. After the workshop, six of the partner National Societies engaged in furthering the work begun, and the results have been documented in a report produced in March 2010.⁶⁷

Livelihoods

Helping people to restore their livelihoods after the tsunami was an integral part of the Red Cross Red Crescent recovery programming in Indonesia. Lacking the depth of experience in

⁶⁷ Yasemin Aysan, Patrick Elliot and Wartini Pramana supported by the Shelter Department of the International Federation of Red Cross and Red Crescent Societies. *Joint Review of Red Cross Societies' Shelter programmes in Aceh and Nias during the Tsunami Recovery Programme*. 1 March 2010.

managing all the various livelihoods approaches, the Red Cross Red Crescent often sought to work with agencies that had proven experience and knowledge in this sector. A number of national and international organizations were identified to assist the Red Cross Red Crescent in helping get people back on their feet. Partnerships were formed with Yamida (Yayasan Mitra Duafa), a microfinance institution that uses the model pioneered by the well-known Bangladeshi Grameen Bank. To illustrate the breadth of partnerships, the American Red Cross partnered with the Grameen Foundation, Mercy Corps, Child Fund (CCF Indonesia), United Methodist Committee on Relief, Triangle Génération Humanitaire, CHF International and the Food and Agriculture Organization. The Canadian Red Cross partnered with Islamic Relief and ACTED.

In all, by the end of the period, PMI and its National Society partners had reached 13,940 households with asset replacement or enhancement assistance. Livelihoods support grants were also made to 23,530 households.

The Red Cross Red Crescent programmes were generally integrated into activities, such as the housing construction programme. For example:

- entrepreneurial development, including technical assistance to prepare business plans, financial support to undertake activities such as fishing and farming, and ventures like warung (roadside stalls and shops) and animal husbandry
- restoration of local businesses from hamburger stands to boat building to traditional wood-chip making
- 'settling in' grants as families moved into their new houses
- vocational training of construction workers aimed at increasing workers' professional skills and motivation
- facilitation of access to credit for entrepreneurs
- women's groups were helped to set up cooperatives for activities such as the smoking and selling of fish, and tailoring

Many beneficiaries had depended on agriculture and fishing for their livelihoods, so a range of interventions were implemented to help people to return to their former occupations. These included:

- providing garden and/or agricultural tools and equipment, as well as planting mango and timber trees
- revitalizing part of the jermai (inland) fishing industry through the supply of inshore boats, nets and repair tools



19,923 prefabricated temporary shelters were constructed in Indonesia following the tsunami. These material for shelters was shipped from overseas, helping to prevent illegal logging and protect the already damaged environment. Photo: IFRC

- providing onshore, middlemen basket holders with woven baskets to carry the fish catches from the boats to the fishmongers
- providing fishmongers with buckets and ice storage boxes to preserve the catch and transport it to more remote markets
- providing support to build the traditional labi-labi deep-water longboats that operate on the basis that all fishermen aboard equally share the gains from the catch

A number of interventions were linked to support for targeted activities that reduced disaster risks. These included:

- providing offshore fishermen with radio communication and navigation system equipment, and safety kits
- providing cash-for-work for planting mangrove plantations to reduce the risks from high tides and winds (which also proved to be ideal for generating income from the cultivation of crabs and shrimps)

- providing cash-for-work projects such as the building of dykes and channels to provide better protection from flooding and waves

Other initiatives addressed the need to limit the impact of the tsunami on the young. These included:

- providing cash assistance for secondary school education, thereby enabling non-enrolled children to return to school and not be forced to work in order to bring income to families impoverished by the post-tsunami economic disruption
- providing financial grants to support the education of children who had been orphaned by the tsunami for a period of three years

As livelihoods programming was not a core IFRC activity, PMI household economic recovery projects were largely supported under the auspices of the partner National Societies. These included the American, Australian, Belgian, British, Canadian, French, Irish, Japanese, Norwegian, Spanish and Swiss Red Cross societies.

Working with communities

The earthquake and tsunami disproportionately impacted women. It was, therefore, particularly important that the relief and recovery operations be designed to take gender equality issues into account to ensure that the unique needs of women were met, their capacities drawn upon and their voices heard. One measure taken by the IFRC was to carry out gender awareness training for all Red Cross Red Crescent staff working in Aceh province and on Nias.

In programming, a gender approach was adopted wherever possible. In the water and sanitation programme, village committees were required to have an equal number of men and women, which meant that decisions about the location of toilets, and bathing and washing facilities ensured privacy. The role of women is especially important in disaster risk reduction planning and activities because women can be particularly vulnerable during the day as they are often indoors, while men tend to work outside. It is known that those indoors are much more likely to be killed or injured when disasters strike as homes are destroyed or damaged. As a result of acknowledging the role of women, PMI's community-based action teams (CBATs) comprised twice as many women as men.

Building trust with communities and involving them to take ownership of the recovery programmes required good communications and a readiness to advocate for the target population. In the construction programme, for example, various media, such as newspapers, newsletters, bulletin boards, and radio were used to ensure that all levels of the communities could be informed about the planning and progress.

One innovative programme in Aceh province, supported and led by the Irish Red Cross Society, was the Rumoh PMI. This PMI radio programme sought to improve beneficiary communications

by broadcasting live discussions, fortnightly dramas and public service announcements covering various topics. The topics were based on questions asked via e-mail, mobile phone text messages (SMS) and telephone calls from communities. Once topics were selected, PMI would invite guest speakers with the relevant knowledge to answer the questions on-air. For example, BRR spokespersons were invited to address questions on land title issues. This project was later expanded to include a weekly, hour-long TV chat show with guest speakers addressing phone-in questions from the public and questions from the audience on themes related to tsunami reconstruction and general development issues.

By communicating in this way with communities, beneficiaries took greater ownership of the programmes, which has helped to ensure the assistance programme outcomes have been more sustainable in the longer term.

Organizational development

PMI has a proud history. With a presence in 31 provinces, it boasts 388 branches, over 1 million volunteers and more than 2,800 staff. It provides a range of disaster preparedness, blood collection, health and community services throughout the country. It is well recognized and respected as the first humanitarian organization that is able to respond to disaster and provide trained volunteers to help with rescue and emergency needs wherever disaster may strike in the widely scattered Indonesian archipelago. The national headquarters is well established with a core staff to cover ongoing activities.

In Aceh province, the chapter had played a long-time role in addressing the humanitarian needs arising from the 30-year conflict. Its capacity, supported by ICRC, was built around providing vital services, recovering the dead and evacuating the wounded caught up in the conflict. The tsunami, however, killed many staff and volunteers, weakening an organization that was built around the chapter and 21 branch structures at a time when its services were needed most.

In North Sumatra province, the PMI chapter based in Medan is well established, but the single branch on the distant island of Nias was weak with poor resources, and few members and volunteers.

After the earthquake and tsunami struck, PMI headquarters provided immediate leadership to its chapter in Aceh. After the earthquake that hit Nias three months later, Satgana teams were flown in and played a key role in addressing emergency needs.

Operationally, the emergency and recovery programme support available from the IFRC depended on an implementing partnership with PMI on the ground. From the outset, strengthening the capacity of PMI was identified as operationally important: assistance programmes needed to be sustainable; and the opportunity existed to help PMI better serve the needs of vulnerable people in the future, including in disaster management. Having well-prepared, resilient and safer communities with the ability to cope with future disasters was one of the nine main objectives spelled out in the IFRC's RSOF.

In line with one of its fundamental tasks to assist its membership, the IFRC took the lead in supporting the growth and continued development of PMI in Aceh province and Nias (as part of PMI's North Sumatra chapter). In consultation with the PMI national leadership, it was agreed to focus on organizational development support to re-staff and develop the branches in Aceh province, whilst building PMI's capacity on Nias, which started from a weak base at the outset of the operation. Given the size and difficulty of travelling around Nias, it was also agreed to open a second branch in the south of the district. In total in Aceh and Nias, 23 branches became the focus of efforts to recruit new volunteers and members, and to plan for the reconstruction and rehabilitation of damaged and destroyed branch buildings.

New branch buildings were provided for all Achinese branches, with financial assistance from the IFRC and Red Cross Red Crescent partners. A new office for the Aceh chapter was also provided. The IFRC had developed a compound in Banda Aceh, and had built office accommodation for delegation staff and most of the partner National Societies. In all, 450 work stations were available. The vehicle workshop and logistics warehousing was also on the same compound. Since PMI owned the land, the plan was to transfer the buildings on the property to PMI at the end of the operation. With this in mind, the Norwegian Red Cross funded the construction of a permanent warehouse to replace the temporary warehouses (rubb halls) used since the early days of the relief operation.

Besides the 'hardware' required, financial assistance was provided to enable the Aceh chapter to recruit sufficient staff for its base operation and for each branch to employ a minimum of four core staff members⁶⁸ – for administration and finance, organizational development, disaster management, and health and social services. On the basis of community needs assessments, branch development plans were formulated and workshops conducted to strengthen capacities for better service delivery with enhanced transparency and accountability.

Through the implementation of the recovery programme, the opportunity was taken to train and coach staff in the programme areas, in cross-cutting issues such as gender and community participation, as well as offer orientation, particularly important for staff who were new to the International Red Cross and Red Crescent Movement and its humanitarian values. At chapter level, support was focused on areas such as human resource management, disaster management, logistics and resource development. In order to bolster capacity at chapter level in order to manage this scaling-up, the IFRC funded 14 staff at chapter level in Aceh and 5 staff at chapter level in North Sumatra.

Special efforts were made to strengthen youth volunteer membership of PMI. A youth gathering was convened in 2009 and 15 branches sent young people to build their capacity and understanding of Red Cross Red Crescent values and the Movement's fundamental principles.

This implementation of the programme faced various challenges. There was strong competition in the marketplace for people with education and skills, making it difficult to recruit and retain

⁶⁸ On Nias, there were six staff supported at Nias branch and two at the newly created Nias Selatan branch.

staff. In many cases, volunteers had become accustomed to receiving compensation for their services since the start of the relief operation and this changed the mentality for some, especially since so many livelihoods had been destroyed by the tsunami. Some people were poached by other organizations, including by Movement members, who were pressed to find competent local staff. Efforts were made to introduce systems and protocols to avoid undue competition within the Movement, and to provide a secure and rewarding work environment for PMI staff and volunteers alike.

It also took time to negotiate for and secure the land for the branch buildings, which delayed their completion. Nevertheless, by the end of 2009, 13 branch buildings had been completed and handed over to branches. The remaining four were either under construction or pending, until land issues had been settled.

As the recovery phase came towards an end in Aceh chapter, a major challenge was managing the scaling down to a more normal level of activity, albeit a higher level than before the tsunami. The annual budget of the chapter had grown to over 4 million US dollars by 2010 and there were 35 full time staff on the payroll. Before the tsunami, the chapter had been resourced by way of a provincial government subsidy and through local fund-raising. This could not be expected to sustain a large budget in the future. Efforts were made to identify and provide additional income-generating support. In line with this strategy, a multi-purpose training and meeting building was constructed to rent out to other organizations and bodies. Accommodation was also built so that meetings could be held for people from across the province. The building would also be used by PMI as a staging area for future disasters.

Building PMI capacity on Nias proved a significant challenge. Its pre-tsunami structure had been very weak, and it took time to identify members and volunteers to carry out new activities for the branch based in the capital, Gunung Sitoli. The CBFA programme became a focal point for development, with management training and support for key staff. Training in volunteer management led to the formation of a volunteer corps which started a number of activities, such as the provision of first-aid services. PMI formed three new sub-branches and a new branch on the south of the island, with a view to reaching out to the scattered communities. Funding was secured for a new branch building in Gunung Sitoli and the IFRC positioned an organizational development delegate on Nias to help guide the capacity building efforts of PMI on the island.

At national level, the relatively old PMI headquarters building of PMI had become congested with the sudden increase in staff numbers during the tsunami operation. With the growing demands and expectations placed on PMI, redevelopment was considered, but constraints existed around the limited plot size and difficulty of access. An alternative building was sought to provide accommodation and allow an expanded range of services to be offered, including the national disaster control centre for PMI operations around the country. IT systems needed to be upgraded to provide effective communications for service delivery and to enhance coordination with the government. With funding from its own sources, together with the IFRC and several partner National Societies, PMI acquired a suitable building in 2010. While the PMI headquarters



Livelihood programmes such as this one, in Indonesia, helped families and communities to move on toward long term recovery after the tsunami. Photo: Hotli Simanjuntak / British Red Cross

had not been relocated by the end of the period, agreements had been made with the delegation and partners to rent some of the floor space in the new headquarters, which provided the National Society with an important income stream.

Way forward

Indonesia has been described as the 'supermarket of disasters'. The country's unique geographic and geologic characteristics, coupled with a large and unevenly distributed population, have resulted in innumerable natural disasters. Earthquakes, volcanic eruptions, tsunamis, flash floods, mudslides, forest fires and droughts have resulted in high civilian casualties, mass displacement, loss of livelihoods, property destruction and environmental damage. An additional concern has been the fact that Indonesia experienced the highest incidence of avian influenza cases in the world, which posed a serious threat of human-to-human transmission and the potential to lead to a pandemic.

PMI responded rapidly to the December 2004 earthquake and tsunami, and placed huge resources at the disposal of the relief and recovery operations. However, as the recovery programme was being implemented, further disasters in other parts of the country demanded the

society's attention. In addition, ongoing PMI core programming was at risk if the National Societies were to become focused on the tsunami operation. Even if the huge resources available to those affected by the tsunami were unprecedented and placed a particular burden of accountability on the Red Cross Red Crescent, PMI was conscious of the wider responsibility it had to the whole of its nation's population.

At the PMI general assembly in 2007, it resolved to go back to basics. While this did not amount to any withdrawal from ongoing commitments in Aceh and Nias, PMI sought a shift to a more equitable sharing of resources across the country in accordance with its 2004–2009 strategic plan. It sought to establish firm timelines with its partners for concluding programmes in the tsunami operation – a policy that was mirrored by BRR as the authorities looked to complete the recovery assistance before BRR closed in April 2009.

With this change, Red Cross Red Crescent partners were encouraged to provide ongoing support for national programmes and organizational development in accordance with PMI's cooperation agreement strategy (CAS)⁶⁹. This had been developed in consultation with Red Cross Red Crescent partners, and the policy to comply with the CAS was confirmed by the Movement Platform, which decided that partner National Societies must adhere to CAS when planning for longer-term assistance. This became a condition for continued partnership.

Member National Societies wanting to provide ongoing assistance had enjoyed certain benefits, including visas for their delegates issued under the authority of BRR. After BRR closed, visas for foreign personnel were restricted to only those delegates deemed necessary to bring operational programme assistance to a close. As the IFRC benefited from its own legal status agreement with the government, some partner National Societies chose to sign integration agreements with the IFRC so that they could be brought under the umbrella of their international body. This, in turn, reinforced the IFRC's coordination support role for PMI.

Thailand: Recovery progress and challenges

Context

The Thai government had taken a strong lead throughout the relief operation and much had been achieved in addressing the emergency needs and helping many of those affected to rebuild their lives. By late 2005, political tensions were growing with the re-election of a party with a popular prime minister who subsequently became entangled in allegations concerning family conflicts of interest in financial dealings. His government was dissolved in 2006 when the military assumed power following a coup. The constitution was redrafted and was cause for increasing political tensions as different factions vied for power. A new government was elected at the end of 2007 but strong opposition continued. Demonstrations, sometimes violent, and disruptive

⁶⁹ CAS is a cooperation framework designed to provide for effective coordination among partners operating at country level. While it places the needs of vulnerable people and the strategic plans of National Societies at the heart of the process, it offers ways to ensure that mutual capacities, resources and obligations are recognized, jointly respected and utilized in the best way possible.

protests plagued Bangkok in the years that followed. A state of emergency was declared during 2008 when protesters stormed and occupied the grounds of Government House. The international airport in Bangkok was also occupied for a period, seriously disrupting commercial and tourist travel. In 2009, the situation in Bangkok became calmer, only to flare up again in 2010.

The government was also challenged during this period by insurgency in the southern provinces, increasing numbers of refugees from Myanmar along its border, border disputes with Cambodia and a difficult economic situation with a downturn in tourism (approximately 20 per cent below normal in 2009) and a depreciating currency.

UN findings

One year after the tsunami, it was felt there remained a number of key challenges for the longer-term recovery programming.⁷⁰ These included the issues of land tenure and title, the special needs of vulnerable communities, better management of natural resources and the environment, and better preparedness in the face of disasters.

Communities felt they had been insufficiently involved in the local administrative authorities' decisions, and there was a need for a more inclusive approach to ensure sustainable recovery. More marginalized groups – such as the Chao Lay and Muslims – had limited knowledge of their rights and had not pushed for a role in decision-making. The government placed new emphasis on enhancing the capacity of the local administration in order to improve community consultation and participation in decision-making. This included house design and the planning of new settlements.

The livelihoods recovery of poorer communities had also been slow and more marginalized communities needed support to secure assistance in this area. The situation was exacerbated by the slow recovery of the tourist sector in the worst-affected areas. During the course of 2005, a 40 per cent increase in the price of fuel particularly impacted fishermen.

By the end of 2005, 83 of the 412 tsunami-affected villages were facing problems related to insecure land tenure. Ethnic groups who lived on 'prime real estate' along the coast were especially affected. They claimed their forefathers had settled on the land to fish long before the land had become valuable due to the growing tourist industry and before land titles were issued. Legal title was now with public agencies or private owners. After the tsunami displaced these coastal populations, many were not allowed to return to their original settlements and risked being moved inland to live in houses away from the sea, the source of their livelihoods.

The government also recognized the importance of taking the opportunity to adopt a long-term planning framework for coastal management and environmental rehabilitation and protection. The tourist sector had developed without sufficient regard for safeguarding the environment,

⁷⁰ UN Thailand Country Team. Tsunami Thailand: One Year Later, National Response and Contribution of International Partners.

for example, inadequate attention to waste management, mitigation of coastal erosion and protecting the marine habitat.

Lastly, it was acknowledged that an important priority was the development of early warning systems and community-based disaster preparedness. This was needed to calm persistent fears and to build more resilient and self-sufficient communities.

Asian Development Bank Institute study⁷¹

The Asian Development Bank Institute published a discussion paper in August 2007 arising from a study that examined the impact of and the responses to the December 2004 tsunami in Thailand, using both official and other publicly available data supplemented by a field survey of affected households, tourists and NGOs. This study found that two years after the tsunami, the country had made major steps towards recovering from the worst economic effects of the disaster. There was a general consensus that the initial relief effort was quite satisfactory, given the unpredicted nature of the disaster and the further complications created by the presence of a very large number of foreign tourists among the victims.

In contrast to the situation in Indonesia and Sri Lanka, the economic losses were found not to be primarily caused by damage to physical assets and infrastructure, but to lost earnings from the tourism industry. In the tourism industry itself, the tsunami did not completely destroy all hotels and other facilities even in the affected regions, but large losses came from the sharp falls in tourist numbers. The immediate impact on the regional economy was severe, but much less significant were the overall effects of the tsunami on the wider national economy.

Although the immediate response to the tsunami was considered a success, weak coordination among aid donors, NGOs and aid recipients hampered effective delivery, and sometimes led to inequalities and waste in aid distribution.

Many of the inefficiencies in the aid programmes reflected the problems of supply-driven assistance. Beyond the immediate emergency relief stage – where food, medicine, clothing and basic shelter were priorities – direct financial assistance would have allowed most households to obtain what they required from the market. The reconstruction experience highlighted the need to adopt a more demand-oriented, participatory approach during the period of rehabilitation and reconstruction so that aid could be effectively channelled into areas of greatest need in cooperation with local communities.

International Red Cross and Red Crescent Movement

The Thai parliament passed a new Red Cross law on 12 August 2007 to replace the outdated Red Cross law of 1918. The new law strengthened the roles and responsibilities of the Thai Red Cross Society, notably covering the areas of medical and health services, relief assistance, blood services and social welfare promotion. The Thai Red Cross Society was now officially considered

⁷¹ Bhanupong Nidhiprabha. *Adjustment and Recovery in Thailand Two Years after the Tsunami*. ADB Institute Discussion Paper No. 72, August 2007.

a national humanitarian organization according to International Red Cross and Red Crescent Movement guidelines, and thereby became entitled to financial support from the state.

The Thai Red Cross Society had a proud track record of working closely with the Thai government. The new law highlighted the important auxiliary relationship that existed between them and had been demonstrated by the support to communities and tourists following the devastating tsunami. However, the National Society lacked recent experience in working with bilateral partners from within the Movement. The host National Society asked that the IFRC facilitate the work with those partner National Societies with a presence on the ground.

In order to support the Thai Red Cross Society with coordination and to streamline the tsunami recovery operation in Thailand, an IFRC tsunami recovery team was recruited. A coordinator joined in August 2005, along with six programme officers responsible for health and care, disaster management, organizational development, liaison, administration and finance. The tsunami recovery office began operations in Phuket in mid-August as an extension of the IFRC's South-East Asia regional delegation, based in Bangkok. The recovery office was closed at the end of 2007 as the IFRC concluded its direct programme implementation, and its ongoing field work was taken over by the American Red Cross. The IFRC retained a tsunami recovery unit in the regional delegation office in Bangkok and provided ongoing coordination of tsunami recovery support activities for the International Red Cross and Red Crescent Movement.

The American, Finnish and French Red Cross societies signed integration agreements with the IFRC. This encouraged integrated approaches and facilitated relations with the Thai Red Cross Society, which was also facing many other demands on its services during this period. Quarterly meetings were organized with partner National Societies and the Thai Red Cross Society.

After withdrawing from Phuket, the IFRC was requested by the Thai Red Cross Society to provide ongoing support from the Bangkok office in the following areas:

- Organizational development – to help strengthen the Thai Red Cross Society middle management to enable delivery on its strategic plans and to address identified issues arising out of the tsunami recovery operation
- Disaster management – to help strengthen the institutional capacity of the Thai Red Cross Society to respond effectively to disasters and to support the preparedness of flood-prone communities, building on and replicating elsewhere the community-based disaster preparedness models developed in the tsunami operation
- Coordination – to continue the current IFRC role in coordinating the efforts of partner National Societies and the IFRC, in support of the Thai Red Cross Society

From the beginning of 2007, American Red Cross became the main programme partner for Thai Red Cross Society in directly supporting implementation of the following tsunami recovery programmes at field level:

- community-based health
- first aid and youth
- improving the water supply and sanitation of communities
- community-based disaster response and reduction.

Health and care

The focus of Thai Red Cross Society post-tsunami health programming was to complement and support the efforts of the government in the six affected provinces. With support from Movement partners, the focus was in four programme areas:

Health and care infrastructure (including emergency medical care response system)

Based on needs identified by the local health authorities, seven hospitals were renovated or rebuilt in Phang Nha province. Hospital equipment was donated to nine hospitals and health facilities in the same province and blood bank equipment to all seven of the provincial general hospitals in the affected area – Phang Nha province has two such hospitals. These projects were completed by early 2007, and were followed up with support for staff training for emergency room personnel during 2007 and 2008.

This programme was supported by the Finnish Red Cross.

Blood services

Recruitment of voluntary blood donors was improved in the six affected provinces with the employment of a Thai Red Cross Society blood donor recruitment coordinator in each province, freeing the local blood bank staff to concentrate on clinical work and leaving blood donor recruitment to the Red Cross chapters. With added investment, including in promotional activities, the number of blood donations increased by an average of 20 per cent compared with the number of blood donations recorded in 2007.

A new Thai Red Cross Society regional blood centre was also built in Phuket, and this project took longer than expected to complete. Construction was, however, completed in the middle of 2009. The procurement of all necessary equipment was finalized by November 2009.

Both of the above projects were supported by the Finnish Red Cross.

The French Red Cross partnered with the Thai Red Cross Society to provide financial, technical and training support to set up a new IT system (software and hardware) for the Thai Red Cross Society's blood transfusion service. This system was to be installed in the national blood centre and the 12 regional centres and backed by the training of staff. Implementation began in 2010 and the whole project was scheduled to be completed in the latter part of 2011.

Community health and first aid

Following on from the relief phase, the Thai Red Cross Society maintained its commitment to provide psychosocial support services to people affected and to focus particularly on the needs of children. Its plan to extend basic healthcare services and psychosocial support was developed in 2007. This came after a review of existing programmes, and resulted in the adoption of a redesigned and integrated health and care project that fulfilled the communities' primary health-care needs. Recruitment of staff for the new community healthcare project began towards the end of 2007. Training manuals were developed and training of trainers implemented in order to teach the community volunteers, whose training began in 2008. Some 179 communities, including two migrant communities, were selected to benefit from this project.

The American Red Cross partnered with the Thai Red Cross Society to provide technical and financial support. The complete development and implementation of the initial phase of the project was due to be concluded by the end of 2010.

The first-aid activities of the Thai Red Cross youth went through a similar redesign process, with technical and financial support from the American Red Cross. The Thai Red Cross Society project staff members were recruited – each officer being responsible for two of the affected provinces. After the project staff had been trained, the training of volunteers began in earnest in 2008, with over 2,000 trained by the middle of the year.

Water and sanitation

Several projects were aimed at improving water and sanitation facilities in schools. The IFRC supported Thai Red Cross Society to provide safe water and adequate toilets in 15 affected schools. Over 6,000 students had access to safe water and 1,400 had new toilets. The construction was completed in 2006 and the promotion of health education continued in 2007.

The American Red Cross supported the design and implementation of a water, sanitation and health promotion project, initially targeting 33 communities in Phang Nha province but extended in 2008 to an additional 191 villages in four other affected provinces, following an extensive field needs assessment. The American Red Cross also piloted solid waste management activities in selected schools and communities with the assistance of the World Wildlife Fund (WWF). This project encouraged the recycling of waste products.

The German Red Cross also gave assistance to the Thai Red Cross Society with the provision and installation of a new water purification plant at the district hospital of Kapong as a back-up system for the hospital's water supply.

Disaster management

The Thai Red Cross Society had wide experience in responding to disasters but found the demands created by the tsunami stretched its capacity. It decided to review and update its disaster management strategy, strengthen its disaster operations centre and establish a sea rescue emergency response capacity. Part of the plan entailed a better integration of the National Society's various national programmes involved with service delivery in an effort to optimize contacts with the communities and the transfer of a range of skills that enhance risk management.

At community level, affected communities in the six target provinces were supported through a community-based disaster risk reduction programme (CBDRR), which introduced hazard, vulnerability and capacity assessment (VCA) tools, and strengthened communities' capacities to reduce risk and mitigate the impact of disaster through measures such as evacuation drills, use of radio communication and improving early warning systems. The Thai Red Cross Society adopted a standardized approach, incorporating first aid and emergency healthcare components as community preparedness measures. As a first priority, the most vulnerable communities, such as small islands off the coast, were targeted in five of the affected provinces. School children were also targeted through schools. Given the need to revise the approach towards disaster preparedness at the community level, the implementation of the new CBDRR programme only gathered momentum in 2007 with the training of community leaders and volunteers. Following initial support from the IFRC, the American Red Cross supported the Thai Red Cross Society in developing and rolling out the new programme, targeting 68 vulnerable communities. This exceeded the target of 60 communities set as an objective in the December 2005 IFRC plan and budget.

Sea search-and-rescue teams were also trained and equipped through a programme supported by the Norwegian, Finnish and Swedish Red Cross societies. Four sea search-and-rescue stations were built to support the teams in Phang Nha and Krabi provinces, and they were equipped with communications equipment.

These disaster preparedness projects have all been implemented in close consultation with the authorities, consistent with the Thai Red Cross Society's mandate to work with the government in times of disaster.

At the institutional level, communications links were put in place between the national disaster centre and the regional health stations and the chapter offices. Staff and volunteers were trained at national and chapter level in strategic skills development, disaster management knowledge, CBDRR and training of trainers for CBDRR. The IFRC also supported training in logistics, and assisted the Thai Red Cross Society to develop a long-term strategy to strengthen its logistics capacity.

One of the challenges faced was the simultaneous demands that had to be met by the National Society – with several other disasters and events occurring – including a major flood in 2008 and providing humanitarian support during the civil disturbances that plagued this period.

The government's own priority of improved disaster management led to the Thai Red Cross Society being given special responsibility for improving community-level disaster preparedness and for providing community education. After the tsunami, along with other countries, Thailand prioritized the development of an early warning system and the arrangements for communicating messages to at-risk communities. One year after the tsunami, a buoy was installed in the centre of the Andaman Sea, 1,100 kilometres west of Phuket and 925 kilometres east of India. A total of 24 of these deep-sea buoys were subsequently placed in the Indian Ocean. They have the capacity to detect tsunami waves and send signals to warning centres in eight countries in the region. The authorities in Thailand are responsible for alerting the public after receiving information from the buoys. The government also built more than 100 warning towers along the coast and marked evacuation routes along the at-risk coastline. While the establishment of these early warning devices represent a major step forward, the system's effectiveness depends on getting the message out to the communities and training them to know how to best respond.

Construction

The relief and subsequent reconstruction efforts were facilitated by the relative proximity of the affected areas to the Bangkok metropolitan region. With a large pool of construction labour and materials available, reconstruction activities were undertaken without major supply constraints, and the extra demand generated by large-scale reconstruction did not produce the kinds of cost increases experienced elsewhere, such as Indonesia, Sri Lanka and Maldives.

The Hong Kong branch of the Red Cross Society of China provided temporary shelter for 30 households in Phang Na province during the emergency phase. During the recovery period, there was very limited involvement in shelter and community construction, other than health facilities. The French Red Cross supported the construction of one childcare centre in Phuket province, a project that was completed in June 2007. It is a permanent home and provides care for about 200 children, including children orphaned as a result of the tsunami. In Trang province, a school for 240 children was reconstructed in early 2008.

Livelihoods

The Thai Red Cross Society took a special interest in providing livelihoods support to those affected by the tsunami. These projects were largely completed by the end of 2007. They resulted in over 7,600 households receiving assistance to replace lost assets and some 100 families receiving livelihoods support grants.

The focus of support was mostly for fishing communities along the coastal area. The IFRC, in conjunction with the Thai Red Cross Society, began a project to restore coastal and women's livelihoods, particularly among the anglers and fish farming communities, the latter having been largely ignored by other agencies. Over 4,600 households received support from this project during 2006, after which ongoing support for the projects implementation was offered by the French Red Cross. Furthermore, the Thai Red Cross Society constructed four fish landing sites and a repair yard for fibreglass boats with the support of the French Red Cross. Fishing gear was

distributed to 162 families, along with professional tools for tradesmen. Training was given to support the projects, ultimately benefiting some additional 2,000 people.

The Hong Kong branch of the Red Cross Society of China supported the Thai Red Cross Society with in a project to establish an organic farm in Ranong province. About 100 families, who were mostly fishermen before the tsunami, were helped with the provision of land for planting galangal and papaya. These families were given support to establish the farms during 2007, with the first crops harvested at the beginning of 2008.

The French and Swedish Red Cross societies also provided funding for scholarships for 36 children. This support will continue until 2021 if the children progress to the fourth year of university studies.

Working with communities

Several assessments including those made by the UN and ADB Institute,⁷² as well as the Listening Project,⁷³ pointed to the lack of consultation and collaboration with communities in designing and delivering post-tsunami aid projects. The Thai Red Cross Society, American Red Cross and the IFRC had contributed to the field study – organized by CDA Collaborative Learning Projects – and were very much aware of the need to address this need when developing recovery programmes.

The Thai Red Cross Society's healthcare, water and sanitation, and disaster risk reduction programmes were all designed following extensive community consultation and involvement in needs assessment, project planning, design and implementation. Communities and local governments were relied upon to select the villages in which programmes were to be implemented. The American Red Cross supported the development of these projects with a 13-step participatory model to fully engage communities from the beginning, and an 'accountability-to-beneficiary framework' was also developed. The Thai Red Cross Society was supported to strengthen monitoring and evaluation tools.

Concerted efforts were made to ensure that projects were sustainable. At the beginning of 2007, all Movement partner-funded projects planned for implementation during the course of the year were reviewed, and some were subsequently modified to strengthen sustainable outcomes. For example, a livelihoods project was modified to deliver a broader package of support so that beneficiary households had a greater chance to fully rebuild their lives and, in several cases, households were required to make their own financial contributions to the projects to enhance ownership.

All Movement partners received training on gender issues in order to focus on the incorporation of gender needs into all project planning and implementation. The IFRC's gender policy was

⁷² *ibid.*

⁷³ CDA Collaborative Learning Projects. *Listening Project: Field Visit Report*. Thailand, March 2007.

the basic policy used, and modified approaches were agreed to take account of the particular context in Thailand.

The Thai Red Cross Society sought to ensure that all programming was interlinked and complementary. The aim was to have an integrated approach to communities and to enable different skills and knowledge to be transferable across projects, and to further strengthen communities' ability to identify problems and seek solutions.

Organizational development

The Thai Red Cross Society is well established as one of the oldest National Societies in the Movement, having been founded in 1893. With 75 provincial branches and over 400,000 members and volunteers, it enjoys countrywide respect and a ready acceptance at all levels of society. Furthermore, it has a well-recognized role as auxiliary to the Thai government. Nevertheless, the Thai Red Cross Society looked for opportunities to adapt and update its organization to enable it to be even more responsive to its population's needs.

The IFRC provided support to the sectors for first aid and youth, chapter development and volunteer management. Technical assistance and advice on the implementation of first-aid training project activities was provided in consultation with the Thai Red Cross Society's youth bureau. Drawing on experience in other countries, the Thai Red Cross Society produced a new volunteer manual, while a separate project established a volunteer database to help the Thai Red Cross Society mobilize this valuable resource when needed.

The IFRC provided financial and technical support to the Thai Red Cross Society's personnel department and strategy and planning department to support the implementation of strategic planning and policy decisions, and the capacity development of middle management in monitoring and evaluation skills. Measurements for monitoring, coaching and evaluation have been put in place.

Jointly with ICRC, the IFRC supported the Thai Red Cross Society to develop and conduct week-long training courses on how to disseminate key messages about the Movement and its humanitarian values. The trainers who were trained, in turn, have rolled out this dissemination programme to Thai Red Cross Society chapters and volunteers.

Further work was done to strengthen the Thai Red Cross Society's chapters in the tsunami-affected provinces to enhance cooperation between management, members and volunteers.

A large number of young people and many schools were affected by the tsunami. The Thai Red Cross Society's chapters in the six tsunami-affected southern provinces did not have a youth structure or organized youth programmes. It was, therefore, decided to introduce formal Red Cross youth programmes in these provinces to allow school children to participate in its activities. Having experience and a strong reputation for school-based programmes nationally, the

Thai Red Cross Society established youth structures in 16 schools in the six provinces and built a membership of about 1,200 boys and girls.

The way forward

Regular meetings were held between the Thai Red Cross Society, the IFRC regional delegation and the American and Finnish Red Cross societies. These meetings have helped to address cross-cutting operational and programmatic issues. The forum has played a particularly important role in consulting on exit strategies as the American Red Cross was planning to wind down activities and close its programming in June 2010. The Finnish Red Cross, similarly, concluded its assistance programme in February 2010 and planned its handover of activities.

Myanmar: Recovery progress and challenges

Context

Following the tsunami relief operation, the opportunities to further support the affected communities to rebuild their lives was limited. A small number of households had been affected, but the situation inside the country constrained the ability of humanitarian agencies to carry out their work. Foreign-based organizations were coming under increasing scrutiny and the humanitarian situation inside the country – including civil disturbances and events resulting in an increasing flow of refugees into Thailand – was attracting significant international attention. ICRC had not been able to visit detention centres according to its usual procedures. Other agencies found it increasingly difficult to work, and MSF France withdrew from the country in 2006 because of protracted difficulties in implementing projects.

Through 2006 and 2007, a number of cyclones and floods hit the country, causing serious damage. The vulnerability of the population was further highlighted in 2008 when the worst cyclone in the country's recorded history, Cyclone Nargis, devastated the delta region, killing at least 138,000 people and leaving millions homeless. The Myanmar Red Cross Society was able to access the devastated area and bring some of the first humanitarian agency relief to those affected.

Myanmar Red Cross Society

Following the experience of the tsunami, the International Red Cross Red Crescent Movement, in consultation with the Myanmar Red Cross Society, saw that its best opportunity to address needs at a community level was to support the National Society to build its capacity in order to address some community-level vulnerabilities and to strengthen communities' resilience to disasters. The Myanmar Red Cross Society had an extensive volunteer and branch network that afforded the opportunity to further expand the capacity to provide humanitarian outreach.

Accordingly, plans were made to support the Myanmar Red Cross Society to strengthen:

- **Health and care:** Volunteers were trained to fight the threats of avian influenza and dengue fever, and they were active partners in providing the social mobilization and logistical support for polio and measles immunization campaigns. Training was given to volunteers in community-based health approaches and the prevention of communicable diseases such as HIV, tuberculosis and malaria. Community-based first-aid training reached over 11,000 volunteers. Psychosocial support programming was built into the public health in emergencies component of the health and care programme.
- **Disaster management:** Staff and volunteers received professional development. Disaster Action Response Teams (DARTs) were formed with over 1,200 staff and volunteers trained. A water safety programme was supported. Warehouses were renovated and disaster relief stock was pre-positioned.
- **Humanitarian values:** Given the limited awareness, at many levels, of the Movement and its humanitarian principles, emphasis was placed on disseminating information and advocating the Red Cross Red Crescent's humanitarian role. Target groups included schools and universities, military officers, medical students, community and local authorities, and Red Cross staff and volunteers.
- **Organizational development:** Capacity-building programmes at headquarters and branch level included volunteer management, youth development, branch development, the upgrading of finance systems, resource mobilization, and the refurbishment and renewal of Red Cross buildings. There was one post-tsunami recovery project: the construction of a protective sea wall and restoration of one school on the worst-hit island of Kaing Thoung.

There was one post tsunami recovery project: the construction of a protective sea wall and restoration of one school on the worst-hit island of Kaing Thoung.

International Red Cross and Red Crescent Movement

A number of partner National Societies had been working with the IFRC in supporting the Myanmar Red Cross Society before the tsunami. More National Societies offered support after the tsunami, including for the capacity-building programming. These partners were all required to operate in the country under the umbrella of the IFRC. The National Societies included the American, Australian, Danish, Finnish and French Red Cross societies with others supporting components of the multilateral-funded projects with periodic visits.

ICRC also played an active role in working with the rest of the Movement, supporting various activities including the promotion of humanitarian values.

Coordination with other agencies

The IFRC developed strong working relationships with UN agencies and other international organizations. There was a strong collaborative approach, and the Myanmar Red Cross Society formed valuable partnerships with a number of these agencies. They came to see the National

Society as an organization with national outreach and access to vulnerable communities – often denied to other organizations.

South Asia

Sri Lanka: recovery progress and challenges

Context

With the change in government towards the end of 2005, the president of Sri Lanka merged all the tsunami-related organizations into one single agency: the Reconstruction and Development Agency (RADA). The aim was to have one point of reference to focus on reconstruction and development issues across all sectors and stakeholders in the affected areas. It had been intended at the outset that RADA would ultimately function as the single authority responsible for all reconstruction and development activity in post-tsunami and post-conflict areas throughout the nation – a kind of ‘one-stop shop’, similar to BRR in Indonesia. This central authority was not, however, ultimately vested in RADA. While overall coordination of housing and livelihoods was the responsibility of RADA, the reconstruction of other sectors, such as health, education and infrastructure remained with the relevant ministries. The Ministry of Finance also retained an important role. In June 2007, RADA was downsized and absorbed by the Ministry of Nation Building.

RADA had a major challenge to provide strong coordination and resolve problems at inter-ministerial level. It reported that the massive global outpouring of support had resulted in the involvement of many stakeholders which, in turn, created a complex series of relationships that negatively impacted the speed, effectiveness and governance of assistance. The coordination of stakeholders and the development of partnerships with the government and partners posed an additional challenge, as did the lack of a clear attribution of government responsibilities between division, district and central level.⁷⁴ There were associated factors related to the increased demand within the economy, including cost inflation that also impacted planning.

Since mid-2006, the conflict in the north and east had generally shifted the attention of the humanitarian community away from tsunami recovery, with many reorienting programmes to focus on the growing IDP crisis in these areas. As 60 per cent of the damage from the tsunami occurred in the north and east, the failure of the Post-Tsunami Operational Management Structure (P-TOMS) not only contributed to the loss of a hoped-for peace dividend, but the renewed violence seriously disrupted post-tsunami reconstruction and put pressure on aid agencies to redirect their efforts in responding to the needs of the rapidly increasing numbers of IDPs. Coupled with the difficulty of access for aid workers and the transportation of materials to the conflict-affected areas, the implementation of tsunami recovery projects suffered significantly.

⁷⁴ Report prepared by the Ministry of Finance and the Planning and Reconstruction and Development Agency (RADA) in consultation with development partners, representatives of INGOs and NGOs, the private sector and civil society. *Sri Lanka: Post-Tsunami Recovery and Reconstruction*. December 2006.



*Shelter kits and kitchen sets being offloaded from a boat near Labutta by volunteers of Myanmar Red Cross Society.
Photo: Htien Win/ / IFRC*

The military defeat of the LTTE had become of paramount importance to the new government. The government had launched a number of major military offensives against the LTTE beginning in July 2006, driving the LTTE out of the entire eastern province of the island. This opened up the eastern province to post-tsunami assistance from 2007. At the beginning of 2008, the government announced its decision to officially end the 2002 ceasefire agreement. The level of armed conflict escalated dramatically. In 2008, all INGOs and UN bodies were instructed to leave the area under the control of the LTTE. The only international humanitarian organization that was able to stay was ICRC, although expatriate staff had to withdraw from the Vanni area for a period. An intensive military offensive against LTTE bases ensued in early 2009, with government forces eventually prevailing and the conflict finally ending on 17 May 2009. Many casualties were reported.

The civilian population bore the brunt of the fighting and the hardship it imposed. As well as the constant physical danger, the ability to secure basic necessities became increasingly difficult with costs rising exponentially. Many of those affected by the tsunami had been caught up in the hardships now imposed by the fighting, while many were displaced.

The UN estimated that between 80,000 and 100,000 people lost their lives in the 26-year war. There were thousands of IDPs during the period of the conflict. By the end of July 2009, it was estimated that some 260,000 IDPs had been placed in transit camps and welfare centres, swelling the numbers already displaced. The UN secretary-general visited a welfare centre and expressed deep concern about the conditions in which IDPs lived, echoing concerns that had been raised in the international community. The government maintained that a process of reconstruction, resettlement and socio-economic renewal needed time to be implemented. In addition, landmines had to be cleared from many areas. The situation in welfare centres eased by the end of 2009 as a large number of the IDPs had been allowed to return home, although they still faced the challenge of rebuilding their lives. The UN estimated that 10,000 IDPs remained in the temporary camps at the end of the year.

At the end of three years, RADA stated that almost 85 per cent of tsunami housing needs in the country had been met, with 100,000 out of 120,000 houses provided across the 13 affected districts as at December 2007. Progress in tsunami reconstruction was much faster in the southern and western coastal areas of the country compared with the north and east. According to RADA, reconstruction efforts in the south were close to completion after three years, but by October 2007, only 39 per cent of the northern housing programme was completed, highlighting how much the conflict-affected area lagged behind the rest of the country.

The conflict was also contributing to high inflation levels. At the end of 2007, the 12-month average was registered at 17.6 per cent. Not only did inflation impact the population's ability to buy basic commodities such as rice, cooking gas and petrol, it also made financial planning of multi-year reconstruction programmes very difficult for aid agencies. There were also noticeable economic disparities between the south and the conflict-affected region. Incomes in the south, at the end of 2007, were on average higher than pre-tsunami levels, whereas in the east they had dropped 25 per cent below pre-tsunami levels.

Sporadic bombings, assassinations and suicide attacks, including in Colombo, meant that the situation remained tense throughout the period of the conflict and aid agencies had to work with heightened security measures in place. A number of humanitarian aid workers, nevertheless, tragically lost their lives. In June 2007, the Movement and other humanitarian organizations were shocked by the abduction and killing of two staff members of the Sri Lanka Red Cross Society in Colombo. They had worked for the Batticaloa branch for many years. The perpetrators of this crime were never found.

With the increase in tensions related to the conflict, the media in-country became increasingly hostile towards the international community with reports of alleged support for the rebels. This made the operating environment even more challenging.

The tsunami had struck the narrow coastal belt, and recovery and reconstruction activities initially focused on this relatively limited area, causing friction with the nearby inland communities, particularly in the north and east where inland communities were often internally

displaced and victims of almost 26 years of civil war. As a result of this, early action was taken by many agencies to try to target whole districts and not just the directly affected population.

International Red Cross and Red Crescent Movement

Roles and responsibilities

Before the tsunami, a tripartite memorandum of understanding had been established between the Sri Lanka Red Cross, ICRC and the IFRC. Given the conflict situation in the north and east of the country, post-tsunami, ICRC maintained its traditional lead agency role for that part of the country. Both ICRC and the Sri Lanka Red Cross Society maintained a permanent presence in the conflict-affected area in accordance with their respective mandates and roles.

Since 2004, the IFRC had a legal status agreement with the government, which accorded certain rights and privileges to facilitate its work in-country. The partner National Societies present in Sri Lanka had no separate legal status. They were required to operate under the umbrella of the IFRC delegation and to accept the conditions of the IFRC's legal status agreement and the procedures established to provide the necessary accountability. The key agreement to articulate the formal relationship between partner National Societies and the IFRC was an integration agreement. This, in turn, was supplemented by a service agreement through which the IFRC established a service centre and provided support to partner National Societies, including office space, facilitating visa requests, the hiring of national staff, borrowing and leasing of IFRC vehicles, procurement, warehousing, transport and IT services. Fees were set to recover the costs associated with providing these services, though these proved to be only partly covered once the true costs were known.

The IFRC's legal status agreement with the government provided that it work "through or in agreement with" the Sri Lanka Red Cross Society. The host society's interpretation of this meant that all projects were implemented in partnership with the Sri Lanka Red Cross Society, including projects in non-core programme areas, such as construction. This, in turn, resulted in the Sri Lanka Red Cross needing to build its capacity to support implementation in all sectors. While assuring a shared management responsibility for the host National Society, it did have the effect of slowing implementation of some programming as approval processes were necessarily longer and more complex than would otherwise have been the case.

As a corollary, a shared cost system was introduced to assist the Sri Lanka Red Cross Society to defray the extra support costs incurred within the society. This amounted to a charge against budgeted project expenditure for each partner National Society and the IFRC amounting to a lump sum of 30,000 US dollars in 2005, 2 per cent for construction projects and 6 per cent for non-construction projects in 2006 and, finally, 1.5 per cent in the case of construction projects and 4.5 per cent for non-construction programming from 2007 up until the end of 2009, with the exception that organizational development activities were zero-rated. This formula was agreed at the outset by a working group comprising the various partners and was kept under review and amended in agreement with the parties.

The tsunami recovery operation in Sri Lanka continued to be implemented under the Movement Coordination Framework (MCF) composed of the Sri Lanka Red Cross, the IFRC and ICRC and those partner National Societies with an operational presence in the country, with the Sri Lanka Red Cross in the chair of the policy body, the Movement Platform. It was commonly felt that some aspects of the framework – especially those bodies responsible for recommending the approval of projects – had become too bureaucratic, and steps were taken to streamline the organization to make it more effective.

In March 2006, members of the Tsunami High Level Group, comprising senior representatives from the American, Austrian, Canadian, Norwegian and Swedish Red Cross societies, visited the post-tsunami operations in Sri Lanka. The group made a number of recommendations⁷⁵ to improve the current Movement operation with one objective: to clarify the roles and responsibilities of the various Movement components in order to speed up the process of recovery operations. This led to increased efforts to reduce IFRC and Movement bureaucracy, respecting the diversity of partner National Societies, IFRC and Sri Lanka Red Cross methodologies within a framework of quality and accountability; a refocusing and streamlining of the IFRC coordination role and multilateral programming in line with available funding; and support for Sri Lanka Red Cross activities in the core areas identified. One practical step taken to strengthen the coordination mechanism closer to the project sites was through the establishment of Movement coordination field offices in Galle, Hambantota, Trincomalee, Kilinochchi, Batticaloa and Ampara.

During the relief phase, 24 partner National Societies were present in Sri Lanka. This number gradually declined over the period to 16 by the end of 2008, and fell to 8 by the end of 2009 as partner National Societies completed their project implementation. The partner National Societies, along with the IFRC, were responsible for funding 507 projects with a total budgeted expenditure of over 676 million Swiss francs. Some 385 projects had been completed by the end of 2009 with the remainder being ongoing. Most partner National Societies, but not all, had project agreements with the host National Society and a large number of these were approved by the Movement Platform. The IFRC relied on written programme agreements to be put in place on programme-specific technical standards, security procedures and the sector-specific roles and responsibilities for each component of the Movement.

With a focus on ICRC's protection role and assistance to those injured or requiring humanitarian assistance as a result of the fighting, close coordination for the implementation of any post-tsunami recovery activities in the conflict areas was imperative. ICRC played its lead agency role in facilitating the work of the IFRC country delegation and its members as possibilities allowed. The activities of the Sri Lanka Red Cross Society in the area also enabled some IFRC-funded activities to be implemented, such as owner-driven housing. However, the difficult operating environment restricted movement and led to the suspension of many Red Cross tsunami recovery-related activities. While this situation prevailed for most of the period, following the end of the conflict a number of planned tsunami activities could begin.

⁷⁵ See Annex 4.

Since the people in conflict areas had suffered disproportionately from the tsunami, the inability to access them freely presented an issue of equity for the International Red Cross and Red Crescent Movement. By comparison, people outside the conflict zone, with much better access to the resources available, made the best of opportunities to rebuild their lives. In late 2006, the Movement Platform formally urged partner National Societies and the IFRC to remain committed to the projects identified in the north and east for as long as possible and not to reallocate funds to projects in other areas. The idea of a 'holding fund' was mooted in order to freeze the funds until they could be used, but this was not formally adopted before the situation changed and allowed projects to proceed in the second half of 2009.

Challenges for the IFRC

The management of the IFRC-wide operation was challenging throughout the period with the IFRC country delegation having multiple roles to play, principally to:

- coordinate Red Cross Red Crescent partners' efforts
- implement multilaterally-funded programmes;
- assist the Sri Lanka Red Cross Society in delivering services to the most vulnerable through branch volunteers in disaster management, and community health and care, supported by organizational development and the promotion of humanitarian values
- provide services to partner National Societies implementing bilateral programming

The challenges included managing what some saw as conflicting roles. Some partner National Societies felt there was a conflict of interest in the programme sectoral areas as the IFRC was playing both a coordination role and implementing its own multilaterally-funded projects. In the delegation's structure, the two functions were separated wherever possible to avoid this real or perceived conflict of interest. On the one hand, the delegation had to find a balance between representing the interests and wishes of the host National Society when dealing with the partners and, on the other hand, it had to represent the interests and concerns of the partners in the relationship with the Sri Lanka Red Cross Society. There was not always consensus on the best way forward, with partner National Societies primarily concerned about the timely implementation of their funded recovery programmes and the Sri Lanka Red Cross needing to balance this with its concerns about accountability to the authorities and longer-term organizational sustainability.

Given that the status of Red Cross Red Crescent partners in the country was under the IFRC's integration agreements, all partner National Society delegates and staff, procurement contracts and activities were the legal responsibility of the IFRC. Managing this coordination and oversight

role for some 20 different National Societies – each with its own expectations and separate headquarters identity – placed a heavy burden on the delegation. In the tsunami operation, for the first time, the IFRC established a senior delegate position of movement coordinator⁷⁶ with responsibility for building a common approach among the partners and linking this to the host National Society's expectations and plans. Generally, it proved difficult to identify and recruit senior people with field experience and broad knowledge of the Movement, and the position remained vacant for an extended period during the recovery period, which placed even greater demands on the delegation's senior management.

As partner National Societies started to reduce the scale of their presence in the country, the IFRC further extended its coordination and support by guiding and facilitating a careful and well-planned exit by its partners, ensuring all administrative, financial, legal and programming obligations were fulfilled and any ongoing matters were taken care of.

The transition from tsunami recovery activities to development for the Sri Lanka Red Cross represented a major challenge for all the partners. The high level of funding dedicated to tsunami activities would be exhausted at the end of the five-year recovery period. The host National Society had to plan for its long-term programming with the aim of sustaining the core programming capacities that had been built during the tsunami operation and taking the opportunity to secure longer-term partnerships with those involved as a result of the tsunami. At the beginning of 2007, the IFRC took the lead with the Sri Lanka Red Cross Society in convening a partnership meeting for the host National Society to present a draft strategic plan and to help facilitate this ongoing support. The process led to further discussion, the finalization of the 2009–2013 strategic plan, a five-year development plan, and a further meeting in 2009, which was attended by 18 partner National Societies.

All post-tsunami operations were implemented in close cooperation with the relevant ministry and government authorities. Key working partners included the Ministry of Nation Building, Ministry of Health, the National Disaster Management Centre and the National Water Supply and Drainage Board. In addition, the IFRC maintained close working relationships with the UN bodies, international organizations and INGOs present in the country.

Health and care

The December 2005 revised plan and budget stated that the overall aim of the Red Cross Red Crescent's health and care programme was to improve the health of vulnerable people through the recovery and maintenance of health status in tsunami-affected areas and through the continued enhancement of health status in non-affected areas. Six health sectors were identified for support, along with water and sanitation. The multilateral budget for the period 2005–2010 was over 64 million Swiss francs and the additional budgets confirmed by the bilateral partners at that time was over 110 million Swiss francs. The multilateral component fell to 25 million

⁷⁶ A movement coordinator post was also established in Indonesia, but the relationship to most partner National Societies was different as in Indonesia only five societies entered into an integration agreement in the period up to April 2009. The majority of National Societies worked on a more bilateral basis, which presented a different set of challenges.



In all activities carried out by the Red Cross Red Crescent, from first aid to construction of housing, keeping accurate beneficiary lists ensured assistance was provided in a fair and equitable way. Photo: IFRC

Swiss francs by 2008, mostly by reducing the number of health facilities on the multilateral budget and sharing responsibilities more widely with the partner National Societies.

Community-based health

These projects focused on reducing vulnerability to disease and injury, and on empowering communities to achieve and maintain good health. Nine partner National Societies worked with the IFRC to support the Sri Lanka Red Cross Society at central, branch and unit level to build the capacity of the National Society to work in this area. Through its extensive volunteer base, the Sri Lanka Red Cross Society was well placed to respond to priority health needs and to carry out community education. Red Cross Red Crescent efforts focused on strengthening health systems that addressed the needs of vulnerable and poor communities across the 25 districts of Sri Lanka. A standardized approach was adopted by the Sri Lanka Red Cross with the use of technical manuals and materials approved by the Ministry of Health. Sustainability was assured by adopting an approach consistent with the government's health strategy.

By the end of 2006, a community-based health framework had been developed and approved by the Sri Lanka Red Cross Society and the Ministry of Health. A community-based first-aid

programme was developed as a vehicle for integration across the programme sectors of disaster management, organizational development, water and sanitation, and livelihoods. By 2008, the Sri Lanka Red Cross Society was implementing this countrywide, except for one district. A further stand-alone project was launched through the National Society's strategic plan in 2009. This was a project to restore sight and to correct vision, and would be administered by the Trincomalee branch.

The partner National Societies that contributed to this programme included the Belgian, Canadian, Danish, Finnish, Italian, Japanese, New Zealand, Norwegian and Spanish Red Cross societies.

It was estimated that over 232,000 people were trained in community-based first aid, including psychosocial support, by the end of September 2009, and that more than 152,000 had been reached with community-based health services during the same period.

HIV and AIDS: awareness and prevention

The focus of activity was to raise awareness to reduce risky behaviour and to decrease the stigma attached to this disease. In 2006, the Sri Lanka Red Cross Society developed a new five-year strategic plan for HIV and AIDS. Awareness-raising activities were conducted in Colombo, Gampaha, Matale, Badulla and Kalutara. A focus for this project then became the tea estates, where there was a particular need. After becoming established in this area, plans were made to expand the project and build capacity within the Sri Lanka Red Cross Society to raise awareness countrywide.

The partners that contributed to this programme include the Australian and Finnish Red Cross societies. The Sri Lanka Red Cross Society also became a member of the IFRC's Global Alliance on HIV.

Blood donation

Project collaboration with the national blood transfusion services began. In order to support the recruitment of voluntary blood donors, two pilot projects were run with the blood transfusion services of the Ministry of Health.

The main Red Cross Red Crescent partner to support this programme was the Australian Red Cross.

Psychosocial support

The goal was to develop more resilient communities by enhancing psychosocial well-being. A psychosocial handbook for teachers was launched and training modules developed. Psychosocial support intervention was implemented both as a stand-alone project as well as an integrated component of community-based first aid and community-based health. The stand-alone psychosocial support programme was phased out at the end of 2008, and new target groups and project concepts were developed.

The partner National Societies that contributed to this programme include the American, Belgian, Canadian, Danish and Luxembourg Red Cross societies.

First aid

First aid empowers people to help themselves in emergencies and improve their basic health and hygiene conditions. A first-aid trainer's guide for the Sri Lanka Red Cross Society was developed and a new first-aid curriculum approved by the National Society. Training for Sri Lanka Red Cross trainers, staff and volunteers was carried out with the first countrywide first-aid examination conducted for more than 1,000 people in mid-2006. By the end of 2008, the first-aid programme was being implemented in 25 of the 26 districts of Sri Lanka. An evaluation was conducted in 2009, leading to a number of recommendations to further strengthen the delivery of the first-aid programme.

Partner National Societies that contributed to this programme include the Australian and Canadian Red Cross societies, and the Hong Kong branch of the Red Cross Society of China.

Public health in emergencies

The public health in emergencies programme planned to establish joint Sri Lanka Red Cross branch disaster preparedness and health response teams, and to explore collaboration with the World Health Organization under an existing memorandum of understanding between the IFRC and WHO. Following a serious outbreak of dengue fever in 2009, a Sri Lanka Red Cross emergency response plan was prepared, targeting 12 National Society branches with the aim of reaching 300,000 people by April 2010

Reconstruction and rehabilitation of health facilities (including purchase of equipment)

Support for the improvement of delivery of health services in Sri Lanka was prioritized by the government. It identified 102 health facilities in tsunami-affected districts that were needed to sustain services to the affected population and people living within tsunami-affected districts.⁷⁷ Donors were found for over twice this number of facilities, even for districts unaffected by the tsunami.

The Sri Lanka Red Cross Society and the IFRC entered into an agreement with the government – through a memorandum of understanding – to reconstruct, rehabilitate and refurbish a range of health facilities, including hospitals, dispensaries, health centres and teaching units for health staff. Four projects had to be dropped as the sites could not be reached because of concerns about security, and a further seven were removed from the list because of a lack of IFRC funding. By the end of the period, the IFRC had committed to 69 health facility projects. Of these, the IFRC accepted to fund 14 from multilateral funds, the remainder being funded by bilateral contributions from partner National Societies. By the end of 2009, seven of these projects had been completed with the remainder under construction.

⁷⁷ Report prepared by Ministry of Finance and Planning and RADA. *Post-Tsunami Recovery and Reconstruction*. December, 2006.

The activities at each of the health facilities involved a combination of refurbishing damaged or old components of the health facility, reconstructing new buildings in line with hospital development plans, and providing upgraded equipment for use in the hospital, as agreed with the Ministry of Health. High-specification equipment was supported by the requisite training and maintenance contracts from suppliers.

The intention had been to complete these projects in 2008 but the implementation rate proved much slower than originally expected. The complexities associated with constructing large hospitals resulted in the planning, design and tendering process taking 12 months on average, with a further two years being needed for construction. Delays were often experienced in reaching agreement on plans and design, lengthy tendering processes often followed, and problems emerged in trying to meet construction timelines. By the end of September 2009, 48 facilities had been completed, with the remaining 21 under construction.

The partner National Societies that contributed to this programme include the Australian, Austrian, Belgian, Canadian, Danish, Finnish, French, German, Irish, Italian, Japanese, Norwegian,

Volunteers clearing debris left by the destruction of homes in Beruwala, Sri Lanka. The clean up continued for months after the waves had hit. Photo: Lena Eskeland / IFRC



Spanish and Swiss Red Cross societies, as well as the Hong Kong branch of the Red Cross Society of China. The IFRC also implemented a bilateral project funded by the Cyprus Red Cross Society.

Water and sanitation

Along the coastline hit by the tsunami, an estimated 45,000 latrines and 76,000 ring wells were destroyed. There were grave concerns that those affected were at an increased risk of contracting communicable diseases, particularly the internally displaced people housed in temporary shelters. During the relief period, the Red Cross Red Crescent made a major contribution in averting this danger by cleaning wells, building latrines and providing potable water. In the longer term, systems needed to be repaired and constructed ready for the new settlements being built for those who had lost their homes.

The memorandum of understanding signed in August 2005 between the IFRC, the Sri Lanka Red Cross Society, the Ministry of Urban Development and Water Supply and the National Water Supply and Drainage Board established a commitment to restore and upgrade water supply networks across Sri Lanka. It was agreed that the Red Cross Red Crescent (the IFRC and its members) would take responsibility for 26 large water and sanitation infrastructure and water supply projects, eight of which the IFRC agreed to fund and implement through multilateral funding. These projects aimed to link existing water supply schemes to new resettlement areas by constructing the water treatment plants, water towers, collection tanks and piping required to take safe water directly into people's homes.

Special attention was given to incorporating a hygiene promotion aspect into each one of the infrastructure projects in order to disseminate appropriate hygiene behaviours within the targeted community.

Besides having an implementation role for the projects – for which it took responsibility – the IFRC delegation's water and sanitation staff took the lead in liaising with the National Water Supply and Drainage Board to advise on designs, to safeguard standards, policies and regulations, and to identify the Red Cross Red Crescent's role on a project-by-project basis. Assistance was also provided to partner National Societies in the implementation of the large infrastructure projects.

Six of the IFRC's multilateral-funded projects were in Ampara, the district hardest hit by the tsunami, and these were targeted for completion in 2010. Two others were in Galle district and a further two in Matara. One project in each district had been completed by the end of 2009. The eighth project was in Jaffna district and, because of the conflict, had to be postponed, but planning had started by the end of 2009.

Beyond the ambit of the memorandum of understanding, the Red Cross Red Crescent undertook an additional 56 water and sanitation projects in nine coastal districts. Fifty-two of these had been completed by the end of September 2009. These projects included upgrading sanitation



Water and sanitation was a key emergency need in Sri Lanka following the disaster, however the Red Cross Red Crescent has since worked with national authorities to build long term solutions. Photo: Yoshi Shimizu / IFRC

facilities in schools, cleaning wells and improving the water supply. Special attention was given to hygiene promotion.

In the Community Recovery and Reconstruction Partnership (CRRP) owner-driven housing programme (see the section on ‘Construction’) a water and sanitation infrastructure support component was introduced with the aim of creating an enabling environment for communities to identify and implement community-based water and sanitation infrastructure, complemented by hygiene promotion to improve health through a participatory approach. Some 5,435 families gained access to individual water and sanitation facilities once the first phase of this programme was completed.

One of the major challenges in implementing the projects on a timely basis was the capacity of the National Water Supply and Drainage Board to undertake a huge additional workload with limited resources and funds. Other priorities for the board, such as the sudden need to provide safe water due to well contamination or the need for urgent repairs to the existing water supply scheme, had to be addressed. This resulted in delays in the planning and implementation of the various tsunami projects. The original planning timelines had been to complete all the projects in 2008.

By the end of September 2009, over 152,000 people had access to improved water sources in permanent settlements and 63,000 people in temporary settlements. Over 90,000 people were still targeted to receive assistance under this programme. The construction of the large infrastructure projects took longer to complete than the planned completion by the end of 2008, while some projects were not scheduled to be finally completed and handed over until 2011.

The partner National Societies that contributed to this programme included the American, Australian, Austrian, French, German, Italian, Norwegian, Spanish and Swiss Red Cross societies, and the Hong Kong branch of the Red Cross Society of China.

Disaster management

Sri Lanka is a disaster-prone country. In recent years, it has suffered drought, floods and landslides, and the north-west of the country is vulnerable to cyclones. Furthermore, it has also had to deal with the consequences of conflict and the movement of displaced people. In May 2005, the government passed the Sri Lanka Disaster Management Act and established a disaster management centre as the focal point for disaster management on the island. It then announced the 'Road Map for a Safer Sri Lanka', acknowledging the need for disaster risk reduction to be a core component of the government's disaster management plan. The Sri Lanka Red Cross Society was identified as an important agency to play a role in implementing the road map, particularly in promoting volunteerism, establishing resource centres, disseminating early warnings

Promotion of community based disaster risk reduction and response capacity was one of the key focus areas following the tsunami; ensuring communities were prepared for the future. Photo: Gemunu Amarasinghe / IFRC



and raising public awareness, as well as building preparedness and risk reduction measures at community level.

The tsunami highlighted the need to improve the population's understanding of the risks that disasters pose and to empower communities with appropriate tools and skills to mitigate those risks and reduce the socio-economic impact of disasters. A new focus was placed on the importance of well-developed disaster preparedness and response mechanisms at community and organizational levels.

The Sri Lanka Red Cross Society committed, through its own disaster management programme, to improve its institutional capacity and mechanisms in order to respond to the impact of natural and man-made disasters with skilled human resources, and the financial and material capacity for effective disaster management. It also sought to improve individuals' and communities' self-reliance so they can reduce their own vulnerabilities, and manage and mitigate the impact of natural and man-made disasters, including climate change.

Capacity building at all levels of the Sri Lanka Red Cross Society was a major objective of disaster management activities carried out by the IFRC and its partners. Furthermore, human resource development, a warehouse for stockpiling emergency response goods was constructed and available for use in July 2008. The location of the warehouse in Anuradhapura was strategic: it was in close proximity to the conflict and those displaced in the north of the country, but it was also close enough to reach central and coastal districts. A government-awarded grant of land near the international airport in Colombo resulted in the construction of a disaster management training centre, capable of accommodating 120 people, at the end of 2009. The work up until the end of the period was funded by the Red Cross Society of the Republic of Korea.

With the aim of building self-reliance at community level, the Sri Lanka Red Cross implemented a community-based disaster risk management (CBDRM) project, which included giving communities the tools to make assessments and risk reduction plans. By the end of 2009, the CBDRM project had been implemented in 20 communities in Gampaha, Nuwara Eliya, Trincomalee and Ratnapura districts. Village disaster management committees and volunteer action teams were formed. The target was to reach 394 communities. By the end of September 2009, 225 disaster-prone communities had been reached with support from the IFRC and many partner National Societies, including the American, British, Danish, Canadian, Finnish, German, Irish, Japanese, Netherlands, Norwegian and Spanish Red Cross societies, and the Hong Kong branch of the Red Cross Society of China.

The government's disaster management plan had identified the Sri Lanka Red Cross as a key partner in the dissemination of disaster warnings. With the resources available to the government, the three most cyclone-prone districts were prioritized for a community-based disaster early warning project. This project started in 2008. Training was given to Sri Lanka Red Cross volunteers in Ampara, Batticaloa and Trincomalee branches to prepare and plan for mitigation activities with the at-risk communities. The goal was to have 1,500 volunteers recruited

and trained under this project. VHF radio stations in the three districts, together with the use of mobiles and radios, would be used to disseminate early warning messages to all targeted communities.

The IFRC's multilateral funding was used to target direct assistance towards coordination, strategic leadership, disaster management skills training, and capacity building within the Sri Lanka Red Cross Society. The CBDRM project was also supported by the IFRC. In four districts, hazard vulnerability and capacity assessments were carried out in over 20 communities in order to identify vulnerabilities and high-risk areas. This led to the formation of village disaster management committees in 20 communities and the training of volunteer action teams. School risk assessments were also completed in 40 schools, with teachers and students all participating.

The main challenge faced by the disaster management programme was the lack of human resources within the Sri Lanka Red Cross Society, which resulted in the slow implementation of the disaster management projects. A new concept to Sri Lanka Red Cross staff and volunteers, a certain level of knowledge and understanding had to be built before projects could be implemented.

Construction

The Sri Lanka Red Cross Society and the IFRC made a commitment to the government that they would provide 15,000 permanent houses as the Red Cross Red Crescent's contribution to the assessed total need of 120,000. The process of allocating and securing title to land for new housing, the change in policy concerning the buffer zone and the associated uncertainty all resulted in a slow start to the housing project. Although construction had already started on 2,000 houses, only 167 were completed by the end of 2005.

The original goal was to complete the construction of all the houses by the end of 2008. By the end of October 2007, 12,522 houses had been built. Up until the end of September 2009, this figure had increased to 27,989 houses, highlighting the results of increased construction activity during this period. The result represented 82 per cent of the total construction target as having been met since the total number of housing units to be funded had grown from the initial 15,000 to over 33,892. Of the total number of houses completed by the end of the period, the IFRC had funded the building of 14,290 houses.

The reasons for the slower-than-planned implementation rate included the time taken to resolve the planning issues relating to suitable sites for resettlement, establishing legal title, the uncertainty created by the change in the buffer zone policy in late 2005, the ongoing problems of access to building sites in the east and north of the country, the significant inflation of costs in the building industry and the stretched capacity of the consultant and construction industry.

In an effort to reduce the time taken to manage the tendering process, the IFRC secretariat took steps to speed up the procedure by increasing the country delegation's authority level for procurement from 50,000 Swiss francs to 400,000 Swiss francs. This meant that many contractual



A Red Cross housing site in Matara district where livelihoods programmes are helping to integrate the new settlers with the host community. November 2006. Photo: Patrick Fuller / IFRC

documents could now be approved by a country-based committee and did not require approval from the Geneva-based secretariat. The CRRP base grant project managed by the World Bank also faced an implementation delay when a conditional requirement for beneficiary and financial audits for the first phase took much longer to be conducted than expected. Transfers from the World Bank to the government were withheld until this condition was met. The IFRC's agreement with the World Bank had to be amended to provide for a completion date of one year later, namely, 31 September 2009.

In the context of meeting national permanent housing needs following the tsunami, the Red Cross Red Crescent funded the provision of almost 30 per cent of the total assessed new housing stock required. This achievement was in part due to the decision to support the owner-driven housing approach as a complement to the donor-driven modality. Working with the World Bank, UN-HABITAT and the government enabled the Red Cross Red Crescent to take advantage of an established programme and experience in owner-driven construction.

Donor-driven housing

This donor-driven housing component of the construction project was essentially available to the beneficiaries who had to be resettled away from their original land to sites selected by the government. They were relocated because their previous dwellings were deemed hazardous by the government, being adjacent to the coast in the buffer zone. As the beneficiaries were not on site, the project required the engagement of contractors to build new houses and entailed a process involving the hiring of commercial architects, engineers and builders to construct the houses for beneficiaries. Procurement systems had to be put in place to manage the tendering and awarding of contracts according to IFRC global standards.

Furthermore, the construction of new communities required careful planning and the coordination of all parties responsible. Physical housing was not sufficient in itself. It needed to be complemented by water and sanitation infrastructure, electricity connections, schooling for children, transport and livelihoods support, among others. All these additional components required planning, budgeting and implementation by the Red Cross Red Crescent in consultation with government authorities, with the consequence that additional costs had not been initially budgeted.

These various components were designed to lay the foundations for a broad development approach that would encourage communities to re-establish themselves as part of a new neighbourhood. This was achieved by defining the respective responsibilities in memoranda of understanding for the different sites, coordinating closely with the local authorities, and drawing on the support of Sri Lanka Red Cross branches to offer assistance to the resettled communities, as well as those residing in adjacent communities. To support longer-term sustainability, community-based organizations were formed as part of each housing project to disseminate ways of maintaining the facilities, and to build a sense of ownership and responsibility for upkeep among the beneficiaries.

Of the houses to be built under the donor-driven scheme, the IFRC committed multilateral funding for 597 houses, the remainder being resourced through bilateral funding from partner National Societies. A total of 3,190 donor-driven houses were completed by the end of September 2009. The centralized management of the whole Red Cross Red Crescent project was handled by a joint Sri Lanka Red Cross and IFRC delegation construction cell. Contracts were awarded by a joint tendering committee with a partner National Society representative's participation, as determined by the source of funding.

The houses were built according to minimum specifications laid down by the government. These included a minimum floor area of 500 square feet (approximately 50 square metres), two bedrooms, a living room and a kitchen area. The Movement banned the use of any asbestos building material, which is allowed in Sri Lanka. The donor was responsible for common infrastructure within the housing cluster area, the government having to provide infrastructure services up to the site.

Community participation in the construction of donor-driven housing was mixed. A major problem was that the government beneficiary lists were frequently undecided when construction began, or the lists were changed during the construction period. For those projects where beneficiary lists existed from the outset, different approaches were adopted. These ranged from holding information meetings to establishing community-based grievance procedures related to beneficiary selection, and processes for the allotment of plots. On some sites, assessments and community action plans resulted in some community-based organizations taking responsibility for constructing and maintaining community infrastructure.

The IFRC country delegation felt that one of the main lessons learnt from this aspect of the programme was the need for a clear policy at the outset. Also, that permanent housing construction should not start without clearly established beneficiary details and that there should be minimum standards set for community involvement in post-disaster housing projects.

The partner National Societies present in-country that contributed to this programme include the Austrian, Belgian, British, Canadian, Chinese, Finnish, French, German, Irish, Japanese, Maltese, Netherlands, Spanish and Swiss Red Cross societies, the Turkish Red Crescent Society, and the Hong Kong branch of the Red Cross Society of China. The IFRC delegation also managed a grant from the Bahrain Red Crescent Society to build housing in one community.

Owner-driven housing

The second modality for building houses was owner-driven housing under the Community Recovery and Reconstruction Partnership (CRRP). The memorandum of understanding signed with the World Bank's International Development Association (IDA) made provision for grants to be given to 11,692 beneficiary households, with top-up grants through UN-HABITAT to provide second-level support to 15,000 beneficiary families. These projects were to be completed by the end of September 2008, but delays occurred in the programme for the reasons outlined above.

Under the terms of the partnership agreed with IDA in late 2005, the IFRC agreed to provide a trust fund of up to 25 million US dollars. The sum of 30.18 million Swiss francs was raised by the IFRC secretariat for the trust fund. IDA agreed to administer the funds made available for in-situ owner-driven reconstruction of houses situated outside the revised buffer zone⁷⁸ in 24 tsunami-affected divisions. Households were identified through a countrywide standardized approach that targeted households that had been affected by the tsunami but did not need to be relocated from their original site. The programme initially targeted 12,000 houses. Funds were transferred by the IFRC in pre-agreed tranches to the World Bank. These funds, in turn, were released to the government by IDA according to agreed criteria and then transferred through the banking system to approved beneficiary accounts. The amount of money and the number of beneficiaries involved called for a high level of accountability. After the first 10 million US dollars was transferred, there was a delay while the beneficiary lists were verified, fund transfers

⁷⁸ World Bank had targeted the owner-driven housing reconstruction outside the buffer zone following the policy announcement by the government in early 2005. When this policy was changed towards the end of 2005 and the buffer zone reduced, the opportunity for owner-driven housing within the area covered by the former buffer zone opened up. It was houses in this area that were the target of the IFRC-funded programme.

checked and a financial audit conducted. The memorandum of understanding was extended to allow the project to be completed in the previously conflict-affected areas in the north and the east by the end of September 2009.

Under this project, by the end of December 2009, full base grants were completed to 8,603 families. (A total of 11,692 families had entered the programme and received either the full base grant or one or more instalments.) Families with houses classified as fully damaged received a total grant of 250,000 rupees (approximately 2,500 US dollars) while those with partly damaged houses received a total of 100,000 rupees (approximately 1,000 US dollars). Funding to meet the commitments in Sri Lanka amounted to 13.2 million US dollars.

The beneficiary and financial audits revealed that 11.9 per cent of the cases funded were ineligible according to the established criteria. Most of the cases were in Ampara and Galle districts, and most related to ineligibility because of a lack of land ownership or occupation, and the fact that some beneficiaries had already obtained assistance under the donor-driven schemes. Funding from the IFRC trust fund was available only for eligible cases and so funds disbursed for ineligible beneficiaries were reimbursed. In spite of this disappointing aspect, IDA rated the overall performance of the programme as satisfactory both in terms of tangible and financial achievements.

Some problems were also highlighted by the financial audit, including unaudited disbursements by commercial banks and a lack of supporting documents at commercial banks.

The technical quality audit established that 91 per cent of the fully damaged houses that received funding met the critical technical quality conditions. The main technical concern was related to the quality of the foundations. Because of cost overruns, nearly half the houses were constructed without an adequate level of damp-proofing and this increased the technical non-compliance of the foundations to 12 per cent. A lack of skilled labour such as masons and carpenters, inadequate community access to building materials and the limited institutional arrangements to check the quality of building materials have all affected the technical quality of housing construction.

The assessment of social impact concluded that better monitoring systems could have been in place. Many of the grievance issues were related to land ownership disputes. However, on a positive note, the project significantly contributed to the empowerment of women. Not only did the approach promote joint husband-and-wife bank accounts for the housing grants, but women were also empowered to supervise and manage housing reconstruction projects.

Significant under-spend occurred on the project, a fact that only came to light as the programme was closing. IDA stated that the main reason was that the budget was based on the initial assumption that most of the target housing would involve fully damaged houses whereas, in fact, a large percentage were partially damaged, attracting a smaller grant. Significant funding was made available through contributions from the American, Australian, British, Canadian,

French and Swedish Red Cross societies, and the Hong Kong branch of the Red Cross Society of China.

Under the top-up component of CRRP administered by UN-HABITAT, some 33.7 million Swiss francs were raised by the IFRC for the project. Red Cross Red Crescent contributors to this programme were the American, Australian, British, Canadian, Finnish, French, Irish, Japanese, New Zealand and Swedish Red Cross societies, and the Hong Kong branch of the Red Cross Society of China.

Phased grant payments were transferred to beneficiary bank accounts once defined progress and standards had been met. As of the end of September 2009, 5,435 houses were completed. About 3,000 houses in Jaffna could not be started during the period of conflict, but 977 families who had returned to their villages by the end of 2009 were being assisted to rebuild. The extension of the programme for households in the north, previously affected by the conflict, resulted in a further amendment to the programme (phase 2) to take into account the additional time required to complete the construction.

This project also funded the recovery and restoration of common community assets. Community development councils were established at the construction sites, each one consisting of around 100 families. These councils were tasked with drafting their own action plans to address the needs identified by different communities throughout the reconstruction process. The project also provided resources for a livelihoods component to be implemented by the Sri Lanka Red Cross Society.

As the rupee depreciated against the US dollar and serious inflation in the cost of building materials was undermining the value of the agreed household contributions, the original amount of 250,000 rupees was adjusted upwards to 320,000 rupees per house. Delivered in four instalments, with water and sanitation grants of 50,000 rupees per house delivered in two instalments, this compensated for the increased costs.

UN-HABITAT employed technical support staff to oversee and provide training as necessary. This project also suffered delays in some areas, especially in the north and east of the country, where conflict interrupted access and normal activities. A steering committee comprising UN-HABITAT, the IFRC, the Sri Lanka Red Cross Society and partner National Societies oversaw the project, its implementation and monitored the budget.

The Community Recovery and Reconstruction Partnership (CRRP) proved to be an innovative approach for the IFRC inasmuch as it represented the transfer of Red Cross Red Crescent resources to external agencies to implement projects where the Movement lacked the technical skills and knowledge to manage the programme alone. In the case of the base grant component, the IFRC was also able to capitalize on an established programme since the World Bank had

already set up the programme through a partnership with the government to address the needs of a separate group of 10,000 families with funds of its own.

An evaluation of the Community Recovery and Reconstruction Partnership (CRRP) was carried out in 2009 by the Swiss Resource Centre and Consultancies for Development (SKAT)⁷⁹. It concluded that the design of the programme was well developed and it endorsed the holistic approach of including water supply and environmental sanitation, as well as projects to address the economic and social needs of beneficiaries alongside the construction of houses. The evaluation found that 94 per cent of all beneficiaries' houses had been completed and that there was a very small drop-out rate of 1.5 per cent of beneficiaries. The owner-driven approach allowed owners to design their houses according to their preferences, although they were required to follow the National Housing Development Authority standards. The approach also enabled owners to develop their own skills in areas such as carpentry and masonry, improving their future livelihoods possibilities.

The beneficiaries themselves expressed a high degree of satisfaction with the safety aspects of the programme. Houses were built in safer areas, the layout of the houses was functional, the legal ownership of plots and houses was secured, and there was improved access to basic services. These factors all contributed towards the overall tsunami recovery and reconstruction theme – to build back better.

The lessons learnt from this evaluation included the fact that single female-headed households and poorer families found the demands of owner-building and the handling the funds to be often overwhelming – and many would have preferred to have received a contract-built house under the donor-driven approach. The supervision and technical support at field level was often inadequate in terms of numbers of staff and their technical knowledge. To some extent, this did have a negative impact on the quality of construction (leaking roofs being one problem), on the quality of the water and sanitation components (beneficiary understanding about how to maintain projects was not strong in some areas) and the livelihoods programmes (insufficient expertise observed in some areas). The evaluators also felt that the CRRP partners had too little influence on beneficiary selection as government lists did not always include the most affected or poorest families.

The CRRP's social mobilization approach and the creation of community development councils were seen as very positive. Communities were able to identify priority community needs and to take decisions on how to meet these through CRRP funding for community projects. This approach empowered and gave ownership to beneficiary communities, thereby building sustainability.

⁷⁹ Swiss Resource Centre and Consultancies for Development. *Community Recovery and Reconstruction Partnership: Evaluation Report*. 30 September 2009.



A Sri Lanka Red Cross Society vocational training programme in Gampaha, providing job opportunities in the garment industry. The tsunami not only destroyed homes, it had a devastating impact on the livelihoods. Photo: Japanese Red Cross Society

Livelihoods

RADA reported⁸⁰ that an estimated 150,000 people lost their livelihoods as a result of the tsunami. Fisheries sustained the worst losses, with 50 per cent of fishermen losing their jobs, followed by 45 per cent of the service sector and 5 per cent of the agricultural sector. Livelihoods recovery occurred much more quickly in the south compared with the north, where livelihoods solutions tended to be short term (cash for work and cash grants) because of the prevailing conflict situation. After two-and-a-half years, RADA reported that 90 per cent of the fishing boats (19,000) had been replaced and fishermen were catching 70 per cent of what they did before the tsunami. However, despite the high recovery rate, less than 30 per cent of the 187 large-tonnage fishing craft had been replaced. These vessels are capable of multi-day fishing in deep water and account for 30 per cent of the catch. On the other hand, donors had over-supplied smaller boats and this had led to overfishing of in shallower waters.

In the early recovery period, the Red Cross Red Crescent focused on the east coast area where those affected by the tsunami were facing the greatest difficulties. Projects were implemented to replace assets and provide cash grants in support of 15,000 households in fishing villages, IDP settlements and beneficiaries from housing construction programmes. In 2007, there was a re-focus. The Red Cross Red Crescent followed a common strategic approach to assist in restoring the

⁸⁰ Report prepared by the Ministry of Finance and Planning, and RADA. *Post-Tsunami Recovery and Reconstruction*. December 2006.

livelihoods of newly resettled housing beneficiaries and surrounding host communities. Many of the directly affected households – often originating from a number of different communities themselves – were rehoused at sites as far as 15 kilometres from their original homes. In this context, Red Cross Red Crescent livelihoods projects aimed to build social cohesion and positive integration between the new communities and surrounding host communities in an effort to redress the inequities created by the tsunami response.

Livelihoods programming was based on grassroots-level assessments that relied on community participation so that vulnerabilities and existing capacities within the community could be identified and prioritized. As humanitarian needs evolved after the tsunami, livelihoods programming began to address a broader agenda, not solely restricted to tsunami-affected communities. Pressing humanitarian needs had arisen as a consequence of the impact of the conflict in the north and east, and wider poverty factors such as rising fuel and food prices increased levels of vulnerability across the country. The Red Cross Red Crescent aimed to build more resilient and cohesive communities by focusing on strengthening economic security at the household level, and building communal assets that benefited the wider community. The scope of projects usually included a business or vocational training component, training of relevant community-based structures and cooperatives and the provision of cash grants.

Monitoring and evaluation of these programmes has shown very positive results: properly targeted cash grants helped to build the dignity of people and enables them to support their own recovery in a sustainable way.

By the end of September 2009, a total of 37,420 households had received support to recover, strengthen and diversify their livelihoods. Some 40 projects were implemented to a value of over 13 million Swiss francs.

Within the Red Cross Red Crescent programming, the IFRC itself supported over 4,000 households. It supported 548 households in Galle district with asset replacement and a further 270 members of cooperatives in Ampara district. With the consolidation of the livelihoods approach in 2007, the IFRC's focus moved to supporting a community-based livelihoods programme in Matara district where a total of seven vulnerability capacity assessments were completed in 2007, paving the way for programme implementation in 2008. Making use of the skills that existed within the community, the IFRC and the Sri Lanka Red Cross Society contracted a local NGO, SANASA, to implement the project on its behalf during a four-year period. SANASA is a well-respected microfinance institution cooperative and was selected to begin a pilot project in Matara, where 750 of the poorest families were given access to SANASA's microfinancing services.

The project, which was backed by the Belgian and Swedish Red Cross societies, aimed to strengthen, diversify and protect livelihoods in a way that was sustainable over the long term. As well as improving the socio-economic and political status of these households within their communities, the project aimed to build social unity between the host communities and resettled

families. Most of the selected households were over-reliant on very unpredictable sources of income such as seasonal agriculture, fishing and day labour. The rising cost of basic commodities and soaring inflation meant that their economic security had become increasingly precarious. In addition to access to affordable credit, the project offered a holistic package that included training and wide-ranging insurance cover to protect the household.

The SANASA pilot project adopted an integrated approach across three of the Red Cross Red Crescent programming areas – health, disaster management and organizational development – in an effort to build self-reliance and resilience. For example, home gardening projects could be combined with awareness-raising about nutrition and hygiene to the benefit of an entire family.

Within the Movement Coordination Framework, the livelihoods technical committee met regularly and provided a platform for Red Cross Red Crescent partners to adopt a common approach for livelihoods initiatives. At the end of 2007, the IFRC facilitated a review of all livelihoods projects implemented by Movement partners. Analysing the strengths and weaknesses of the Movement's interventions with the aim of improving service and response, the review highlighted the need for the Movement to work in a more integrated way to include disaster management, health, and water and sanitation from the early planning stages following a disaster. This approach was adopted in the Matara pilot project implemented by SANASA.

While most projects ended in 2009 as planned, the SANASA project was scheduled to continue to run beyond the tsunami recovery period and the lessons learnt will be used to further strengthen the IFRC's post-disaster livelihoods programming.

The partner National Societies present in-country that contributed to the whole livelihoods programme include the American, Australian, Austrian, Belgian, British, Canadian, Finnish, French, German, Irish, Japanese, Korean (Republic of), Luxembourg, Netherlands, Spanish and Swiss Red Cross societies, and the Hong Kong branch of the Red Cross Society of China.

Working with communities

The impact of the tsunami brought extensive social and demographic changes to communities. Coping strategies had to be developed to enable them to adapt to the new environment. Red Cross Red Crescent staff and volunteers recognized the need to be sensitive to the varied needs of different communities and to be flexible in approaches.

A consultative approach underpinned the development and delivery of assistance. Placing the community at the centre of the process was illustrated by the adoption of an owner-driven approach to housing, and the programme design that allowed community development councils to decide and plan for the common facilities that the community had identified.

During the recovery period, the Red Cross Red Crescent developed an integrated approach to core programming to foster greater relevance in working with communities. For example, the community-based first-aid programme included content relevant to other branch projects, such

as water and sanitation, psychosocial support and disaster risk reduction. In this way, communities were supported by holistic packages, as opposed to the complexity of multiple individual services. This approach was formalized in the Sri Lanka Red Cross Society's five-year development plan for 2009–2013.

Opportunities were explored to ensure that the rights of women were protected and promoted. A Red Cross Red Crescent gender working group was formed to advise and give guidance on how best to create an enabling environment for greater gender equity. Following the work done by the working group, the Sri Lanka Red Cross Society formed a gender policy committee to prepare a gender policy for the National Society.

Organizational development

The Sri Lanka Red Cross Society was founded in 1949. It has a nationwide coverage with 26 branches in all 25 districts, including two in Colombo (Colombo city branch and Colombo district branch). The society's total membership is 100,000 and there are 6,500 active volunteers. The society has been delivering Red Cross core programme activities – such as community-based health, first aid, ambulance services, disaster response and preparedness and youth activities – for many years. Operating in a disaster-prone country that has faced the consequences of internal conflict, the Sri Lanka Red Cross has become experienced in disaster response.

The Sri Lanka Red Cross Society played an important role immediately after the tsunami in addressing the emergency needs of those who were directly affected. As the relief operation developed and the scope of the planned recovery programme emerged, the National Society saw the need to significantly scale up its capacity in order to meet the demands placed upon it. Furthermore, it wanted to capitalize on the opportunity to lift the level of its services to the people of Sri Lanka in the longer term. A programme was developed to equip the Sri Lanka Red Cross Society with organizational policies, systems, structures, resources and a set of shared values to enhance its capacity to deliver quality services to vulnerable people across the country.

The IFRC took the lead in supporting the organizational development of the Sri Lanka Red Cross with partner National Societies contributing, particularly with the provision of funding for branch buildings. These National Societies include the American, Belgian (Flanders), Canadian, Chinese, Danish, Finnish, German, Italian, Japanese, Netherlands, Norwegian and Spanish Red Cross societies and the Taiwan Red Cross organization. The main activities are detailed below.

Governance and management

In order to build skill sets at branch level, staff and members from 26 branches attended workshops and received training in project planning processes (based on logical framework analysis), including monitoring and evaluation and reporting. Leadership development was provided, focusing on those in governance in order to identify their vision and longer-term strategy and to support management in the efficient and effective handling of service delivery. Training was also given to branch personnel in capacity development areas, such as income-generation and

financial reporting. Work was done to help branch personnel appreciate the different roles of governance and management.

A management capacity assessment was carried out in 2008 through an external consultant to provide the basis for developing the Sri Lanka Red Cross management processes.

Strategic plan

A comprehensive and consultative strategic planning process was carried out with input from IFRC organizational development technical specialists. The Sri Lanka Red Cross Society was then in a position – supported by the IFRC – to produce a new five-year strategic plan. This was initially drafted for the period 2008–2012 and presented in draft form at a meeting with Red Cross Red Crescent partners in January 2008. Further work was undertaken to finalize the document and this, together with a 2009–2013 five-year development plan, was shared with partners at a meeting in May 2009. Partners were invited to support the Sri Lanka Red Cross to implement this plan over the following five years.

Volunteer and youth network and human resources

A branch mapping completed in 2007 highlighted the need to further develop the rewards and systems for volunteers in order to improve motivation and retention. A volunteer policy was written, and a branch-level volunteer database was developed and deployed in all 26 branches. A volunteer management manual was also produced and introduced to branches through awareness sessions. Workshops were conducted on gender mainstreaming and the lack of gender balance, particularly in governance, was highlighted as a matter to be addressed.

Regional youth and branch junior Red Cross camps were held to support the development of young people and to encourage their service through the Red Cross. Branch-level youth sports festivals were held, culminating in national sports festivals, bringing together around 500 young people from all of the branches in the country.

Branch and national headquarters

In an effort to support the development of branches, minimum standards were agreed for branches to meet basic work requirements. These standards included furniture, IT equipment and multimedia technology. By the end of 2007, all 26 branches had been resourced to meet these standards.

The construction of adequate buildings for all 26 branches was one of the key elements in improving the capacity of branches. Negotiations took place to acquire the land for the buildings from the government at discounted prices. Some land was also donated. As well as providing an administrative and programme delivery base for all branch activities, a number of buildings included income-generating possibilities, such as office rental space or a restaurant.

The branch building component of the project suffered some delays on account of the difficulty experienced in identifying and then securing suitable land, and the rise in the cost of building

materials. By the end of September 2009, three branch buildings had been completed and a further eight were under construction. The pace quickened at the end of 2009 and beginning of 2010, with 22 branches either completed or under construction in the second quarter of 2010. Construction of three branch buildings in the north had been delayed by the conflict and problems with access. The goal remained to complete construction of all buildings by the end of 2010, although some challenges remained including resolving the need for additional funding in the face of continuing increases in the cost of building materials.

The Sri Lanka Red Cross Society set itself the objective of creating at least three strong divisions within each branch. It looked to find ways of absorbing the talented and experienced staff and volunteers, who had been recruited for the tsunami recovery projects, into the society's core structure.

Support was also provided to the headquarters to upgrade its office space and facilities, some of which offered income-generating potential. The IFRC set aside funds for the renovation of part of the headquarters but, from the outset, work was undertaken to improve the working environment. This helped motivate staff, reduce staff turnover and increase efficiency.

One constraint for the whole programme was the limited funding available towards the end of the programme to meet all the planned activities on software delivery.

The tsunami operation made a particularly positive impact upon the Sri Lanka Red Cross Society's youth programme. Youth membership increased by more than 30,000 and youth members grew to comprise some 80 per cent of the society's total membership. The number of adult members did not increase significantly, but the retention rate was improved.

The way forward

The initial timelines for implementing recovery programmes were not met in many cases due to a variety of largely external factors, such as delays in planning, escalating costs, longer-than-expected time to obtain approvals, and delays by contractors in completing the construction of buildings and infrastructure. The scale of the tsunami operation stretched the capacity of many participants in the recovery work and generated a huge amount of extra work for the national construction industry. Coupled with these difficulties was the changing situation in the north and east which, on the one hand, resulted in delays to gain access to tsunami-affected populations and, on the other hand, diverted the attention of some humanitarian agencies because of the evolving situation, especially the plight of many displaced people.

Given the challenges faced for the tsunami recovery phase, implementation plans had to be amended to account for external factors over which the Red Cross Red Crescent had no control. A few projects exceeded the planned five-year recovery period but, on the whole, the determination of the Red Cross Red Crescent to meet the deadline for completion was largely rewarded with success. An official tsunami closing ceremony was held in December 2009 during a visit by the IFRC secretary general, marking the official end of the operation.

Uncertainty as to available IFRC funding during the 2006–2007 ‘funding gap’ period also negatively impacted the timeliness of some programming where funds were not earmarked for particular projects.

The Red Cross Red Crescent worked on an appropriate strategy for exiting from tsunami programmes through the building of longer-term sustainability. A guidance document was developed and shared with all partner National Societies to assist them in to develop a common approach. However, closing the housing and health infrastructure programmes will require more time in order to meet all obligations and to ensure that beneficiaries are properly supported to build self-reliance.

The challenge for the Sri Lanka Red Cross Society in the years following the recovery period is to effect the transition to an enhanced delivery of its agreed four core programming areas, namely, disaster management, health and care, organizational development, and the promotion of the Movement’s fundamental principles and values. To achieve this, the society’s five-year development plan for 2009–2013 incorporates the transition plan to scale down the organization from the structure needed to meet the peak demands of the tsunami operation to a sustainable structure for the longer term. The associated exit planning has been a complex process as the National Society seeks ongoing partnerships through its strategic plan to meet the more ambitious goals that are achievable if the Sri Lanka Red Cross Society can capitalize on the additional capacity built in core programme areas during the tsunami operation.

Maldives: Recovery progress and challenges

Context

Although the tsunami in Maldives did not result in the same heavy loss of life as in Indonesia or Sri Lanka, the proportional impact of the disaster was arguably the greatest of the countries affected: over a third of the population was affected, as were the country’s two main sources of revenue, tourism and fishing. The damage to the country’s economy left the government with major challenges to both sustain services and meet recovery and reconstruction needs. The Asian Development Bank warned of a potential “fiscal crisis” as the government’s budget deficit grew to potentially unsustainable levels. However, the economy did recover strongly in 2006 with tourism figures reaching pre-tsunami levels following a difficult year in 2005, when visitor numbers shrank to 50 per cent of the previous year’s figures. This provided a basis for building confidence in renewed economic growth in future years, but international financial institutions remained concerned that the rationale for a substantial growth in budgeted expenditure was not sufficiently well based on prudent forecasts of economic recovery.

The government was faced with a number of pressures. The strong economic growth experienced since the early 1990s had given rise to expectations within the community for the provision of better services and facilities. Those affected by the tsunami were particularly influenced by the government’s early commitment to the disaster-affected population that support would

be forthcoming to rebuild people's lives. For example, the president announced that everyone who had lost a house would have it replaced – the 'house for a house' policy. Coupled with the 'build back better' theme, expectations were high.

Raised expectations could not be separated from the changes taking place in the political reform process – a process that was given added weight in the aftermath of the tsunami when people sought the opportunity to have a stronger voice in government. Political parties had been banned in Maldives up until June 2005. The political opposition had previously been largely based offshore, and the new opportunity to register political parties and carry out activities within Maldives brought new democratic freedoms and expectations that were not always well founded. In 2006, the government embarked on extensive reforms to the nation's political and institutional framework. The reforms were outlined in the 'Roadmap for the Reform Agenda' which, among other things, envisaged the revision of the constitution prior to the country's first multi-party elections in late 2008. Constitutional reforms proved difficult and slow and gave rise to mounting pressure to ensure that the expectations for competitive and multi-party politics were met. The timeline for the multi-party elections was eventually met and resulted in a change in government, the first in 30 years. Inevitably, when the new government came to power there were very high expectations from different sectors of the population, some of whom claimed they had not received assistance after the tsunami on account of political favouritism.

The political backdrop created an environment for tensions to emerge as protests grew on some islands regarding post-tsunami reconstruction efforts. Some communities deemed the reconstruction to be moving too slowly and unable to meet community expectations. Another issue of concern was the government's population consolidation policy, including the creation of safer islands where communities on smaller, vulnerable islands were encouraged to move for their own safety, and for the more efficient provision of health, education and other public services. Some people did not want to voluntarily relocate from their own islands while, in some cases, some people did want to move. The result was that existing communities became split. There were also incidents where resident communities felt aggrieved that newly relocated communities received privileged benefits that did not extend to them, host communities. Inevitably, these grievances gained some ground in the changing political environment.

Meanwhile, in 2007, the social climate was shaken by a bomb explosion that injured 12 tourists in Malé. Violence also became more evident on the islands as confrontations between government officials and the island communities occurred.

The government's national recovery and reconstruction plan was underfunded by 145 million US dollars with infrastructure projects, such as repairing harbours and jetties, being the least attractive to donors. In an effort to build a stronger partnership base, a Maldives partnership forum was first convened in June 2006 and attended by some 30 governments and international agencies. By 2009, two subsequent forum meetings had been held, which helped raise awareness of the development challenges in Maldives, although there was little shorter-term response to meeting the funding gap in the national recovery and reconstruction plan.

On the international stage, the Maldivian government advocated strongly for action to be taken to address the causes of climate change and rising sea levels. Being particularly vulnerable to these threats, Maldives assumed a leadership role among small island states facing similar threats. For a country where disaster risks had been seen to be relatively small, the forecasted possible changes in the world's climate in the 21st century gave rise to the real threat that the low-lying Maldives might become largely uninhabitable within a hundred years. Furthermore, the changes in sea levels and temperature represented a major threat to the survival of the coral reefs, which are important for both the fishing and tourist industries.

International Red Cross and Red Crescent Movement

Despite changes in the political context, the Red Cross and Red Crescent maintained a positive relationship with the government throughout the recovery period. The national disaster relief coordinator was readily accessible, as were other ministers, to address the Movement's concerns, especially in resolving tensions within communities. Whilst this did not always yield solutions, the government listened to the concerns of the Movement and attempted to resolve problems. However, capacity constraints and some of the political realities meant that some issues became protracted and difficult to resolve to the satisfaction of all stakeholders. A national disaster management centre (NDMC) was formally established as a permanent institution in February 2006, and close links developed with the appointed officials who were able to pursue practical recovery programming and disaster preparedness issues on a more continuous basis. A minister of state was appointed by the new government to oversee the activities of NDMC, demonstrating renewed commitment to disaster management in the island nation.

The IFRC secretariat took the lead in compiling a quarterly report on the Red Cross Red Crescent's recovery work and presenting this to a meeting of ministerial representatives. This was jointly convened by the minister for planning and national development and usually attended by between 12 and 15 ministries. This was a valuable forum for keeping the different government officials briefed on the range of Red Cross Red Crescent activities and for discussing issues of common concern. It presented the IFRC as a coordinated group, helped to foster a partnership relationship with the government, and demonstrated the IFRC's focus on transparency and accountability.

Almost all recovery projects undertaken by the Red Cross Red Crescent in Maldives were included in the national recovery and reconstruction plan. The remaining projects were all approved by the government and subject to written agreements or memoranda of understanding. These detailed respective roles and responsibilities, in most cases, placed an obligation on the government to operate and maintain any hardware infrastructure after initial implementation was completed and the project handed over.

One of the cross-cutting concerns for the Red Cross Red Crescent was the capacity of the government to take decisions and allocate the resources necessary to ensure sustainability of some recovery projects. In particular, water and sanitation projects required a partnership commitment from the government to ensure their longer-term sustainability. However, this was not

always readily forthcoming as the technicalities for handovers were discussed. As resource constraints and the new political realities impacted decisions at central government level, alternative solutions were sought in an effort to shift more responsibility to the island communities.

The IFRC continued to take the lead in convening regular coordination meetings with partner National Societies at both a head of delegation and programme level. In 2006, there were six National Societies present in-country: the American, Australian, British, Canadian, French and German Red Cross societies. This number started to decline from 2007 as programmes were completed. By the end of 2009, the American Red Cross was the sole partner National Society, along with the IFRC, still based in Maldives.

Through the coordination structure, various common policies and practices were established. For example, a volunteer policy was developed particularly to take account of the fact that no National Society existed in the early recovery years. There was a need to establish expectations of volunteers working on recovery programmes around the prospect of their recruitment to an embryonic society. This policy provided for a consistent approach to volunteer recruitment and management and was endorsed by the Maldivian government. Local staff conditions of employment were standardized across Red Cross Red Crescent partners. Training was given to all delegates and local staff on the IFRC's Code of Conduct. On a programme level, vulnerability guidelines were agreed for screening government beneficiary lists to identify those entitled to Red Cross Red Crescent housing assistance.

One important initiative was taken early in 2006 when the IFRC led a participatory process with all partner National Societies and agreed a Red Cross Red Crescent Maldives country strategy 2006–2008 to guide the recovery work. This strategy reflected many of the objectives in the RSOF and applied them to the country-specific context of Maldives for all members of the IFRC to use.

Throughout the recovery period, the IFRC maintained close relations with the other international donors represented in-country. These were essentially UN organizations -- led by UNORC (also the head of UNDP). WHO (health programming) and UNICEF (water and sanitation programming) were particularly important interlocutors. In addition, the World Bank and Asian Development Bank were represented in Malé. Together with the UN and international financial organizations, the IFRC was involved in advising and supporting the government in several areas, such as serving on a steering committee for the Maldives partnership forum. Other international partners present in Maldives were the Japanese International Cooperation Agency (JICA) and Handicap International. There was close collaboration at field level with JICA (Laamu Gan Atoll), while Handicap International assisted Red Cross Red Crescent partners with design modifications for houses built for people with disabilities. The IFRC also joined efforts with Handicap International, outside tsunami recovery work, to develop a Maldives disability directory. The directory would enable people with disabilities and their family to find out information about their entitlements, services available, and assistance from government and other providers.

By the end of the tsunami recovery programmes, the Red Cross Red Crescent had implemented projects at a cost of 150 million US dollars (or 195 million Swiss francs). Details of the various projects and programmes are included below.

Health and care

The IFRC's health and care work in Maldives was focused on five key areas: improving access to safe water and sanitation; better waste management; rehabilitation of health facilities; providing psychosocial support; and raising awareness of health risks. These areas reflect the particular vulnerabilities of the country, such as limited water resources and the fragile ecosystem.

Water and sanitation

In Maldives, water is a particularly precious commodity. Traditionally, each island has relied on small, underground freshwater supplies that are replenished by rain. However, with population growth and poor septic tank maintenance, water supplies have become badly polluted, forcing people to rely on rainwater harvesting as the primary source of drinking water. Although important, this source of water left many people vulnerable during the annual extended dry period. During these three months, water storage capacity was unlikely to take care of all the household needs.

Following the tsunami, emergency needs for drinking water were met. This included providing the infrastructure to desalinate seawater (reverse osmosis methodology). For the recovery period, the challenge was to not only restore access to safe water for tsunami-affected communities, but to 'build back better' by providing more sustainable supplies of safe water, including measures to reduce pollution of the underground water supply.

Boosting water storage

The IFRC prioritized the building of rainwater storage capacity. Over 15,200 tanks, guttering and down-pipe rainwater harvesting kits were distributed to individual householders on 79 islands. This was a challenging logistical operation as the 2,500-litre tanks and kits were purchased in India, and then delivered and offloaded directly to the islands – often transshipped via small island vessels. After distribution, there was regular monitoring and follow-up to assure a high installation rate. Additional assistance was provided to some households to build the plinth and complete installation. In addition, information material was produced, in consultation with the Ministry of Health, and distributed to educate people on how they could protect their water sources.

The IFRC provided 2,500-litre household water tanks and in-ground wells for each of the 600 houses built for the Dhuvaafaru resettlement project. In addition, 14 community rainwater storage tanks, each with a capacity of 10,000 litres, were installed outside schools and community buildings. However, a prolonged dry period in early 2009 highlighted the problem of secure access to potable water. Some 200 additional water tanks were relocated from the now disused IDP temporary shelter camps to Dhuvaafaru, raising water storage capacity on the whole island to close to 1 million litres for 4,000 relocated people – an equivalent of 250 litres per person. This

quantity would have to last for three months or more during the dry period. While groundwater is used for cleaning and other household needs, the risk is that people use unsafe water for consumption during periods of drought.

It is estimated that 100,000 people benefited from this project.

Supplementary water supply

Reverse osmosis desalination plants were used immediately following the tsunami to produce much-needed potable water. The government considered reverse osmosis plants to be a valuable supplementary solution in the long term to the problem of potable water availability in the islands. Initially, 39 plants were received as donations, principally from UNICEF, following the tsunami and, along with these, a further 20 reverse osmosis plants were sought to provide supplementary water supply on the most vulnerable islands. As the operating cost of producing 100 litres of water was about 1 US dollar, the emphasis was on the supplementary nature of the project, providing water for drinking and cooking in times of drought, with no intention that the plants would ultimately replace proper rainwater harvesting systems.

The IFRC agreed to provide the additional 20 units, a figure later reduced to 15 as costs increased, and communities' willingness and commitment to operating the systems declined on some islands. By the end of 2007, 15 reverse osmosis units had been installed and were functional except for on one island, where the equipment had been vandalized. The responsibility for repairing and operating that plant was passed to the government. Though implemented by the IFRC, this project was funded by the Australian Red Cross.

The project was challenging to implement, mainly because of concerns around sustainability and community ownership. The technology required specialist trained operators and these costs, plus operating costs, had to be fairly defrayed among the community. While some communities welcomed the investment as a means of reducing their vulnerability and found ways of covering the costs, including bottling water for sale to fishermen, others needed more support to take full ownership. Some islands established links with resort islands and these resorts assisted the community with technical know-how to safeguard and maintain the plants. The communities' appreciation of the supplementary systems was greatly enhanced as dry seasons and drought proved their true worth. Nevertheless, monitoring and support will be needed from the government to ensure the plants remain fully functional.

This project ensured the supply of potable water for 20,000 people.

Waste water collection and disposal

The tsunami had polluted the precious groundwater reservoirs through salt water incursion into wells and general flooding. The quality of the groundwater was also declining with the seepage of waste from septic tanks into the freshwater cell, normally located just 1 to 1.5 metres below the surface of the island. As one step towards reducing pollution from waste from damaged sep-

tic tanks, the Red Cross Red Crescent committed to provide a sewerage network connecting the newly built houses and neighbouring houses in the same community.

This project proved complex and difficult to implement. Although tourist resorts were required to meet specifications for proper sewerage treatment and disposal, there was little other experience to draw upon. Alternative methods were researched, but the fragile coral island environment in Maldives restricted the range of possibilities. Efforts were made to keep the design relatively simple so that the systems could be operated by trained personnel at island level. The design also needed to reflect the need to keep future operating and maintenance costs at affordable levels.

The design of the sewerage systems was such that household septic tanks allowed solid matter to settle and for the liquid waste to be pumped, via the sewer network, to the deep water off the reef. Equipment was provided for proper and regular de-sludging of septic tanks.

Completion of four of the five projects implemented by the IFRC – with funding from the Irish Red Cross Society and the Hong Kong branch of the Red Cross Society of China – became protracted for various reasons. There were technical design challenges, such as the channelling and anchoring of waste pipes over the reef. The island streets where the pipes were to be laid were found to have many underground utility wires and pipes that were poorly mapped, slowing trenching work. Some communities were not well enough orientated and involved to assume community ownership of the project as it developed.

Lastly, on one large safer island (Laamu Gan), where the IFRC committed to provide the sewerage system to service housing built by the French Red Cross, some individuals from neighbouring villages objected during the final phase of the project (affecting 160 houses) on the grounds that it unfairly gave greater benefits to those being relocated to “their” island. Protests were held, demanding a commitment from the government to provide sewer systems in the neighbouring villages, which had been unaffected by the tsunami. Contractors were stopped in their work and intimidated, and some construction material was vandalized.

Extensive and lengthy consultations, including the intervention of government ministers, created a long delay. The IFRC eventually agreed with the government in 2007 that the latter would take responsibility to complete implementation. The government had secured development funding for the additional sewer systems on the island and plans were put in place to satisfy demands from communities and to complete the sewerage network connections to the remaining 160 houses. The project was finally completed and handed over in April 2010.

Given the technological challenges and the issues raised with some island communities, the IFRC-funded sewer systems were not completed until 2008. However, on the major Dhuvaafaru island resettlement project, the sewerage and waste water disposal network was completed by mid-2008, well before the new residents moved into their houses.

The American Red Cross partnered with the IFRC and undertook a project to connect existing houses (undamaged by the tsunami) on three islands to the IFRC-funded sewerage network. This involved renewing septic tanks and connecting to the mains network, enabling the whole community to benefit. This hardware element of the project was completed in early 2009 and the systems fully tested in March 2009. Some final rectification work was carried out before the project was handed over. The American Red Cross complemented this work by carrying out water conservation workshops and PHAST programmes to promote good hygiene and sanitation among children on the islands.

The American Red Cross also ran a project to install septic tanks on two islands in Gaafu Atoll. This project was late in starting and was planned for completion in 2010.

As a component of a major resettlement programme on the island of Vilufushi, the British Red Cross also provided a sewerage system, connecting 250 houses and public buildings, and providing for the discharge of effluent offshore.

As part of the agreement with the government, the relevant ministry was to provide for salaries to employ technicians to operate and maintain the sewer systems as this could not be sustained at the island level. By the end of 2009, the government had agreed to fund the salaries of three trained operators to maintain and operate the sewerage systems installed on Kaafu Maafushi, Kaafu Guraidhoo and Dhaalu Kudahuvadhoo islands, removing an ongoing concern about assuring future sustainability.

Sustaining this support longer term will be important for the continued operation of the systems. In the meantime, the government is working on a decentralization plan, whereby it is licensing utility companies to operate and manage all utility systems – electricity, sewerage, water etc. – on the islands. A number of utility companies were in place in 2010, but some initial teething problems were experienced. The communities that the companies served had limited means to pay the charges necessary to both generate a profit and attract and pay the salaries of qualified and trained staff needed to operate and maintain the utility systems.

Waste management

In the aftermath of the tsunami, the Australian and Canadian Red Cross societies jointly identified cleaning up the devastated islands, and improving waste management facilities and practices as key priorities. Enormous quantities of waste (estimated by UNEP at 290,000 cubic metres) had been deposited on the islands by the tsunami, and the two partner National Societies removed over 76,000 cubic metres (36,000 metric tonnes) of debris. By April 2007, they had completed the construction of 79 waste management centres on 68 islands. In addition, 1,400 members of the community had been trained in waste management. As the programme reached its completion, the focus was on providing a comprehensive handover to the government and the communities to ensure that the results would be sustainable. The salary of a staff member in the relevant ministry was provided for a period to address the need for ongoing work on strategic planning.

It is estimated that almost 100,000 people benefited from this project.

Rehabilitation of health facilities

The German Red Cross entered into an agreement with the government to rebuild and rehabilitate 26 damaged health facilities. Within two years, 24 clinics and hospitals had been completed and equipped. The remaining were two health centres to be built on the new resettlement islands of Dhuvaafaru and Vilufushi. The German Red Cross arranged for the IFRC and the British Red Cross to oversee the completion of these two projects, on Dhuvaafaru and Vilufushi respectively, as part of the building programme on the islands. The two health centres were completed by the end of 2008 and became operational as soon as beneficiary communities moved into their new homes.

The Saudi Arabian Red Crescent Society also assisted the Ministry of Health to rehabilitate six health centres.

Psychosocial support

The government conducted a survey six months after the tsunami to measure the socio-economic impact of the disaster on the population. This gave an insight into the psychological impact on the affected people. The results showed that on the 14 most-affected islands, about two-thirds of the women and half of the men had difficulties sleeping or eating, had less confidence in the future or feared more for the security of their families. Both men and women who had lost their homes understandably viewed housing as a main cause of worry. They were also concerned about their children's future, and the way that family and friends had been affected.⁸¹

Following its important intervention during the relief period, the American Red Cross continued with its psychosocial programme to provide ongoing support to those adversely affected by the tsunami and to build skills and coping mechanisms in the community.

The programme particularly targeted islands where IDPs were located in temporary shelters, with a focus on fostering integration between the host communities and IDPs.

The programme concluded in June 2008. By this time, it had reached over 66,000 beneficiaries on 76 islands. Community facilitators and government staff were trained to intervene in time of crisis and over 200 teachers were trained to identify stress in children, provide psychological first aid and conduct resilience activities. Schools and the relevant government ministries were provided with resources, including books.

The details of the volunteers recruited and trained under this programme were retained on an electronic database, which became a valuable resource for the formation of the Maldivian Red Crescent.

⁸¹ Government of the Maldives, *The Maldives: Two Years after the Tsunami*, Government of the Maldives, 2007.

Public health campaigns

While malaria has been eradicated from the Maldives, the mosquito that carries dengue fever and chikungunya presents widespread problems with the outbreak of epidemics during the rainy season. The IFRC undertook to work with the government to reduce the risk by cleaning up mosquito breeding sites and raising awareness. The focus was first on schools and communities on 11 islands. Educational posters, leaflets and presentations were produced and distributed and training provided to reduce the risk of these diseases. Other partner National Societies rolled out this campaign on islands where they were working.

The American Red Cross also funded the Measles Initiative partners to conduct a campaign resulting in 80 per cent of all men aged 6–25 and all women aged 6–35 being vaccinated against this disease.

Disaster management

Maldives had had little direct experience of the effects of a major disaster before the tsunami. As a result, there was no approved national disaster management plan and little in the way of disaster preparedness measures. The tsunami heightened awareness of the risks posed by natural hazards such as storms, sea surges, flooding, rising sea levels and drought; all of which were considered increasingly threatening for a low-lying island nation.

From the outset, the IFRC joined UNDP in working with the government to develop a national plan. The IFRC was a member of a steering committee set up to develop a national disaster management framework and assisted with resourcing activities such as a workshop for senior government officials and a mock disaster exercise. Once the national disaster management centre was established on a permanent basis in 2006, the IFRC collaborated closely through representation on both its general steering committee and a specialist working group guiding the development of a disaster management act and a national disaster management plan. These were important tools needed to provide the necessary institutional and legal framework for disaster management and risk reduction.

The need to ensure disaster preparedness was part of planning at an island and community level was also acknowledged. The IFRC country delegation obtained approval from the government to support the development of island disaster management committees and disaster management task forces. Guidelines for these committees were developed to support their work.

Disaster risk reduction measures needed the active engagement of communities in identifying the risks they faced and deciding how best to mitigate these risks. Vulnerability and capacity assessment training was given and a pool of people to be trained as trainers was established.

There were some challenges in establishing a momentum for this programme. Communities were small and each island needed individual support. At the same time, a legal and institutional framework was slow in being established and, coupled with limited experience in building volunteer-based capacity for such activities, progress took time. The absence of a National

Society with the capacity to recruit, train and motivate volunteers was a constraint that, hopefully, would be largely overcome following the formation of the Maldivian Red Crescent. In fact, since its formal establishment in August 2009, the society participated in formulating the country's Strategic National Action Plan (SNAP) on disaster risk reduction and climate change adaptation. Through such participation, the Maldivian Red Crescent has been positioned as a key partner for implementing disaster risk reduction activities at community level.

The British Red Cross played an important role, not only in conducting community-based disaster risk reduction activities to build resilience in the six island communities where they were working, but the society also provided a valued consultancy in helping the IFRC establish revised first-aid standards and resource materials specific to the Maldivian context with the ministries of education and public health, and with the faculty of health science. This led to the training of trainers. A first aid practitioners' network was established to encourage peer support and to coordinate the work of trainers across different agencies. Training activities were initially rolled out to communities and schools. Custom-built emergency first-aid kits, together with guidelines for their allocation and use, were distributed to each island disaster management committee on the 11 islands initially targeted by the IFRC. Not only were needs addressed at a community level, but tourist resorts also sought training for their staff and this opened a potential for an income-generating activity stream for the future Maldivian Red Crescent. With ongoing technical input from the British Red Cross, working with relevant government agencies including the defence force and the police, a further review of the first-aid curriculum was conducted in 2009 to ensure it was best adapted to the needs of Maldivian communities.

The German Red Cross also undertook a programme to train swimming instructors in life saving skills. One national training event was conducted. For an island nation, a surprisingly large number of people are unable to swim and get into difficulty, sometimes resulting in drowning.

One of the serious risks identified by communities was the threat of communicable diseases, especially dengue fever and chikungunya. The provision of support for this campaign is covered in the health and care section above.

In line with the 'build back better' theme, all the different Red Cross Red Crescent tsunami recovery programming paid particular attention to disaster resilience measures in design. For example, houses were designed and constructed to withstand sea surges and flooding, while sites for the building of utilities were carefully selected to take into account their exposure to risk. In the case of the construction of community buildings, two-storey structures were preferred, if appropriate, to provide a refuge for people in the case of serious flooding.

The transitional shelter requirements had been met with IFRC funding in 2005. Needs did continue to be addressed by the IFRC to improve water supply and sanitation as families settled into their temporary housing. As permanent housing was completed and families relocated, consultations were held with communities and the government to reach agreement on the disposal

of the empty shelters. Some were retained and adapted for community purposes, while others were dismantled and the materials used for alternative purposes.

The country's ability to respond to disasters was tested, as a series of tidal surges struck over 30 islands across 13 atolls in Maldives in May 2007. Seenu and Gaafu Dhaalu Atolls in the south were particularly affected. Over 1,600 people had to be evacuated, with four people injured. As with the December 2004 tsunami, property damage, access to safe drinking water, sanitation conditions, trauma and disturbed livelihoods were all resulting concerns. The IFRC delegation joined the rapid assessment team alongside government personnel and the United Nations in providing emergency relief to affected communities. Volunteers who had been trained as part of the psychosocial support programme were mobilized and a formal appeal for assistance was made by the government of Maldives. The international agencies that responded included the Red Cross Red Crescent, UNICEF, WHO, UNDP and UNOCHA. Red Cross Red Crescent partners agreed to the cover cost of producing, transporting and distributing potable water to affected people in Gaafu Dhaalu Atoll.

Construction

Permanent housing

The NRRP identified the need for over 2,500 houses that were damaged beyond repair and a further 3,500 that needed repair. In the case of houses that had to be replaced, the government provided a choice of either rebuilding on the existing site or choosing one of the five islands that had been identified during the initial phase to be developed as growth centres – later called safer islands. While the resettlement and relocation of people was to be totally demand driven and voluntary, the state would provide some incentives for people to move to larger, safer and economically more sustainable islands. As all the land in the atolls belongs to the state, so allocations for tsunami-affected people could be readily facilitated. In addition, in larger population centres, access to higher levels of health, education and social services would be assured.⁸²

The new houses were to be built to the standard specifications set by the government. It decided to provide a standard three-bedroom house of 86 square metres to avoid any discrimination between beneficiary families. The houses met or exceeded standards for seismic-resistant structures. The cost was budgeted at 23,400 US dollars per unit.

The Red Cross Red Crescent decided to prioritize the building of new houses using contractors, since the majority of the householders opted to relocate to safer islands and so owner-driven methodology was inappropriate. UNDP and UN-HABITAT took the main responsibility for housing repair work through a mostly owner-driven approach.

The Red Cross Red Crescent (the IFRC, British and French Red Cross) initially agreed to fund 2,000 houses. The Red Cross Society of China subsequently also committed funds to build houses. The

⁸² Ministry of Planning and National Development, *National Recovery and Reconstruction Plan, Programmes and Projects*, Republic of Maldives, March 2005.

total number of houses funded by the Red Cross Red Crescent eventually fell to 1,514 for several reasons. A more detailed assessment determined more accurate information about the number of houses badly damaged by the tsunami.

The Red Cross Red Crescent developed its own vulnerability criteria to survey each household that was on the government's beneficiary list as it was based on a promise to provide a "house for a house". The Red Cross Red Crescent was only prepared to meet shelter needs, e.g. not replace houses that had been rental properties, and not to provide any house for fewer than three people, unless there were exceptional reasons. (The government agreed to fund the householders that were on its list but did not meet the Red Cross Red Crescent vulnerability criteria.)

Moreover, the government's budgeted cost per house (23,400 US dollars) rapidly became unrealistic as contractors learned through experience that the cost of building large numbers of houses in remote locations with difficult access involved unexpected risk factors. During the recovery period, the availability of contractors to undertake this work became more limited and excess demand within the industry pushed costs up, as did the inflation of building supply costs that was generally being experienced across Asia. By late 2007, costs had more than doubled for those seeking contractors to build houses. (The contracts funded by the IFRC were in the range of 23,400–29,500 US dollars per house since contracts had been awarded in the earlier part of the contract period.)

While the Red Cross Red Crescent remained committed to building houses on the 12 island locations originally chosen, the number of houses needed at these locations fell and this enabled the higher unit costs to be largely funded with some relatively small budgetary extensions. (There was a 13th island where the British Red Cross initially planned to construct houses, but the community could not agree about the planned land use. Tensions rose to such a level that security was threatened. The British Red Cross decided to withdraw and passed the responsibility of construction to the government, redirecting the funding to additional community facilities on a new settlement on the island of Vilufushi.)

Each of the three partners included a major resettlement project in its housing portfolio: 562 houses and community buildings and utilities on Dhuvaafaru (IFRC); 250 houses, a secondary school, power supply and sanitation system on Vilufushi (British Red Cross); and 242 houses, a community centre, a sports stadium, two pre-schools, a primary school and an extension of the regional hospital, as well as providing it with equipment and an ambulance on Laamu Gan (French Red Cross). On Shaviyani Funadhoo, the Red Cross Society of China built 66 houses for people relocated from islands which are low lying and are at high risk of flooding.

The IFRC and the French Red Cross opted for a tender process to select consultants and building contractors. After assessing the government procurement procedures and being satisfied that the tender process conformed to the World Bank and FIDC (International Federation of Consulting Engineers) standards, it was decided to work with the government, having a Red Cross Red Crescent representative involved in the process to approve the successful candidate. Legally, the

government became the client and the Red Cross Red Crescent had a monitoring role to ensure contractual obligations were met. Red Cross Red Crescent approved all costs that were invoiced and settled them directly with the contractors to avoid delays that could occur if funds were channelled through the government

The British Red Cross opted for a different model whereby it procured and delivered the building supplies and contracted the labour. A landing barge was procured to facilitate the transportation of this partner's supplies. The Red Cross Society of China used its own Chinese contractor to manage the whole process in coordination with the government of Maldives.

Table 6: Total number of houses built by IFRC partners in Maldives

Agency	No. islands	No. houses
IFRC	4 islands	731
British Red Cross	5 islands	466
French Red Cross	2 islands	251
Red Cross Society of China	1 island	66
Total	12 islands	1,514

Virtually all building supplies – including cement, aggregate, sand and steel – had to be imported from neighbouring countries. Securing supplies, particularly sand, for which India had applied an annual quota, was at times problematic. All the water for construction had to be produced from desalinated seawater. Labour, in most cases, was imported because of the lack of locally available labourers. Even though they were given preference, Maldivian labourers could not readily be found. The government had a quota for migrant labour, which also caused some constraints for contractors.

IFRC projects

In total, the IFRC funded the construction of 731 houses in Maldives; 562 on Dhuvaafaru, 109 on Kudahuvadhoo, 46 on Guraidhoo and 14 on Maafushi islands. The houses were all constructed on the latter three islands during 2006 and 2007 and fully occupied by the end of 2007. Kudahuvadhoo housing represented a resettlement project, while the Guraidhoo and Maafushi projects involved rebuilding on the existing plots of tsunami-destroyed houses. Also on Guraidhoo island, with funding from the Bahrain Red Crescent, the IFRC constructed a 32-bed capacity accommodation block at the home for people with special needs. The block has two storeys to provide refuge to the home's residents and staff in case of flooding.

On Dhuvaafaru, in addition to the 562 housing units, the IFRC constructed an island administrative complex, a pre-school, a primary school, a secondary school, an auditorium, a health centre, a sports complex, an electricity distribution network (including a power station, network cabling, street lighting and the plant for power generation) and a waste water collection and disposal system. The construction of a waste management centre and road network and the installation of additional rainwater harvesting kits were ongoing at the end of 2009, completing the IFRC's contribution to the relocation of this large population.

As well as serving a functional purpose, the primary school, secondary school and community administrative buildings were designed to serve as safety hubs in the event of flooding. They have ramps at the rear to facilitate access for people with disabilities. Besides the construction of hazard-resistant housing, additional rainwater storage capacity was provided to ensure the availability of safe drinking water during dry seasons. An island disaster manage-

ment committee and disaster management task force members were trained to help identify community-based risks, and to undertake risk reduction and plan response activities.

The 562 houses (plus 38 others funded by the government) on Dhuvaafaru were completed in early December 2008. This enabled beneficiary families to relocate during December 2008 with assistance from the defence forces, coastguard and police. The move had taken careful planning. The IFRC began by bringing all heads of households to Dhuvaafaru to take part in a lottery, where they drew numbers that corresponded to their homes. This system of allocating housing to beneficiaries had been developed by the IFRC on the island of Kudahuvadhoo and was adopted by the government.

Many National Society partners contributed funds for these projects, including the American, Australian, Canadian, German, Japanese and New Zealand Red Cross societies, the United Arab Emirates Red Crescent Society and the Hong Kong branch of the Red Cross Society of China.

Migrant workers

Concerns for the welfare of immigrant workers on several Red Cross Red Crescent reconstruction projects were addressed. Working conditions on the islands in general are tough, with very little scope for recreational activities. Many of the workers stayed on the islands for more than a year with limited access to the outside world. Tensions grew and fights broke out. On Dhuvaafaru, the psychosocial support team of the American Red Cross held sessions with many immigrant workers to identify their key concerns, and to provide basic training to workforce group leaders in identifying possible causes of depression and initiating peer support mechanisms. Among other issues, it was observed that the workers' diet was limited. The IFRC supplemented the food provided with the delivery of fruit supplies. The Red Cross Red Crescent also obliged contractors to adhere to health and safety standards not normally observed in Maldives, for example, the wearing of hard hats and construction workers' boots on building sites.

Other construction projects

The Canadian Red Cross reconstructed and repaired 93 community buildings, including pre-schools, community centres and island offices. The Canadian Red Cross also rehabilitated sports fields across almost 30 islands.

Livelihoods

Both the British and French Red Cross societies implemented livelihoods projects with the island communities with which they were working. The British Red Cross distributed livelihoods grants to individuals, groups and communities to the benefit of over 8,000 people. The French Red Cross made asset grants to 120 households and, in partnership with UNDP and a local NGO, established a community nursery and learning centre.

Beneficiaries of tsunami interventions and other community members in which they lived were the target of these programmes, which were designed to bring people together and reduce tensions between those receiving recovery support and those who did not.

Working with communities

The Red Cross Red Crescent found that the government expected to take the lead in dealing with targeted communities through its normal channels and to intervene from a central level as necessary. This approach was not always successful in ensuring community involvement and participation. For the IFRC, particularly in implementing large-scale construction projects, there was a lack of timely information flowing to the beneficiaries about the plans being made. Working with the government, meetings were arranged with beneficiary and host communities to encourage more open communication and more proactive engagement in implementing projects.

The IFRC also organized site visits to Dhuvaafaru, took video footage of the construction in progress to share with beneficiaries and organized focus group discussions. Information was updated on bulletin boards, broadcasts were made on live radio shows, and telephone hotlines were set up for people to call and ask questions or to voice their concerns. Internally displaced people were also engaged in preparatory activities in anticipation of their relocation to their new homes. For instance, a horticulture project with a small nursery was set up to grow plants for the new location, and a women's sewing cooperative was formed to make curtains for the houses prior to moving in.

Similar methods of engaging the community were used by other Red Cross Red Crescent partners.

Where possible, any work with the resettled communities was also sensitive to the host communities. Several projects were designed to benefit both IDP and host communities. The islands that hosted IDPs received preferential consideration for much-needed water and sanitation projects, and health and community facilities. The French Red Cross built important community facilities on Laamu Gan that benefited the wider community and helped to reduce the gap between the new settlers and the host communities.

The IFRC implemented a 'host community appreciation' project to cover the five islands where displaced people had lived for four years before being located to Dhuvaafaru. This project aimed to show appreciation for the hospitality that had been extended to displaced people. The projects were identified through community consultation and were ones that would benefit the whole community. Each island project was allocated 40,000 US dollars. Projects identified included the construction and upgrading of pre-schools, the completion of a community burial house, upgrading of electricity supply, equipping and upgrading schools with the provision of computers and books for the library, the purchase of an antenatal scanner for the health centre, and improvement to sports and recreational facilities.

Organizational development

The rapid response of the Red Cross Red Crescent following the tsunami and the subsequent partnership with the government engendered much goodwill towards the Movement. Although a meeting had been organized by the IFRC in 2000 to initiate the formation of a Maldivian



Haseebath is helped off the coastguard's speedboat after arriving on Dhuvaaafaru, where she will find her new home, one of the one and a half thousand built throughout the Maldives by the Red Cross Red Crescent. Photo: IFRC

National Society, this had not come to fruition. The tsunami recovery period offered another opportunity – the Red Cross Red Crescent was in Maldives and had a high and positive profile.

Plans were put in place to relaunch the formation process in 2005. Co-hosted by the government and the IFRC, a public meeting was convened at the end of September 2005 to build awareness about the Movement and to advance the formation of a National Society. Attended by about 150 people, almost half of the participants volunteered to join a National Society formation working group. Members of this group met at least weekly for over 12 months, drafting statutes for the society, identifying strategic priorities for future activities, disseminating information about the Movement and its humanitarian principles, and conducting elections for representatives from every atoll (except representatives from the municipality of Malé) to attend an inaugural general assembly meeting. While significant achievements were made, by the end of 2006 the working group was disbanded as it had become increasingly dysfunctional. Government confidence in the process was also being undermined as concerns grew that the society could become politicized.

In place of the working group, an interim planning group was formed, comprising five each of government representatives, atoll-elected representatives, former members of the working group and representatives from the Red Cross Red Crescent. The interim planning group was

chaired by the IFRC head of delegation for Maldives. The work continued in a more structured and orderly way with this group. Successful elections for representatives to attend the inaugural general assembly were organized and held in the municipality of Malé, this being the potentially more contentious area since Malé was the centre of high political activity during the period of national democratic reform.

The whole process was monitored by a joint assessment mission comprising external representatives of both ICRC and the IFRC. This group made several visits and helped guide the process, taking into account the ultimate goal of having a National Society that could be recognized by ICRC as having satisfied the ten conditions for recognition and having met the requirements for admission as a member of the IFRC. Draft statutes were also processed through the Movement's Joint Statutes Commission and informed by its advice and guidance.

Linked to this process was the need for a legal base for the society to operate in Maldives as an auxiliary to the government. Initially, this was expected to be given practical effect through the issue of a presidential decree. An act of parliament was the preferred way forward, but the Maldives People's Majlis (parliament) had a heavy agenda with legislation related to the political reform process. Simply, the enactment of a Red Crescent Act was not deemed top priority. Following lengthy representations to various bodies, the president agreed to intervene in mid-2008 to help to conclude the process.

Unfortunately, a change in the constitution in the run-up to the presidential elections in October took away this authority to make the decree. After the new president was inaugurated, he took up the cause on behalf of the Movement and, in April 2009, the Majlis concluded the legislative process by passing the Maldivian Red Crescent Act. The president ratified it on 7 May 2009, paving the way for the convening of an inaugural General Assembly and the establishment of the Maldivian Red Crescent. This event was successfully convened and conducted on 16 August 2009. A secretary general was then recruited and appointed on 22 September 2009 to build and lead staff in carrying out the new activities.

With the support of the IFRC, the interim planning group had undertaken a systematic process in drafting a two-year Maldivian Red Crescent strategic development plan. This document was submitted to the incoming Governing Board for amendment and endorsement. Core Red Crescent programmes were proposed in the areas of disaster management (disaster risk reduction and community-based disaster preparedness), health and care (community-based health and first aid, voluntary non-remunerated blood donation, pandemic influenza awareness and National Society community health capacity building), National Society organizational development (including branch development and volunteer and membership development), and promotion of humanitarian values.

Having achieved the goal of establishing the National Society, the challenge remained to develop its institutional capacity to enable it to provide humanitarian services to vulnerable people, to enable it to function independently as an auxiliary to the government in providing humanitarian

services. Guidance was also needed to help the Maldivian Red Crescent gain recognition by ICRC and become a full member of the IFRC, with all the associated rights and obligations. The general assembly set the goal for the new society to satisfy the ten conditions for recognition by the time it held its third general assembly in 2011, and this paved the way to its full recognition and admission as a member of the IFRC at the 18th General Assembly in November 2011.

Throughout the period, intensive dissemination activities were carried out to raise awareness about the Movement, its humanitarian principles and the significance of the emblem. Many Maldivians had perceived the red cross emblem in the IFRC logo as symbolizing a Christian organization. Regular newsletters were produced, as well as a monthly radio programme. There were special campaigns, TV and radio interviews, while information was published through the press. The fundamental principles were translated into the local language, Dhivehi, by an authoritative linguistic centre. Public meetings were held, as well as meetings to target particular groups, such as senior government officials. Dissemination activities were also integrated into the implementation of tsunami recovery programming.

The formation of a new society from scratch was achieved through the hard work of a group of Maldivian volunteers, backed and supported by the IFRC and partner National Societies working in Maldives.

The way forward

The American Red Cross still had a commitment to complete a sewerage system in some southern islands as of the end of 2009. Almost all other recovery programming implemented by Red Cross Red Crescent partners was completed before or during 2009, except for meeting the remaining obligations to remedy any building faults under the 12-month defect liability period that followed the handover of the last construction projects. If in a position to assist, the IFRC would continue to support efforts to ensure the sustainability of projects that had been implemented and handed over to individuals, communities and to the government.

As no hardware projects had been left as a responsibility for the new Maldivian Red Crescent, the post-recovery period focus turned to improving Red Crescent services for vulnerable people throughout the country, and building the capacity of the new society to deliver them.

India: recovery progress and challenges

Context

This period saw continued economic growth in India and a stable economic and socio-political environment for the recovery efforts. This helped to cushion some of the longer-term impacts of the devastation caused by the tsunami. The state of Tamil Nadu, the worst-affected state, was one of India's economic powerhouses with its strong IT and business process outsourcing

sectors. By the end of 2006, it was reported that the communities along the coastal districts had received so much international and government support in recovery, rehabilitation and development that most of the assets lost or damaged had been replaced or repaired, be they boats, nets, shelter or other equipment.⁸³ The efforts made during 2005 had largely restored the fishing industry, but the tsunami also had a significant impact on the livelihoods of other vulnerable groups, many of whom were living below the poverty line. It is estimated that about one-third of the people affected were from underprivileged and socially excluded groups, such as Dalits (the lowest caste in India) or tribal people.

The majority of the displaced people were still living in temporary accommodation at the end of 2006, about a third of the total housing having been built or repaired. The pace of some aspects of the recovery programming was mixed, and the central government maintained pressure to hasten the relief and recovery efforts in the three worst-hit states.

In 2007, the Indian Ministries of Science and Technology, and Earth Sciences launched a national tsunami early warning system. This was set up in Hyderabad in the state of Andhra Pradesh, and provided the means to mitigate the impact of any future tsunami.

Indian Red Cross Society

The Indian Red Cross Society headquarters, and state/district branches of the affected states continued to consult regularly with the central government and local authorities about on-going recovery programming.

After the appointment of a full-time secretary-general in November 2005, Indian Red Cross reassessed the needs and reviewed its recovery programme plans with the state branches. This led to the redesign of programmes and agreement on the areas for partner National Society support. In some cases, this contributed to the delay in implementing some of the partner National Society programme assistance.

Plans were made to strengthen services in the following areas:

- **Health and care:** With the strong backing of corporations and other private sector organizations, as well as its state branches, the Indian Red Cross Society was able to scale up its support in the area of primary healthcare. The Tamil Nadu state branch constructed a health centre to provide primary healthcare services to some 6,000 beneficiaries. The branch also built and brought into operation seven crèches to provide non-formal and nutritional support to a total of 210 children all year round.

The Canadian Red Cross supported the Indian Red Cross in seven districts in Tamil Nadu with a programme to address needs in health, water and sanitation and nutrition. The programme was designed with the full participation of beneficiaries. It comprised an

⁸³ A joint report of the United Nations, the World Bank and the Asian Development Bank. *Tsunami: India – Two Years After*. 2006.



In Tamil Nadu, India, fishermen who lost their livelihood by destruction wrecked by the tsunami receive new nets provided by the Red Cross Red Crescent. Photo: Yoshi Shimizu / IFRC

emotional wellness support component targeting the young children attending the 13 Red Cross-run crèches and a community-based health component to address the health needs of community members living in chronic poverty, which the tsunami had exacerbated.

After a full assessment of needs, in consultation with the target communities, American Red Cross support to the Indian Red Cross focused on implementing an integrated recovery programme for people in 40 tsunami-affected communities in Tamil Nadu. The project goal was to enhance the capacity of tsunami survivors to recover to pre-tsunami levels or better in behavioural and personal health, through community- and school-based interventions. This programme did not start until the beginning of 2008.

- Disaster management:** The goal to become a leading disaster management agency in the country was reflected in the Indian Red Cross Society's desire to build stronger capacity in this area. Post-tsunami, it built a new disaster management centre in the state of Tamil Nadu and provided opportunities for the training of staff in disaster management skills. It also constructed seven multi-purpose centres, which included a disaster management facility to help monitor any future disasters, as well as space for generating employment opportunities.

The IFRC assisted with the restocking of disaster warehouses by replenishing 50,000 family kits, plastic sheeting and the procuring 12,000 tents (2,000 on behalf of Indian Red Cross Society). The 10,000 tents were purchased in part with financial contributions from the American Red Cross and the Hong Kong branch of the Red Cross Society of China. This assistance was integrated into the IFRC's broader disaster management programme support to the Indian Red Cross.

The American, Canadian and Spanish Red Cross societies coordinated their support for integrated programmes that included assistance in the development of the capacity of the community in disaster management through capacity building in the branches. American Red Cross assistance extended to support in developing standard operating procedures and protocols for emergency communications and response. An emergency communications unit was subsequently formed at the Andhra Pradesh state branch, based at the branch's disaster management centre, utilizing amateur radio operators. The Canadian Red Cross support focused on community-based disaster risk reduction in Tamil Nadu.

- **Construction:** The Indian Red Cross contributed to the reconstruction of houses in the states of Tamil Nadu and Andhra Pradesh. This included 95 houses in two localities, the repair of schools, solar electricity plants and sewage treatment plants.
- **Livelihoods:** The Indian Red Cross Society's livelihoods support programme focused on the islands of Andaman and Nicobar and Tamil Nadu. Earlier in the recovery phase, internally displaced people on the islands of Andaman and Nicobar received a variety of tools ranging from boats, nets and other equipment to restart their work as fishermen, barbers, cobblers and hairdressers. In Tamil Nadu, the Indian Red Cross Society constructed five multi-purpose commercial buildings, community centres and rehabilitation centres to provide a hub for commercial activities and an opportunity to boost local trade.

The majority of those directly affected by the tsunami were fishing communities, although many socially disadvantaged people also depended on the industry and were severely hit by a loss of income.

The Hong Kong branch of the Red Cross Society of China was one of the first partner National Societies to respond with support for a livelihoods project as its funding criteria required expenditure during the relief phase. With the approval of the Indian Red Cross Society national headquarters, an assessment of beneficiary needs was conducted by the Andhra Pradesh state branch. Consultations with affected fishing communities were conducted and there was a process of liaison with the local authorities. Appropriate types of replacement boats, nets and fishing equipment were identified, procured and distributed.

The Canadian Red Cross included a livelihoods component in its support for communities in seven districts of Tamil Nadu. This followed consultation with beneficiaries about needs

and preferences for livelihoods assistance. The interventions aimed to provide, replace and/or enhance livelihoods assets, such as boats, nets, freight vehicles and solar fish dryers, and to construct livelihoods support assets like fish-drying platforms, net-mending sheds, ice plants and fish auction halls for tsunami-affected communities. These projects were transferred to community development groups, thereby providing the community with ownership and control of the assets.

The Spanish Red Cross supported the Indian Red Cross Society livelihoods projects in the states of Andhra Pradesh and Tamil Nadu. These projects started in December 2007 and July 2008 respectively. The projects aimed to create an enabling environment to improve the livelihoods of targeted tsunami-affected communities through the provision of basic infrastructure and equipment, especially for vulnerable fisherwomen in these communities. Technical inputs from the fisheries department were secured in the design of the project. In Andhra Pradesh, the Spanish Red Cross focused on support for the affected fisher community in the coastal belt by providing them with tools and supplies to enable them to engage in various daily wage earning jobs.

The IFRC was not directly involved in supporting livelihoods projects in India, although it had provisionally agreed providing furniture sets to families in Kerala who had lost their belongings. However, funding for this project was not forthcoming.

- **Working with communities:** Community mobilization and participation was at the core of the Red Cross Red Crescent recovery effort in the tsunami-affected regions of India. Interviews and group discussion involved the communities, their leaders and local government departments in selected projects. Targeted training programmes helped to build the technical capacities of communities, empowering them to take ownership over certain activities.

Programming took account of a number of key cross-cutting issues. Social protection initiatives included the focus of school health and behavioural health programmes on the emotional and human rights of children, adolescents and underrepresented groups in the community. HIV and AIDS awareness and prevention messages were integrated into training and educational activities. Programme design consultations were carried out with appropriate and effective gender community representatives. The special needs of female tsunami survivors were recognized and given priority attention. Environmental sustainability was also at the forefront of planning to avoid risk to the environment by physical activities, such as the building of roads, wells and any agricultural work.

- **Organizational development:** The IFRC and Red Cross Red Crescent partners working in-country supported capacity-building activities as appropriate. The support included on-the-job training in project management, equipment provision and specialized technical training. Over the course of the operation, work was carried out to strengthen community participatory approaches and interaction with affected communities.

Volunteer management was developed in the state branches of Tamil Nadu and Andhra Pradesh, with an emphasis on how to retain existing volunteers as well as how to expand recruitment so that programmes could be implemented at a more rapid pace.

The Indian Red Cross Society's reputation as a community-based organization with sound capacity for assessment and response has grown as a result of these developments in the tsunami-affected areas.

International Red Cross and Red Crescent Movement

The advisory group formed in the early relief phase met as a coordination team whenever required to provide technical advice to the various sectors. It was agreed at these meetings how the IFRC and partner National Societies would share responsibility for support to the Indian Red Cross and its state and district branches.

Coordination with other agencies

The IFRC and the Indian Red Cross Society maintained close coordination at country level with international and local NGOs, UN agencies and the Humanitarian Aid Department of the European Commission (ECHO). At state level, there was an important liaison with the local government authorities.

The way forward

The IFRC's plan was for the South Asia regional office, based in New Delhi, to continue to support the efforts of the Indian Red Cross Society to exit the tsunami-funded programming and integrate ongoing support within the country assistance programme so that achievements could be sustained.

The American Red Cross closed its assistance programme support at the end of December 2009 and planned to conduct an evaluation in early 2010. As part of the exit programme, a number of meetings were held with communities, volunteers, government departments and local NGOs to facilitate sustainability.

The Canadian Red Cross planned ongoing support for the integrated community-based disaster risk reduction programme in Tamil Nadu.

The Spanish Red Cross extended support in 2010 for the livelihoods programming to additional districts in Andhra Pradesh and to support a pilot project on livelihoods safety for fishermen.

East Africa and Indian Ocean

Somalia: recovery progress and challenges

Context

The period was typified by ongoing conflict caused by clan rivalry and associated insecurity. The semi-autonomous Puntland state, and the south and central zone were the worst affected. Ethiopian forces entered the country in late 2006 and engaged in the conflict, supporting the Transitional Federal Government troops, until they withdrew in 2008. Humanitarian aid workers were not spared from attack, some were kidnapped and others brutally killed. The African Union sent peace keeping forces in 2008, but they never had sufficient numbers to resolve the continuing insecurity that plagued the lives of people in much of the country. In addition, the activities of Somali pirates in the latter part of the period caused particular disruption to shipping in the waters off the Somali coast. Along with rising criminality, these all had a negative impact on the delivery of humanitarian assistance in the country.

Prolonged drought and external factors, such as escalating food prices and hyperinflation, exacerbated people's vulnerabilities and weakened communities' coping mechanisms. In 2009, reports showed that an estimated half of the population of 3.64 million people was in need of emergency life-saving assistance and livelihoods support through to December 2009.⁸⁴ This was described as the worst humanitarian crisis to be faced by Somalia in 18 years.

The Somali Red Crescent Society

Insecurity and political unrest continued to present major challenges for the National Society, which was headquartered in Nairobi, Kenya, in providing ongoing support to its branches and following up on the plans for post-tsunami recovery.

Plans were made for the recovery period to strengthen services in the following areas:

- **Health and care:** The Somalia Red Crescent Society tsunami recovery response focused on the provision of health services, an area in which it has long-standing experience. The health and care programme focused on capacity building and the training of health staff, volunteers and communities; the provision of drugs and medical equipment to health facilities; preventive healthcare through social mobilization activities, including vaccination campaigns; and community-based first aid.

The IFRC had been supporting the Somali Red Crescent Society with its clinics in Somaliland, Puntland and south and central Somalia. In 2006, the security and logistical difficulties faced by the IFRC in accessing and supporting clinics in the south led to an agreement that ICRC would take over support of the south and central zone clinics, while the IFRC

⁸⁴ Food Security and Nutrition Analysis Unit (FSNAU). *Food Security and Nutrition. Special Brief – Post Gu '09 Analysis*. September 2009. Available at the following address: www.fsausomali.org/index.php?id=24.html

would concentrate its efforts on support for the Somali Red Crescent Society's tsunami programme, especially in Puntland and Somaliland. With IFRC assistance, the National Society continued to provide essential healthcare services to vulnerable communities in the 12 mother-and-child health and outpatient department clinics in Puntland. Each of the clinics received, on a quarterly basis from the IFRC, a standard prepacked kit containing drugs for the outpatient department and dressing materials. UNICEF provided the clinics with all drugs and supplies for the mother-and-child activities under an agreement with the Somali Red Crescent Society.

Supervisory, monitoring and evaluation visits to the supported clinics were made at regular intervals by a joint health team from the IFRC and the Somali Red Crescent Society. Annual health review and planning meetings were held where experiences were shared and health plans reviewed.

Following a joint IFRC and German Red Cross assessment of the clinics, on a bilateral basis, the German Red Cross supported four new Somali Red Crescent clinics in the Bari region, with the IFRC providing monitoring, logistics and support services.

There was ongoing support to the Nugal general hospital in Garowe. This was phased out as part of an exit strategy in 2009.

A broad range of training for health staff and volunteers was provided including the integrated management of childhood illnesses; malaria testing, diagnosis and treatment; and a refresher course for mother-and-child health nurses and auxiliary nurses in Puntland. Community members and volunteers participated in several training courses including participatory hygiene and sanitation transformation (PHAST), psychosocial support and awareness-raising about HIV and AIDS. Those trained in PHAST undertook water and sanitation programmes at community level, helping to improve safe storage and sustainable water treatment, address hygiene and sanitation needs and to reduce the incidence of water-borne diseases through good drainage systems and the use of insecticide-treated bed nets to combat malaria, especially for children under five years of age.

Since 2006, the Somali Red Crescent Society had participated in testing the new 'CBHFA in Action' approach, in which 'learning by doing' is encouraged within communities. The programme was aimed at engaging communities in public health emergencies, improving their involvement in preventing water-and-sanitation-related diseases and improving basic first-aid skills among target populations. This was linked to the disaster management programme findings that there was a need to build coping capacity in the more rural areas. Trainers were trained and the programme was rolled out in Berbera, Galkayo, Garowe, Bos-sasso, Burao and Beletweyne branches. Each branch has 20 to 30 trained CBHFA volunteers who carry out health education and promote the programme's goals at community level.

By the end of 2009, it was estimated that 188,000 people had benefited from the Somali Red Crescent healthcare services, which included outpatient consultations, immunization, growth monitoring and vitamin A supplements.

Throughout the recovery period, the IFRC supported the Somali Red Crescent Society in responding to recurrent outbreaks of disease, especially acute watery diarrhoea, in the operational area. In order to ensure a faster and more efficient response, cholera kits were pre-positioned in Hargeisa and Garowe and replenished as needed. Other outbreak control activities conducted by volunteers included chlorinating water sources and promoting hygiene at household and community levels.

- **Disaster management:** In the post-emergency phase, tsunami funding contributed to steadily increasing the National Society's capacity to prepare for and respond to disasters and outbreaks of disease. This capacity building included vulnerability and capacity assessments (VCA) in selected tsunami-affected branches, training staff and volunteers in disaster management, and expanding the outreach of community-based first-aid services. Disaster response teams were formed in 2008 at national level and in selected branches, and training continued throughout 2009. Nine branches formed disaster response teams comprising 20 members each.

VCA training was held for 23 volunteers and five Bossasso branch staff members in March 2008, as the coastal districts of Bari region (covered by Bossasso branch) had been the worst hit by the tsunami. By the end of 2009, 268 volunteers and 21 staff in 14 branches had been trained in VCA. Recurrent droughts, windstorms and flash floods were identified as major hazards, and with a strong volunteer network, it was decided to also pursue training in 'CBHFA in Action' as an appropriate mitigation and preparedness approach.

The IFRC supported the capacity-building initiatives in this programme area, funding training and staffing requirements, as well as maintenance of the IT infrastructure established in 2005.

The American Red Cross made a grant over a period of three years (March 2007 to March 2010) to support the disaster preparedness activities of five branches in tsunami-affected areas. The overall aim was to enhance the capacity of selected tsunami-affected communities and Somali Red Crescent branches to reduce the risks and impacts from disasters.

As part of the Somali Red Crescent Society's capacity building in the area of branch and volunteer development, the construction of buildings for volunteer clubs (*Naadiga Mutadawicinta*) at branch level was promoted. These clubs serve as resource and multi-purpose centres for volunteers, and thereby support their work in branches. They generate income through the provision of computer and internet services, and rental for events. By the end of 2009, five clubs had been formed.

Working with communities

The operation has mainstreamed gender issues in all its activities. During VCA training, at least a third of participants were female and assessment teams were made up of a range of age groups. CBHFA and emergency response volunteers come from both genders, while the majority of clinical-level volunteers are women.

International Red Cross and Red Crescent Movement

Persistent conflict and civil or political unrest made all operations in Somalia particularly complex, and close coordination with all Movement members was essential for optimal programming and service delivery, whilst respecting the constraints imposed by the need to follow security guidelines.

Coordination with other agencies

Both the Somalia Red Crescent Society and the IFRC continue to be active members of the Somali Aid Coordination Body based in Nairobi, and take part in field coordination meetings organized by the country's zone health authorities with the involvement of other state and humanitarian actors. Close liaison was maintained with UN bodies and other agencies working inside the country.

Seychelles: recovery progress and challenges

Context

The relief work undertaken during the first 12 months following the tsunami addressed most of the needs of the affected population. However, the tsunami and the floods that followed immediately along the coastline of Mahé, and Praslin and La Digue islands highlighted the importance of having a strengthened national disaster management plan and the capacity to respond to it.

The global economic downturn saw the devaluation of the Seychelles rupee and an increase in costs, particularly affecting imported goods.

Seychelles Red Cross

The global economic downturn also negatively impacted some of the planned activities during this period. The devaluation of the currency saw a rise in the cost of building materials, which forced budgets – particularly for the planned new headquarters and warehouse – to be reviewed. Even greater efforts had to be made to meet planning objectives through local fund-raising efforts.

Health and care

- This programme was closely integrated with the disaster management programme. As well as the risks faced from natural disasters, road safety was also one of the major problems in Seychelles. To ensure better preparedness to meet these needs, and working in collaboration with the Ministry of Health, this part of the National Society's strategy was focused

on the need to increase the level of first-aid knowledge and access to reliable blood donation.

- Some 30 first-aid instructors were trained, and courses to train over 70 volunteers and 900 beneficiaries were also carried out. Seychelles Red Cross volunteers were mobilized to provide ambulance and first-aid services for a variety of activities. A road safety resource pack for teachers was developed for use within the school curriculum and this was rolled out during the period. The National Society lobbied the government to make first aid compulsory for commercial drivers. Leaflets and posters were printed as part of blood donor campaigns, organized in collaboration with the Ministry of Health, which resulted in the recruitment of more than 250 donors.
- In addition to IFRC support for these projects, the British Red Cross advised and supported the professionalization of first-aid services and helped develop the commercial first-aid sector.

Disaster management

- Having taken a lead role in responding to the tsunami and flood disaster, and the immediate livelihoods restoration projects, the Red Cross Red Crescent followed up by closely coordinating with the local authorities and donors in preparing a contingency plan for floods and cyclones; training volunteers and recruiting key staff; positioning emergency equipment as part of a contingency stock build-up; and providing community-based risk reduction (CBRR) training for Red Cross volunteers and the local community. The concept of CBRR was introduced at branch level, and community information leaflets on floods, cyclones and tsunamis were distributed.
- As an active participant of the national disaster preparedness committee, the National Society was at the forefront of developing the national disaster plan in partnership with the government. This was finalized in 2007.
- A medical disaster team comprising paramedics, nurses and doctors was trained in health and safety emergencies, as well as trauma care. The National Society also set up a water rescue team to provide a service to communities, in particular during holidays and events. To ensure sustainability, this team was also equipped with life-saving equipment, including two rescue boats, funded by the Spanish Red Cross.
- With the help of the IFRC and the French Red Cross – through its *Plate-forme d'Intervention Régionale Océan Indien (PIROI)* – the National Society had pre-positioned emergency stocks by 2009 to serve 12,000 beneficiaries.

Organizational development

- The building of the national headquarters and warehouse experienced significant delays. With the devaluation of the rupee and global cost increases, the National Society had to

revisit its budget and revise its plan for construction. The government granted land to the National Society for the buildings. Construction of the warehouse was completed at the end of 2009, providing for the proper storage and management of relief supplies. The office was scheduled for completion in 2010, assuring a permanent base for the National Society's headquarters.

- Throughout the period, the IFRC supported the Seychelles Red Cross secretary general's salary, the society's administration costs, the renting of office premises, as well as the audit of its financial statements.
- The appointment of a full-time secretary general took longer than initially expected, and the new secretary general was not in place until the end of 2006. This resulted in a delay in implementation of some of the plans. A disaster management officer was also appointed in 2006 and the costs were covered by the IFRC. (In 2008, the post was upgraded to disaster management coordinator.) Additional staff were then recruited in 2007, with the support of the German and Spanish Red Cross societies. The posts were a financial coordinator, administration officer and health officer.
- Following the recruitment of the financial coordinator, the IFRC supported the National Society to develop a financial and procedures manual. Not only did this improve how the society's assets and funds were managed, it also aimed to improve accountability and donor confidence in the National Society's work.
- A new branch of the National Society was established on the main island of Mahé, separating the headquarters and branch functions. The German Red Cross assisted the National Society with branch development on the islands of Praslin and La Digue, including the building of a branch premises on Praslin.
- To cement and build up the steps taken since the tsunami to strengthen the organization, the Seychelles Red Cross Society was to benefit from the IFRC's Intensive Capacity Building (ICB) fund. This augurs well for the future ongoing development of a strong and vibrant society.

International Red Cross and Red Crescent Movement

IFRC support for Seychelles came from its sub-regional office in Mauritius and the East Africa zone office, located in Nairobi. Through these offices, coordination of other partner National Societies' work has been achieved to ensure coherence in the planning and implementation of ongoing support to the Seychelles Red Cross Society.



2009–2010: closing recovery and transition to development

Planning and implementing exit strategies

ALNAP⁸⁵ identified the link between relief, rehabilitation and development (LRRD) as an important theme for assessment during its first 2005–2006 TEC evaluation.⁸⁶ It was further picked up as a separate evaluation in 2008–2009 and the subject of a second TEC report.⁸⁷

For the IFRC, making the smooth link between relief and rehabilitation was made more challenging by decisions forced by the funding gap, including the cutting back of programme commitments, coordination and programme support costs. While cuts in budgets, including monitoring and evaluation budget lines, had some negative impact on longer-term planning perspectives, delegations continued to pursue good project management practice.

⁸⁵ Active Learning Network for Accountability and Performance in Humanitarian Action

⁸⁶ Tsunami Evaluation Coalition, *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report*, July 2006.

⁸⁷ Tsunami Evaluation Coalition, *A Ripple in development? Long-term perspectives on the response to the Indian Ocean tsunami 2004. A joint follow-up evaluation of the links between relief, rehabilitation and development (LRRD)*, May 2009.

Following the closure of the funding gap in 2007, greater certainty returned about the ability of the IFRC to meet its reduced commitments. However, the likelihood of some partner National Societies requesting the IFRC take over and close some of their late-finishing projects presented another risk for the organization, especially in maintaining field infrastructure to manage the portfolio of projects in the longer term. The IFRC needed to calculate the additional costs it would incur in assuming hand-over responsibility and it needed to seek coverage by the departing partner. Taking on these liabilities carried an extra risk to funding. In addition to the final project costs, there needed to be some contingency for unforeseen events that might hinder the completion of the project and there needed to be contingency for other considerations, such as adverse exchange rate variations. All of these potential issues could negatively impact the limited funding available.

The RSOF had clearly established the timeframe for the recovery period. Although it had been stated at the outset that quality recovery activities would take five years to complete, the RSOF extended the period to six years (to the end of 2010) to allow for the completion of all activities, including the more complex infrastructure projects and the standard 12-month defect liability period attached to most construction projects. Nevertheless, some projects would not be completed until 2011 and, in one case, 2012. Most of these projects were those that had been deferred until access to the north of Sri Lanka became possible after the conflict ended in 2009.

Good project planning practice dictates that plans for the implementation of all Red Cross Red Crescent projects include design for their long-term sustainability and, following completion of the implementation phase, the transition of responsibility to the beneficiaries, the authorities, the host National Society or other stakeholders. These plans were initially reviewed and approved in Indonesia and Sri Lanka by the Movement's technical working groups. As the recovery period progressed, inevitably project implementation plans had to be adjusted to take account of the implementation rate and the changing environment. For instance, the conflict in Sri Lanka significantly affected plans for assistance to tsunami-affected people in the north of the country. The closure of BRR in April 2009 brought new challenges for some uncompleted projects in Indonesia.

Furthermore, from 2006, partner National Societies began to close their in-country offices as they closed their tsunami assistance operations. Remaining offices, in particular those of the IFRC, were left to support the host National Society in resolving any issues arising in relation to ongoing sustainability. In a number of cases, the IFRC formally agreed to assume responsibility to complete partner National Societies' projects when their country offices closed.

The IFRC was also concerned about ensuring an orderly winding down of the large operational infrastructure that had been established and to manage large-scale projects and their associated liabilities, particularly related to contractual obligations. The infrastructure included the many locally recruited staff, most of whom were seconded to partner National Societies. Almost 1,600 national staff members were employed in Indonesia alone. Termination of employment needed to comply with national labour law requirements and provide fair treatment to all staff.

There was a need to plan for the careful disposal of assets, some of which were imported tax-free into the countries with conditions imposed for disposal. IFRC asset disposal needed to take account of the needs and capacities of the host National Societies to benefit from transfers without placing unreasonable responsibilities on them to manage the attendant liabilities. In the winding down process, there was a need for transparency to all stakeholders and the maintenance of the Movement's reputation as a responsible partner.

The IFRC decided that the potential contractual, financial and reputational risks, as well as the need to complete good quality projects with a high level of accountability, called for a holistic approach. Towards the end of 2007, the IFRC sought to establish clear exit strategies⁸⁸ for the three main priority countries: Indonesia, Maldives and Sri Lanka.

IFRC country and field offices were required to undertake exit planning at three levels: at IFRC-funded project level, IFRC country office level and in-country Movement level.

- **IFRC-funded project level:** Each tsunami-funded project was required to have an exit plan developed in accordance with a template⁸⁹ which prompted a narrative and task list. After the completion of the project, there was a need to identify the responsibilities of stakeholders. Plans for the transition from tsunami funding to longer-term programming support were sought for all National Society core programme areas. Closure of tsunami-funded support for host National Society core programming, such as disaster risk reduction, would ideally continue on the basis of support from new partnerships. The latter part of the tsunami exit strategy needed to be developed in close consultation with the host National Society to plan for a transition that would match both the host National Society's strategic plan and the CAS.
- **IFRC field office level:** These plans were to be developed to describe either the exit from the country following the support for tsunami recovery efforts, or to describe the transitional arrangements for the field office to remain to provide ongoing support to core host National Society programming. The plan to remain in-country would be implemented through agreement between the host National Society and the IFRC. In the case of Indonesia and Sri Lanka, the host National Societies looked to the IFRC to maintain a country-level office to provide ongoing support, including the coordination of partnership support for core programming for those National Societies that remained in-country. In Maldives, post-recovery programme support for the newly formed Maldivian Red Crescent was considered necessary to successfully establish the new National Society.
- **In-country Movement level:** The IFRC took the lead in coordinating in-country discussions to develop a Red Cross Red Crescent collective approach, involving all Movement partners,

⁸⁸ The term 'exit' was not well accepted in all countries as it was seen by some to imply a withdrawal of all ongoing support for the host National Society, which was not the intention. For some, the term 'transition strategy' was the preferred description. Nevertheless, the description of 'exit strategies' and 'exit planning' remained.

⁸⁹ Based on a template developed and used by the American Red Cross.

including the host National Society. By sharing the approach and experience of individual partner National Societies, each partner was allowed the flexibility to plan and contribute to the Movement-wide approach within a framework of guiding principles.

The process of developing these plans was complex and slow to evolve. The exit strategies contained in the original project plans were often inadequate. New developments and the insufficient monitoring and evaluation of some projects contributed to the realization that a renewed focus was needed to improve plans in order to successfully close projects. Involvement in large infrastructure projects presented particular challenges. It was unusual for Movement partners – they were more attuned to working with a host National Society in core programming areas. A lack of clear institutional guidance and no tradition of exit planning for non-core Red Cross Red Crescent programming meant that new approaches had to be developed and guidance given. The available template⁹⁰ greatly facilitated the process in guiding the development of exit plans from the latter part of 2008.

At Movement-wide level, close coordination with the host National Society, the partners and the authorities became more challenging as programmes wound down and external coordination mechanisms closed – particularly BRR in Indonesia. Different stakeholders had different views on priorities and how best to manage sustainable programming. It was important to establish the extent to which host National Societies would retain responsibility for non-core tsunami recovery programming after the departure of international partners, as there were concerns that the host National Society would not have the capacity to assume responsibility and could become overwhelmed when it already had commitments far above normal levels of core programming support, which it had to manage simultaneously.

At the IFRC's global level, it was also timely to plan for the merging of the management structure into the newly established zone structure, bringing support closer to the host National Societies and building the longer-term relationship to the more permanent programme development capacities being created in the zones.

Initially, it was expected that the tsunami unit would remain based at the Geneva office only until the end of 2007, when responsibility would shift to the normal management line at the zone offices. In fact, this move was postponed several times for various reasons. These included the fact that bridging the funding gap had to be addressed centrally. Firm central control of all budgets was needed. The Governing Board was engaged in supporting the process and easy access to the senior leadership of member National Societies for resource mobilization was possible from Geneva.

Furthermore, the complexity of the operation required day-to-day access to professional and technical staff, which was not available in the zones. When the tsunami struck, the zones were in the process of being established as part of the restructuring of the IFRC secretariat in order to bring services closer to the member National Societies, but staffing took time to be put in place.

⁹⁰ See previous page.

Human resource services, for example, were provided from the Geneva office in the early years of the restructure. Major legal issues needed to be referred to Geneva regarding implementation of construction contracts and the application of legal status agreements.⁹¹ The involvement of internal audit professionals to address alleged integrity issues was important. Given the restructuring process, the experience and professionalism of Geneva-based staff could not be rapidly replicated at zone level.

The transition of the tsunami unit to the Asia Pacific zone office also needed to take account of the need to assure partner National Societies that there would continue to be one focal point within the IFRC for dealing with tsunami operational matters. Splitting the functions of the tsunami unit and integrating them into the normal structure was felt to be inappropriate until the end of the recovery phase at the end of 2010.

By the end of 2008, a plan was in place to progressively relocate responsibilities and the tsunami unit to the Asia Pacific zone office over the first six months of 2009. This was achieved by the end of June 2009 with uninterrupted and continuous service to the various stakeholders.

The plan was to begin the mainstreaming of support for tsunami-affected countries within the zone structure by the end of December 2010. The tsunami unit would then wind down at that date, retaining a few key staff over 2011 to finalize reporting and accountability requirements.

The tsunami unit's own exit plan included following up on all internal audit recommendations, determining a plan for closing the reporting and communications responsibilities, the capturing of lessons learnt from evaluations, deciding on records management and archiving, and any other transitional arrangements that needed to be put in place.

Priority countries

Indonesia: closing recovery and transition to development

Context

With the closure of BRR in April 2009, the planned transition to meet the broader development priorities in Aceh, particularly those of the former combatants, took place. While BKRA⁹² worked to bring closure to the tsunami reconstruction, tensions arose from time to time as former combatants and tsunami survivors demonstrated in front of provincial government buildings to voice their demands. The former combatants demanded a more equitable distribution of the compensation package, while tsunami survivors pressed for projects to be completed.

⁹¹ See Annexe 5 for commentary on the significant new challenges brought to the IFRC secretariat and the steps taken to address them during the tsunami operation.

⁹² *Badan Kesinambungan Rekonstruksi Aceh* – the government agency mandated to finalize the tsunami reconstruction programme.

Although the general situation remained stable throughout 2010, there were increased security concerns for expatriates following the shooting of the German Red Cross representative in late 2009, and the targeting of the home of the EU representative, and two American lecturers at the university.

At the beginning of 2009, an Aceh Recovery Framework was announced to serve as the official recovery framework for the government and recovery partners. For the three-year period 2009–2011, six priority sectors were identified by the provincial government as development priorities. These were:

- Peace process and reintegration – laying the foundations for sustainable peace and conflict-sensitive development across the province
- Good governance, rule of law and democratic decentralization
- Basic services – restoring and strengthening decentralized functions, and the management of services in education, health and water and sanitation with an emphasis on community participation
- Capacity building and asset management – ensuring a smooth transition from BRR and international partners to provincial and local government
- Housing and infrastructure – identifying roads, bridges, airports and sea ports to improve transport links and boost economic activity
- Economic development – diversification in the agricultural sector in the face of declining oil and gas revenues

By 2010, little physical evidence remained of the devastation caused by the tsunami. New homes, hospitals, schools and roads were much in evidence. One remaining major challenge for the successful rehabilitation of the tsunami-affected areas was to find and train people to provide services from the many high-standard facilities that had been delivered. Aceh's governor commented⁹³ that after losing 2,500 teachers and professors and 100 doctors during the tsunami, most of the vacancies had been filled by June 2010, but there was a lack of quality and skills. Even though the equipment needed was available, medical cases had to be referred to other provinces, and teachers were frequently less familiar with computers than their students. Full rehabilitation would take time and additional development resources were needed.

By the end of 2010, the peace process had been well cemented and, though some tensions remained, the tsunami had resulted in a widely appreciated peace dividend.

⁹³ IRIN publication of 16 June 2010. (IRIN is the humanitarian news and analysis newsletter produced by UNOCHA.) Available at: www.irinnews.org/Report.aspx?ReportId=89501

International Red Cross and Red Crescent Movement

While PMI wholeheartedly involved itself and supported Movement partners in the conduct of the 2004 earthquake and tsunami relief and recovery operation, it could not disregard the many other responsibilities and priorities throughout the country. It was not surprising, therefore, that as early as November 2006 a partnership meeting attended by about 20 Red Cross and Red Crescent partners already focused attention on how to transition from tsunami operations by garnering support for ongoing country wide core programming. PMI strategic priorities were factored into the subsequent exit planning work undertaken by the IFRC and partner National Societies.

By the end of 2010, 13 partner National Societies had committed to continue support for PMI activities in the years ahead. This was an important outcome for PMI with the many demands made upon it and challenges to be faced in addressing needs in the fourth most-populated country in the world.

The decision to terminate the Movement Coordination Framework for the tsunami operation in April 2009, and to recreate the same mechanism for coordinating the longer-term core programming assistance under CAS, set the context for future partnerships. Familiarity with the mechanism gave confidence and a sense of security for future working relationships.

In December 2009, PMI convened its General Assembly and laid the foundations for the next five-year period, adopting a five-year strategy for the period 2010–2014, revising its statutes to bring them up to date and electing a new central board to guide the National Society in the future.

The tsunami sowed the seeds for a number of PMI programming initiatives. During 2009, the IFRC promoted PMI's participation in the global platform for disaster risk reduction. This led to PMI being identified as a strategic partner for raising awareness about disaster risk reduction at both national and global level. Information about other programming activities can be sourced from the IFRC's reports on its web site (www.ifrc.org) in relation to appeal no.MAAID002 (PMI core programme activities were shifted from the tsunami operation budget to a separate annual appeal budget with effect from the beginning of 2009.)

The number of partner National Societies had reduced during the period. From 22 partner National Societies at the height of activity, by mid-2010, just 15 remained, some of which were already principally engaged with support for non-tsunami longer-term programming. Of these partners, the IFRC was still providing support from its service centres to 12 Red Cross and Red Crescent societies. Ten of the partner National Societies had signed integration agreements with the IFRC by mid-2010, creating an ongoing call on IFRC support services. As the focus shifted to support for other nationally based programming, the sub-delegation on Nias closed in the third quarter of 2010 and the office in Banda Aceh closed at the end of 2010.

In the early months of 2005 in Banda Aceh, the IFRC had operated from a converted showroom in a Toyota dealership. However, as the operation expanded and numbers of delegates and locally employed staff swelled, four houses were rented to provide service centre support and to accommodate 240 desks for the IFRC and partner National Societies. In 2006, a complex of offices was built of modular, modified containers, providing 400 desks for 13 partner National Society and IFRC delegates and locally recruited staff. The design allowed separation of teams, but bringing almost all staff together on one site greatly enhanced coordination (only the American Red Cross was unable to use this accommodation because of inadequate space.) The so-called Ajun complex was also on the same site as the IFRC warehouse and vehicle workshop. The service centre was handed over to PMI at the end of the operation, before which the Norwegian Red Cross funded the construction of a permanent warehouse and work was done to adapt the accommodation to PMI use.

By the end of the period, the Red Cross Red Crescent had completed nearly 200 projects in Aceh and on Nias with a total value of 1.3 billion Swiss francs.

Health and care

Community-based first aid (CBFA)

For the IFRC, the remaining health and care programmes requiring ongoing inputs from the delegation during 2010 were on the island of Nias.

Following the successful conclusion of the first phase of the CBFA programme, which reached some 39 villages in north and west Nias, the second phase was planned during the second half of 2009 and implemented during 2010. The second phase introduced a revised community-based health and first aid (CBHFA) module to 36 new villages on Nias and three on the west coast of Sumatra (see below), and was developed based on the experience of applying the first CBFA module.

An assessment recommended a modified programme to include a greater input on health promotion and prevention given the remoteness and isolation of many of the target communities. Community-based volunteers would fill an important gap between communities and the public health services and raise awareness about concerns such as preventable diseases, nutrition, antenatal care and immunizations. First-aid training would also take place in primary schools, targeting teachers as well as children. The goal was to increase the communities' capacities to prevent and manage common health problems. This project was completed in December 2010.

The CBHFA programme was managed and implemented by PMI, so the delegation's role was essentially to provide technical support to ensure any ongoing activities were sustainable locally.

Following the earthquake that struck Padang in September 2009, PMI committed to strengthening its capacity for community preparedness along the earthquake-prone west coast of Sumatra. This decision was reinforced by the government's disaster management agency, BNPB, which



Young students are all eyes and ears during the Red Cross class held at schools in Indonesia. With such a high frequency of disasters, even children know that knowledge can save lives. Photo: Amalia Soemantri / IFRC

had identified the coast, including Nias, as disaster 'red areas'. As a result, PMI began to carry out CBFA training in districts along the west coast.

At national level, the IFRC supported PMI in its efforts to strengthen its capacity in health emergency response. Medical action teams were formed and trained in eight chapters and psychosocial support programmes were promoted in particularly disaster-prone areas. Support for these and other PMI health programmes would continue through ongoing partnership support.

Clinics and hospitals

Red Cross Red Crescent partners completed a further 21 clinics and hospitals during the latter period of the operation, bringing the total to 215 facilities completed and handed over by the end of March 2011. This included the construction of 16 clinics, funded by the Japanese Red Cross Society, the last of which was handed over to PMI in 2011.

Water and sanitation

Also on Nias, the water and sanitation project, which aimed to improve the water supply and sanitation, overlapped with some of the villages reached through the CBFA/CBHFA programmes. The promotion of hygiene and the provision of improved sanitation facilities aimed to reduce the transmission of waterborne diseases. As the project progressed, households took more responsibility for providing additional materials and labour. Of the 63 villages selected for the

programme in Mandrehe district, the final 25 villages were reached and the project completed by the end of June 2010.⁹⁴ Some 37,000 beneficiaries were reached, including 33 primary schools and 4 health facilities.

All the projects on Nias were implemented in remote locations served by poor transport infrastructure. This presented daily problems for delivering materials and supplies, and for the movement of staff and volunteers.

By the end of 2010, PMI-trained staff and volunteers were able to monitor and sustain support for any ongoing training needs.

To help ensure the sustainability of the water and sanitation programmes, the delegation continued to carry out capacity building activities during the tsunami operation's closing period in order to strengthen PMI's capacity to provide water and sanitation support during emergencies. The aim was to enable the National Society to provide emergency water and sanitation, as well as water treatment. In addition to the formation of a water and sanitation emergency response unit (ERU), with support from Spanish Red Cross, the IFRC assisted PMI to build a national training centre for water and sanitation. Unexpected delays meant that this centre was not fully functional until the last quarter of 2011.

Disaster management

Building on the achievements to the end of 2009, the IFRC and partner National Societies continued to support the building of capacity in disaster preparedness and response.

The focus in 2010 was on the ongoing training of PMI staff and volunteers, including the Satgana teams, and the basic training for volunteers in which they are given skills in first aid, evacuation, coping with mass casualties, organizing temporary shelters and field kitchens, home nursing, community health, and tracing and mailing services. Further specialized level courses were also held, for example, in water and sanitation.

Work was carried out to help prepare disaster response and contingency plans, and provincial-level and district-level hazard and vulnerability maps for Aceh chapter and its 21 branches.

During 2009, the early warning radio network established in the 23 PMI branches of Aceh and Nias, and in the national headquarters and chapter offices in Aceh and North Sumatra, were revitalized and upgraded. In 2010, the radio network was expanded to include a further 12 prioritized chapters and relevant training was provided.

The IFRC continued to support the PMI's ICBRR programme in nine districts until the end of June 2010. This involved completing orientation training for staff and volunteers, including in

⁹⁴ On Nias, with the support of the IFRC, the water and sanitation programme delivered 201 water catchments, 75 wells and 86 springs. Some 55 reservoirs were completed, 289 tap stands, 2,361 family latrines and 235 public latrines.

vulnerability and capacity assessment, school risk assessments, community mobilization and planning for risk reduction.

The ICBRR programme was also supported by partner National Societies, but assistance to PMI for building disaster management capacity shifted to the national level and other chapters after the end of 2010.

The planned warehouse in Padang, West Sumatra, was completed in the first quarter of 2011 and the remaining warehouse in Sarang, Banten, was completed in 2011.

Organizational development

With the imminent closure of the tsunami operation, the final year was very focused on chapter and branch transition to managing and funding their core programme activities in 2011 and beyond.

The Aceh chapter presented a 2011–2014 draft strategic plan to its annual general meeting in late 2009 and this was adopted. With endorsement at provincial level, it was submitted to PMI national headquarters for approval. This provided the basis for detailed planning of the transition from the tsunami operation to a level of sustainable activities and services. New resources had to be secured for those functions and services previously funded by the IFRC or partner National Societies. A reduction in the number of staff was necessary on account of expectations as to available resources, so special efforts were made in 2010 to develop capacities in resource mobilization in order to take over the commitments at chapter and branch level. Workshops were held in branches to strengthen their capacities, share knowledge and prepare them for the transition.

To the south, the North Sumatra chapter general assembly adopted the plans developed by the two branches on Nias. An organizational development delegate had been specially assigned to Nias in the last quarter of 2009 to support the process, and to work with the chapter to this end. A resource development strategy was set in place to guide the activities needed to build a more solid funding base, in large part to assume responsibility for 17 staff positions funded until end of 2010 by the IFRC. Motivated PMI volunteers worked energetically and through their endeavours at community level built awareness about the Red Cross and raised its profile. This was an important achievement given PMI's low profile on Nias (unlike in Aceh province) before the tsunami.

A major challenge on Nias was to secure land in the capital, Gunung Sitoli, for a branch building. Funds made available by the IFRC were set aside in case land could be identified and construction would be able to start in 2011. Similar land issues could not be resolved for the construction of a branch office building in Lhokseumawe in Aceh province. Elsewhere in Aceh province, 14 branch buildings and one branch multi-purpose building had been completed by the end of 2010.

At national level, the purchase of the new headquarters building for PMI, with assistance from the IFRC and several partner National Societies, greatly improved office accommodation for the National Society. PMI's national disaster control was upgraded, along with IT systems, improving the National Society's network needed for operational efficiency and effectiveness. Having most of PMI's staff, the IFRC delegation and the representatives of partner National Societies accommodated in one building, enhanced collaboration and coordination among the various IFRC partners. Largely as an outcome of the tsunami operation, PMI's new headquarters represented an important asset for the future support of its work around the vast country.

Moving forward

During 2010, the focus of the IFRC had been on facilitating a smooth transition from the tsunami operation to supporting regular PMI programming activities. While most Red Cross and Red Crescent partners had phased out their support to tsunami programmes, work continued with PMI to implement the final projects in the disaster management and health sectors. The projects were finally completed in mid-2011.

In January 2009, PMI, the IFRC, ICRC and 12 partner National Societies came together for a workshop to share experiences and identify the main lessons learnt from the operation. A summary of the principal challenges and lessons learnt are attached as Annexe 6. The conclusions reached focus essentially on the experience in Aceh province and reflect the particularity of the operational context. The previous isolation of Aceh on account of the conflict and the unfamiliar environment for newcomers, coupled with the overwhelming resources that needed to be seen to be spent to assist earthquake- and tsunami-affected people placed huge demands on those involved, not least the host National Society. For all the shortcomings in the face of such enormous demands, the PMI chapter and branches – together with the network of volunteers – provided partners with the essential organizational base to interact with communities, and engage in programme design and implementation.

Having once again demonstrated the comparative advantage of the Movement in having community-based National Societies take the lead in times of disaster response and recovery, by the end of the tsunami operation, PMI found renewed interest from the IFRC to support the National Society in its ongoing capacity-building efforts, with a focus on disaster preparedness and disaster risk reduction in one of the most disaster-prone countries in the world. With a clear strategic plan, revised statutes, some staff restructuring, and engagement with longer-term development partners, PMI established the basis for building an even stronger National Society with outreach to all parts of the country.

Sri Lanka: closing recovery and transition to development

Context

The situation in Sri Lanka was dominated by several factors during 2009–2010. First, the end of the conflict in the north and the aftermath in terms of the resettlement of displaced people occupied attention from the international community as the people in welfare centres were

held for longer than expected periods. Although at one stage, some 280,000 IDPs were housed in temporary camps, according to the UN, the government began resettling them before the end of 2009 as land mines had been cleared from resettlement areas. By June 2010, UNOCHA reported that over 142,000 people had returned to their districts of origin, while over 92,000 were still staying with host families. The government reported at the same time that over 45,000 people remained at the Menik Farm welfare centre.

The end of the conflict saw concerns raised about the need for an investigation into human rights abuses during the war. The government established the Lessons Learnt and Reconciliation Commission with a mandate to examine what had led to the breakdown of the ceasefire in 2002 and all activities that followed until the end of hostilities in 2009. A major sticking point, according to international observers, was the government's unwillingness to investigate alleged war crimes and human rights abuses committed by both sides during the final stages of the war.

In a report in May 2010, the International Crisis Group said that it had collected evidence of war crimes committed by the LTTE and the Sri Lankan military. This sparked calls for an international inquiry. In June, the UN secretary general appointed a panel of experts to look into the progress the government had made since May 2009 in addressing alleged violations of human rights and humanitarian law during the final stages of the conflict, and to recommend ways in which the government and the UN could better support this process – a move the government rejected. The UN stated that it remained convinced that accountability was an essential foundation for long-lasting peace and reconciliation in Sri Lanka.

The elections that took place in early 2010 saw the president and his government returned to power with a much-increased majority on the back of the military success in the north. Given further violent incidents, the government maintained the state of emergency to deal with terrorist activities. The military maintained high visibility in the previously conflict-affected area, as ongoing efforts were made to clear land of mines and unexploded ordinance, and complete the resettlement process.

International Red Cross Red and Crescent Movement

The Red Cross Red Crescent continued to look into effective ways of exiting from programmes whilst building in sustainability measures. An exit guidance document comprising tools and guidance on supporting the host National Society had been developed and shared amongst all partners to assist them with all aspects of exit planning. By the beginning of 2010, 16 partner National Societies had completed their funded projects and 8 remained, some of which were transitioning to support longer-term the National Society's development programmes.

The partnership process was of great importance to the Sri Lanka Red Cross Society as it aimed to build its capacity and the sustainability of its core programmes beyond the tsunami operation. In June 2009, the National Society launched its five-year development plan detailing plans, objectives, timeframes and resources for core programme areas. Movement partners were

encouraged to consider long-term cooperation, and discussions continued through the period to develop partnerships to this end.

Towards the end of 2009, evolving from its five-year development plan, the Sri Lanka Red Cross initiated a consultancy to explore re-engineering the society's structure. This gave rise to a commitment to clearly split the roles and responsibilities between management and governance. A rigorous review of the society's structures was undertaken and a performance management system introduced.

Following the end of the conflict, the Movement was actively involved in the emergency relief activities, working in cooperation with ICRC and the Sri Lanka Red Cross Society. As areas in the north became accessible, opportunities were taken to resume tsunami recovery projects that had been suspended because of the conflict.

Support to Sri Lanka Red Cross programmes in the areas of health and care (sectors of community-based health and first aid, HIV and AIDS awareness and prevention, blood donor recruitment and training in health in emergencies), disaster management (except early warning systems), organizational development (except the construction of branch buildings) and principles and values was shifted to the ongoing annual appeal funding mechanism with effect from the beginning of 2010. Information and reports on the ongoing core programmes (appeal no.MAALK002) can be found on the IFRC's web site.

By the end of the period, 385 significant and distinct tsunami disaster relief and recovery-related projects had been implemented.

Health and care

One tsunami recovery project remaining in this programme area in 2010 was the completion of reconstruction, rehabilitation and refurbishment of 70⁹⁵ government health facilities. By the end of March 2011, 64 projects had been successfully completed and handed over to the authorities. These also included the supply of new medical equipment. Another two were nearing completion and already in use. The last two construction projects in Badulla and Polonaruwa were scheduled for completion by the end of 2011, and a further project in Jaffna was added and started once the conflict had ended in the north.

Multilateral funding through the IFRC covered the cost of 14 of these health facility projects. The IFRC assumed the responsibility for a further five projects on behalf of partner National Societies, which withdrew from the country as part of their exit strategy before all projects were completed.

The hospitals, health centres and facilities provided through this project improved access to healthcare for people not only affected by the tsunami but also those in neighbouring districts.

⁹⁵ Earlier reference is to 69 health facilities, but the Finnish Red Cross agreed to fund the building of a base hospital in Jaffna and construction began in 2011, bringing the total number of government health projects to 70.

The second major tsunami recovery health programme, where work still remained to be done, was the water and sanitation projects, particularly the large infrastructure projects to reticulate water to both new settlements and households remaining in tsunami-damaged areas. As for the health facilities, the time needed for planning, designing, tendering, contracting and implementing was longer than expected due to unforeseen complexities and the additional steps necessary to ensure a quality outcome for the target beneficiaries.

Of the initial commitment to 26 significant-sized projects, the IFRC first took responsibility to fund eight projects and then assumed responsibility for a further three as partners asked it to implement the projects as the partner National Societies began to withdraw from the country. The remaining 15 projects were implemented by partner National Societies. Of those implemented by the IFRC, six are in Ampara district, two in Galle district and two are in Matara district. A large project in Ampara would take until 2011 to be completed, and a further project in Jaffna, in the north of the country, could not be completed during the period as it could only be started once the conflict ended and access to the project area was possible. It will be implemented through an agreement with the Asian Development Bank and the National Water Supply and Drainage Board.

As part of long-term disaster risk reduction, Sri Lanka Red Cross Society has established training courses in lifesaving and water safety. Photo: IFRC



In addition to these projects, the IFRC, together with the Sri Lanka Red Cross, has implemented more than 20 others, upgrading the sanitation facilities in schools, cleaning wells and improving water supplies. Special attention has been given to hygiene promotion activities and the training of communities, which have benefited from an improved water supply.

By the end of the period, the projects funded by the Red Cross Red Crescent enabled 216,000 people to have direct access to improved water sources.

Disaster management

Having reached 20 communities in four districts with the community-based disaster risk management (CBDRM) project in 2009, the project was expanded in 2010 into 20 new communities in the districts of Ratnapura, Gampaha, Matale and Nuwara Eliya. The project identified vulnerabilities, risks and hazards in the different communities and 20 schools, and developed and implemented community risk reduction plans with the active participation of National Society volunteers, village disaster management committees and action teams, all of which were formed and trained.

The community-based early warning (CBEW) project is aimed at reducing loss and damage to people's lives, livelihoods and properties through well-informed early warning and disaster preparedness to prevent hazards turning into disasters. The CBEW project has been implemented in the three coastal districts of Ampara, Batticaloa and Trincomalee, in collaboration with the government and technical agencies. During 2010, it was extended to the districts of Gampaha, Kandy, Matale, Nuwara Eliya and Ratnapura, and also implemented in the Sri Lanka Red Cross headquarters as part of the overall effort to build institutional capacity within the National Society to be better prepared for and better able to respond to disasters.

The National Society's initiative in disaster management is being supported by the American, Danish and German Red Cross societies, as well as by ICRC. The IFRC's coordination role does not only apply to collaboration among programme areas in line with the integrated programme approach, but also aims to ensure effective coordination and knowledge-sharing within the Movement and among external partners.

Construction

The construction of safe housing has been an essential feature of the Red Cross Red Crescent's tsunami recovery programme. With responsibility to fund and co-finance almost 30 per cent of the national requirement, 30,265 houses⁹⁶ were built by the end of the period through a combination of donor-driven and owner-driven modalities. To ensure a comprehensive resettlement package that enabled people to rebuild their lives, the construction programme was integrated with other Red Cross Red Crescent programmes, such as water and sanitation, livelihoods, health and care, and disaster management.

⁹⁶ The earlier target of 33,892 houses was not met largely due to the Red Cross Red Crescent-funded World Bank programme falling short of its goal.

Where beneficiaries needed to be resettled on new plots, the donor-driven approach using contractors to build the houses saw 3,515 new homes completed by the end of the period. Of these, the IFRC funded 687.

Working with the World Bank's IDA and UN-HABITAT under the umbrella of the Community Recovery and Reconstruction Partnership (CRRP), the owner-driven housing approach delivered the necessary support for homeowners to rebuild or repair 18,123 homes. With the cessation of the conflict in the north, it was possible to reach people in Jaffna district and assist them in building 997 houses during 2009–2010.

Organizational development

The tsunami operation saw a major scaling-up of the Sri Lanka Red Cross Society's capacity. While downsizing has taken place as tsunami-related activities and resources are reduced, importance has been attached to the need to capitalize on the organizational growth and maintain a sustainable capacity, aligned to meeting the society's strategic plan and the five-year development plan. The National Society's approach is to have the capacity to support the building of resilient communities through its core programmes, while strengthening and improving the quality and quantity of services to beneficiaries by mobilizing and organizing people and other resources within civil society.

Sri Lanka Red Cross re-engineering project

The tsunami had placed extraordinary demands on the Sri Lanka Red Cross Society to respond rapidly in providing humanitarian assistance to those affected by the disaster. Over six years, almost 10 per cent of the country's population had been reached by the Red Cross Red Crescent under the tsunami relief and recovery operation – a remarkable achievement. However, the National Society's leadership recognized that this had not been accomplished without some organizational stress and cost. With limited human resources to call upon, both at headquarter and branch level, members of the governance team found it necessary to become directly involved in the operation, which caused a great deal of overlap between governance and management. To build on and further develop the capacity of the society, it was necessary to establish a new way of working if the society was to retain its role as the leading national humanitarian organization. The leadership decided that a change process needed to be built around a realignment of the roles and responsibilities of governance and management and their proper separation, as provided for in the National Society's constitution.

Consultants were appointed to lead the 'Re-engineering the Sri Lanka Red Cross Society towards governance and management excellence' project, which was launched in August 2009. The objective was to fundamentally rethink and redesign the National Society's processes in order to bring about great improvements in critical measures of performance, such as accountability, quality, professionalism, responsibility, service and speed of delivery.

New guidelines were developed for governance; new national policies were agreed and introduced to provide the context for the society's work; management job descriptions were reviewed

and revised for all positions throughout the society; all staff were required to resign and reapply for the open positions; standard performance appraisals were introduced, as well as guidelines for the operation of branches; and the project was rolled out to fully include them. A range of initiatives were launched and implemented over a 12-month period before the final phase of the project began in August 2010. This last phase was designed to ensure the sustainability of the new organization and structure, with the Sri Lanka Red Cross taking full ownership of the process, and the consultants now only in a monitoring role.

Members of the Movement played a role in supporting and contributing to the process. The new policies are aligned with the Movement's strategic plans, including Strategy 2020, and the re-engineering project has recognized the roles and responsibilities of partnerships with the IFRC, ICRC and partner National Societies.

As a result of the challenges faced during the tsunami operation, the Sri Lanka Red Cross Society took the opportunity to shape its own future as an organization that can better address the future needs of vulnerable people in its country. In relation to the tsunami, a part of the Movement's strategic vision was to leave a legacy of a stronger International Red Cross and Red Crescent Movement. One of the RSOF's objectives was to assist host National Societies in serving beneficiaries now and in the future, based on their priorities. With the National Society's five-year development plan establishing the priorities, the society has taken measures to better serve beneficiaries in the years to come.

Branch buildings

The goal had been to establish 26 branch buildings with standardized equipment by the end of 2010. By the end of the period, the Sri Lanka Red Cross Society had received partner support or pledges for 25 of these. Support was still being sought for the Mullaitivu branch. Thirteen of the branch building projects had been completed by the end of 2010, with nine buildings constructed or renovated and four buildings purchased. Construction or purchase arrangements were in progress for 10 buildings, and 2 further buildings were still at the planning stage.

All the buildings were to be equipped to a certain standard to meet the requirements of branch activities in serving community needs and, in some cases, income-generating facilities are included to mobilize resources for Red Cross work.

Moving forward

Most tsunami projects had been completed by the end of 2010. The exceptions were several major water and sanitation infrastructure projects, which would not be finally completed until the second quarter of 2011, with the management of defect liability periods extending until late 2011 and one that will run through to 2012.

Drawing on the experiences gained and the capacities built from the largest operation undertaken in its history, the Sri Lanka Red Cross Society was in a position to take advantage of this operation by building on the activities already being implemented in the core programme areas.



Children in a camp for displaced people in Sri Lanka. The conflict in Sri Lanka was an added complexity to ensuring that communities worst hit by the tsunami received the assistance they needed. Till Mayer / IFRC

Through its strategic planning processes, the National Society developed its vision to build “safer, resilient, and socially inclusive communities through improving lifestyles and changing mind-sets”.

Sri Lanka is a highly disaster-prone country. The tsunami operation highlighted the importance of having a strong National Society with community outreach to bring assistance to those affected. At the same time, the need to build resilience to disasters at community level has received a high priority in the effort to mitigate the effects of disasters. Through its disaster management programme, there has been a focus on strengthening the National Society’s capacity for disaster preparedness and response, as well as community-based disaster preparedness through the disaster mitigation and disaster risk reduction initiative.

The Sri Lanka Red Cross Society’s health and care programme focus on community-based health and first aid; the organizational development programme prioritizes work on youth development, governance, management and systems development, and community infrastructure and capacity building. At the same time, promotion of the Movement’s humanitarian principles and values is designed to raise awareness and promote respect for human dignity.

With plans in place to carry this work forward, ongoing support from the IFRC and partners will continue under the umbrella of the National Society's development plan and the IFRC annual appeal for the development of the Sri Lanka Red Cross Society.

Maldives: closing recovery and transition to development

Context

Following the proclamation of a new constitution in August 2008, the new government elected in November of the same year embarked on its 2009–2013 strategic action plan with objectives focused on good governance, social justice and economic development.

Although Maldives had the highest Human Development Index ranking in South Asia in 2009, it continued to face challenges, including disparities of income, education and delivery of health services both between the capital of Malé and the outer atolls, as well as between atolls themselves. Moreover, the government expressed⁹⁷ its concern about the lack of affordable housing, persistent child malnutrition, significant youth unemployment and drug abuse, as well as the potential for rising religious extremism. Delivering basic services to extremely remote islands remained daunting. Climate change represented a real and immediate threat given that coastal ecosystems provide the backbone of the Maldivian economy and livelihoods.

With the global economic recession, tourism suffered a major decline, seriously impacting the economy. GDP contracted by 3 per cent in 2009. This came at a time when the government was planning for the graduation from least-developed country status in January 2011 (suspended from 2005 because of the tsunami) and the loss of benefits that this international status would have accorded in terms of development and trade preferences.

Following the degradation of water supply sources during the tsunami, the government continued to solicit international donor assistance to expand the number of islands with sewerage systems, reverse osmosis plants and rainwater tanks – all projects that the Red Cross Red Crescent made major investments in following the tsunami.

International Red Cross and Red Crescent Movement

The IFRC maintained a delegation in Maldives during the period and remained the focal point for international partners in liaising with the government. However, since the formation of the Maldivian Red Crescent in mid-2009, the National Society rightly took a more prominent role.

The tsunami recovery operation was largely completed by the end of 2009, with the American Red Cross completing a water and sanitation project, which involved installing sewerage systems on two southern islands. When the American Red Cross office closed in mid-2010, the IFRC country delegation was the only international Red Cross Red Crescent representation remaining. Its main role shifted from the tsunami recovery operation to supporting the development of

⁹⁷ Statements made at the Maldives Donor Conference in March 2010. Available at: <http://donorconference2010.egov.mv/Index.aspx>

the Maldivian Red Crescent, including the implementation of core programming activities, such as disaster risk reduction, that had been launched during the recovery operation.

Funding for the core programming activities was shifted from the tsunami appeal fund to the IFRC's annual appeal (appeal no.MAAMV001) from the beginning of 2009. The plan and budget and reports can be accessed on the IFRC's web site.

Health and care

The focus for the period was mainly the checking of water and sanitation construction projects for any defects to be rectified during the defect liability period.

On Dhuvaafaru, the final completion certificate for the sewerage system was signed before the end of 2009. An agreement was reached with the community to construct a solid waste disposal centre with funding from the IFRC. This was completed in early 2010. An agreement was also reached for the installation of additional rainwater tanks next to two mosques, whereby the IFRC would provide the funds and the community would provide free labour for the construction work.

Dhuvaafaru Island [45 hectares in size] is now home to over 4,000 people. The reef surrounding the island forming a lagoon provides protection against tidal surges and beach erosion.



The sewerage systems on the islands of Guraidhoo and Maafushi needed rectification work due to design faults with the pumps and control panels.

The long-delayed sewerage system on Laamu Gan was completed by the government in April 2010, in accordance with the agreement with the IFRC, providing the last of the new houses – that had been constructed with funding from the French Red Cross – with satisfactory waste disposal.

Construction

The delegation retained a delegate to close the projects for which the IFRC had been responsible, and certain partner-funded construction projects that had ongoing commitments, such as remedial work needed under defect liability contractual clauses which ran for 12 months after the project was handed over.

On the island of Dhuvaafaru, work on remedying defects was largely completed by the end of 2009. Rectification work was needed particularly to address problems with door fittings and leaking roofs. The roofing problems were eventually resolved following agreement with the contractor and the owners whereby the materials were made available to the homeowners to fix their own roofs as the contractor was unable to complete the work satisfactorily.

By the end of 2009, all defect liability work for the houses and public buildings had been completed and the contractors were released from any further obligations.

The construction of the road network had been challenging as contractors could not be found. Finally, an agreement was reached with the government for the IFRC to fund the purchase of machinery for the task, for the government to construct the roads and then for the machinery to be held by the government as needed for future disaster response clean-up operations. The road network was completed in the first half of 2010.

Rectification work was also required on the island of Vilufushi under agreement with the British Red Cross. Some problems were experienced with the domestic electrical wiring and the malfunctioning of auto-switches on water pumps.

By the close of 2010, all rectification work for construction work had been completed. In addition, the host community appreciation projects were completed in 2010.

Moving forward

As mentioned above, core programming, including support for the development of the Maldivian Red Crescent and its plan of action, became subject to a separate annual appeal with effect from the beginning of 2009.

With its origins in the tsunami operation, the National Society built on the foundations that had been laid during its formative years. The new Maldivian Red Crescent was recognized by the

government as a key stakeholder in disaster management, both in terms of its role in time of emergency and disaster, and in disaster risk reduction and preparedness activities. The vulnerability and capacity assessment (VCA) process was established as the first step in undertaking community activities to address disaster risk reduction in the newly established Maldivian Red Crescent branches.

CBHFA was seen as the entry point to communities since the majority of community risk assessments identified unsafe water, poor sanitation systems and health epidemics as the most pressing risk factors. CBHFA courses were provided not only to communities, but also to the tourist sector where resort staff were trained on a fee-paying basis, thereby generating income for the new National Society.

Six National Society branches, in different regions of the island nation, were established by the end of 2010, spreading the network of the society into communities with the formation of 13 Red Crescent units at island level. A further four branches were planned for formation by the end of February 2011. The goal was to provide nationwide coverage by 2011, which is when the Maldivian Red Crescent sought recognition as a National Society by ICRC and a decision by the IFRC General Assembly to admit the National Society as a full member. This was achieved in November 2011 when the Maldivian Red Crescent became the 187th member National Society of the IFRC.

While challenges remain for the new National Society to build its capacity and outreach to communities across the island nation, one of the major benefits of the tsunami operation was the formation of the Maldivian Red Crescent. This has created the potential for safer and more resilient communities in a country where the consequences of climate change and rising sea temperatures are a significant threat.



Communication and information

The earthquake and tsunami captured the attention of the world's media for weeks after the event. Given the unprecedented scale of the disaster and its geographical scope, there was enormous interest in the situation as it gradually unfolded. Because many western countries with large international media networks had their own citizens caught up in the disaster as tourists, the focus on the tragedy was heightened even further. In many of these countries, Christmas had just been celebrated, which influenced the outpouring of sympathy. As the plight of the survivors became better known around the world, individuals gave generously to agencies such as the Red Cross Red Crescent.

As time went on, the media played an important role, acting as a vehicle in obtaining and conveying information to the wider public about the expenditure of these funds and the impact on beneficiaries. The interest peaked around the anniversary of the disaster and special efforts were made each year by the IFRC to use these opportunities to 'report back' to its donors. Unusually, 70 per cent of the funds raised by the Red Cross Red Crescent came from members of the public; as such, the media afforded the most practical means of keeping these valued stakeholders informed about the work being done to help rebuild the lives of those affected.

In the first days and weeks following the disaster, the IFRC secretariat and many member National Societies were inundated with requests for information. The media department in the Geneva office conducted over 600 interviews in the first two weeks following the disaster. Additional resources and new approaches were called for to manage the level of interest in a responsible and accountable way. Staff at an international level had to be increased and specialized information delegates were placed in the major operational countries, a measure also taken by a number of the partner National Societies.

Some 26 web stories were posted during January 2005 to provide the media with user-friendly material. Operational updates were published on the web, giving progress reports from the field almost every day during the first weeks – the 32nd report was published at the end of January. As time passed and the operation assumed a more regular tempo, the frequency of the operational updates reduced and more thematically-based fact sheets were published. A start was made to collect and make photographs available through web site photo galleries.

The IFRC had the dual role of supporting the partner and host National Societies, which involved promoting common messages and producing material that could be used directly by the media or accessed through the IFRC's web site (www.ifrc.org). A dedicated tsunami section was created in mid-2005 (www.ifrc.org/tsunami) to provide a central source of information about all Red Cross Red Crescent activities in the tsunami-affected countries.

All the updates, appeals, plans and budgets, news stories, opinion pieces and reports were made readily available. Over two-thirds of this material was available in English, French and Spanish. The web site also contained relevant documentation and programme evaluations as part of the effort to inform and be fully accountable to stakeholders around the world.

Opinion pieces made available to the media and published on the web site were important vehicles for trying to influence public understanding of the challenges being faced and the strategies being adopted.

Themes and advocacy issues

While the communication of information centred around progress reports on the various programmes designed and implemented to help people rebuild their lives, the opportunity was also taken to inform and educate stakeholders on the challenges and essence of good recovery practices. In the earlier years, this in part helped diffuse the criticism from certain quarters that the recovery programmes were moving too slowly. With the enormous volume of funds contributed, there were high expectations that this would lead to quick results and some sections of the media were assiduously following the performance of agencies such as the IFRC.

In line with its strategy to inform the public about the realities of delivering effective assistance, at the end the first six months, the IFRC acknowledged the importance of rapid response but not to the point of seeing funds spent quickly to force the recovery process and commit errors and deliver unsustainable results. The IFRC had made a pledge to “build back better” and this meant

that communities must be consulted and involved in the planning and design of programmes. Whole communities had to be rebuilt and this required holistic planning. There were also risks that had to be managed including the effect of large aid flows on local economies, raising the spectre of cost inflation, environmental damage and aid dependency if not handled well.

Twelve months later, the key messages were still around the importance of following the principles of sustainable recovery. In some eyes, the recovery phase had started slowly and reassurance needed to be given that the implementation momentum was now delivering results that were well founded on the time taken to ensure responsible preparation, sound planning and programme design.

As well as educating and informing, the communications strategy also included the need to advocate about key issues emerging from the tsunami experience. A key theme was to promote the need for greater measures to achieve disaster risk reduction.

From the outset, the IFRC spoke of its commitment to ensure beneficiary communities were more resilient to hazards and disasters once the operation was over. It was incumbent on the IFRC to leave safer and better protected communities as part of its accountability to those beneficiaries.

The IFRC argued that for every single US dollar spent on prevention – such as coastal protection, earthquake-resistant schools, awareness-raising and education – could save, not only lives, but on average 10 US dollars spent on recovery. The IFRC advocated strongly for 10 per cent of the global humanitarian aid budget to be spent on disaster risk reduction. (In 2006, former US president Bill Clinton said that it was calculated that 4 per cent of humanitarian aid was spent on disaster preparedness – and that this was inadequate.)

Speaking five years after the tsunami struck, the IFRC secretary general addressed the question, “What has the tsunami taught us?” Among the unalterable lessons learnt, he said, was the necessity to empower communities to take preventive action on their own behalf, without being dependent on external support. Disaster risk reduction efforts depended on building strong partnerships between all stakeholders, including communities, local and national governments, NGOs and the private sector. Only by investing in this way and acting early could lives be saved. The organization’s responsibility was to leave communities safer and more resilient at the end of the operation.

This same theme was picked up and elaborated in the IFRC’s World Disasters Report 2009.⁹⁸ The report emphasized the need to invest in a culture of prevention. Early action was portrayed as an investment for the future and far more effective in the long run than being perpetually caught up in a reactive cycle of disaster response. The tsunami demonstrated some of these

⁹⁸ The *World Disasters Report* is produced annually with editorial oversight by the IFRC and contributions from external and internal disaster management experts.

realities, as well as the context for advocating and acting on improved approaches to disaster risk management.

Communications strategy

Many of the partner National Societies had resources dedicated to gathering information from the field. The larger partner National Societies either had information delegates based in the field or periodically sent their professional staff or contracted personnel. Often, national media crews were sent to collect stories or film footage of Red Cross Red Crescent projects. While partner National Societies focused on their home audiences, host National Societies managed their own domestic media communications, often with support from the IFRC delegation. Particularly in the latter case, opportunities were taken to promote the humanitarian values of the Movement as a means of building empathy with wider populations for the work being undertaken and to counter the common perception that tsunami beneficiaries were receiving preferential treatment.

While the IFRC had to serve its own needs in communicating directly with the public, it also played a role in facilitating the various information activities of the wider organization. It was important to have consistency across the IFRC and its Red Cross Red Crescent partners in the messages that were being issued.

In addition to Geneva, liaison with international media centres based in Bangkok, New Delhi and Nairobi was actively sustained by the IFRC's regional delegations. These contacts provided access to international news networks.

After the initial emergency relief period, the anniversary dates of the tsunami were the times when the media refocused their attention, particularly the first and second anniversaries, and again at the end of five years. However, it became clear that interest had waned to some extent by the later anniversary, around which time other humanitarian concerns in the world had assumed more topical importance.

Throughout the period, the IFRC secretariat offices took the lead in consulting with interested member National Societies in developing an IFRC-wide strategy so that common themes and messages were communicated, along with each National Society's own media slant, especially where bilateral programming required its own coverage at national level. Media packs were produced with written, visual and audiovisual materials to build awareness about the progress being made in helping to rebuild the lives of the individuals and communities so badly ravaged by the tsunami.

Managing the reputational risks was part of the integrated communications strategy that generated materials to explain the challenges and the work that needed to be done to leave sustainable projects and strong communities. Because of the amount of money donated, only 16 per cent (406 million Swiss francs) of the resources given to the Red Cross Red Crescent was spent on the emergency and relief phase. In fact, many donors would not have expected that a significant

portion of the funds donated would be directed towards recovery projects that could take up to five years, in some cases, to implement. A constant theme was to explain to the donor public the long-term approach to the recovery effort. Anxious to be fully transparent and accountable, the IFRC needed to advantage of all the opportunities available to explain the steps that were required to help rebuild people's lives after such a destructive event.

Documentary film

As part of a joint global tsunami lessons learnt project with the BRR and the UN, the IFRC shared in the funding of a 47-minute documentary film produced by the Discovery Channel entitled 'Anatomy of a Recovery'. This was produced to air to at the time of the fifth anniversary of the tsunami, and was intended to inform and educate audiences about the challenges, innovations and breakthroughs experienced in the Asian countries affected by the tsunami during the recovery period.

The emphasis was placed on presenting the story through the eyes of beneficiaries with commentary from the project partner agencies. The Red Cross Red Crescent was profiled, along with project partners, as major actors in the recovery process.

The film was screened by Discovery Channel across Asia and the Pacific during the last week of December 2009 and at the beginning of January 2010, reaching close to 2 million adult viewers. Sales of the documentary to Discovery Channels in other regions were sought. Discovery UK was the first to buy the documentary. While there was the commercial aspect for Discovery Channel, the IFRC's interest was to reach a wider audience and more of the global spread of donors who funded the tsunami operation.

Web-based multimedia documentary

Also in advance of the fifth anniversary, a web-based multimedia documentary, 'Surviving the Tsunami – Stories of Hope' was launched in mid-December 2009. The project was a co-production with the Thomson Reuters Foundation. It included an authoritative and educational interactive map and resources section, and was a departure from traditional IFRC communications approaches: four first-hand accounts from ordinary people who told their very personal stories about their experiences during the tsunami and recovery operation. The stories compellingly illustrated the individuals' responses to the disaster, their resilience in facing the challenges and the positive outcome when these challenges were met with a positive humanitarian spirit. High-quality graphics, images and production values were used in an endeavour to achieve a resonance with the public audience targeted. In 2010, this production was nominated for an Emmy Award in the category 'New Approach to News and Documentary Programming: Current News Coverage'.

Media monitoring carried out over the month spanning the fifth anniversary by Thomson Reuters rated the multimedia presentation as successful in terms of its reach, and it served to foster further the development of a solid foundation with Thomson Reuters and the Thomson Reuters Foundation. Nevertheless, important lessons were learnt about such web-based presentations,

including the approaches needed to drive viewers directly to the IFRC's web site and the possibility of having an embedded link on YouTube.

Other

Numerous publications, videos, films and other material were produced during the tsunami operation. Partner National Societies drew on IFRC-produced material and a survey rated it useful but, when they had bilateral projects and personnel on the ground, they also needed tailor-made materials such as stories, case studies and photographs that directly related to their own involvement in order to support their positioning within their domestic media markets.

Among partner National Societies, further initiatives were undertaken. A number of photographic exhibitions were mounted. These included the American Red Cross, which put together a successful photographic exhibition entitled 'Faces of the Tsunami', depicting beneficiary profiles. The British Red Cross engaged a photographer to work with around 90 tsunami survivors in Indonesia, Maldives and Sri Lanka, and then had them take photographs and explain them in their own words. The Canadian Red Cross created a travelling photo exhibition, 'Pictures Talk', which used material photographed by Indonesian children aged 8–16, who were given disposable cameras to show their lives five years after the tsunami. The pictures chosen for the exhibition painted a portrait of a region still recovering from the effects of the tsunami, but where life was taking on a new and encouraging shape.

The British Red Cross also launched a digital campaign to raise awareness of the fifth anniversary of the tsunami. 'Decisions for Recovery' was an interactive online campaign that challenged the public to put themselves in the place of those who lead the recovery process. The challenge included role-play of real situations that Red Cross volunteers faced and asked what decisions the participants would make if they were a disaster recovery manager for the organization.

IFRC-wide progress report

The IFRC, by definition, is a federation of autonomous members, each with its own reporting and financial requirements. Before the tsunami, at operational level, no attempt had been made to bring information together to produce a collective Red Cross Red Crescent narrative and financial report. Programmatic performance indicators were developed to compile cumulative data from host and partner National Societies, as well as the IFRC secretariat. A template was used to collect financial data from the same sources with guidance as to how to provide the information in the knowledge that different National Societies had different accounting systems with different financial policies.

The first report was produced in 2006, and thereafter at six-monthly intervals. The programmatic indicators were amended over time in an effort to improve the quality of information. The financial template and guidelines, originally produced with assistance from KPMG, remained largely the same. The level of interest and support for the process was high, with 29 National Societies contributing data on performance indicators and 31 providing financial information for the first report in 2006. The quality of the information was refined and continuously improved



*Promotion of early warning and disaster risk reduction has been a key feature of disaster activities of the Seychelles Red Cross.
Photo: Falko Siewert / German Red Cross*

over the period. By the fifth year, 31 National Red Cross and Red Crescent Societies, along with other organizations, had provided data on performance indicators and 42 had furnished financial information.

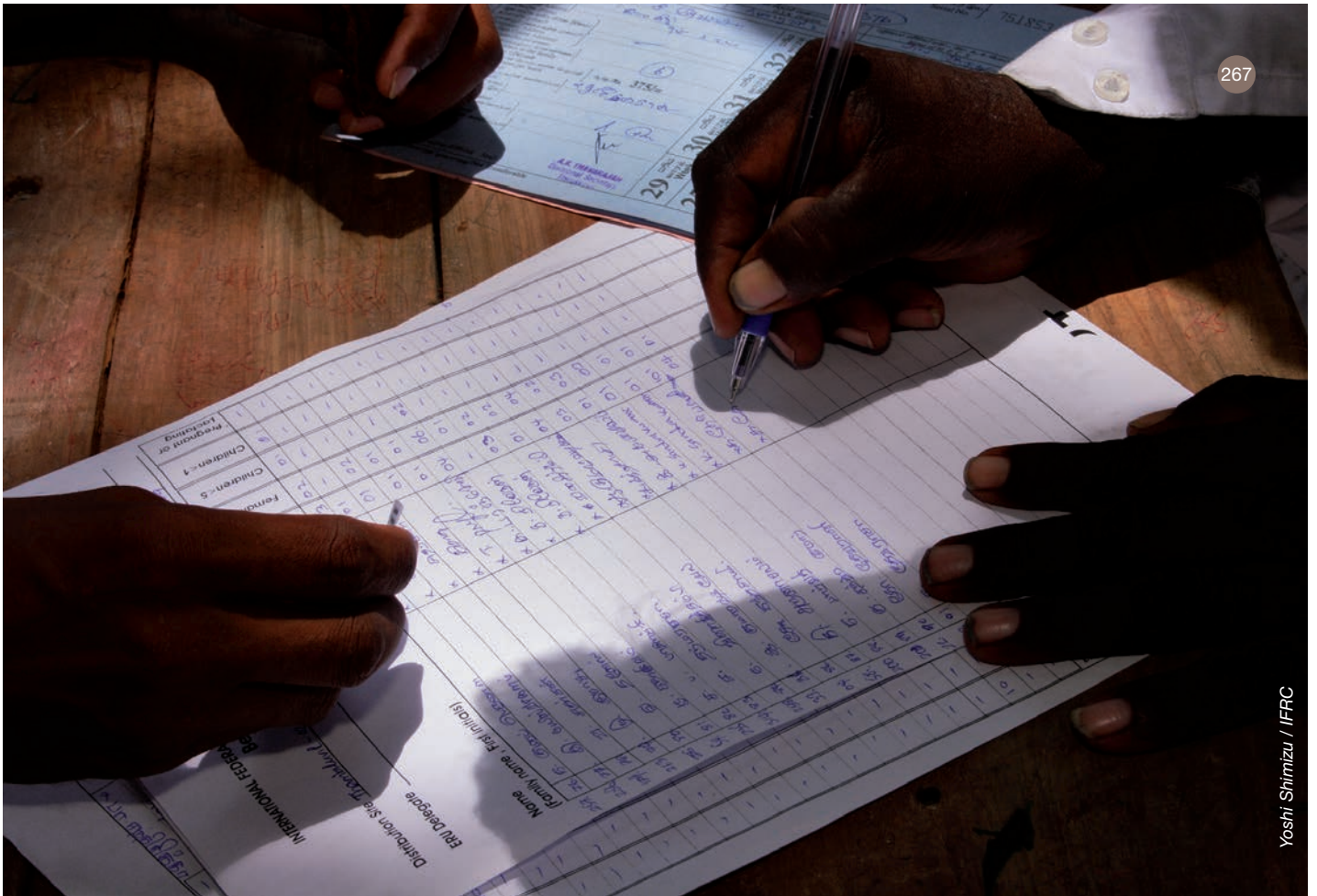
The work done in developing the methodology was groundbreaking, especially with regard to the financial information. For the performance indicators, it carried forward the IFRC's approach to measuring results through capturing information by applying programmatic performance indicators.⁹⁹ The approach yielded a more complete picture than had previously been possible. The whole concept of producing a regular IFRC-wide report with the collection of data normally held only at National Society level held important implications for the implementation of The Federation of the Future¹⁰⁰. This newly adopted strategy contained the concept of a new operating model, which was designed to foster operational alliances in order to optimize the efficiency and effectiveness of collective efforts. The steps necessary to realize the new operating model included an improved performance and accountability framework. The IFRC-wide report thus became a model for operations with a number of major IFRC actors.

⁹⁹ The details of the methodologies applied are available with the online version of the Tsunami Five-Year Progress Report 2004–2009. Available at: www.ifrc.org/tsunami-report

¹⁰⁰ The IFRC policy adopted in 2005 that defines the process for the organization to work together to achieve its mission.

The progress reports were a major advance in the quality of IFRC-wide information. While based on data submitted according to clear guidelines, it was impossible to generate information that was 100 per cent exact given the varied sources and, for the financial report, the different accounting systems from which the data was drawn. Nevertheless, the IFRC had confidence that the information was sufficiently reliable for the purpose of getting an acceptably accurate complete picture of the Red Cross Red Crescent operation and its income and expenditure.

The reports were produced on a semi-annual basis. Separate IFRC-wide country narrative reports were also produced, in addition to the overall progress report – although these stopped being produced on a semi-annual basis from 2009. From 2007, the annual progress report was translated and printed in the four working languages of the IFRC, namely, Arabic, English, French and Spanish. Given the global response to the tsunami appeal, it was important to ensure the best possible accountability to donor National Societies and partner organizations.



Tsunami Recovery Impact Assessment and Monitoring System

The 2004 tsunami produced both multi-country needs and multi-country funding on an enormous scale. The requirement to monitor the progress of ongoing recovery programmes and the results for affected populations faced a constraint: the lack of a tested monitoring framework that governments and their international partners could use to manage and continuously adjust the recovery effort. Without such a system, the funds so generously made available could be used less effectively and needs could go unmet. Moreover, the recovery phase represented the opportunity for accelerated development. There was a need to ensure that such development was spread equitably and did not worsen existing inequalities.

The Tsunami Recovery Impact Assessment and Monitoring System (TRIAMS) initiative was a concept developed by the IFRC secretariat and presented to the Global Consortium on Tsunami Recovery in 2005. The concept was built around the need for improved government monitoring of the overall recovery by focusing on some common recovery outcomes and outputs. In addition to governments, there were other stakeholders – including donors, NGOs, civil society and beneficiaries – who needed to be adequately informed about the progress of the recovery efforts

in tsunami-affected areas. This helped inform the need for adjustments to the assistance programmes in order to address unmet needs and existing inequalities.

From the early conceptual stage, the IFRC agreed to work in partnership with WHO and UNDP in implementing the project. Other partners, including UNICEF, SIDA (Swedish International Development Association) and the American Red Cross supported the project as it was rolled out. Since 2006, the project was adopted by the governments in Indonesia, Sri Lanka, Maldives and Thailand.

The approach was designed to help governments manage recovery interventions, assess results and highlight remaining gaps. The key aspects of this approach included:

- a multi-sectoral conceptual framework including vital needs, basic social services, infrastructure and livelihoods
- a focus on a limited number of common, priority indicators within each of the above sectors to provide an evidence base for overview of the overall recovery effort
- an orientation toward results for beneficiaries
- attention to equity in the recovery effort through the use of more disaggregated (sub-district level) data
- country ownership and leadership

The methodologies promoted by TRIAMS included:

- use of existing routine and survey sources of quantitative data
- collection and compilation of indicator data, metadata and analysis in a database
- use of thematic mapping to show the geographic distribution and equity dimension of recovery assistance
- incorporation of disaster risk reduction elements into the indicators
- use of beneficiary perspectives to triangulate and better understand how affected people view the quality and relevance of the recovery assistance

The IFRC secretariat dedicated a senior officer to support the implementation of the project with the active involvement of leaders in the three partner organizations. From 2008 to mid-2010, the staff position was relocated from Geneva to the IFRC regional delegation in Bangkok in order to increase the possibility of more frequent support at country level.

Three regional workshops¹⁰¹ were held throughout the period, bringing representatives from the four governments together with other interested stakeholders. These workshops were used to determine appropriate approaches such as the selection of indicators and to refine the way forward on the basis of shared experience. The key lessons learnt from the project were also identified as a contribution towards the ongoing refinement of this important recovery monitoring tool.

Indonesia

In Indonesia, the government and its partners have been using TRIAMS to monitor tsunami recovery through the use of a database called AcehInfo, and analytical reports called TRIP (tsunami recovery indicator package). The database and reports were used to close housing programmes in areas where data showed an oversupply, and to relocate IDPs more effectively. Additionally, AcehInfo and TRIP reports have been the main source of data for the Aceh Recovery Framework (ARF) and the Kabupaten/Kota Recovery Forum (KRF) approaches to decentralized recovery management. Government counterparts also reported that the monitoring of wider infrastructure, beyond housing and facilities, enabled government to highlight remaining needs and successfully negotiate for the necessary donor funds in neglected areas.

With the closure of BRR in April 2009, AcehInfo and its integral TRIAMS components were relocated to the provincial planning authority in Aceh province, where it will continue to be used to monitor the closure of the recovery phase and transition to the development phase.

Maldives

The government's national planning department collected, compiled and analysed data relating to the tsunami recovery along with the National Disaster Management Centre (NDMC). Together, they established a monitoring system on recovery progress, identifying data sources, and designing and using data-collection forms for relevant ministries. The government departments responsible for planning initiated a TRIAMS database as a component of the already established MaldivInfo database under the statistics division. An analytical report by the national planning department highlighted tsunami recovery progress in social sectors and housing, while highlighting critical remaining funding gaps in water and sanitation, and remaining work in restoring ports, jetties and harbours.

Like Aceh, the Maldivian government highlighted the utility of TRIAMS in tracking internally displaced people and progress in housing. Figures were used by members of parliament to pressure government to give more emphasis to housing repair and reconstruction, and to raise additional funds for remaining works. To address the difficulties in obtaining timely data, the government departments responsible for planning have worked with nascent provincial and atoll authorities to design new island-level reporting mechanisms that can also serve the requirement for disaster preparedness and recovery monitoring in times of emergency.

¹⁰¹ Workshop reports are available at: www.ifrc.org/what/disasters/response/tsunamis/evaluation.asp and reports plus additional information are available at: www.who.int/hac/triams

Sri Lanka

With the closure of the government's tsunami recovery agency, RADA, in Sri Lanka in 2007, there was a risk that remaining tsunami recovery work would lack proper coordination and that TRIAMS and other recovery monitoring lessons would be lost. However, the end of 30 years of armed conflict in the north and east of the country resulted in new and pressing recovery needs. TRIAMS-related recovery monitoring continued to take place in the form of detailed housing monitoring carried out by UN-HABITAT and the former ministry of nation building and the tsunami beneficiary survey carried out with the UN Resident Coordinator's Office and research company, Centre for Policy Alternatives.

A database has been established at national level to particularly monitor housing (both tsunami and post-conflict needs) and a pilot district-level recovery monitoring system led by the Batticaloa District Secretariat has been put in place with technical support from the IFRC. Based on lessons learnt in Batticaloa, there are plans to replicate the system in other districts in the north and east.

The experience in Sri Lanka pointed to the primacy of housing in recovery monitoring as the sector that received the most funding, with linkages to other beneficiary needs in livelihoods, social services and infrastructure. Sri Lanka also demonstrated good practices in using indicator data to inform periodic meetings where decisions were made and in obtaining beneficiary perspectives.

Thailand

The interior ministry's Department of Disaster Prevention and Mitigation (DDPM) has responsibility for monitoring and reporting on tsunami recovery. Following the 2007 TRIAMS workshop meeting, DDPM negotiated a memorandum of understanding with provincial governors to regularly supply and make use of data according to the TRIAMS framework. Since then, in partnership with the Ministry of Public Health and the Mahidol University Faculty of Tropical Medicine, DDPM has compiled data from the six affected tsunami provinces. The resulting data formed the basis of analytical reports that were widely distributed.

DDPM decided to convert its tsunami database into a more robust platform that can be used countrywide as a monitoring tool in the event of an emergency. Training has been organized to build the capacity of staff at national and provincial level in the areas of data management, analysis and thematic mapping. By spreading these capacities to provincial offices, it is hoped that there can also be better local-level emergency-related data management.

Lessons learnt

By working with the same partners over the long term, a body of lessons on recovery monitoring has emerged for future recovery managers. These lessons have been documented in the third TRIAMS workshop report¹⁰². The

¹⁰² See earlier footnote for web site address for workshop reports.

report highlights the main lessons learnt at each of the five steps in the process of establishing a recovery monitoring system:

- **Agree on indicators and a framework:** Countries should build data preparedness as part of disaster preparedness, agreeing on basic indicators and data-sharing arrangements in advance of a disaster. The TRIAMS indicator framework provides a developed and tested model that can be adapted for use in future recovery monitoring. For indicators, 'less is more'. Using fewer indicators helps to ensure that quality data is collected and used regularly. Agreement on indicators can take up a lot of the available time and energy, and it is important not to get stuck at this step.
- **Collect and compile the data for the selected indicators:** The biggest constraint encountered in implementing TRIAMS and other similar initiatives was the ability to obtain quality data. The affected population needs to be defined carefully and the same definition used consistently. Because the effects of disasters are very localized, the most geographically disaggregated data available should be used. Rather than simply reporting up the chain, the local use of data helped to assure its veracity.
- **Analyse the data:** Data obtained on indicators needs to be reviewed and compared with baselines and targets, and key findings highlighted for attention and action. This should be done closely with decision-makers and other intended users so that analysis focuses on users' most relevant questions. Beneficiary perspectives enrich quantitative analysis.
- **Utilize the analysis:** To have recovery planning that is continuously refined by a transparent review of performance indicators is an ideal that has proved difficult to achieve. The experience of TRIAMS has suggested connecting the monitoring framework to established multi-stakeholder forums where review of indicators is a regular part of the agenda. Analysis should be adapted in order to be informative and user friendly in addressing stakeholders' needs. This points to the need for collecting fewer indicators and depending less on long reports that can take too long to produce; and focusing more on shorter briefs and forums for data utilization. The internet can help make analysis available to a broader range of stakeholders.
- **Institutionalize and mainstream into sustainable systems:** Making improvements in evidence-based recovery monitoring as a part of the regular way of working in a country entails incorporating the lessons outlined above in institutions, in policies and procedures and in capacities. If TRIAMS has proved its utility at country level, TRIAMS partners have emphasized that these lessons should also be institutionalization at a regional or even global level to improve how international agencies support post-crisis recovery.

By promoting a basic recovery monitoring skeleton, TRIAMS reflected a pragmatic response to the reality of the tsunami recovery with its multiplicity of actors, relief legacy and no single usable planning framework. The IFRC contributed at an international level in assisting governments and the UN, in particular, to test and appreciate the need for a recovery monitoring tool

to meet the needs of many stakeholders, not least the beneficiaries. It represents another demonstration of the relevance of partnerships and the flexibility of the Movement to lead in new areas and work with non-traditional partners.





Working with external partners

Frameworks for coordination at country level

Eighteen months after the tsunami, the UN secretary-general reported¹⁰³ that tsunami recovery posed serious challenges, particularly regarding government capacities, the large amounts of funding available and the number of actors. A number of factors contributed to the sometimes weak coordination capacity, not least the large number of international organizations and NGOs that arrived at disaster sites with pressure to spend huge sums of money. The demands for coordination overwhelmed local capacities. Yet, the scale of the disaster and the complex challenges that had to be faced called for strong coordination to ensure efficiency and to keep the recovery programme on track.

Where governments were stretched, the UN played a key role. As noted in the Tsunami Global Lessons Learned (TGLL) report, in Aceh, the UNOCHA stepped in and took the helm in coordinating the humanitarian and emergency assistance alongside the government agencies and other organizations.¹⁰⁴ This also happened in the case of Somalia, where the UN took the lead in

¹⁰³ UN Secretary-General, *Report to the United Nations, General Assembly, Economic and Social Council – Strengthening emergency relief, rehabilitation, reconstruction and prevention in the aftermath of the Indian Ocean tsunami disaster*. 26 May 2006. Available at: www.un.org/en/ecosoc/docs/reports.asp?file=984

¹⁰⁴ Tsunami Global Lessons Learned Project Steering Committee, *The Tsunami Legacy: Innovation, Breakthroughs and*

Nairobi when UNOCHA set up the Somali Aid Coordination Body (SACB) to bring all the international agencies together under one umbrella.

Where no clear structure was in place for coordinating the external agencies, as in Myanmar and Thailand, the IFRC delegations took the initiative in convening coordination meetings of relief and recovery agencies.

Coordination at country level was varied in nature. The TGLL report commented that the early coordination mechanisms in Aceh tended to address information-sharing rather than strategic planning, causing frustration for many of the humanitarian agencies. In Sri Lanka, the challenges of coordination were greatly complicated by the parallel humanitarian concerns related to the conflict situation. Maldives, on the other hand, had no disaster management plan in place to provide a coordination structure, although the National Disaster Management Centre was quickly put in place to take overall responsibility. In India, devolvement of authority to local administrators was seen as crucial, not least to involve local communities in planning. In Sri Lanka, in contrast, district and sub-district administrations were seen as lacking the authority or capacity to take independent action and mobilize and allocate resources.¹⁰⁵

The different experiences pointed to important lessons being drawn¹⁰⁶ about the need for advance planning, to have coordination structures in place with the authority to take all decisions over all aspects of the operation. The UN secretary-general noted¹⁰⁷ that the tsunami's impact varied in part because the affected countries did not share the same level of disaster preparedness. India and Thailand were able to respond effectively because both countries had well-functioning national disaster relief risk management systems. On the other hand, new emergency regulations had to be established in Indonesia, Maldives and Sri Lanka.

The TGLL report notes the positive effect of the United Nation's post-tsunami coordination role that was boosted considerably by the UN operating as "one UN", sometimes through special structures such as UNORC in Aceh, and sometimes through a central focal point in the UN Resident Coordinator system as in Maldives, Sri Lanka and Thailand.

Coordination with the government and UN structures at field level was critically important for the IFRC country delegations as they sought to share information with others and find strategic planning guidance. The early FACTs worked closely with UNOCHA and the UNDAC teams, sharing information about assessments and priority requirements. The World Bank and the Asian Development Bank often had post-tsunami assessments or up-to-date data useful in benchmarking the emerging post-tsunami information.

In Sri Lanka, the FACT avoided the risk of repeating assessments carried out by other reliable organizations, including the Sri Lanka Red Cross Society, and drew on what existed or was being

Change, 2009. Available at: www.ifrc.org/what/disasters/response/tsunamis/evaluation.asp

¹⁰⁵ Op.cit. UN secretary-general

¹⁰⁶ Op.cit. TGLL report. Ten lessons are listed on page 33.

¹⁰⁷ Op.cit. UN secretary-general

compiled to avoid duplication. Many reports exist of beneficiaries being surveyed by so many different agencies that they felt fatigued by surveys, particularly when the results in terms of assistance were not readily forthcoming. The RATs, although confined to Indonesia and Sri Lanka, also drew heavily on the early assessments and priorities for recovery being established by the governments in making their recommendations. The IFRC participated in the various coordination structures and, with the sizeable resources available, it was all the more necessary that the Red Cross Red Crescent was seen as a part of the coordinated relief and recovery response.

Liaison with other organizations was always carried out in close cooperation with the host National Societies, since they had the primary responsibility for relief and recovery in their own country. The host National Societies – as auxiliaries to their public authorities – were also the key point of reference for all Red Cross Red Crescent dealings with the governments, where ultimate responsibility for relief and recovery assistance to the affected population rested. While the respective government authorities and their senior officials were best known to the host National Societies, the IFRC had a wider experience in working with the UN system and other international agencies and was, therefore, able to play a key support role in this respect.

Prioritizing IFRC resources for coordination with external agencies

The early period of the tsunami operation was typified by many competing priorities for IFRC country delegations and limited human resources at country level to meet the many demands. A great deal of time had to be spent on internal coordination in the two largest operations in Indonesia and Sri Lanka, meeting the needs of the many partner National Societies and encouraging them to adopt a cooperative approach. A unified Red Cross Red Crescent not only offered greater efficiency and effectiveness, it also presented governments and other external partners with a coherent organization they could work with more easily. The IFRC's efforts to achieve this unity absorbed the capacity of the delegations' leaders and sometimes compromised the time available for actively contributing to the coordination efforts of external partners. The members of the Tsunami High Level Group that visited Indonesia, for example, observed the need for improved coordination and communications with other actors, particularly BRR. The appointment of Movement coordinator delegates in the countries with the larger programmes helped to resolve this as the operation progressed.

IFRC regional delegations, being a little more distant from the daily demands of the operation and centred in cities that were hubs for the regional offices of many other organizations, played an important role in liaising with external partners at the regional level.

At global level, there were dedicated resources for external liaison. An officer was appointed with this special brief during the relief and early recovery period. The special representative also had a key role to play in representing the IFRC in contacts with international players, including with the UN based in New York where the Global Consortium on Tsunami Recovery became a meeting point for many governments, international agencies, the international financial institutions and the NGO community.

UN Special Envoy

At global level, an important initiative was taken by the UN secretary-general when, in February 2005, he appointed for a two-year period the former United States president, Bill Clinton, as the secretary-general's special envoy for the tsunami recovery. His role was to help sustain global political will in the recovery effort. It included keeping the world's attention on tsunami recovery, supporting coordination efforts at country and global levels, and promoting transparency and accountability measures. The special envoy went on to champion a new kind of recovery that not only restored what existed previously, but went beyond, seizing the moral, political, managerial and financial opportunities that the crisis offered for governments to set communities on a better and safer development path. This path became known as 'building back better'.

Based in New York, the Office of the Special Envoy coordinated the broader UN at headquarters level and worked with other major stakeholders, including the World Bank, the Asian Development Bank, the IFRC and NGOs. This occurred through a range of mechanisms, most notably the bimonthly meetings of the Inter-Agency Steering Committee (IASC) and the Global Consortium on Tsunami Recovery, which the special envoy convened several times each year and brought together national governments, UN agencies, the international financial institutions, NGO consortia and donor governments.

At the most senior staff level, the IFRC played an active part in these forums, together with some National Society representatives, helping to identify common priorities and an integrated approach. The TRIAMS project was one of the initiatives adopted by the Global Consortium on Tsunami Recovery after the concept was promoted and developed by the IFRC as part of the endeavour to enhance accountability. This resulted in a working partnership between the IFRC, WHO and UNDP. The IFRC also made a tangible contribution to the work of the Office of the Special Envoy by seconding a senior staff member to work there. This not only contributed towards the work of the office, but also afforded an opportunity for the Red Cross Red Crescent to have an influence at global level.

By virtue of his international standing, the special envoy played an important role in keeping the spotlight on the challenges of the tsunami operation. Maintaining donor interest and financial support was imperative, but the special envoy also promoted good recovery practice. This included the recognition that beneficiary families and communities drive their own recovery, the call for recovery to promote fairness and equity, the need for good information to feed good planning and coordination, and leaving communities safer by reducing risks and building resilience.¹⁰⁸

The theme of 'building back better' was widely endorsed and used to drive recovery programming for most partners. Using the opportunity created during the recovery to assist communities to become safer and more resilient in dealing with the hazards they faced was a popular message with those who saw the link between recovery and development.

¹⁰⁸ Ibid

The special envoy and his deputy made frequent field visits, promoting good practice and drawing the attention of the international community to the work done and the challenges still being faced. The IFRC's active involvement in the Global Consortium on Tsunami Recovery provided the platform for building a strong partnership with the key international agencies, and playing a significant role in the collective effort to not only rebuild people's lives but to leave help the people assisted to move further along the development path.

Strategic partnerships

Some 21 per cent (578 million Swiss francs) of the funds raised by the Red Cross Red Crescent, including the IFRC, was channelled into strategic partnerships with non-IFRC organizations. While some of these funds stayed within the Movement and went to ICRC (70 million Swiss francs), it was unusual for such a large proportion of funding to be applied through non-Red Cross Red Crescent partners. The reasons related to the need to use other agencies that had the structures and systems in place to deliver timely aid, and to draw on the special experience and skills of agencies when the IFRC needed to access these outside its own membership.

One of the first large partnerships was between the American Red Cross and the World Food Programme (WFP). A grant of 50 million US dollars was made to WFP immediately after the tsunami to provide food to survivors in Indonesia, Maldives and Sri Lanka. WFP had the logistical means and capacity to deliver the food at short notice. After the relief phase, a further grant of 15 million US dollars was given to continue support for an additional 500,000 vulnerable people. The programme also had a nutritional educational component and de-worming medication for elementary school children, which was attributed to reducing anaemia rates by up to 20 per cent among young children in Aceh.¹⁰⁹

In the area of livelihoods, in particular, many strategic partnerships were formed to draw on the experience and expertise of locally-based organizations and international partners. The IFRC and the Sri Lanka Red Cross Society entered into a contract with the microfinancing NGO, SANASA. The Canadian Red Cross funded another programme through the same organization, as well as a vocational training programme through a project of the World University Service of Canada. With financial support from the American Red Cross and environmental input from the World Wildlife Fund (WWF), FAO provided technical assistance, capacity development and skills training for fishing and fish-farming communities in Aceh province, as well as for the staff of the district and provincial fisheries administration. In Maldives, the IFRC and the British Red Cross funded some of the livelihoods activities of the women's enterprise committee in an effort to address the particular needs of women who had lost their livelihoods because of the tsunami. Numerous such livelihoods partnerships were formed.

The American Red Cross also forged a tsunami-wide partnership with WWF to help ensure that recovery projects used environmentally sustainable approaches and avoided unintentional effects that could have harmed the environment. The goal was not only to preserve natural

¹⁰⁹ Statement by Ms Angela Van Rynbach, Representative and Country Director, WFP, Indonesia. Available at: www.reliefweb.int/rw/rwb.nsf/db900SID/EDIS-7HEPLV?OpenDocument

resources for future generations, but also to help reduce the vulnerability of communities to natural and man-made disasters.

The IFRC established major partnerships with the World Bank's IDA project and with UN-HABITAT (see Chapter 6.3.1. on 'Construction'). These two partnerships were entered into to take advantage of both organizations' experience and involvement in owner-driven housing in Sri Lanka. In the case of the World Bank, the partnership involved funding the second phase of a project already established with the government to assist people to rebuild their homes where they were sited outside the buffer zone. When the government reduced or set back the buffer zone in late 2005, many people were then able to rebuild rather than relocate to new land, which was preferable as they didn't want to move away from their livelihoods. It was these people who were supported with funds provided by the IFRC. Base grants were given so that people could rebuild their homes on the original sites, or carry out repairs to damaged houses. The IFRC-funded second phase of the project 'piggy backed' on the already established and functioning first phase that was funded by the World Bank. This had the advantage of systems already being in place and programme managers with the appropriate experience.

The World Bank's IDA project was 'arm's length'. It involved a trust fund with contributions from the IFRC that was managed and administered by IDA as part of the agreement between the parties. The UN-HABITAT partnership, on the other hand, had a steering committee which included all partners. This steering committee oversaw the project and monitored performance.

These two owner-driven housing projects enabled the IFRC to contribute significantly to the overall need for the rebuilding of destroyed or damaged houses in Sri Lanka. The Red Cross Red Crescent was ultimately directly responsible for or funded the rehabilitation of about 30 per cent of the total post-tsunami housing needs.

Lessons learnt from the experience

In the case of the World Bank's IDA project, performance was significantly slower than planned as the government ministry responsible for providing the grants to the beneficiaries found accountability requirements difficult to meet. Being at arm's length meant it was not possible to directly intervene. Scheduled reporting was not timely and, although expectations remained that implementation targets would be met, very belatedly, the IFRC learned that there would be a significant under-expenditure of the trust fund and monies would have to be returned. This, in turn, meant the IFRC had to revert to the back donors for instructions on how to return or re-allocate the funding.

While some of the challenges of working with partners emerged, overall, the use of strategic partnerships enabled the IFRC to access a broader range of skills in recovery programming and, often, to work with local NGOs who provided additional out-reach to communities. Accountability for the expenditure of the funds remained with the IFRC or its member National Societies. The experience was positive, although some lessons were learnt, particularly about how best to manage this kind of relationship to optimize efficiency and maintain full accountability.

Operational partnerships

While the strategic partnerships generally involved funding other agencies to undertake the work, there were also important partnerships where the IFRC was a major partner in a joint implementing role.

A significant partnership for the IFRC was the transitional shelter programme in Indonesia, where the UN took responsibility for the overall action plan and the IFRC agreed to a joint partnership in taking the lead to provide the construction materials, the logistical means to deliver them, the training needed by partner agencies to build the transitional shelters and the funds needed to cover the project costs. This joint partnership between the UN and the IFRC evolved in close consultation with BRR, and resulted in 35 implementing partners being engaged to construct the shelters – a massive collective effort to relocate some 80,000 people from unsatisfactory tents and barracks to quality transitional shelter until permanent houses could be built for them. Its ultimate success depended on having strong leaders to drive implementation, together with the relationship management skills to work with motivated partners.

The TRIAMS project (see section 9) was a major partnership commitment. The IFRC provided the permanent technical staff to develop the concept in consultation with senior managers from WHO and UNDP. The goal was not only to enhance the quality and accountability of the tsunami operation, but also to develop a model for future disaster recovery situations. The aim was to improve monitoring of performance and impact so that ongoing planning could be better informed, adjustments made and resources optimally allocated.

Other fields of cooperation

The UN promoted the use of an aid information management system, based on experience in other countries, known as DAD, or the development assistance database. It had been designed to strengthen national reconstruction and long-term development programming and to enhance the transparency of international assistance. Being a web-based tool for the use of governments, it required the cooperation of all agencies in order to obtain the inputs about commitments to projects, pledges and disbursements so that assistance could be tracked, analysed and used for developing plans.

Following the tsunami, DAD was adopted by the governments of Indonesia, Maldives, Sri Lanka and Thailand, and all donors were asked to contribute to keeping the database up to date. The application was customized for use in each country according to each country's specific needs.

The quality of the information produced was obviously a factor in the quality of the inputs. The TGLL report observed that one commentator described the DAD project as “high tech, but also high maintenance”. The major challenge was to secure the cooperation of all parties to provide accurate, updated tracking of assistance online. This proved more challenging when there were more partners involved.

In Maldives, with relatively few partners, DAD was adapted to report on the projects in the NRRP, and a lot of support was given to help agencies keep the information up to date. As a result of good cooperation, the information generated was of a reliable quality and the tool became integrated into the government's budgetary systems. In Indonesia, information was maintained on RAND (Recovery Aceh-Nias Database). This tool was well supported, although the higher number of donor agencies presented greater challenges in terms of getting all the inputs required. In Sri Lanka, despite strong government efforts, reporting was not consistent and it fell short by a significant amount, estimated to be in the range of 500 million to 1 billion US dollars.

The IFRC cooperated where possible to enable governments to have the best possible information about Red Cross Red Crescent-funded projects. While the overall results may have been mixed for governments, the need for sound financial tracking and information management among partners and a government is not in doubt.

The IFRC was also a contributing partner in the production of government or UN-led progress reports on the tsunami operation. A number of these were produced, especially after the first and second years, as part of the overall accountability statements and to identify where assistance was still sought.

These kinds of working relationships helped to build trust and transparency between the partner agencies and the authorities.

Tsunami Global Lessons Learned project

In 2008, with the end of the recovery phase in sight, it was felt that collective steps needed to be taken to learn from the experience of responding to one of the world's greatest disasters. The Tsunami Global Lessons Learned (TGLL) project was launched. It involved the governments of the five countries most affected by the tsunami, namely, India, Indonesia, Maldives, Sri Lanka and Thailand, plus the UN and the IFRC. Each country had adopted its own approach to managing the response, reflecting its own circumstances. Innovative solutions had often been found and some mistakes were inevitably made. The experience at country level had not been well shared with the overriding preoccupation of each country's pressing needs for rebuilding and reconstruction. There needed to be greater sharing of the wealth of experience and accumulated knowledge. The aspiration was that this project would provide an important foundation for the international community to continue its work in evolving policy on disaster mitigation and response.

The initiative for this project came from the director of Indonesia's BRR, supported by the UN recovery coordinator. The IFRC head of delegation encouraged the concept, which led to an agreement among all the relevant governments to launch a project to document the experiences in the five countries and identify the innovations, breakthroughs and changes that occurred. A steering committee was established for the project comprising the director of BRR, the UN recovery coordinator for Indonesia and the IFRC's special representative for the tsunami operation.

After wide consultation, a report was produced, *The Tsunami Legacy: Innovation, Breakthroughs and Change*¹¹⁰. This report was launched formally at the UN headquarters in the presence of the UN secretary-general and his former special envoy for the tsunami recovery, former US president Bill Clinton.

As part of the TGLL project, the partners also shared the funding of a 47-minute documentary film produced by the Discovery Channel entitled 'Anatomy of a Recovery' (see section 8 on 'Communications and information'). Produced to go to air on the fifth anniversary of the tsunami, the aim of the documentary was to inform and educate viewers about the operational challenges, innovations and breakthroughs experienced in the Asian countries affected by the tsunami during the recovery period.

Partnership for the IFRC in this project offered the opportunity to contribute to a significant learning process, adding to the global pool of knowledge about recovery processes and targeting educational information and accountability to the wider public.

Disaster law (formerly known as IDRL)

From the start of the relief operation, governments needed to make concerted efforts to address the large-scale influx of foreign personnel, relief supplies and equipment. There were few pre-arranged systems and procedures in place, and governments were forced to quickly develop new ones to address pressing needs. In some cases existing procedures were simplified, but the use of ad hoc procedures was often ineffective in that they were not always understood or consistently applied. When revisions of procedures were considered necessary, this often led to processes that became extremely cumbersome and created additional layers of bureaucracy and bottlenecks.

At the same time, the scale of the human tragedy resulted in an unprecedented number of efforts to assist. Not all of these intentions contributed positively to the response. Unsolicited relief items clogged airports. Some agencies came with several agendas, including the chance to further religious, political or publicity aims. Others lacked qualifications and much-needed experience, and sometimes failed to respect the primary responsibility and coordinating role of the government.

Prior to the tsunami, the IFRC had been conscious that more effective procedures for managing these disaster situations would lead to more effective disaster response. The tsunami operation underlined the importance of this earlier initiative and was an extra catalyst in the development of International Disaster Response Laws (IDRL), establishing principles and rules to strengthen laws, policies and institutions at a national level so that governments would be better prepared to expedite and oversee the arrival of international assistance. After consulting extensively with governments and relief specialists, the IFRC developed the Guidelines for the Domestic Facilitation and Regulation of International Disaster Relief and Initial Recovery. These are a set of

¹¹⁰ Tsunami Global Lessons Learned Project Steering Committee, *The Tsunami Legacy. Innovation, Breakthroughs and Change*, 2009. Available at: www.ifrc.org/what/disasters/response/tsunamis/evaluation.asp

recommendations to governments on how to prepare their disaster laws and plans for the common regulatory problems in international disaster relief operations. They guide them as to the minimum quality standards they should insist on in humanitarian assistance, as well as the kinds of legal facilities aid providers need to do their work effectively. While responding to the problems faced at the beginning of the millennium, the guidelines were prepared on the basis of existing international legal and policy documents.

This initiative was supported by the UN secretary-general's special envoy for tsunami recovery, Bill Clinton, in his report¹¹¹ at the conclusion of his assignment. In making a number of propositions, including the need for governments to be better prepared for future disasters, he called for support for the IDRL initiative as one measure to enhance this process.

In November 2007, states and members of the International Red Cross and Red Crescent Movement unanimously adopted the guidelines at the 30th International Conference of the Red Cross and Red Crescent. The Indonesian government was one of the first to respond. In February 2008, it adopted a new executive regulation on the participation of foreign institutions and foreign NGOs in disaster management. At regional level, the Association of Southeast Asian Nations (ASEAN) also used the IDRL guidelines in developing a set of standard operating procedures for applying an agreement on disaster management and emergency response.

This IFRC initiative encouraged the development of procedures to facilitate the work of international agencies and partners, and measures for the government to deal with problems such as the arrival of inappropriate aid, the entry of untrained or incompetent international relief workers, disrespect for cultural traditions and submergence of local capacities.

¹¹¹ Office of the UN Secretary General's Special Envoy for Tsunami Recovery, *Key Propositions for Building Back Better: A Report by the United Nations Secretary-General's Special Envoy for Tsunami Recovery*, William J. Clinton. December 2006.



Addressing RSOF objectives

To guide the Movement during 2006–2010, the agreed Regional Strategy Operational Framework (RSOF)¹¹² set out the following vision.

By the end of 2010, we will have collectively:

- 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, we will leave safer communities and a stronger International Red Cross and Red Crescent Movement.

Tsunami programming was to focus on the broad recovery needs of the affected communities as well as their protection from recurrent hazards. This prioritized programmes for sheltering, with

¹¹² International Federation of Red Cross and Red Crescent Societies. *Responding to the Asia earthquake and tsunamis: Regional Strategy 2006–2010*. 2006.

associated livelihoods activities; health, including the provision of water and sanitation; and disaster management. Strategic support to the host National Societies was also a critical focus to ensure they were strengthened as a result of the extremely challenging tsunami operation.

Attention was focused on giving greater emphasis to communication with beneficiaries, conflict sensitivity, sustainability, and on field-based monitoring and evaluation that promotes joint learning.

In order to attain the vision, nine strategic areas of equal importance were identified with accompanying objectives and recommended actions.

By the end of the period, the achievements relating to each of the nine objectives had not been robustly evaluated. Performance indicators were developed and reported against in the IFRC-wide biannual reports but these did not fully align with each objective in the RSOF. In the absence of formal impact assessments, the following highlights some of the main actions taken to address the objectives.

Disaster risk reduction

Objective:

- To contribute to well-prepared, resilient and safer communities better able to cope with disasters and emergencies in the future.
- To incorporate multi-hazard risk reduction in all relevant programmes.

Vulnerability and capacity assessment (VCA) was a tool that was widely used, especially in the most affected countries, to identify the needs of the community as part of programme planning. Host National Society volunteers and staff were also trained in the use of VCA in Indonesia, Maldives, Somalia and Sri Lanka. Risk mapping could therefore be undertaken to facilitate disaster risk reduction and response planning. In all, over 41,000 people were trained in VCA and community-based disaster management as part of the commitment to help build safer communities.

Community-based disaster risk reduction programmes were either enhanced or established by the host National Societies in almost all affected countries. These were designed to mitigate risks, and to strengthen individual and community resilience. Some 800 communities were targeted for developing disaster preparedness or contingency planning for all major risks.

Specially trained community-based teams have been established in a number of countries including Myanmar. The Satgana teams, which played such a key role after the tsunami in Indonesia, were strengthened further. In Thailand, special sea search-and-rescue teams were formed and equipped; in Seychelles, a water rescue team.



The 100-bed Nintavur District Hospital in Ampara, Sri Lanka was totally rebuilt with support from the Sri Lanka Red Cross Society's partners, such as the Finnish Red Cross. Photo: Patrick Fuller / IFRC

In all the housing and construction projects, the IFRC adopted design standards to meet multi-hazard risks. The UN call to 'build back better' reinforced the commitment to provide shelter and community buildings that would better protect the affected population against disaster in the future.

Linked to government facilities and the mandates given to National Societies, investments were made to establish early warning systems, as well as training staff and volunteers in their use and application. Radio networks were set up in Indonesia and Sri Lanka and additional support was given to the already well-functioning early cyclone preparedness programme in Bangladesh. National Societies' capacities were strengthened in the dissemination of early warning messages to targeted communities.

The pre-positioning of relief supplies as part of disaster preparedness was widely implemented. Warehousing was also provided in Seychelles, as well as in Indonesia and Sri Lanka as part of nationwide programmes. In addition to other relief supplies, 10,000 tents were produced and stocked in India to replace items that had been used in order to build disaster preparedness capacity.

The commitment to reduce disaster risk and leave more disaster-resilient communities saw important investments in National Society institutional capacities to carry out their programmes in favour both of the affected communities and the wider at-risk population.

Equity and conflict sensitivity

Objectives:

- To achieve equity between those directly and indirectly affected by the tsunami.
- To reduce rather than increase tension and conflict within and between communities.

The building of community infrastructure, such as the hospitals in Sri Lanka, helped to ensure that those indirectly affected by the tsunami also received support, mitigating possible tensions. TRIAMS subsequently validated the importance of some programmes targeting those indirectly affected. The tsunami-affected coastal population had indicators showing they enjoyed greater resources and wealth compared to some inland communities, all the more so after the tsunami as aid programmes brought considerable additional resources to these areas.

Also in Sri Lanka, the ability to reach the affected Tamil population in the north was severely compromised by the ongoing conflict. Funding was therefore set aside until the conflict was brought to a close in 2009, and recovery programmes were then implemented to help the tsunami-affected population recover from the disaster and years of war.

In Maldives, special assistance grants were made to those communities that had hosted displaced people for four years – the displaced people were eventually resettled on the island of Dhuvaafaru – as it had severely strained their facilities and resources.

Within Red Cross Red Crescent programmes, the mainstreaming of gender sensitivity was common practice. Generally, the most vulnerable people were targeted, although in most housing projects, beneficiary lists were largely influenced by governments. In the case of Maldives, the government beneficiary list was subject to a separate vulnerability assessment before beneficiaries were accepted for assistance with Red Cross Red Crescent.

The Better Programming Initiative (BPI) is a tool developed by the Movement to facilitate a process of conflict analysis in order to plan programmes in accordance with the principle of 'do no harm'. Some training in the use of the tool was carried out in Maldives. While the BPI tool may not have been explicitly used to its full potential, reports indicate that the 'do no harm' principle was generally an integral part of programme planning.

Sustainability

Objective:

- To ensure the sustainability of host National Society programmes.

From 2007, there was a renewed emphasis for programmes to have appropriate and relevant provision for sustainability within all tsunami recovery projects. In Indonesia and Sri Lanka, the technical working groups – set up under the Movement Coordination Framework – were tasked with assessing the sustainability of the different sectoral programmes. The IFRC country offices in Indonesia, Maldives and Sri Lanka were required to develop coherent exit strategies for the IFRC, and to foster a similar approach from all Movement partners. In situations where partner National Societies were closing country-based offices and had programmes that had not been completed, the IFRC agreed to assume responsibility for supporting the projects through to closure.

Care was taken to ensure programmes were aligned with local priorities and that environmentally friendly approaches were adopted. The American Red Cross established a relationship with the World Wildlife Fund (WWF) to advise on and monitor environmental issues.

Sustainable activities included fostering community ownership, the transfer of skills, income-generation to cover operating costs, and building capacity within the host National Societies to provide ongoing support as needed. In the case of large infrastructure projects, such as the construction of health facilities and water and sanitation infrastructure, agreements were put in place with the authorities to assume responsibility for ongoing care and maintenance following handover. Defect liability clauses were included in all construction contracts, requiring contractors to remedy any defects identified up to 12 months after handover. The Red Cross Red Crescent managed these obligations until the end of the defect liability period.

At the close of the operation, residual funding was set aside by the IFRC so that additional resources could be made available to meet situations where unplanned assistance became necessary to meet special needs that would ensure the long-term sustainability of any programme.

Critically, the major host National Societies, PMI and the Sri Lanka Red Cross Society were encouraged and assisted to develop strategies to downsize after the massive scaling-up of organizational capacity.

Beneficiary and community participation

Objective:

- To increase beneficiary and community ownership of programming.

In the transition from relief to recovery, the Red Cross Red Crescent increased its efforts to involve the beneficiaries and affected communities in the forward programme planning. There were early challenges to work with target beneficiaries because of the complexity and scale of the operation, and the need for coordination with the many other actors involved, including the government authorities. During the relief phase, the Listening Project in Indonesia identified that many beneficiaries became tired of the frequent consultations and assessments without knowing the outcome of these efforts. One beneficiary went on to say: “You give us all the same

thing, but we are not the same.”¹¹³ Community consultation and participation required a strategic approach in order to gain the confidence of beneficiaries to take ownership of their own recovery.

Unrealistic expectations had also been created among beneficiaries, especially about the timelines for constructing new housing. Information was not readily available about the time it takes to plan, consult beneficiaries about design, obtain approval, and carry out an open and transparent tendering process.

The Red Cross Red Crescent became involved in a range of initiatives to improve information flow to and from communities, and to engage with them in the planning process. Meetings and forums, where beneficiaries could voice their concerns and needs, played a significant role in recovery planning. For example, the design of houses in Maldives needed to accommodate home-based fish-processing near the kitchen and for the house to face a certain direction to avoid the worst of the monsoon rains.

Vulnerability capacity assessments were carried out systematically, and this much used tool was used to engage and involve communities in defining their own needs and the best means of meeting them.

Current and ongoing information was also shared by way of newsletters and bulletin boards. Radio was particularly well used in Indonesia, where the Irish Red Cross Society supported the *Rumoh PMI* radio programme. It disseminated information and provided a forum for on-air discussions. Questions could be submitted by members of the listening audience and people with the knowledge to answer them were invited to address them.

Another innovative approach was adopted in Maldives. Because new housing on the island of Dhuvaafaru would not be readily accessible by beneficiaries during construction, periodic visits were arranged for representatives from the displaced communities. Video footage was also made available so that they could update their communities on physical progress and, in turn, further information could be sought.¹¹⁴

Host National Societies played a particularly important role with branch structures bringing the Red Cross Red Crescent into close contact with the affected communities. The ability to communicate in the local language was also a key to participatory approaches.

These and other measures to engage and communicate with communities led to better beneficiary ownership of the programmes which, in turn, has helped to assure better long-term sustainability of the outcomes of the operational assistance.

¹¹³ Collaborative Learning Project, *Report of the Listening Project*, January 2006.

¹¹⁴ The IFRC produced a case study based on the Maldives experience – *Beneficiary communication: Managing expectations and building trust*.

Communications and advocacy

Objectives:

- Communications – to communicate in a way that maintains and builds the trust of beneficiaries, donors and the public.
- Advocacy – to advocate on issues that threaten the dignity, lives or safety of beneficiaries.

Section 8 of this report gives a detailed account of the activities carried out to communicate with and inform stakeholders. For external stakeholders, this included the early setting up of a dedicated section on the IFRC's web site where regular narrative and financial reports and updates were published as public information. Ahead of the five-year anniversary, a multimedia documentary was launched on the web site. Through these, and a range of other communications tools, the IFRC was able to inform stakeholders and advocate about the opportunity offered by the recovery programme to build safer and more resilient communities.

One key message was in relation to the need to integrate disaster risk reduction measures into the tsunami programming. There were also efforts to build understanding about the speed of the recovery process and long-term sustainability by explaining the importance of participatory planning processes involving affected communities. A number of these educational and advocacy issues were picked up and developed in the documentary produced and broadcast by Discovery Channel.

Host and partner National Societies separately produced a great deal of written, visual and audio materials. These were frequently tailored for particular audiences in their own countries. IFRC-wide narrative, financial and performance indicator reports were produced twice yearly.

Quality and accountability

Objectives:

- To ensure transparency and accountability to beneficiaries, the public and donors.
- To ensure that all operations deliver efficient, effective, appropriate and timely results.

The IFRC's sense of obligation to good stewardship both towards its donors and its beneficiaries was heightened because of the huge confidence and trust placed in the organization, which was exemplified by the unprecedented generosity of people from around the world. The attention of the international media in scrutinizing and reporting on the progress of the operation brought added pressure to Red Cross Red Crescent managers, although this also presented an opportunity to inform, educate and account for the generosity of those who chose to channel their support through the Red Cross Red Crescent.

Programme plans and budgets were developed according to accepted standards, drawing on policies and guidelines such as the Sphere Humanitarian Charter and Minimum Standards in

Humanitarian Response and the IFRC policy framework relating to issues such as emergency response, disaster management, development, gender, youth, volunteering and fund-raising. Regular operational updates, narrative and financial reports were issued, keeping stakeholders apprised of progress in implementation.

In 2006, senior leaders from 12 National Societies and senior management – the Tsunami High Level Group – carried out a major high-level review of the major operations to assess how the field implementation was aligned with the strategy. Recommendations were made to revise some plans. Regular reviews and evaluations took place throughout the operation in order to optimize programme outcomes for beneficiaries.

The authorities in the major operations were kept regularly informed of Red Cross Red Crescent activities. In Maldives, a quarterly report was made to senior representatives from relevant government ministries and this forum provided an opportunity for constructive dialogue and coordinated activity. In Indonesia, working closely with BRR meant that the IFRC was able to participate in the Coordination Forum for Aceh and Nias (CFAN), the principal interface with the main domestic and international donors.

The construction projects were monitored especially closely as part of contract management. Some community-based programmes proved more difficult to monitor due to insufficient benchmarking. While many programmes were well monitored and evaluated, lessons were learned regarding the need to strengthen monitoring and evaluation as part of the planning process.

IFRC internal auditors carried out regular missions to IFRC-assisted operations to monitor systems and compliance with rules and regulations. The IFRC managers in Indonesia, Maldives and Sri Lanka were required to develop and regularly monitor risk management charts. These were also shared with management in the Geneva office so that the most significant risks of the overall tsunami operation were brought to the attention of the senior management team.

Coordination and collaboration

Objective:

- To maximize use of resources through efficient and effective coordination and collaboration within and outside the Movement.

A Movement Coordination Framework was created and implemented in Indonesia and Sri Lanka, while in other tsunami-affected countries less formalized ways of coordination were developed. As these were newly developed mechanisms, reviews were conducted and the structures were adapted to avoid them becoming too self-serving and to maximize the opportunities for greater efficiency and effectiveness in programme delivery.

Integration agreements and service agreements were also elaborated during the tsunami operation to foster cohesion and to use economies of scale for the IFRC and all partner National Societies when providing commonly required services such as contracting staff, office accommodation and facilities, and servicing vehicles.

In order to promote shared responsibility and facilitate joint operational and strategic leadership, the Tsunami High level Group met periodically following its field assessment. This meant it could provide an ongoing review of the operation in relation to the RSOF.

Coordination and collaboration outside the Movement took place in numerous ways. At UN level, the IFRC participated as member in the Global Consortium on Tsunami Recovery and provided a senior staff member to work as part of the Bill Clinton-led secretariat. The UN country offices provided recovery coordinators with whom the IFRC liaised closely. Special bodies, such as the Global Tsunami Lessons Learnt project, brought close working relationship with the UN and government authorities.

In Sri Lanka, the IFRC partnered with the World Bank and UN-HABITAT to draw on their expertise and experience in housing construction and community development. WHO was a key partner, together with UNDP, in implementing the TRIAMS project.

These relationships and partnerships were unprecedented before the tsunami operation and, in part, account for the fact that the IFRC found it could often partner with specialist organizations that could optimize the effective and efficient use of resources made available to the Red Cross Red Crescent.

Organizational development

Objective:

- To assist host National Societies in serving beneficiaries and communities now and in the future, based on their priorities.

Support for organizational development of National Societies was an integral part of all recovery programming. The goal was to leave the National Societies stronger with a sustainable capacity at the end of the operation so that they could better address the needs of vulnerable people in the future.

Stand-alone organizational development programmes included assistance in providing branch buildings and up grading facilities at headquarters level as in the case of support to PMI and the Sri Lanka Red Cross Society. A major reform process was launched in Sri Lanka where the society acknowledged the need to improve the way governance and management functioned, undertaking an institutional re-engineering project to drive the change necessary for the Sri Lanka Red Cross Society to be the premier humanitarian organization in the country in serving the needs

of vulnerable people. Support was given with strategic and programme planning processes and the role of monitoring, evaluation and reporting.

In Maldives, where there was no National Society before the tsunami, a group of volunteers, encouraged by the government, laid the foundations to establish a National Society. Recognized by the government in 2009, this National Society is expanding its humanitarian services throughout the atolls.

A number of National Societies took the opportunity to strengthen their community-based approaches to disaster risk reduction and disaster preparedness. They also took the opportunity to upgrade and improve support services, such as logistics, finance and human resources procedures.

Programmes to support beneficiaries included institutional capacity building, such as the training of host society staff and volunteers. These approaches were extremely important where host National Societies adopted new activities, such as water and sanitation, as a result of the tsunami.

To avoid overwhelming the organizational capacities of host National Societies, some non-core projects were outsourced to partners and others who had the means and experience to implement these activities. In Indonesia, for example, much of the permanent housing was implemented by partner National Societies who managed the construction contracts, keeping PMI informed. This contributed to a more orderly process of expanding and then downsizing of host National Society capacities.

Organizational learning

Objective:

- To apply lessons learnt from the tsunami and other operations to improve performance.

Chapter 13 of this report details some of the processes and learning that emerged from the tsunami operation, including the top ten high-level lessons learnt and the results of some of the evaluations that were carried out. Many of these have led to new tools, policies and procedures being developed.

Some of the learning from the tsunami operation was transferred and applied in other operations, for example, the Movement Coordination Framework. Further work to identify learning continued at the end of the reporting period.

Evaluations

Real-time evaluations

Two real-time evaluations (RTEs) were conducted during 2005. The first round involved visits to Indonesia and Sri Lanka, and a desk review in Geneva. This happened during the emergency phase in February and March. The second round involved field studies in India, Maldives, Seychelles, Somalia and Sri Lanka during the early stages of recovery and rehabilitation in August and September. Whilst a visit was not made to Indonesia for the second round, interviews were held with IFRC staff in Geneva and headquarters staff from several partner National Societies in order to gather observations and conclusions for operations in Indonesia.

Issues arising out of the early phase of tsunami response

First-round real-time evaluation

The first-round real-time evaluation saw some of the major achievements as:

- The mobilization of a massive number of local volunteers and international resources to launch immediate relief and rescue operations, including provision of basic healthcare, supply of drinking water and food for the affected communities in both countries.
- In Indonesia, the Movement was first to arrive on the scene and began rescuing the injured and recovering the dead.
- Some of the affected people in remote areas received access to first aid and basic health-care within the first two weeks of the disaster through the work of Red Cross Red Crescent members.
- The Movement Coordination Framework (MCF) laid the foundation for a coordinated and long-term Red Cross Red Crescent response.
- A concerted effort to assess the recovery needs in both countries was undertaken and yielded a comprehensive plan of action.

In the view of the RTE team, while the relief operations were, by and large, handled efficiently and were generally timely and effective – especially after the initial chaos and confusion that existed in the early weeks – a shortage of skills and competence within the Movement in terms of undertaking a major recovery and reconstruction operation was a potential challenge as most of the conventional strengths of the International Red Cross Red Crescent Movement were on providing immediate relief.

It was noted that the long-term organizational change in the IFRC secretariat and decentralization to delegations had contributed to a vacuum in terms of leadership and decision-making. Another major issue highlighted in the first-round RTE was the need to strengthen leadership

and decision-making capacity at the operational field level, without which the success of recovery and reconstruction could be compromised.

Some of the other specific challenges highlighted were the large number of partner National Societies that rushed to launch their own operations without any coordination with the IFRC and, sometimes, without any consultation with the host National Societies. In Indonesia and Sri Lanka, the involvement of affected communities in the planning and design of the Red Cross Red Crescent humanitarian response was weak; and the response was strongly influenced by the needs of domestic donors and media in the home countries of partner National Societies rather than being influenced by the expressed needs of the affected communities.

Many of the recommendations were focused on the lack of clarity experienced by staff regarding decision-making and the perceived overlap in roles within the IFRC's office in Geneva – particularly the posts of special representative, director of National Societies and field support, head of Asia Pacific department, programme coordinator and the tsunami task force. Similarly, there was a need for standard operational procedures, and the means to rapidly recruit human resources with the requisite skills to meet emergency needs.

Furthermore, evaluation identified a need to review the FACT, RDRT and NDRT concepts in order to accommodate a more integrated approach, and to provide for an alert and early deployment of RDRTs and NDRTs. There was a need to review the ERU concept so they could be adapted to the most appropriate type and function, as well as enable additional National Societies to contribute their specialized resources without having to form an ERU. Finally, it was identified that National Societies from within the region should be helped to contribute to the response in a coordinated way.

It was also recommended that the delegation of management responsibilities of the country and regional delegations in terms of disaster response be clarified, as well as the role of the IFRC secretariat office in Geneva in major disasters. There was a need for the IFRC at field level to engage with other actors, including the UN and international and national organizations, in longer-term interventions after the tsunami. Attention was drawn to the need for National Societies and the IFRC secretariat to implement high standards of financial accounting and transparency; to ensure that there is transparency and justification for the funds that would be expended from tsunami donations to build the capacity of National Societies; and there was a need for a strong and coordinated communications strategy.

After review and discussions with the first-round RTE team, these recommendations were accepted by the management team. Some were acted upon while the report was being finalized, and others were addressed during ongoing change processes. Some of the recommendations were referred to independent reviews of disaster management and of human resources commissioned by the IFRC in 2005. Reports on action taken were submitted to the Governing Board.

Second-round RTE

Although conducted later in the year, the second-round RTE made some reflections on the early response phase since evaluators visited countries not included in the first-round RTE report, namely, Somalia, Seychelles, India and Maldives.

In Somalia, the team noted that the Somali Red Crescent Society was the only institution in the country with a nationwide presence and, as such, was the first organization to reach the most affected area and provide essential assistance through the mobilization of 100 volunteers. Impressed by the quick response during the first phase, the RTE felt that an opportunity was then lost to scale up the response to meet all the communities' needs. If Somali Red Crescent capacity was limited to healthcare, the IFRC could have facilitated the recruitment of additional resources from neighbouring countries to make a more substantive response. Furthermore, there was some criticism reported that the Somali Red Crescent Society and the IFRC did not launch a recovery and reconstruction response after the initial weeks of the early response phase.

The report commented positively on the speedy and appropriate response by the Seychelles Red Cross Society, noting it was the only organization that did respond. Further assistance in recovery and rehabilitation was minimal, and the RTE deemed it appropriate that the focus should be on strengthening disaster preparedness capacity.

In India, the Indian Red Cross Society had the capacity and resources to respond to immediate needs. Two needs assessments were carried out. The second assessment would have been more valuable if it had referred to the first assessment and captured the changing community needs.

With no National Society in Maldives, the IFRC had partnered with the government. This was seen as an appropriate response, under the circumstances, but the IFRC's determination of needs was strongly influenced by the government.

The FACT and RDRT had been preoccupied with operational matters rather than carrying out a community-focused assessment of needs.

Transition from relief to recovery stage

The second-round RTE identified six key achievements:

- A traditional strength of some partner National Societies, water systems had delivered life-saving water to many communities in Sri Lanka, India, Indonesia and Maldives.
- In Sri Lanka, Maldives and Indonesia, psychosocial work carried out by partner National Societies played a crucial role in the recovery process, particularly given the massive psychosocial impact of living in shelters and temporary accommodation.
- Movement coordination has been the cornerstone of the response and the IFRC had taken responsibility from the beginning by developing new approaches with the Movement Coordination Framework.
- The Red Cross Red Crescent response had been based on needs assessments carried out in the early stages, either locally or through FACT and RAT missions. Assessments had been able to reach some of the remotest areas.
- A significant initiative had been the involvement in the activities of the Global Consortium on Tsunami Recovery, led by former US president Bill Clinton. The IFRC co-chaired, together with WHO, the working group on impact assessment set up by the consortium. The IFRC had also been a key player in raising the issue of inadequacy in transitional shelter, especially in Aceh, and had played a lead role in developing a coordinated response on this issue, albeit a late one.
- Although the IFRC depended heavily on its traditional partner National Societies for support in recruiting staff to meet surge capacity, the IFRC also effectively used other recruitment methods, such as regional recruitment, secondments from National Societies in the region, and short-term staff exchanges between nearby National Societies.

Seven particular challenges were identified, linked to which were recommendations:

- Coordination: While the Movement Coordination Framework and the concept of service centres developed by the IFRC had been highly appreciated

- by partner National Societies, there was a danger that coordination of could have been reduced to self-serving administration of procedures if care was not taken to ensure that results and the impact on the lives and livelihoods of communities was not put at the top of the agenda.
- Scaling-up: When the scale and complexity of a response demands operational expansion far beyond the limits and remit of the host National Society, protocols needed to be developed to determine how the Movement works with partners outside the Red Cross Red Crescent network, without undermining the auxiliary role of the host National Societies to their governments.
- Needs assessment: The Red Cross Red Crescent response in the early stages had been based on a direct assessment of the needs of affected communities, and was responsive to the issues of overt and covert exclusion that often occurred in humanitarian programmes. However, in the recovery and reconstruction stage, the complex task of identifying vulnerable people and ensuring equity between different communities had not been fully grasped in Red Cross Red Crescent programming. In cases where the Red Cross Red Crescent had focused on mega-projects planned by governments as part of a recovery strategy, vulnerable communities and their immediate and longer-term needs were often missed in the Red Cross Red Crescent response (although many examples of a direct focus on the vulnerable did also stand out).
- Shelter and permanent housing: The Movement had been unrealistic in its assumptions about the needs for transitional shelter and its ability to deliver permanent housing. It took the IFRC nearly seven months to realize that there was a need to focus on transitional shelter and a systematic approach to livelihoods development, and that permanent housing would require a complex and tortuous process of negotiations with multiple stakeholders, including the community. The RTE pointed to two lessons:
 - that there is a transition stage between relief and long-term development that must be planned for, and
 - by not engaging in responding to the transitional needs, the Movement lost an opportunity to build better relationships with affected communities and, in turn, this could critically impact a successful development phase
- Accountability and impact: While procedures and mechanisms had been put in place to fulfil accountability obligations to donors and other institutions, there was evidence that there was not enough of a systematic approach to ensuring the same to affected communities. Beneficiaries' perspectives and their involvement in the planning and design of programmes were often missing.

- Disaster preparedness and capacity building: Disaster preparedness needed to better address the needs of volunteers, who form the main pillar of any Red Cross Red Crescent response. While capacity-building initiatives that had been undertaken with a clear and direct focus on results in relation to affected communities had been successful, the initiatives with a predominant focus on National Society capacity building had distorted the central objective.
- Need for greater results orientation: Leadership and management at field level had been more procedure and protocol focused than orientated to results. The IFRC's cumbersome procedures for tendering and financial management were not geared towards emergency response and were too bureaucratic. Furthermore, the lack of availability of appropriate skills and expertise in new areas within the Movement, such as shelter, livelihoods, gender and vulnerability analysis, had further limited the impact the response could have achieved.

Recommendations were made to address the seven areas identified as challenges for the IFRC. Management accepted the recommendations and took decisions on the actions to be taken.

With respect to coordination, the Movement Coordination Framework was under an ongoing review process and steps were taken to minimize the bureaucratic nature of the work, particularly of the technical working groups. The new operating model adopted by the IFRC General Assembly – as part of *The Federation of the Future* – drew on this experience in framing the concept of operational alliances, defining the roles and responsibilities of the various Red Cross and Red Crescent actors. A quality and accountability officer was appointed at the IFRC as part of the process of developing a system and a basis for assessing impact.

Finding ways to work with non-Red Cross and Red Crescent actors at an international and a national level was acknowledged as requiring the development of new modalities. From the host National Societies' perspective, a study was made and a 'do no harm' model developed. This would help control the scaling-up and scaling-down of activities, including those delivered in partnership with non-Red Cross and Red Crescent actors.

Regarding the improvements in needs assessment, the country delegations in Indonesia and Sri Lanka were tasked with using the technical working groups to develop a knowledge base and analysis of issues of gender, equity and the effect of conflict on various communities.

The RTE finding related to the IFRC having overlooked the need for transitional shelter was not fully accepted. The need had been identified in two RAT reports, and the IFRC and some partner National Societies were involved from the outset with transitional shelter in Indonesia and Maldives. In the case of Sri Lanka, it had been expected that other organizations would take this role, even though this expectation was not fully met. Nevertheless, a shelter department was established at the IFRC secretariat office in Geneva, largely as a consequence of the tsunami experience, to address the need for institutional guidance and to support the range of shelter

needs, including transitional shelter. The RTE recommended various measures to fast-track the shelter programme, including partnering with other experienced organizations. In Sri Lanka, the IFRC had entered into partnerships with the World Bank and UN-HABITAT to provide ongoing and successful owner-driven housing projects.

The IFRC's management accepted that there was a need to strengthen accountability to beneficiaries and that this had generally been weak, although some partner National Societies had conscientiously worked to assure downwards accountability. Responding to the recommendations, renewed efforts were made to recruit community development delegates to build capacity in community mobilization and participatory approaches.

The recommendations that related to improving the training and equipment of volunteers as part of strengthening disaster preparedness and building capacity was seen by management as consistent with the IFRC's approach over the period.

The two recommendations to improve results-oriented management focused on the revamping of the IFRC's human resource system and recruitment procedures. This aimed to widen the net for attracting people with the right skills, and to review the financial and tendering procedures to minimize delays. By the end of 2005, the IFRC had launched an electronic recruitment portal, called JobNet, to open opportunities to external candidates, and it decided to strengthen field capacity for managing human resources. Financial budgeting procedures were changed and there was some refinement in logistics procedures, including, in the case of Sri Lanka, the granting of a higher field procurement authority for expenditure level.

Conclusion

Both real-time evaluations produced valuable operational performance analysis and most of the recommendations of the two reports were acted on by the management team, keeping the IFRC's Governing Board informed. Management, however, found the value of the reports to be limited by the fact that there was too great a time lag between the consultation and the finalization of the reports. Because of the complexity and size of the operation, many actors needed to be consulted and given the opportunity to comment on the draft reports. Furthermore, the real-time evaluations were focused on operational performance rather than on the accountability aspects, such as the effectiveness and efficiency with which resources had been used. This limited the usefulness of the real-time evaluations as part of the accountability framework, according to the management team.

Making the reports available to the wider public also became the subject of some debate, delaying their ultimate posting on the IFRC's web site. Some members of the Governing Board wanted time to consider the recommendations and to follow up before making information more widely available. In the interest of transparency, the Governing Board decided that the reports should be made available to the public.

It was therefore decided in 2006 that, in future, a clear distinction would be made between evaluations for operational feedback and evaluations for accountability. In the case of the former, the commissioning and managing of evaluations would be given to the field offices with technical support from Geneva. Evaluators would be a mix of external consultants and internal staff to ensure that the field took ownership of the outcomes of the evaluations. This was perceived to have been a weakness in the 2005 real-time evaluations. The evaluations for accountability would be conducted less frequently and would depend mainly on external evaluators. Instruments better suited for learning and accountability would need to be employed.

Mid-term review

In accordance with the commitment made to the IFRC's Governing Board to learn from the lessons of the operation, a review was undertaken in the middle of 2007. With the overall goal of ensuring there is learning from the tsunami operational experience, the objectives were to identify improvements in the Red Cross Red Crescent response and recovery capacity, identify what was needed to sustain change, and identify areas where work still had to be done to achieve necessary new changes.

The terms of reference for the review focused on the areas of fund-raising, communication and coordination. The methodology used in conducting the review included the involvement of partner National Societies through focus group discussions in the National Societies that agreed to participate. Secondary data review of documentation was conducted at the IFRC secretariat, and the reviewer also held focus group discussions in-country with Red Cross Red Crescent partners in Indonesia, Maldives, Sri Lanka and Thailand.

While the mid-term review findings¹¹⁵ identified lessons learnt in the three selected areas (fund-raising, communication and coordination), it extended coverage of key lessons that emerged from the study in the area of human resources and volunteer systems. Based on the lessons learnt, the reviewer made a total of 38 recommendations for consideration.

In August, 2007, a meeting of 19 host and partner National Societies, the IFRC and ICRC was convened as the Tsunami Forum. This meeting considered the findings and recommendations and developed 15 recommendations for submission to the IFRC's Governing Board. These were identified as the most important issues to address the perceived weaknesses and were brought forward with a sense of shared responsibility among the members of the Tsunami Forum to implement the decisions taken.

In summary, the recommendations addressed:

¹¹⁵ Ian O'Donnell with Celia Kakande. *Learning from the Tsunami: Mid-term Review*. 3 September, 2007. Text of report available at: <https://fednet.ifrc.org/sw114295.asp>

- The need to review the Movement's Principles and Rules for Disaster Relief to include provision for the post-emergency recovery phase and situations where there are multiple Red Cross Red Crescent actors.
- The need for pre-agreed systems for emergency and recovery operations with multiple Red Cross Red Crescent actors.
- The establishment of standard operating procedures for the IFRC to enhance its role in large-scale disasters with multiple Red Cross Red Crescent actors.
- The promotion of participatory methods for engaging with local communities as good practice, including codifying them in the revised Principles and Rules for Disaster Relief.
- The need to continue the development of principles of good partnership to ensure that Movement models for coordination, cooperation and joint action lead to optimal effectiveness and efficiency.
- The need to have the support of Movement partners in assisting Red Cross and Red Crescent societies in countries at risk of disasters to perform their operational and coordination roles in situations where there are multiple Red Cross Red Crescent actors, and to give attention to their need for a sustainable increase in their capacity following a major disaster.
- The development of general principles for public and private sector fund-raising and fund management, with a view to balancing the public's wish to give support with the operational capacity of National Societies, maximizing flexibility in the use of funds, seizing the opportunity for donor education, avoiding disparity between communities and providing for disaster risk reduction and host National Society capacity building.
- The sharing of experiences and models for financial management, reporting and commitment tracking in large-scale operations and the development of new tools and procedures.
- The need to initiate consultations within the Movement regarding modalities and guiding principles for developing partnerships, cooperation and the funding of external actors.
- The development of principles and models for cost-sharing to support the increased administrative and operational costs of host National Societies in large-scale emergencies.
- Using the tsunami experience to inform the ongoing development of recovery and shelter policies.
- The promotion of a learning culture within the Red Cross Red Crescent.

- The further development and use of communications as an integral part of emergency and recovery strategies.
- The promotion of human resource policies and guidelines in volunteer management, including the need for partner National Societies to harmonize approaches in the engagement of volunteers to avoid compromising the capacity and volunteer spirit of the host National Societies.
- The need to address human resource requirements, including the recruitment of more locally available national and regional staff, discouraging the recruitment of staff from the host National Society, optimizing the use of staff and avoiding both duplication among Red Cross Red Crescent actors and competition among the actors through the harmonization of policies.

At its October 2007 meeting, the Governing Board noted the recommendations and encouraged the secretary general and concerned National Societies to review them with a view to implementing them. As one measure, the board created an ad hoc working group to initiate broad consultations on revising the Principles and Rules for Disaster Relief, and created a further ad hoc working group to develop general principles for public and private sector fund-raising and fund management. Other recommendations were referred to relevant existing bodies or to the secretary general.

The main recommendation was the first, relating to the revision of the Principles and Rules for Disaster Relief. The action taken on this recommendation would impact several others. To address the main recommendation and propose substantial changes to the Principles and Rules for Disaster Relief involved the need for Movement-wide consultation and, ultimately, the engagement of governments which were State Parties to the Geneva Conventions. This guiding policy was first adopted by the 21st International Conference of the Red Cross and Red Crescent in 1967, and the last amendment noted by the 26th International Conference in 1995, so the recommendation to undertake substantial amendments, including extending the application to the recovery phase and to provide for the emerging situations where there are multiple Red Cross Red Crescent actors in large post-disaster situations, required a lengthy process.

Work on the review of the Principles and Rules began in 2008 and has involved a wide consultative process within the Movement with the objective that the Governing Board will bring recommendations for a revised Principles and Rules for Disaster Relief to the IFRC General Assembly in 2013.

The secretary general absorbed the implementation of the various recommendations into his objectives, while some were also pursued through other standing bodies such as commissions and advisory bodies. One recommendation was addressed when the Council of Delegates adopted a Code for Good Partnership at its meeting in November 2009.

Meta-evaluation

The tsunami operation was one of the largest and most complex ever undertaken by the IFRC, involving over 120 member National Societies and disbursing over 3 billion Swiss francs. The challenges and responsibilities this response entailed for the whole IFRC led to a large number of reviews and evaluations in the effort to learn lessons and improve future practices. In 2008, the IFRC secretariat commissioned a meta-evaluation to study what had been done, and to determine what more could and should be done in the area of identifying lessons learnt and informing future work.

A consultant reviewed extensive material from National Societies and the IFRC, and interviewed individuals involved in the operation. He acknowledged the work already done in capturing the learning that the organization had gathered during the operation, especially the two real-time evaluations and the mid-term evaluation. However, the remaining work had not been conducted in a fully coordinated way from a global perspective and this risked some lessons not being available to benefit the wider IFRC membership.

The meta-evaluation found that certain key themes recurred at an IFRC-wide level. These related to a lack of policy, technical know-how and procedures for recovery, as well as the need for better institutional learning of lessons, coordination and targeting of assistance. Attention was considered necessary in the areas of staff recruitment, risk management and strategic planning. By the time the review was conducted, progress had been made in addressing some of these concerns. For example, the IFRC had started a review of the Principles and Rules for Disaster Relief, reorganized its disaster management functions, created a new shelter department and revised its financial tracking system. Many National Societies had developed new recovery policy, procedures and technical competences.

The consultant's report, *Evaluations and Lessons Learned Review*, was submitted in February 2009. It contained 11 recommendations, seven of which called for further studies and four of which were more general recommendations.

It was decided that in addition to the IFRC secretariat taking responsibility for following up on the recommendations, partner National Societies would be invited to take responsibility for leading studies in which they had an interest to contribute. The implementation process was underway at the end of the period. Work on addressing some of the recommendations will take longer to complete.

In summary, the findings and recommendations, with the status of their implementation at the end of 2010, are as follows:

- A 'beneficiary perspectives' study would provide valuable information for a future 'final report and statement of impact' and would allow the IFRC to see the degree to which its objective of beneficiary participation is satisfied.

- Action: The delivery of this study has been incorporated into the development of the Tsunami Lessons Learned project and was in progress at the end of the period.
- A longitudinal study would provide insight into the sustainability of Red Cross Red Crescent responses, something useful in its own right and for determining the success of one aspect of the RSOF.
 - Action: The study had not been accepted as very practicable for the IFRC or any partner National Society on account of the time span envisaged (ideally ten years). This recommendation was not adopted for follow-up.
- A study on cooperation and collaboration involving a review of the Movement Coordination Frameworks, the role of the host National Societies in programme assistance, the degree to which organizational development is desirable/achieved/compromised, the nature of emerging operational alliances between partner National Societies, and the nature and success of partnerships outside the Movement (government, UN, international financial institutions, NGOs, private sector) would provide a powerful and valuable record for the IFRC as it enters its next strategic planning cycle.
 - Action: After wide consultation with partners, it was felt that good progress had been made in addressing the substance of this recommendation, such as the production of an IFRC *Handbook for Cooperation: Working Together in Humanitarian Response*, improved integration agreement templates and joint partnering guidelines.
- A study into targeting and vulnerability issues would help inform the development of further targeting tools. It could also look at conflict sensitivities and equity issues, providing further source material for an eventual overview of the degree to which the RSOF has been achieved.
 - Action: The Australian and Canadian Red Cross societies agreed to lead this study. A consultant was appointed and the report submitted in 2011.
- A study on human resource mobilization in mega-disasters should be made.
 - Action: The consultant proposed that this be led by a senior human resource professional within the IFRC. By the end of the period, no action had been taken to support this study in accordance with the draft terms of reference. Nevertheless, the issue is acknowledged as important, being captured in the Tsunami Top Ten Lessons Learnt¹¹⁶. However, no practical support for pursuing this recommendation was found by the end of the period.
- A study on risk management models should be made.

¹¹⁶ See chapter 13.

- Action: No practical support for pursuing this recommendation was found by the end of the period.

- There has been a great deal of work on disaster risk reduction in the tsunami response, both with regard to 'building back better' (particularly seismically-resistant housing, but also livelihoods diversification) as well as stand-alone disaster management, preparedness and risk reduction as well as community based disaster preparedness programming. A disaster risk reduction study, drawing on available material with the aim of drawing out innovation and lessons for future responses would provide further insight into whether a key regional strategy objective was being reached, and would serve as a model for further technical or sector type reviews if successful.
 - Action: A working group was formed for this study and report submitted in 2011.

- There is a need to improve how partner National Society information is captured relating to outputs and impacts, that is currently being gathered by the IFRC-wide reporting. This would help with an eventual statement of impact.
 - Action: IFRC-wide reporting systems continue to be developed and are piloted and used in several operations both in the Asia Pacific zone and in large operations, such as the 2010 Haiti earthquake.

- The IFRC needs to finalize the updating of its recovery policy and coordinate as best it can the recovery policies of National Red Cross Red Crescent Societies.
 - Action: Early recovery, along with disaster response, is now included in the draft revision of the Principles and Rules for Disaster Relief to be submitted for approval by the IFRC General Assembly in 2011.

- There is a significant opportunity for joint evaluations, especially in areas such as shelter and livelihoods. Some of the partner National Societies consulted during the course of the review saw major advantages in combining resources and analysis. The IFRC is the obvious coordinating point for such efforts. A meeting should be convened with interested partner National Societies to discuss the studies outlined above.
 - Action: The recommendation has been raised when opportunities arise, including a tsunami planning day meeting held with partner and host National Societies in June 2009. Joint evaluations have been more common and this approach continues to be pursued.

- The IFRC must adopt a policy for evaluation and reviews rather than guidelines. Adopting the OECD-DAC criteria for humanitarian evaluation would be the simplest way to do this. This will make it easier for the organization to judge the value of such material in the

future. Such a policy should also include dissemination and utilization i.e. management response and follow up. The IFRC should also consider periodic meta-evaluation – similar to this exercise but with the aim of producing a synthesis of top-level findings and recommendations. This would have the advantage of overcoming the ‘confidentiality’ issues that lead many National Societies to feel reluctance about putting material into the public domain.

- Action: An IFRC *Framework for Evaluation* has now been developed.



Lessons learnt

The findings that come from the major studies commissioned by the IFRC and reported on in chapter 12 of this report create an important reservoir of knowledge for learning and guiding the further development of policy and procedures. The IFRC also commissioned many programme evaluations, particularly for major projects such as the transitional shelter programme in Indonesia and the Community Recovery and Reconstruction Partnership in Sri Lanka. In Maldives, a review led to the production of a case study, *Beneficiary communication: Managing expectations and building trust*.

Some joint reviews were undertaken, such as the workshop held in Indonesia in January 2009, where PMI, the IFRC, ICRC and 12 partner National Societies came together with a number of external partners to share experiences and explore lessons learnt. A summary of the findings can be found in Annexe 6 of this report.

In addition to these studies, more than 200 reviews and evaluations were conducted during the tsunami recovery operation. The majority of these were commissioned for specific purposes relating to programme delivery, enabling the Red Cross Red Crescent to adjust programmes during implementation to make them more effective, inclusive, accountable and sustainable, while

also producing some findings in less depth relating to policy, systems and procedures. Many of these reviews were commissioned by individual partners.

Mindful of the extraordinary scale and scope of the recovery operation, the Red Cross Red Crescent recognized from the beginning that the operation gave an invaluable opportunity to not only apply and reinforce best practice, but also to take to advantage of the opportunities to develop innovative solutions and new ways of working in non-traditional sectors.

The IFRC also actively participated in external initiatives. The IFRC was represented on the steering committees responsible for the Tsunami Evaluation Coalition reports and the Tsunami Global Lessons Learned project, and contributed to the findings. It was one of three agencies that worked with Collaborative Learning Projects in conducting the Listening Project in Aceh.

In November 2009, and derived from the material available at the time, the IFRC secretariat presented to the General Assembly ten key high-level lessons that were drawn following the sharing of experiences with external and internal partners, governments and other agencies. Some commentary, by way of example, was given with each key lesson. These lessons were:

For recovery to fully establish itself as an essential component of disaster response, it requires institutional recognition and strong leadership.

- **Building recovery capacity:** The tsunami operation identified a need for the Red Cross Red Crescent to develop expert capacity beyond the traditional fields of emergency preparedness and response. Community needs for holistic programming that provides assistance in recovering from disaster, support in rebuilding inclusive societies and that focuses on reducing vulnerability to future disasters have emerged as key lessons of the tsunami operation. Programmes that respond to these requirements include re-establishing essential services such as water, sanitation and shelter, protecting health – especially through psychosocial programmes – restoring livelihoods, and enhancing food security.

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.

- **What do you need?** A needs assessment soon after the May 2006 earthquake in the Indonesian city of Yogyakarta found that a lack of shelter was the most urgent problem. In response, PMI and their Red Cross Red Crescent partners distributed cash to people who had lost their homes and trained university students who volunteered to work with communities to help them build transitional shelters. FACTs and other disaster response mechanisms employed by Red Cross Red Crescent now routinely include recovery experts

to ensure the needs of communities are understood and planned for in a holistic way, and are considered from the very first stages of any disaster response.

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.

- **Who is worst off?** In Maldives, the Red Cross Red Crescent worked with communities to identify the most vulnerable households. One approach used was a well-being ranking, where community volunteers reviewed every household and allocated points based on agreed criteria. The households most in need were given assistance. A crucial benefit of the process was that the community itself, through volunteers, identified the most vulnerable people. Households who received assistance also indicated how they could contribute to the project and what type of support they needed.

Risk reduction must be an integral part of recovery to truly rebuild safer and more resilient communities.

- **Do you feel safe?** After the tsunami, early warning and disaster preparedness programmes were stepped up. PMI staff and volunteers were trained to use a mix of high- and low-tech means to alert people of risks. This includes hand-held walkie-talkie radios, SMS, sirens and megaphones. The presence of PMI volunteers within the community ensures that it is able to play a key role in encouraging people to participate in disaster training and exercises, and become part of the early warning system network.

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.

- **Strength in partnerships:** In Sri Lanka, the Sri Lanka Red Cross Society, its Red Cross Red Crescent partners, the World Bank and UN-HABITAT set up the Community Recovery and Reconstruction Partnership to help people rebuild their houses and community infrastructure. The partners pooled their expertise in community mobilization, water and sanitation, house engineering, social mobilization, and commercial and development banking to the benefit of families affected by the tsunami. Additional partnerships with the private sector and other aid organizations helped the Red Cross Red Crescent to support affected communities with livelihoods support projects.

Accountability to donors through effective monitoring, evaluation and reporting must be ensured.

- **Reporting back on performance:** Recognizing the responsibility of holding and spending the considerable funds entrusted to it by the global public, the Red Cross Red Crescent tsunami operation was subject to an annual internal and external audit by reputable international accountancy firms as part of its commitment to transparency and accountability. As far as possible, the Red Cross Red Crescent also tries to measure the impact of its work on communities and reflect this in its public reports. Every six months, operations updates provided details of its programmes and financial performance, and were published on its web site: www.ifrc.org.

At a global level, the IFRC was closely involved in the Tsunami Recovery Impact Assessment and Monitoring System (TRIAMS), which aimed to develop data analysis for multi-sectoral monitoring to help validate or update recovery plans. This in turn helped governments, donors, partners and beneficiaries by informing them of planning by stakeholders. It created awareness among beneficiaries of progress and the impact of programmes, and helped generate data for donors, partners and the public on how funds had been used and what results had been achieved.

Capacity building of host National Societies must be strategic, sustainable and focused on areas prioritized by the host, even during large-scale recovery programmes.

- **The birth of a new National Society:** The tangible benefits of the Red Cross Red Crescent tsunami operation in Maldives prompted a groundswell of community interest in establishing a National Society. With the support of the government and Red Cross Red Crescent partners, the Maldivian Red Crescent achieved legal recognition in Maldives in 2009 and began planning programmes based on local needs. The National Society was recognized and admitted as the 187th member of the IFRC in November 2011.

Coordination must be effective on both strategic and operational levels. This requires sufficient resources and clearly defined roles.

- **Working together:** Early in the tsunami operation, the IFRC, ICRC and National Societies agreed on a coordinated Movement approach to tsunami relief according to their respective mandates, assets, capabilities and previous involvement in the region. A Movement Coordination Framework was created and implemented in Indonesia and Sri Lanka to

clarify the roles and responsibilities, to enable information to be shared, and to harmonize the efforts of the host National Society, partner National Societies and ICRC. In addition, a regional strategy and country-specific strategies were agreed.

A culture of risk management, supported by sound risk monitoring plans and systems, minimizes financial and legal exposure.

- **How do we manage risk?** Risk is inherent in delivering international emergency response and aid programmes, but it can be managed and actions can be taken to reduce exposure. In recent years, risk management practices have been refined and reinforced in the Red Cross Red Crescent. Delegations, teams and departments actively identify, monitor and address risks within their control and establish controls to reduce exposure for other identified risks. The IFRC has established a risk and audit committee to assess wider risks to the organization and ensure appropriate strategies and responses are implemented.

Human resources systems need to meet the needs of large-scale disasters and recovery programmes.

- **Finding the experts:** Finding the right person to fit the right job in the right place at the right time remains one of the key issues of human resource management in the challenging environment of an emergency response and recovery operation. A study confirmed that it was difficult to find highly skilled and motivated people to work in challenging conditions at short notice with lower-than-commercial rates of compensation. This was particularly the case for people with skills in high demand in the commercial sector, such as construction.

Following the identification of the ten key lessons, the Tsunami Lessons Learnt project was established by the IFRC in order to have a rigorous and robust approach before the tsunami operation ended. The Tsunami Lessons Learnt project has included close consultation with host National Societies and partners in identifying practical and tangible results that have positively impacted on organizational performance, as well as the identification and prioritization of areas where further development and investment is warranted.

Although the thorough analysis and application of findings has taken time, many of the practical lessons learnt during the tsunami operation have also been transferred as relevant to other IFRC operations. As early as October 2005, the Movement Coordination Framework mechanisms that were developed during the tsunami were used after a major earthquake in Pakistan, and again later in May 2008 following Cyclone Nargis in Myanmar. More recently, in Haiti in January 2010, the lessons learnt from the Indian Ocean tsunami operation were integrated into the

planning and management of the Red Cross Red Crescent operation with systems such as Federation-wide reportin used as part of the IFRC operation's toolkit.

The lessons learnt have also informed the development of IFRC's *Strategy 2020*. The shift in emphasis to a more proactive recovery role is reflected in the first aim of the strategy, namely, to "save lives, protect livelihoods, and strengthen recovery from disasters and crises".

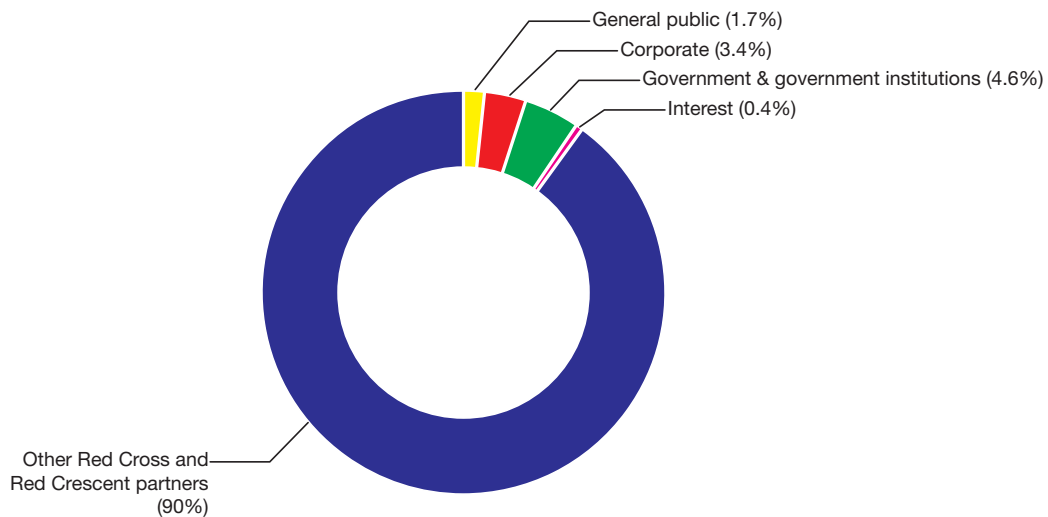
The challenge for the Red Cross Red Crescent is to institutionalize the learning and build a proactive culture for applying the lessons from the past and, thereby, to strengthen future humanitarian post-disaster response.

Financial report

IFRC secretariat

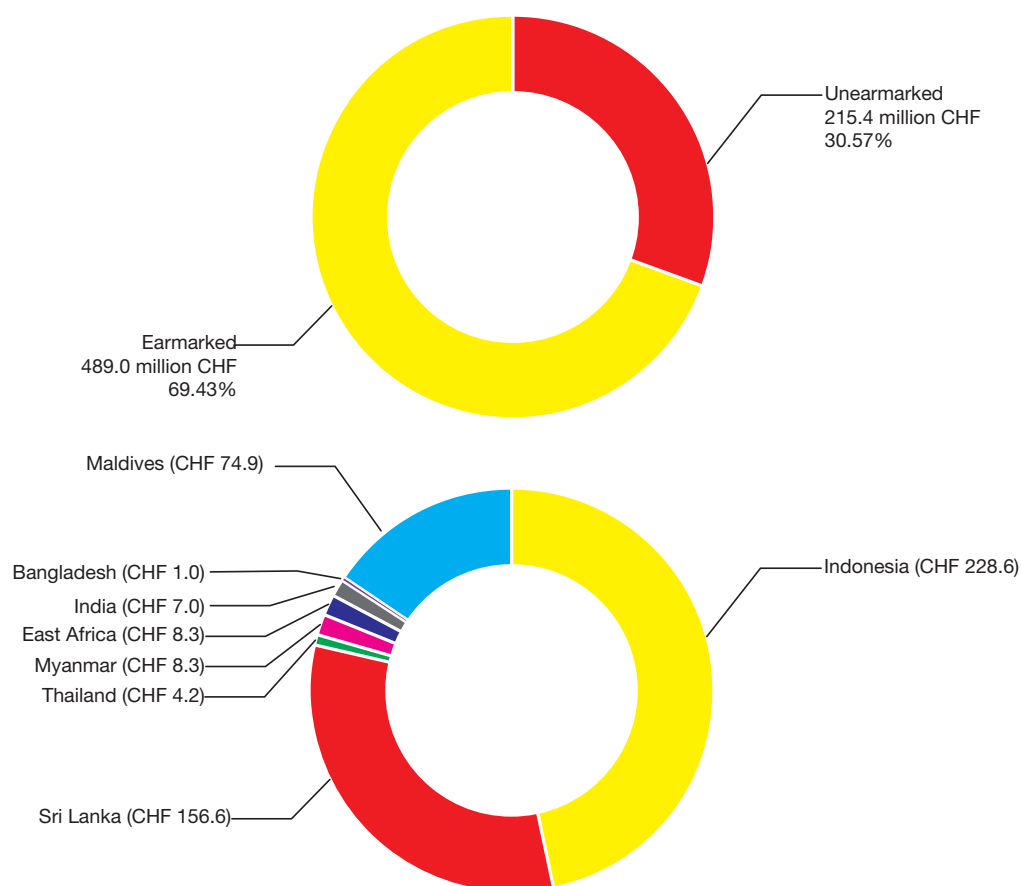
The financial report of the IFRC secretariat's tsunami operation, a link for which appears in Annexe 7, reports on how funds have been used as a way of implementing activities both as programme implementer and as coordinator and service provider to the many partner National Red Cross and Red Crescent Societies working directly with host National Societies to implement programmes.

Figure 1: Total contributed to IFRC by original sources



The revised 2010 plan of action for 2005–2010 sought 703 million Swiss francs. Total expenditure during the same period was 650 million Swiss francs and a further 20 million Swiss francs has been set aside to meet ongoing commitments in the 2011–2012 period. It has been planned that in the coming years the remaining balance of almost 30 million Swiss francs will be used in three different ways; to support tsunami-affected National Societies' annual programme plans through their annual budgets; to support disaster relief operations in tsunami-affected countries; and to support programmes that build on or extend previous tsunami-funded programming.

Figure 2: Total contributed by original designation



During the period, the IFRC provided services to partner National Societies present in the affected countries. These were substantial, particularly in Indonesia and Sri Lanka, and involved providing services such as contracting local staff, office accommodation, lease vehicles and vehicle workshops, as well as a range of administrative support services. Service agreements were introduced to define the service provision and to set cost-recovery charges. The costs were not fully recovered and, especially in the later years when IFRC programming had wound down or closed, IFRC country officers still needed to retain structures to service ongoing partner National Societies' requirements. Those costs not recovered are reflected in the IFRC's support expenditure.

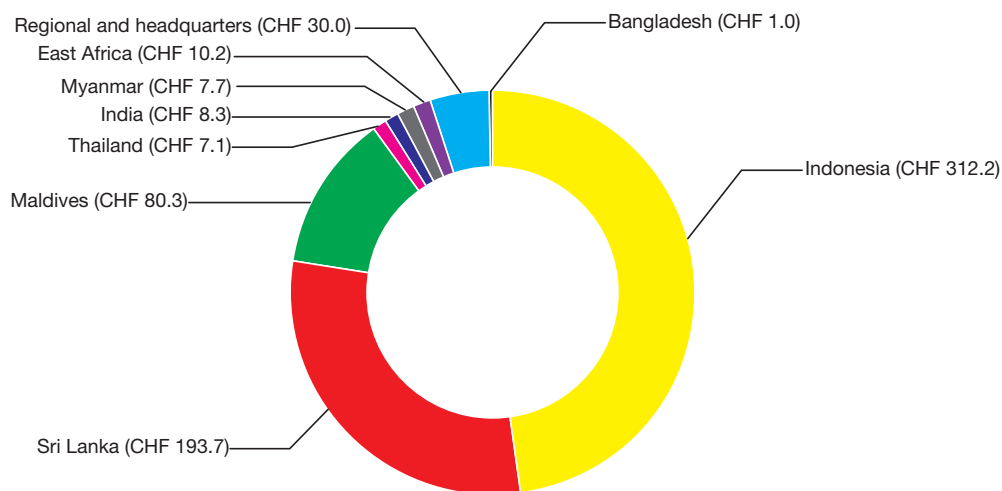
The spread of expenditure across the affected countries is balanced to reflect the country-based needs identified to be the prioritized for assistance, namely Indonesia, Maldives, Sri Lanka and to a lesser extent, Thailand. In broad terms, Indonesia received 48 per cent of all expenditure, Sri Lanka 30 per cent, Maldives 12 per cent and Thailand 1 per cent. The other affected countries received 4 per cent, and the support costs of the IFRC secretariat amounted to 5 per cent.

When compared with the IFRC-wide expenditure by country, it will be noted that the country-weighted expenditure pattern is similar. The IFRC secretariat applied more of its funding proportionately to Maldives as fewer partner National Societies were present. The reverse is the case for Thailand and India where partner National Societies had a stronger presence.

As covered in this report, the early days were marked by pressure to respond quickly to the huge needs across the 14 countries affected, and to establish ongoing commitments for assistance programmes in the face of a myriad of competing global and national agencies seeking projects for their own funding. Pressed to establish commitments for assistance programmes both on behalf of partner National Societies and to implement programmes on behalf of the many National Societies that had donated funds to IFRC appeals, the IFRC entered into commitments and planned on the basis that 40 per cent of Red Cross Red Crescent funding would be channelled multilaterally. The plans and budgets contained in the 2005 appeals reflected this assumption. Though based on historical experience, it was realized by early 2006 that this assumption was not well founded, with a large number of partner National Societies funding programmes under bilateral arrangements in the countries concerned.

As explained, particularly in Tsunami High Level Group and RRG sections of the 2006–2009: recovery progress and challenges section of this report, radical changes had to be made to the IFRC plans and budgets to ensure that expenditure and forward commitments were able to be covered by income. Budgetary adjustments were made and tight controls over expenditure imposed, while negotiations with partner National Societies resulted in their assuming responsibility for a number of programmes that were initially in the IFRC budget. Many partner National Societies also responded favourably by increasing their funding of IFRC budgets. From 406 million Swiss francs at the end of 2005, an eventual 703 million Swiss francs – 21 per cent of the global Red Cross Red Crescent tsunami operation income – was channelled to the IFRC.

Figure 3: Total funds spent by location



There were significant challenges in managing the risks inherent in multi-year programming, which required the handling of currency fluctuations, inflationary and cost increase pressures and, in some cases, slower-than-expected implementation rates. Controls to cover contingencies were strong and risk management practices refined and reinforced at field level. A central risk register for the operation was set up and monitored by senior management.

Annual audits and regular internal audits of the large operations were carried out as part of the IFRC secretariat's normal financial accountability.

The financial results shown in Annexe 8 are the result of the IFRC implementing programmes and supporting partner National Societies to work with host National Societies in undertaking the largest humanitarian relief and recovery operation in the IFRC's history.

Information on IFRC-wide income and expenditure

The financial data in this text is based on the final IFRC-wide summary information published in the *Federation-wide Tsunami 6.5 Year Progress Report* on 27 September 2011 and includes information collected from 42 independent National Societies and the IFRC, and reports on the situation as a 31 March 2011. This information was collected and published in six-monthly cycles since the first *Tsunami Two-Year Progress Report* was published at the end of 2006 with cumulative financial information to 30 September 2006. (Background to the development of this report is provided in the Communication and information section.)

By the end of March 2011, over 89 per cent of funds collected had been applied to tsunami programming. Some funding remains to meet ongoing commitments continuing into 2013. There are several noteworthy aspects to highlight.

Firstly, 69 per cent of the funds received came from the general public. This is an unusually high percentage for Red Cross Red Crescent internationally assisted relief and recovery operations, and demonstrates the huge impact of the outpouring of sympathy and support from millions of people all around the world.

Affected by the above, 92 per cent of the funds received were not earmarked, giving the Red Cross Red Crescent immediate discretion to act in the best interests of meeting the most pressing humanitarian needs and the flexibility to plan accordingly.

It was also unusual that as much as 21 per cent of the Red Cross Red Crescent funds were channelled through other agencies, including ICRC, to implement programmes where capacity existed to deliver more effectively. For example, WFP received significant funding in early 2005 to deliver urgently needed food to those affected by the tsunami. WFP had the existing logistical and supply-line structure to get appropriate nutritional food to those in need in the shortest possible time.

The information in the annexed financial overview is unable to be audited because of the nature of the IFRC. However, with the positive cooperation of many Red Cross Red Crescent partners, the collection of the input data has been refined and improved over time. While acknowledging its limitations, the quality of the information gives a much clearer picture than would have otherwise been possible of the worldwide Red Cross Red Crescent tsunami operation response.

Figure 4: Total expenses by category

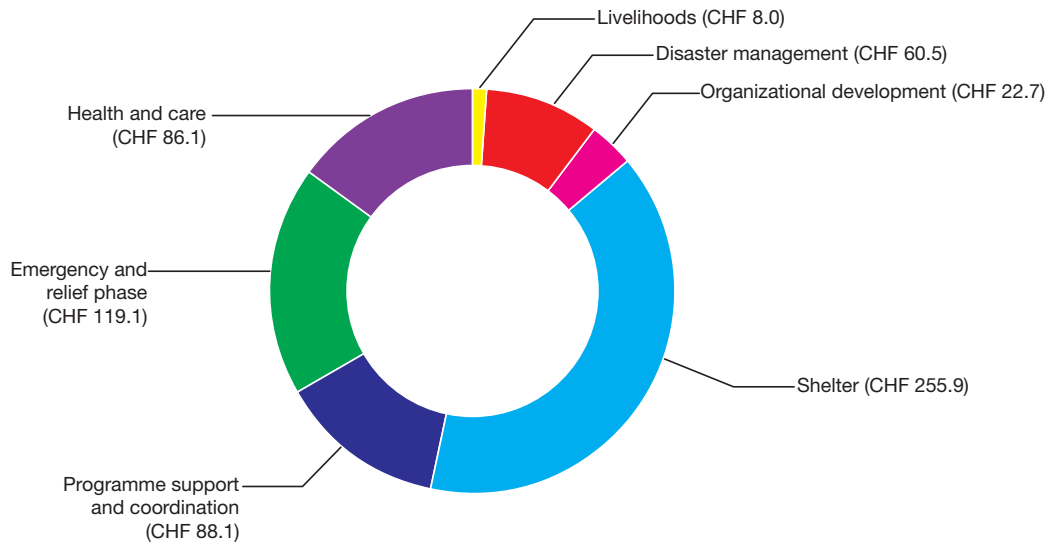


Figure 5: IFRC expenditure (2004–2011) and forecast (2012)

In millions of Swiss francs (CHF)

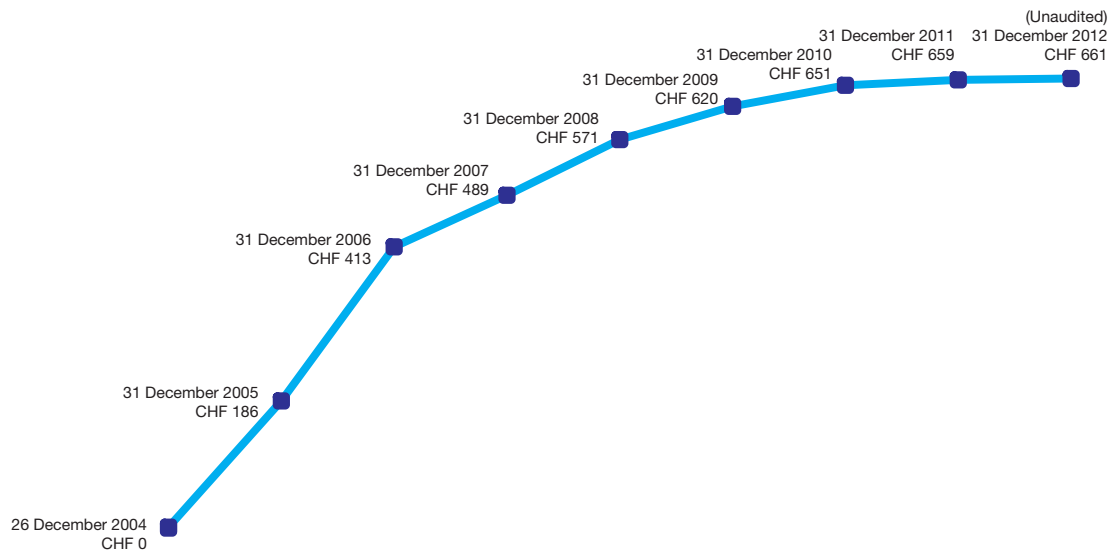


Table 7: Detailed expenditure by location and by programme

Location	Emergency Phase / Relief	Health & Care	Disaster management	Livelihoods	Shelter & Community Construction	Organizational Development	Programme support & Coordination	Total Expenditure
Indonesia	68.7	23.0	35.9	0.9	138.2	12.8	32.7	312.2
Sri Lanka	33.8	44.0	9.7	2.7	75.5	4.1	23.9	193.7
Maldives	8.0	23.3	1.2	-	42.2	1.2	4.3	80.3
Thailand	0.5	1.2	1.7	0.7	0.0	1.8	1.1	7.1
India	-	-	4.8	3.4	-	-	0.0	8.3
Myanmar	2.6	1.9	0.9	-	0.1	1.4	0.7	7.7
Bangladesh	-	-	1.0	-	-	-	-	1.0
Malaysia	0.1	-	-	-	-	-	-	0.1
East Africa	5.0	1.4	2.2	-	-	1.0	0.6	10.2
Secretariat & regional	0.3	1.3	3.0	-	-	0.7	24.8	30.0
Expenditure by Category	119.1	96.1	60.5	7.7	255.9	23.0	88.1	650.4

(In millions of Swiss francs)

Conclusions

Having reached an estimated 4.8 million people, the 2004 Indian Ocean earthquake and tsunami operation draws to a close. Some projects remain to be completed and work continues to support affected communities to build their resilience against future disasters. For many individuals, life will never be the same. Loved ones have been lost and lives have been shattered. The Red Cross Red Crescent operation has focused on helping people to survive and rebuild their lives with the support of their communities. Many will benefit from the goal to 'build back better' and to create safer communities.

The dedication of thousands of trained Red Cross and Red Crescent volunteers and the backing of their National Red Cross and Red Crescent Societies is impossible to quantify. Besides the assistance given, during times of stress and hardship, the reassurance of the red cross or red crescent emblem, coupled with the presence of Red Cross Red Crescent workers, has given hope and provided a sense of security.

Much of what has been achieved has been made possible by millions of generous donors around the world. Funding has been critically important in meeting physical and psychological needs, recovery assistance and in building safer communities.

In the end, however, it is those who suffered from the devastating forces of the earthquake and tsunami who have rebuilt their lives. It has been their will to survive and to recover under difficult circumstances that has made possible the humanitarian achievements.

It is in this respect that the Red Cross Red Crescent has been able to play a crucial role in assisting them along this path.

Epilogue

The preceding pages detail the Red Cross Red Crescent tsunami operation from the first moments after the disaster struck on 26 December 2004 until 31 December 2010, however the narrative would not be complete without some closing words about the further activities undertaken since 2010, and plans to cement the positive results and outcomes of the operation.

The final Federation-wide consolidated operational and narrative report describing the work of the IFRC in this operation was posted on 27 September 2011 and detailed a substantial list of achievements, including:

Red Cross Red Crescent response	
4,814,000	Overall estimate of people reached through the tsunami operation
1,110,200	People reached by community based health services
707,600	People with access to an improved water source
342,900	People with access to improved waste management facilities or latrines
94,380	Households that received livelihood support
53,019	Permanent houses provided
21,112	Transitional shelters provided
327	Hospitals or health clinics built or rehabilitated
161	Schools built or rehabilitated
470	Community facilities built or rehabilitated

The report also detailed that CHF 2,776 million (or 89 per cent) of the total funds received had been expended at 31 March 2011. Key programme sectors by expenditure were:

Amount CHF	% of total	Sector
1,093 million	39%	Shelter and community construction
471 million	17%	Health and care
402 million	15%	Emergency and relief phase
414 million	15%	Programme support and coordination
172 million	6%	Livelihoods support
157 million	6%	Disaster management

The vast bulk of the donations were used to cover the cost of response and building resilience in Indonesia (47 per cent) and Sri Lanka (27 per cent).

IFRC secretariat operation: With programming completed in other tsunami-affected countries, IFRC focused its efforts in 2011 and 2012 on completing programmes and projects in Indonesia and Sri Lanka, the two countries most impacted by the tsunami.

Programming in Indonesia was effectively completed by September 2011. Fourteen in-country partner National Societies continued to work with PMI across Indonesia, including in Aceh, on a range of small and medium scale emergency operations and increasingly on development programmes aligned with PMI's strategic plan.

In Sri Lanka tsunami operation activities focussed on supporting communities and the government as projects were completed and handed over. For example, as completion of permanent housing projects drew closer IFRC community engagement projects supported house owners by providing them with information and training on maintaining and repairing their properties.

IFRC had committed to an extensive programme of 26 major water and sanitation projects in support of the Sri Lanka National Water Supply and Drainage Board (NWSDB). The last of these complex and often technically challenging projects was completed and handed over the NWSDB in September 2011.

With the end of the conflict in the north and east of Sri Lanka an opportunity arose to work with Asian Development Bank (ADB) in delivering a vital infrastructure project for the Jaffna community. In 2010 the Point Pedro project agreement was finalized and the project, which will deliver piped water as well as hygiene training to residents of 28 divisions in Point Pedro, was commenced. The project is scheduled to be completed by September 2013.

In 2010 Sri Lanka Red Cross Society put in place a Five Year Development Plan to guide their work as they transition from the demands and scale of the tsunami operation to more typical activities and levels of operation. IFRC continues to support the society's efforts in implementing this plan.

Financial matters: Recognizing the complexities, scale and scope of the programmes being undertaken and the nature of delivering humanitarian programmes in post-disaster environments, the IFRC adopted a cautious approach to developing programme budgets. By way of example, construction activities are notoriously plagued by delays and cost overruns – regardless of whether they are undertaken in the public or private sector. Further, given

- a. the volatility that existed in the post-disaster situation in many of the tsunami-affected countries, e.g. inflationary effects of recovery and rebuilding activities, the unstable political and social situations in Aceh and Sri Lanka, and

- b. the immense challenges posed by the global financial crisis of 2008, the risks associated with programming were significantly higher.

One key consideration was to provide adequate contingency funds in programme and projects budgets to ensure that commitments to individuals, communities and governments could be financed and delivered. This prudent approach proved successful as all commitments were able to be met despite the volatile operational environment.

IFRC recognized from the earliest days of the operation that this approach may result in funds being unused at the end of the operation and explored a number of options for translating these funds into programmes. Options considered included the establishment of a 'disaster fund' or 'tsunami trust'.

After careful consideration these options were not progressed. Rather, a strategic decision was taken to hold these provisions over until near the end of programme implementation to ensure that the total funds available could be assessed and applied in ways that maximised their impact, i.e. through programmes that best respond to the needs of affected communities and which continue to 'Build Back Better'.

As programme implementation progressed the number of potential risks reduced and the contingency provisions made against these risks were freed up. Together with savings made in implementing the programmes and adjustments from foreign currency transactions the total savings came to be known as the tsunami operation residual funds. The value of the residual funds in the multi-lateral programme being implemented by the IFRC secretariat is approximately CHF 29.5 million, or 4.2 per cent of the multi-lateral programme.

During 2011 a strategy was developed to direct the allocation of the residual funds. Guiding principles in the development of the strategy included:

- Acknowledging the impact of the tsunami on individual countries (i.e. community needs) and the capacity of the National Societies to implement programmes to meet these needs;
- Focusing on developing the capacity of tsunami-affected National Societies;
- Honouring the intent of donors to the appeal;
- Ensuring coherence with broader IFRC planning, programming and reporting approaches and frameworks, e.g. coherence with Strategy 2020;
- Being consistent with Red Cross Red Crescent spending across all tsunami-affected countries;

- Taking account of past practice and building on innovation developed in implementing the tsunami operation.

The strategy was endorsed late in 2011 and has been rolled out progressively in 2012.

The strategy directs funds into three streams:

- Stream one supports the implementation of programming in tsunami-affected countries through the 14 Host National Societies. A total of CHF 14.5 million has been allocated to this stream and is distributed to HNS on a graduated scale, ranging between CHF 514,000 and CHF 2.44 million, based on the criteria discussed above. These funds are available to support programming until the end of 2015.
- Stream two supports the operations of the Disaster Relief Emergency Fund (DREF) in the 14 tsunami-affected countries. DREF funds provide for the rapid deployment of personnel and aid items – supporting life saving disaster relief activities. CHF 10 million will be directed through DREF to support ‘start up’ funding to National Societies of the tsunami-affected countries as they respond to small and medium scale disasters.
- Stream three is a programme that builds on or extends programming innovations developed during the tsunami operation as well as programme support costs until completion of the operation in 2015. Examples of activities being supported through the CHF 5 million allocated to this stream include
 - a. support for the development of the Community Safety and Resilience Framework through trans-regional and global research, and
 - b. the development and implementation of technical tools informed by lessons learned in tsunami-affected countries and applied globally.

At 30 September 2012 CHF 7.3 million (22 per cent) of the funds available through this strategy had been allocated and were being implemented.

The impacts of the 2004 Indian Ocean earthquake and tsunami were felt all around the planet. The communities ravaged by the disaster were comforted by the spontaneous and generous solidarity expressed by the global community. It was through this solidarity that the RCRC was able to mount the largest scale disaster response, recovery and reconstruction operation in its history.

Annexe 1

Glossary of Red Cross Red Crescent terminology and abbreviations

CAS = Cooperation Agreement Strategy

A National Society's strategic plan for engaging and receiving support from partner National Societies.

CRRP = Community Recovery and Reconstruction Partnership.

The partnership between the IFRC, the Sri Lanka Red Cross Society and UN-HABITAT to reconstruct houses and support the recovery livelihoods.

DREF = Disaster Relief Emergency Fund

A centrally administered IFRC fund from which monies can be advanced for rapid disaster response.

ERU = Emergency Response Unit

ERUs comprise pre-trained specialist volunteers and prepacked sets of standardized equipment ready for use 'off the shelf'. They are deployed as needed to facilitate a rapid response to large-scale disasters.

FACT = Field Assessment Coordination Team

FACTs are ready to be deployed at short notice to coordinate the Movement's response to large-scale, sudden and slow-onset disasters. The teams are composed of experienced disaster managers from National Societies, the IFRC and ICRC who are trained in a common methodology.

THLG = Tsunami High Level Group

A group of senior Red Cross and Red Crescent staff established to advise the IFRC secretary general on implementation of the tsunami operation.

Host National Society

The National Society based in the affected country. It 'hosts' the IFRC and the partner National Societies.

ICRC = International Committee of the Red Cross

IFRC = International Federation of Red Cross and Red Crescent Societies.

IPG = Interim Planning Group

The body tasked with forming the Maldivian Red Crescent.

MCF = Movement Coordination Framework

A body established at country level to coordinate the members of the Movement in planning and carrying out activities.

Movement = International Red Cross and Red Crescent Movement

This includes the International Committee of the Red Cross (ICRC), the IFRC and National Red Cross and Red Crescent Societies worldwide.

Partner National Societies

A term used to describe the participating or donor National Societies. Some documents refer to PNS or 'participating National Societies'.

PMI = Palang Merah Indonesia

The Indonesian Red Cross Society

RAT = Recovery Assessment Team

Teams comprise experienced senior disaster recovery managers who recommend the appropriate recovery strategic plan.

RDRT = Regional Disaster Response Team

These teams comprise National Society individuals within a geographic region who are experienced and trained in different disciplines. These Red Cross and Red Crescent volunteers and staff can be deployed rapidly to assist National Societies in neighbouring countries.

Red Cross Red Crescent

A term used to refer to the IFRC as an operational entity and all of its member National Red Cross and Red Crescent Societies collectively.

RRRG = Reprioritization and Resource Reallocation Group

A joint partner National Society and IFRC working group, appointed by the IFRC secretary general in 2006, to support management in addressing the IFRC's funding shortfall.

RTE = Real-time evaluation**Seville Agreement**

An agreement on the organization of the international activities of the components of the International Red Cross and Red Crescent Movement, Council of Delegates, November 1997.

TGC = Tsunami Governance Committee

A group established by the IFRC's Governing Board in June 2006 in response to the 'funding gap'. The committee was tasked with helping to ensure that the IFRC as a whole delivered the management's approved plans of action.

Acronyms and abbreviations

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action (established the Tsunami Evaluation Coalition)
ASEAN	Association of Southeast Asian Nations
BPKP	Finance and Development Supervisory Agency, Indonesia
BRR	Badan Rehabilitasi dan Rekonstruksi (Aceh-Nias). The agency for the reconstruction rehabilitation of Aceh and Nias
CDC	Community Development Council, Sri Lanka
CFAN	Coordination Forum for Aceh and Nias
CODI	Community Organization Development Institute, Thailand
DAD	Donor Assistance Database
DART	Deep-Ocean Assessment and Reporting of Tsunamis
DDPM	Department of Disaster Prevention and Mitigation, Thailand
DMC	Disaster Management Centre, Sri Lanka
DRMU	Disaster Relief Monitoring Unit, Human Rights Commission, Sri Lanka
DRR	Disaster risk reduction
DP	Disaster preparedness
ECHO	Humanitarian Aid Department of the European Commission
FAO	Food and Agriculture Organization of the UN
GAM	Free Aceh Movement

GDP	Gross Domestic Product
GPP	Gross Provincial Domestic Product
GPS	Global Positioning System
HIV	Human immunodeficiency virus
IASC	Inter-Agency Steering Committee
IDP	Internally displaced person
INGO	international non-governmental organization
IOC	Intergovernmental Oceanographic Commission
IOM	International Organization for Migration
IUCN	International Union for Conservation of Nature
LTTE	Liberation Tigers of Tamil Eelam
MDF	Multi donor fund
MFF	Mangroves for the Future
NAD	Nanggroe Aceh Darussalam (Aceh province), Indonesia
NCDM	National Council for Disaster Management, Sri Lanka
NDMC	National Disaster Management Centre, Maldives
NGO	Non-governmental organization
NRRP	National Recovery and Reconstruction Plan, Maldives government
RAND	Recovery Aceh-Nias Database
TEC	Tsunami Evaluation Coalition
TRIAMS	Tsunami Recovery Impact Assessment and Monitoring System

UNDAC	United Nations Disaster Assessment and Coordination
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNOPS	United Nations Office for Project Services
UNORC	Office of the United Nations Recovery Coordinator for Aceh and Nias
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

Annexe 2

Red Cross and Red Crescent contributors to the IFRC tsunami appeal

The following 124 National Red Cross and Red Crescent Societies and organizations contributed to the tsunami relief and recovery operation.

Albanian Red Cross	Honduran Red Cross	Nepal Red Cross Society
Algerian Red Crescent	Hong Kong branch of the Red Cross Society of China	New Zealand Red Cross
American Red Cross	Hungarian Red Cross	Nicaraguan Red Cross
Andorran Red Cross	Icelandic Red Cross	Norwegian Red Cross
Argentine Red Cross	Indian Red Cross Society	Palau Red Cross Society
Australian Red Cross	Indonesian Red Cross Society	Papua New Guinea Red Cross Society
Austrian Red Cross	International Committee of the Red Cross	Paraguayan Red Cross
Bahamas Red Cross Society	International Federation of Red Cross and Red Crescent Societies	Peruvian Red Cross
Bahrain Red Crescent Society	Irish Red Cross Society	Philippine Red Cross
Bangladesh Red Crescent Society	Italian Red Cross	Polish Red Cross
Belgian Red Cross	Jamaica Red Cross	Portuguese Red Cross
French-speaking community Flanders	Japanese Red Cross Society	Qatar Red Crescent Society
Belize Red Cross Society	Jordan National Red Crescent Society	Red Crescent Society of the Islamic Republic of Iran
Bolivian Red Cross	Lao Red Cross	Red Crescent Society of the United Arab Emirates
Botswana Red Cross Society	Latvian Red Cross	Red Crescent Society of Uzbekistan
Brazilian Red Cross	Lebanese Red Cross	Red Cross of Monaco
British Red Cross	Lesotho Red Cross Society	Red Cross Society of China
Bulgarian Red Cross	Libyan Red Crescent	Red Cross Society of Panama
Cambodian Red Cross Society	Liechtenstein Red Cross	Red Cross Society of the Democratic People's Republic of Korea
Chilean Red Cross	Lithuanian Red Cross Society	Romanian Red Cross
Colombian Red Cross Society	Luxembourg Red Cross	Saint Kitts and Nevis Red Cross Society
Cook Islands Red Cross Society	Macau branch of the Red Cross Society of China	Salvadoran Red Cross Society
Costa Rican Red Cross	Malagasy Red Cross Society	Samoa Red Cross Society
Croatian Red Cross	Malaysian Red Crescent Society	Saudi Arabian Red Crescent Society
Cyprus Red Cross Society	Malta Red Cross Society	Seychelles Red Cross Society
Czech Red Cross	Mauritius Red Cross Society	Singapore Red Cross Society
Danish Red Cross	Mexican Red Cross	Slovak Red Cross
Ecuadorian Red Cross	Micronesia Red Cross	Slovenian Red Cross
Estonia Red Cross	Mongolian Red Cross Society	Somali Red Crescent Society
Ethiopian Red Cross Society	Moroccan Red Crescent	South African Red Cross Society
Fiji Red Cross Society	Myanmar Red Cross Society	
Finnish Red Cross	Namibia Red Cross	
French Red Cross		
German Red Cross		
Grenada Red Cross Society		
Hellenic Red Cross		

Spanish Red Cross
Suriname Red Cross
Swedish Red Cross
Swiss Red Cross
Taiwan Red Cross
Organization
The Barbados Red Cross
Society
The Canadian Red Cross
Society
The Guyana Red Cross
Society
The Netherlands Red Cross

The Red Cross of Serbia
The Red Cross of The
Former Yugoslav Republic of
Macedonia
The Red Cross Society of
Bosnia and Herzegovina
The Republic of Korea
National Red Cross
The Russian Red Cross
Society
The Sri Lanka Red Cross
Society
The Thai Red Cross Society

Tonga Red Cross Society
Trinidad and Tobago Red
Cross Society
Turkish Red Crescent Society
Uganda Red Cross Society
Ukrainian Red Cross Society
Uruguayan Red Cross
Vanuatu Red Cross Society
Venezuelan Red Cross
Viet Nam Red Cross Society

Annexe 3

Red Cross Red Crescent partners with representation in the priority countries

Indonesia

American Red Cross
 Australian Red Cross
 Belgian Red Cross
 British Red Cross
 Danish Red Cross
 French Red Cross
 German Red Cross
 Hong Kong branch of the Red Cross Society of China
 Irish Red Cross Society
 Japanese Red Cross Society
 Malaysian Red Crescent Society
 Norwegian Red Cross
 Red Cross Society of China
 Saudi Arabian Red Crescent Society
 Singapore Red Cross Society
 Spanish Red Cross
 Swiss Red Cross
 Taiwan Red Cross Organization
 The Canadian Red Cross Society
 The Netherlands Red Cross
 The Republic of Korea National Red Cross
 Turkish Red Crescent Society

Sri Lanka

American Red Cross
 Australian Red Cross
 Austrian Red Cross
 Belgian Red Cross (Flanders and French-speaking communities)
 British Red Cross
 Red Cross Society of China
 Danish Red Cross
 Finnish Red Cross
 French Red Cross
 German Red Cross
 Hong Kong branch of the Red Cross Society of China
 Irish Red Cross Society
 Italian Red Cross
 Japanese Red Cross Society
 Malta Red Cross Society
 Norwegian Red Cross
 Saudi Arabian Red Crescent Society
 Spanish Red Cross
 Swiss Red Cross
 Taiwan Red Cross Organization
 The Canadian Red Cross Society
 The Netherlands Red Cross
 The Republic of Korea National Red Cross
 Turkish Red Crescent Society

Maldives

American Red Cross
 Australian Red Cross
 British Red Cross
 French Red Cross
 German Red Cross
 The Canadian Red Cross Society

Thailand

American Red Cross
 British Red Cross
 French Red Cross
 Finnish Red Cross
 Hong Kong branch of the Red Cross Society of China
 Norwegian Red Cross
 Swedish Red Cross

Annexe 4

Tsunami High Level Group: findings at country level

The following is a summary of the country-level findings and recommendations resulting from team visits to three countries in March and April 2006.

Indonesia

- Although Movement coordination was working reasonably well, a greater sense of leadership and shared responsibility with a clear integrated strategy was needed. (There were 27 partner National Societies operating in Aceh at that time.)
- There was a need for improved coordination and communications with other actors, particularly BRR.
- Communications with beneficiaries needed to be improved and criteria needed to be established for equitable beneficiary selection.
- The IFRC needed an advocacy policy for beneficiaries whose needs had not all been met.
- While commending the scaling-up by PMI, an organizational development strategy for post-tsunami development and sustainability was required.
- PMI was not making management charges for its tsunami response or for support to the secretariat and partner National Societies. Given PMI's financial pressures, this needed to be addressed.
- In the light of secretariat's low income against its planned budget, and the very high inflation rate for construction materials and labour (as high as 60 per cent and rising), it was imperative to review commitments, projects and priorities.
- Shelter issues needed to be addressed in relation to future requirements, as did technical issues and stronger links with BRR to optimize the planning and implementation opportunities. BRR had set mid-2007 as the completion date for housing. As this would not be met by Red Cross Red Crescent, there needed to be a sounder basis for building mutual understanding with BRR and beneficiaries.

- Difficulties were being experienced in human resource recruitment and retention. A mapping and joint review of human resources was needed.
- PMI and partner National Society volunteers needed to be better managed through an agreed set of policies and guidelines.

Sri Lanka

- There a need for better consultation with other actors, including NGOs, on equity issues.
- The Movement Coordination Framework was regarded as too bureaucratic and slow. There was a need to build trust and respect within the framework and for the IFRC to provide stronger leadership.
- There was ambiguity regarding the IFRC's coordination and implementation roles. These needed to be clearly separated.
- There was evidence of good beneficiary-driven approaches but a lack of evidence that the Red Cross Red Crescent influenced the primary selection of beneficiaries. Red Cross Red Crescent vulnerability criteria needed to be developed to validate government lists, and beneficiaries needed to be consistently consulted during the planning and implementation phases.
- A harmonized compensation system for national staff was needed.
- While the Sri Lanka Red Cross Society was providing valuable support, there was a need to find an appropriate balance between addressing its own capacity building and its ability to meet operational requirements. There needed to be clarity regarding future sustainable core activities and the National Society was urged to critically review its strategy.
- The Sri Lanka Red Cross Society needed to decentralize some functions to branch level for greater flexibility.
- The large number of delegates in-country suggested that there could be better pooling of human resources. Too many delegates were new to the Movement or to the field. There was a need to map and analyse the cost effectiveness of human resources.
- Given the slow rate of progress, realistic planning targets needed to be established for housing reconstruction.

Maldives

- A stronger framework to coordinate IFRC resources was required to help ensure efficiency and avoid duplication. There was a lack of consistent standards across all Movement activities and programmes.
- Coordination among Red Cross and Red Crescent actors was weak but “friendly” – a country strategy was required.
- A strong, centrally led government as primary partner compromised the quality of accountability to beneficiaries. The government’s application of the ‘build back better’ policy risked aggravating equity issues by increasing focus on the beneficiaries receiving assistance as opposed to the people who did not.
- Some projects had questionable sustainability as a result of centralized decision-making within the government and a lack of community ownership. A review was required to avoid leaving behind a ‘white elephant’ – a useless legacy.
- Create a culture of peer review within the Red Cross Red Crescent.
- The process of forming a National Society was at risk of being hampered by politicization.
- The need for an IFRC delegation recovery coordinator needed to be prioritized.
- There was a need to reduce staff turnover and to commit to longer-term contracts.
- There was a need to reduce inconsistencies within Red Cross Red Crescent housing projects, for example, differences in quality, costs and beneficiary consultation.

Annexe 5

Experience regarding legal requirements

Legal status agreements

Most countries require foreign organizations to register with the relevant public authorities before undertaking a disaster response operation. Renting office space, hiring staff, signing procurement contracts and importing goods all require a legal personality and authorization to operate at country level.

The IFRC generally operates on the basis of a status agreement negotiated bilaterally with the government, which grants it privileges and immunities similar to intergovernmental organizations. These agreements apply only to the legal entity of the IFRC's secretariat, not to the IFRC's membership.

If, because of its in-country activities, a partner National Society is obligated to register an office in the country concerned, instead of registering independently with the government, it has the possibility of working under the legal entity either of the host National Society or the IFRC secretariat system (through an integration agreement). The partner National Society's activities would then benefit from the legitimacy afforded by either legal personality.

In the case of the tsunami operation, legal status agreements were in place in the main operational countries, including Indonesia, Sri Lanka and India. The Maldivian government accorded the IFRC a legal status within ten weeks of the tsunami, which greatly facilitating its work. In the absence of a National Society, the IFRC initially had no legal basis to operate with impunity in the country.

Although governments were welcoming and very accommodating, as the tsunami operation progressed it became apparent that some of the agreements in place were lacking sufficient provisions to assure some much-needed facilities, particularly in areas such as applying tax-free status, customs clearance and the issuing of visas for expatriate staff.

In Indonesia and Sri Lanka – the two largest operations for the IFRC – a number of different ministries were involved in administering the provisions of the legal status agreements. This often made administration time-consuming and created a degree of uncertainty as to outcome when negotiating expected entitlements. In Indonesia, for example, the IFRC's entitlement to have VAT on relief goods reimbursed had yet to be resolved at the end of the period.

During the four-year period when Indonesia's BRR was established and based in the tsunami-affected area, the operation was greatly facilitated by having a 'one-stop shop'¹¹⁶ where many interministerial matters could be more readily resolved. The administrative difficulties became more complex when dealing with the several ministries involved in Jakarta. Whilst having the

¹¹⁶ See section 6.2.1. on 'Context'.

legal status agreement in place with the Indonesian government was a huge benefit for facilitating the IFRC's tsunami operation, the agreement lacked some of the privileges and immunities usually accorded to intergovernmental organizations. During the course of the tsunami operation, there were ongoing negotiations between the government and the IFRC, supported by PMI, to amend and strengthen the provisions in favour of the IFRC. This became all the more important when BRR closed and partner National Societies were required to sign an integration agreement with the IFRC in order to maintain their presence in-country. Negotiating appropriate legal status agreements with governments is normally a lengthy process given the many ministries involved and the procedures and protocols that have to be respected. The process in Indonesia proved to be no exception, with a new and more advantageous agreement for the IFRC still not in place at the end of the period.

In Sri Lanka, the IFRC's legal status agreement was signed in 2004 – not long before the tsunami disaster. The agreement provided that the IFRC work “through or in agreement with” the Sri Lanka Red Cross Society. The host National Society's interpretation of this meant that all projects were implemented in partnership with the Sri Lanka Red Cross. While this interpretation provided the opportunity for the National Society to support and facilitate the administration of the agreement, on the other hand, it also added to the bureaucracy and complexity of administration. For example, the Ministry of Foreign Affairs sought Sri Lanka Red Cross endorsement for all expatriate visa applications, often hampering recruitment processes. The situation in Sri Lanka, as opposed to Indonesia¹¹⁷, was very different in that all partner National Societies could only operate in the country as an integrated part of the IFRC under its legal status agreement. All contracts had to be entered into in the name of the IFRC; expatriate delegates recruited to implement bilateral projects were obligated to work as IFRC delegates; and partner National Society bank accounts were all opened as IFRC accounts. This placed enormous legal liabilities on the IFRC. Each partner National Society was required to enter into an integration agreement with the IFRC to regulate this relationship and provide some protection for the organization.

The conflict in Sri Lanka resulted in periods when international organizations were viewed with some distrust, especially as a result of several media

¹¹⁷ However, this did change in April 2009 once BRR had closed.

campaigns. This complicated the relationship with the government for many international organizations when, for example, time limits were placed on the number of times visas could be extended. This situation emphasized the importance of the IFRC having a strong legal status agreement on which to rely in providing clarity in its relations with the government.

In Maldives, the IFRC was fortunate to have an agreement that satisfied the standard provisions requested by the organization. While this undoubtedly facilitated the work of the delegation by removing impediments to efficient operations, the relatively small size of the government also greatly eased the administrative process.

The tsunami operation highlighted the importance of the IFRC having substantive legal status agreements in place, preferably before disasters strike. These legal status agreements need to grant privileges and immunities similar to those enjoyed by intergovernmental organizations to ensure the IFRC is best able to operate effectively and efficiently in delivering humanitarian assistance to those affected by disasters. Having adequate facilities and legal protection is all the more important when partner National Societies operate as part of the IFRC and under its legal umbrella.

Integration and service agreements

Integration agreements

By signing an integration agreement with the IFRC, the partner National Societies committed to operate in the name of the IFRC in accordance with the IFRC's applicable rules and procedures, such as those related to procurement and security regulations. From the perspective of an outsider, the partner National Society became part of the IFRC delegation and was seen as part of one entity. The benefits that flowed from this relationship generally included the following:

- exemption from customs restrictions and duties
- tax exemptions, such as on VAT and delegate salaries
- exemption from financial and currency exchange controls
- freedom from immigration restrictions
- organizational immunity from jurisdiction
- functional immunity for delegates
- limited immunities for local staff

Some of these privileges and immunities were not available where the IFRC's legal status was weak, or when there were restricted provisions, for example, in Sri Lanka, when the government introduced visa restrictions for international organizations including the IFRC.

While the partner National Society integrated its operations into the IFRC's legal and operational framework, it retained its bilateral responsibilities. Exercising these responsibilities could not, in practice, always be done separately. For example, in Sri Lanka (as mentioned above) the Sri Lanka Red Cross and the IFRC delegation jointly signed all contracts. In the case of bilateral projects, a representative of the partner National Society usually sat on the tender board and was involved in the decision to award contracts relating to its bilateral projects. However, when difficulties arose in the implementation of the contracts, the joint signatory parties had to take responsibility for resolving any problems. For reasons such as this, the integration agreements significantly increased the workload of the IFRC country delegations.

While the IFRC had entered into integration agreements prior to the tsunami, the sudden increase in the number of partners seeking this relationship led to a standard integration agreement being adopted in order that all partner National Societies had the same or very similar relationships with the IFRC irrespective of the home country of the partner National Society.¹¹⁸

Integration agreements were particularly important in Sri Lanka and for those operations based on the regional delegations in Bangkok, New Delhi and Nairobi. Because partner National Societies could register separately with the authorities in Indonesia, only a few National Societies were integrated in the period up until April 2009 when BRR closed and the special right to register and operate independently in Indonesia was withdrawn. After this, the remaining partner National Societies, if they wished to remain in the country, were required by PMI to integrate with the IFRC and sign the CAS to regulate the nature of their assistance and cooperation with PMI.

Service agreements

The IFRC developed service agreements, offering a menu of services to partner National Societies on a cost-recovery basis. A service agreement could stand alone or be used in conjunction with an integration agreement. These agreements provided a range of optional services such as office accommodation, administrative services, e-mail and IT services, visa and delegate registration formalities, delegate housing, car rental, procurement, warehousing and other logistics services.

The aim was to support partner National Societies in becoming operational, optimize efficiency through economies of scale, avoid duplication and strengthen synergies between IFRC members.

The approach of using service agreements to provide a menu of services presented additional challenges for the delegations in terms of managing and delivering on the many commitments made. While costs for the different services were calculated centrally by the IFRC according to an accounting formula, in fact, the full cost of providing these services was never fully covered and the IFRC subsidized the service to partner National Societies.

¹¹⁸ The standard agreements could be negotiated on matters of detail to ensure compliance with the laws of the country of the partner National Society and the country-specific provisions in the legal status agreement.

The future

The experience built up during the tsunami, as well as in other operations during the same period, led to an initiative to develop a global headquarters-level agreement for the provision of supplementary services. The concept is based on the precept that a set of services be provided to National Societies under applicable IFRC principles and rules, and that these services are provided on an “as requested” basis, subject to available resources and, if applicable, the agreement of the host National Society. Users of the services would be charged for the additional charges that would be incurred by the IFRC in providing the services. The types of services offered would be documented in the global agreement, along with the terms and conditions for each of three categories of service provision under an integration agreement, an administrative services agreement and a procurement and logistics agreement.

Legal delegates

The country-based delegations of the IFRC normally require legal advice in managing their affairs in accordance with the applicable national laws and regulations. These typically involve advice on labour law when recruiting local staff, contract law for the rental of property, and tax law in dealing with entitlements and tax privileges pertaining to relief and development operations. Delegations are expected to engage local lawyers to advise them on such issues.

The tsunami operation gave rise to a far greater range of issues that called for legal counsel. Some issues were much more complex than those normally encountered, and the risks associated with some activities were unusually high, for example, construction contracts worth several million Swiss francs. Because some contractors had registered headquarters in other countries, the contractual requirements to resolve disputes were often not subject to the laws of the country concerned. The law of different jurisdictions needed to be applied.

Furthermore, legal counsel was involved in dealing with complaints regarding beneficiary lists, allegations of impropriety and corruption, and in applying the human resource rules in regard to the IFRC’s code of conduct. There were also issues surrounding legal status agreements with governments, and the integration and service agreements with partner National Societies. This called for legal advice on issues that went to the heart of protecting the personality of the IFRC secretariat and managing the risks to which it was exposed.

In order to provide the best advice to management, full-time legal delegates were recruited and based in the field. Initially, there were two – one in Indonesia and one in Sri Lanka – with a brief to support the Maldivian delegation as well. By 2007, the workload had reduced sufficiently to have one delegate with regional tsunami operation responsibility. This was the first time the IFRC had deployed expatriate legal advisers in the field.

Several complications and disputes arose over the implementation of construction contracts, some of which had to be resolved by way of settlements. These generally related to slow or poor work performance. In some of the countries, local practice was much more tolerant and flexible regarding the strict application of contractual provisions than expatriate managers had

experienced. Solutions had to be found that both delivered on project commitments to affected communities and the standards for financial accountability.

As the IFRC had limited previous experience in directly contracting large-scale construction of housing and water and sanitation infrastructure, no specific procedures had been developed for managing this process. While the logistics procedures for procurement were followed, they were not always adequate. The drawing-up of contracts was managed at field level with reference to practice in organizations such as the World Bank and FIDIC (International Federation of Consulting Engineers). Contract processes and documents inevitably varied, and it became apparent that there was a need for explicit procedures to guide the process for procurement of construction projects. As a consequence, the IFRC undertook a major review and developed a complete set of new procedures to address this issue.

Annexe 6

Lessons learnt from Indonesia

In January 2009, PMI, the IFRC, ICRC and 12 partner National Societies came together and participated in a workshop to explore lessons learnt.

The principal challenges and lessons that emerged from the workshop can be summarized as follows.

Community participation

- Understand the beneficiary community well. Few foreigners understood the Achinese well.
- Listen, check assumptions regarding women and be clear about intentions. Communities respected clarity from the beginning and this underlined the importance of establishing an exit strategy from the outset so that assumptions were shared and understood.
- PMI volunteers were valued counterparts as they understood the context, but their experience was largely in conflict-related activities. They had little previous community-based experience.
- PMI at chapter level was not well versed in PMI policies and standards. These needed to be ascertained.
- There is a need to be ready to adapt as a situation changes, but stakeholders need to be kept informed.

Construction

- Technical professionals are needed from the outset for operations of this scale, but there must be full integration of technical and community teams.
- Time spent in the planning phase is critical.
- There must be effective coordination and information-sharing between Movement players from the outset.
- There is a need for a shared beneficiary database within Movement.
- The partner responsible for building houses should also be responsible for roads and drainage in relocation villages, as well as sanitation and simple permanent water supply.

Disaster risk reduction

- There is a need for community participation in programme design.
- There is a need for awareness of government policies and strategies.
- There is a need for an integrated approach within the Movement.
- There is a need for a strategic plan to scale down programme support in line with PMI's capacity to provide sustainability.

PMI capacity building

- Most capacity building of PMI was done through programming activities and insufficient attention was given to core staff and support functions.
- The lack of a sustainable approach towards retaining volunteers: a volunteer management system was needed to be implemented.
- There was a gap between PMI and partner expectations that was difficult to bridge.

Movement coordination

- There could have been better use of the Seville Agreement and the Strategy for the Movement.
- There could have been better information-sharing and dissemination of knowledge among partners.
- There is a need for better knowledge about national sectoral policies.
- Greater interaction between the Movement Platform, the Movement Partner Task Force and the technical working groups should be fostered

Annexe 7

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

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

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

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

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

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

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

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



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