



Tsunami two-year progress report

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

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

Our goals

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

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

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

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

Our priorities

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

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

Increasing significantly our HIV/AIDS programming and advocacy.

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

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Cover photo: Virgil Grandfield/International Federation

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Foreword

The tsunami was extraordinary in its magnitude and human toll, and remarkable in the response it triggered. Never before had we experienced a natural disaster of such dimensions, directly affecting millions of people in 14 countries, leaving 227,898¹ dead or missing and more than 2 million displaced, and indirectly touching families in more than 100 countries. And never before had we witnessed such an outpouring of generosity, with USD 13.5 billion pledged in international aid from across the globe.

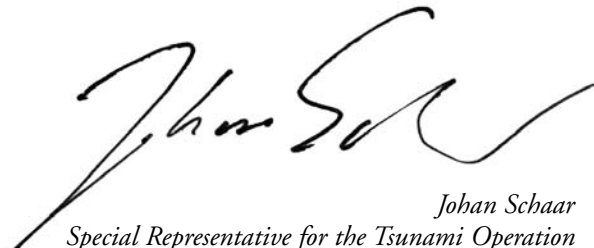
The global Red Cross Red Crescent network mounted the largest relief operation in its history. Members of the public turned to their National Red Cross or Red Crescent Society to express their support. More than 100 Societies received public donations and at least 30 sent emergency teams to the Indian Ocean region to help provide immediate relief. Many of them have stayed on, working with local National Societies and their governments to assist shattered communities in rebuilding their lives and livelihoods.

Throughout the operation, the International Federation of Red Cross and Red Crescent Societies and its member National Societies have reported individually on the progress of tsunami recovery through their respective websites and written reports and publications. However, as we enter the third year of this massive undertaking, it is important to present a consolidated view of what has been achieved and how the resources entrusted to us are being used.

This is the first time that National Red Cross and Red Crescent Societies, organized as a federation and with a secretariat to provide leadership, operational coordination and membership services, have attempted to provide a picture of their collective role and impact. It is an ambitious task, given the many actors involved and the broad range of recovery programmes being implemented.

As you will see, significant achievements have been made. Thousands of houses have been rebuilt, along with schools, health clinics and hospitals. Tens of thousands of people have been able to re-establish their livelihoods, and we continue to work with communities across the region to increase their resilience to future calamities.

Yet there have also been challenges. The scale of the disaster has tested the capacity and expertise of the entire humanitarian sector. The International Federation remains steadfast in its commitment to meet these challenges head on, to address what has gone wrong and to honestly and directly communicate its experiences.



Johan Schaar
Special Representative for the Tsunami Operation
International Federation of Red Cross and Red Crescent Societies

¹ Referring to those killed or missing in 14 countries around the Indian Ocean, Tsunami Evaluation Coalition, *Joint evaluation of the international response to the Indian Ocean Tsunami: Synthesis Report*, July 2006, pp. 33, 46.

About this report

This report presents the results of the collective efforts of the Red Cross Red Crescent in the tsunami-affected countries. It comprises two main parts: the first is an account of financial expenditures for tsunami operations to date, for which 28 National Societies have provided information. The Secretariat of the International Federation has been assisted by KPMG Geneva in developing the financial template and supporting narrative guidelines used by the National Societies to produce the combined income and expenditure data as of 30 September 2006. The second part is a programmatic analysis for which the International Federation Secretariat and 31 of its members active in the tsunami-affected countries have contributed data. While a few National Societies were unable to contribute data on time, the report is nonetheless comprehensive, covering most of what the International Federation and member National Societies have achieved and what has been spent so far.

Further information on the definitions and methodology used to collect and report the financial data can be found in Annex 1. Annex 2 provides the general guidance and definitions used for the programmatic data. Annex 3 presents the coverage of Red Cross Red Crescent operations for selected countries.

The report does not document the viewpoints of the beneficiaries of tsunami-related aid. Their personal testimonies can be found in specific country reports [\[link\]](#) and many other products on the websites of the International Federation and of individual National Societies.

Glossary of terms

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

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

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

Executive summary

Almost two years after a devastating earthquake and series of tsunamis wreaked havoc in 14 countries around the Indian Ocean on 26 December 2004, the International Federation and its member National Societies have taken stock of their collective achievements and expenditure to date, as well as of the difficulties encountered and the lessons learned.

After the first year, which focused primarily on meeting the immense emergency needs of the affected populations, the International Federation along with its member National Societies turned its attention to supporting recovery and reconstruction, in particular in the three worst-affected countries: Indonesia, Sri Lanka and the Maldives. Reconstruction efforts have been progressively gathering pace, and as the second year draws to an close, people have been moving into new homes and economic activity is resuming. As this report shows, the Red Cross Red Crescent, one of the largest humanitarian organizations operational in the post-tsunami context, has achieved significant results, although it is well aware that many challenges remain which it is committed to addressing.

Red Cross Red Crescent recovery and reconstruction activities include the building of permanent homes, of which some 20,000 out of the 50,000 pledged have been completed or are under construction. Other areas where the Red Cross Red Crescent has been active include: the reconstruction of basic infrastructure such as schools and health clinics; the provision of safe water and sanitation; psychological support to survivors; and rebuilding and enhancing livelihoods. With a longer-term outlook, a strong emphasis has been placed on increasing the disaster management capacities of Red Cross and Red Crescent Societies in the region so that they are better able to protect the population against future hazards. Moreover, it has taken steps to strengthen its learning and accountability within tsunami recovery programmes, with a eye to improving its performance in future such operations.

By the end of the third quarter of 2006, CHF 1.135 billion or 40 per cent had been spent of the CHF 2.8 billion raised by the Red Cross Red Crescent in more than 100 countries. It is estimated that close to 50 per cent will have been spent by the end of 2006. The report presents data on the origin of funding and the allocation of expenditure among countries and programme areas, as well as a projection of continued expenditure until 2010 and beyond. Although most of the programme implementation is done by the Red Cross Red Crescent, other partner organizations have also made a valuable contribution to the operation.

Key lessons learned include the importance of including a recovery dimension in early emergency needs assessments; the need to plan for and support every stage of the sheltering process, from the provision of emergency shelters to permanent homes along with the necessary infrastructure; the importance of ensuring the sustainability of recovery interventions, particularly in livelihoods and health infrastructure; and the need to improve accountability systems towards the affected population.

Experiences from the compilation of the two-year tsunami progress report will be used for the development of an International Federation-wide performance reporting system.

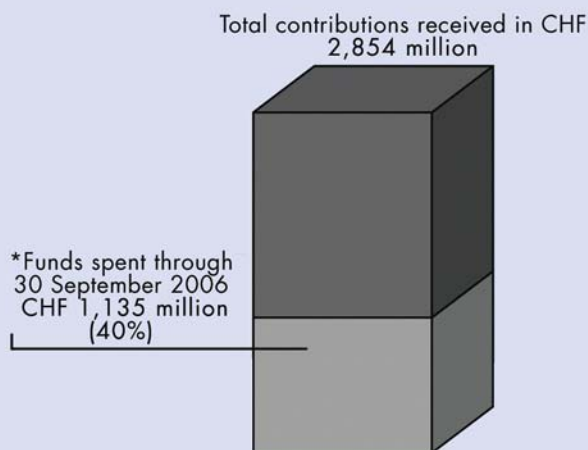


Financial overview

The International Federation and its member National Societies² have received a total of CHF 2,854 million for tsunami operations.³ As at 30 September 2006, CHF 1,135 million or 40 per cent has been spent across all tsunami-affected countries. According to data received from International Federation members on expenditure forecast for the fourth quarter of 2006, the total spending for the first two years of tsunami operations is expected to be approximately 50 per cent of funds received.

Figure 1

Overall International Federation income and expenditure summary (2004–2006*)



² The information in this financial summary combines unaudited financial data from 28 individual National Societies (listed below) and the International Federation Secretariat, which is conducting tsunami recovery operations on behalf of more than 100 National Societies which contributed directly to its tsunami appeal. The financial data for this report was provided by Red Cross and Red Crescent Societies and organizations from: Australia, Austria, Belgium – Flanders community, Belgium – Francophone community, Canada, China, Denmark, Finland, France, Germany, Hong Kong, India, Indonesia, Japan, Korea, Myanmar, Netherlands, New Zealand, Norway, Seychelles, Singapore, Spain, Sri Lanka, Sweden, Switzerland, Thailand, United Kingdom and United States.

³ Financial reporting was received in local currencies and converted to Swiss francs (CHF), which is the official reporting currency of the International Federation Secretariat. The foreign exchange rates used were derived in the following way: the exchange rate to translate income is the average rate from 27 December 2004 through 31 March 2005, the period during which the majority of donations were received; the exchange rate to translate expenditure is the average rate from 27 December 2004 through 30 September 2006; and the rate at 30 September 2006 is used for all projected expenditure.

The tsunami was unique in that almost two-thirds of the funds donated, as shown in Figure 2.1, came from members of the public rather than from traditional donors such as government agencies. Almost all of the CHF 2,854 million donated to the International Federation came in the form of cash designated for tsunami relief and recovery in general. However, some funds were earmarked for specific countries, and these have been allocated accordingly, as can be seen in Figure 2.2.

Figure 2
International Federation income analysis (in millions CHF)

Figure 2.1
Total contributed to International Federation by original sources

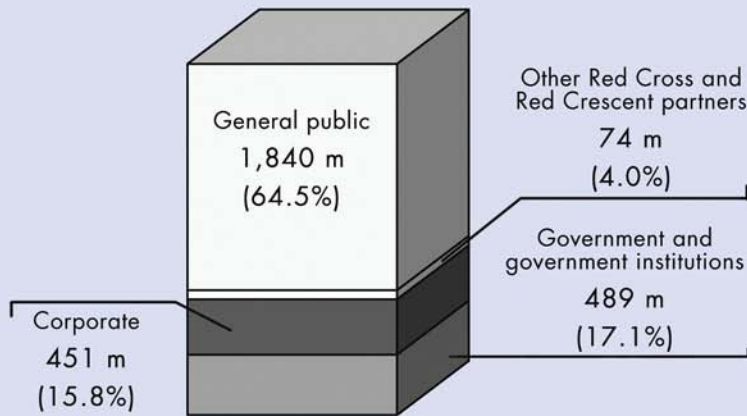


Figure 2.2
Total contributed by original designation

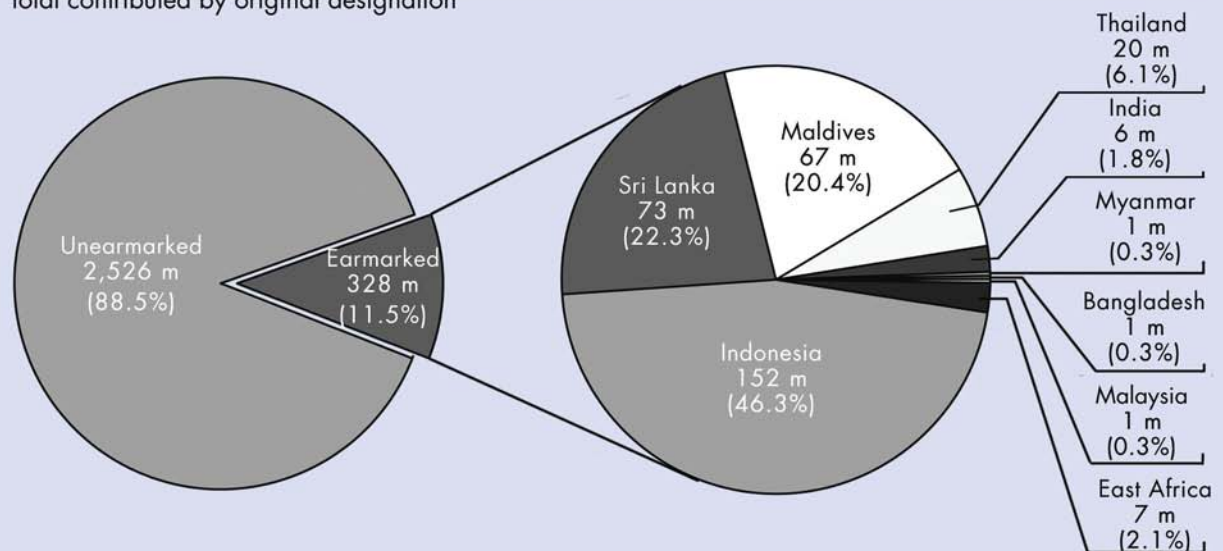


Figure 3 reflects spending through 30 September 2006 by programme area⁴ and location of operations. The largest amounts spent have been on emergency relief (CHF 320 million) and shelter and community construction (CHF 370 million). Programme support and coordination includes expenditure in “cross-cutting” areas such as gender, the environment, beneficiary participation, monitoring and evaluation, and auditing and financial services. It also includes fundraising costs incurred in the immediate aftermath of the disaster and staff costs at headquarter and field levels. Figure 3.2 shows that the largest amounts have been spent in Indonesia (CHF 595 million) and Sri Lanka (CHF 230 million). The regional and headquarters category represents expenditure on initiatives which are either not specific to one country, such as regional disaster preparedness activities and early warning systems, or those that are attributable to headquarters.

Figure 3

International Federation tsunami funds spent through 30 September 2006 (in millions CHF)

Figure 3.1

Total expenses by category

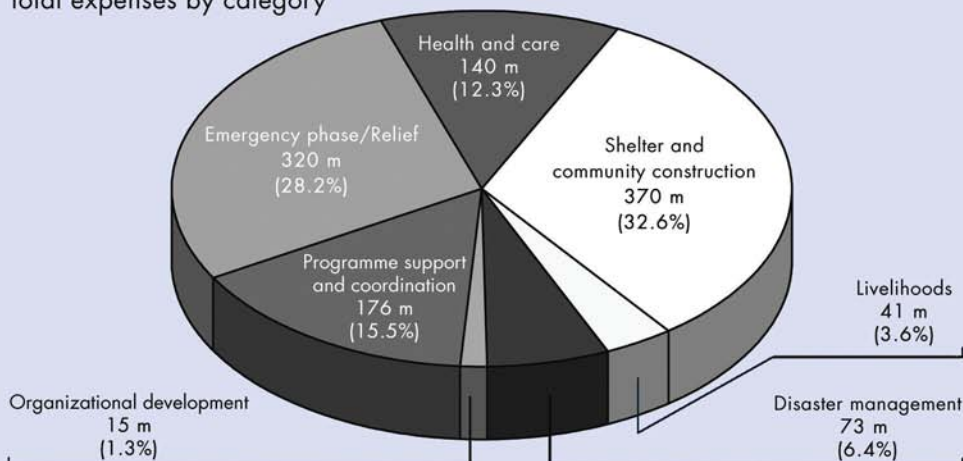
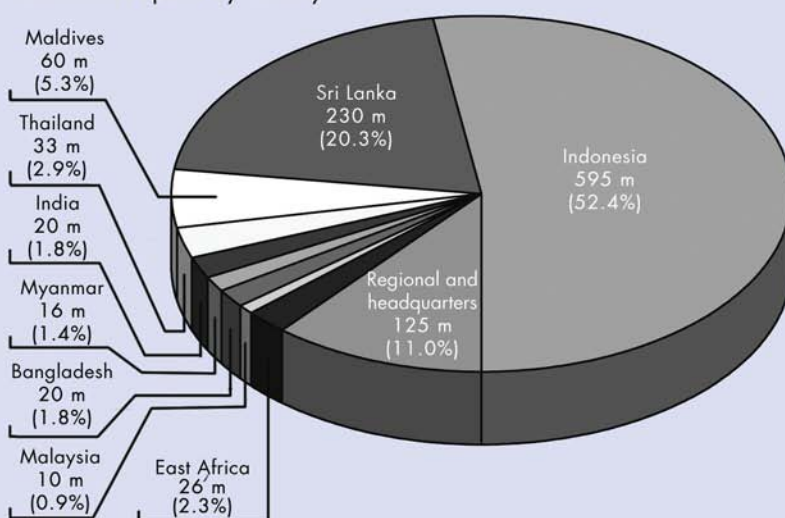


Figure 3.2

Total funds spent by county



⁴ Financial reporting has been restricted to seven categories. Each National Society has its own, unique financial accounting and coding structures. Therefore, for the purposes of consolidating financial figures, the data supplied by the National Societies were simplified into the seven categories shown in Figure 3.1. For definitions and a detailed list of these categories, see Annex 1.

Table 1 details expenditure by country⁵ and by programme.

Financial details by location and by programme (in millions CHF)	Emergency phase/ Relief	Health and care	Disaster management	Livelihoods	Shelter and community reconstruction	Organizational development	Programme support and coordination	Total expenditure (by country)
Indonesia	209.9	34.0	31.9	20.2	250.5	5.6	43.0	595.1
Sri Lanka	74.8	26.1	8.5	10.2	76.5	3.9	29.3	229.3
Maldives	2.1	15.7	6.3	0.3	24.7	0.4	10.4	59.7
Thailand	3.4	6.5	0.5	6.0	8.9	2.2	5.1	32.6
India	6.3	0.2	1.9	2.4	9.0	0.8	1.5	22.1
Myanmar	2.6	11.7	0.3	0.2		0.6	0.3	15.7
Bangladesh		20.0	0.4					20.4
Malaysia	2.3	0.8	3.9	0.8		0.8	0.8	9.4
East Africa	0.2	15.6	6.1	0.7	0.4	0.3	2.5	25.8
Regional and HQ	18.9	9.3	13.1	0.0	0.0	0.5	83.4	125.2
Expenditure by category	320.4	139.8	72.8	40.7	370.2	15.1	176.3	1,135.3

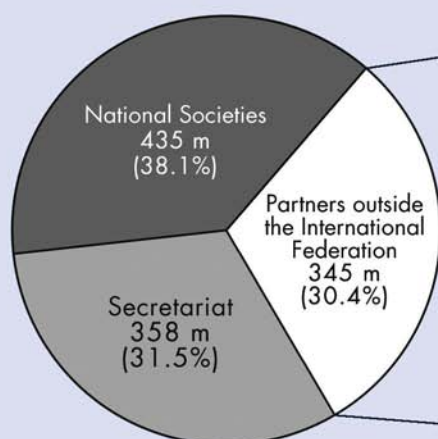
The International Federation has endeavoured to coordinate its response with other actors involved in the recovery operation to avoid unnecessary duplication or gaps in the provision of assistance. In addition, it has sought to work with agencies with expertise in specific fields in order to ensure that people receive the best assistance possible.⁶ Figure 4 shows that the members of the International Federation contributed funds to and worked in partnership with other entities, such as the

Figure 4

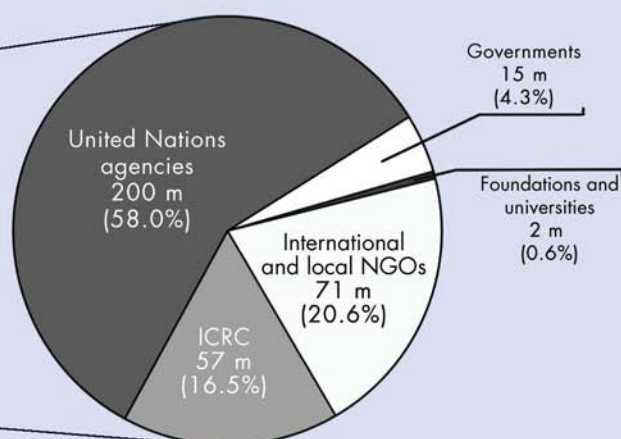
Funds spent by International Federation Secretariat, National Societies and external partners (through 30 September 2006, in millions CHF)

Figure 4.1

Implementers of International Federation funding

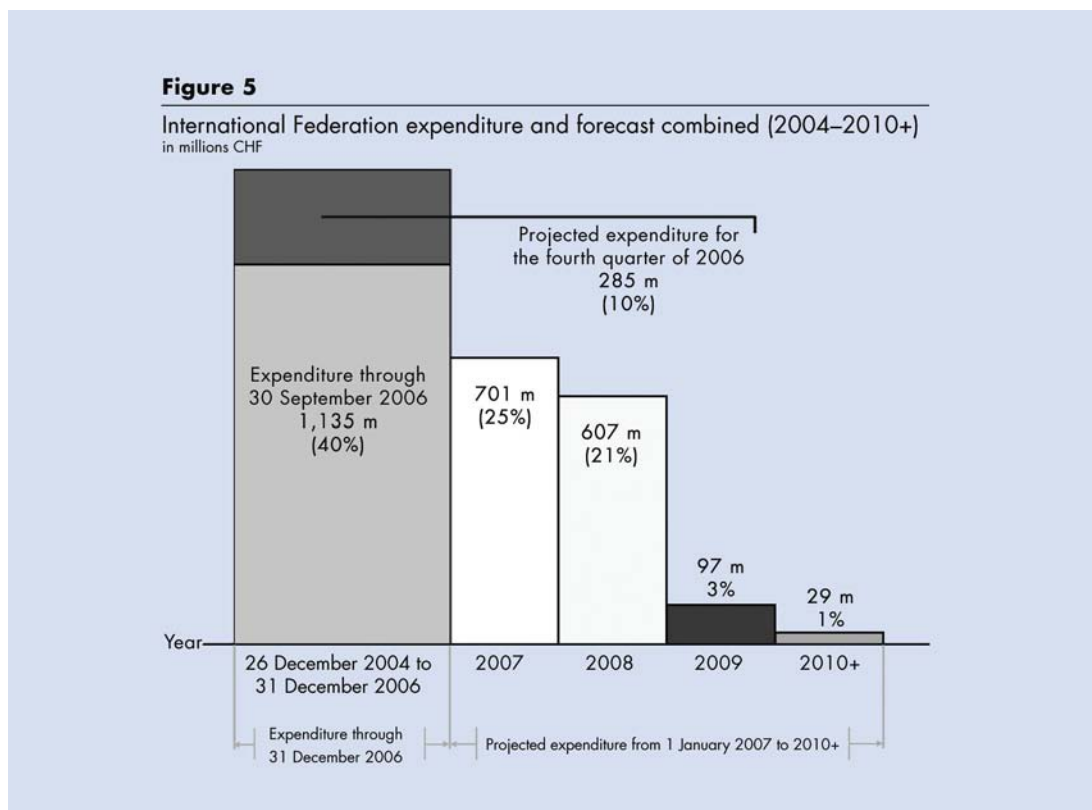
**Figure 4.2**

Total funds programmed via non-International Federation partners



⁵ East Africa covers Somalia, Seychelles, Madagascar, Kenya and Tanzania.

International Committee of the Red Cross (ICRC), which was present in much of the affected region at the time the tsunami struck. Other key partners were the United Nations (UN) and its agencies, such as the World Food Programme, UNICEF and WHO. Additionally, the scope and scale of relief and recovery programmes required the International Federation to work more closely with governments than it has done in other operations. This is reflected in funding that has been expended with local and national governmental agencies and ministries to enhance sustainability and ensure the relevance of the programmes being carried out.



The International Federation tsunami recovery programming will continue at least through the year 2010 for many partners. Estimated spending projections are shown in Figure 5.

A major focus of the International Federation's recovery work is on infrastructure activities and capacity building, which require careful consideration of sustainability issues. The reconstruction of whole communities and the work related to ensuring that those communities remain resilient for future generations require years of commitment. The volume of reconstruction under way necessitates proceeding at a measured pace to ensure the highest level of accountability to the people served and to be certain to needs are met efficiently.

6 Some examples of tsunami operations carried out in partnership with non-Federation members include: contributing funds to the World Food Programme, already present in Nanggroe Aceh Darussalam (NAD) when the tsunami happened, in order to increase the availability of food for displaced populations; and funding the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), via the United Nations Foundation to conduct large-scale vaccination programmes throughout the affected region.

Table 2. Programmatic analysis

Data categories	Overall	Three most-affected countries			
		Indonesia	Sri Lanka	Maldives	Other ⁷
Population	1,601,103,590	217,587,500 Nanggröe Aceh Darussalam: 2,400,000	18,732,255	298,842	1,364,485,000
Population affected by the tsunami	2–5,000,000 ⁸	2,000,000 ⁹	3,344,704 ¹⁰	100,000	2,919,000 ¹¹
Estimated number of affected persons reached (by the International Federation Secretariat, National Societies and other partners combined)	18,141,000	14,459,000 ¹²	1,200,000	287,000	2,194,000 ¹³
Estimated % of projects with one or more forms of local participation ¹⁴	58% for two countries reporting	Not reported	45%	70%	Not reported
Transitional shelters					
Completed	15,079	13,890	105	1,084	0
Under construction	3,650	3,650	0	0	0
Planned	2,460	2,460	0	0	0
Total shelters to be provided	21,189	20,000	105	1,084	0
Permanent housing					
Completed	8,204	1,981	6,025	180	18
Occupied	6,153	Not reported	6,025	110	18
Under construction	12,849	2,010	9,890	949	0
Planned	29,050	14,849	13,763	438	0
Total houses to be provided	50,103	18,840	29,678	1,567	18¹⁵
Hospitals and clinics					
Completed	89	55	9	24	1
Operational/In use	25	Not reported	9	15	1
Under construction	111	86	15	2	8
Planned	101	55	42	2	2
Total hospitals and clinics to be provided	301	196	66¹⁶	28	11
Schools					
Completed	16	14	2	0	0
Operational/In use	7	Not reported	7	0	0
Under construction	35	16	7	3	9
Planned	81	46	0	1	34
Total schools to be provided	136	76	9	4	43
# of persons with improved access to health and education services (includes double counting or persons receiving multiple services)	1,567,000	564,000	474,000	290,000	239,000 ¹⁷
# of persons targeted for improved access to health and education services (planned) (includes double counting or persons receiving multiple services)	1,057,000	Not reported	711,000	346,000	Not reported
# of persons with access to an improved water source ¹⁸	787,000	170,000	188,000	116,000	313,000 ¹⁹
# of persons targeted for access to an improved water source (planned)	470,000	Not reported	329,000	141,000	Not reported

Figures represent progress achieved up to 31 October 2006.

Table 2 represents the first attempt by the International Federation and its individual members to report collectively²⁰ on their programmes using quantitative data. While it has not been a perfect exercise, it does show that monitoring systems have progressed, as well as highlighting areas where improvement is still needed. Thus, it is a new exercise for the Red Cross Red Crescent, but it is also something that the humanitarian community collectively needs to develop further. By working together and learning from each other over time we will be able to document our true impact on the communities and countries we work with.

Although reasonable efforts were made to do so, it is not certain that every instance of double counting has been eliminated. Additionally, not all International Federation members were able to contribute to this report, as some National Societies were unable to produce the data in time.

Overview of programmes

The UN and the World Bank estimate that between 2 and 5 million people were affected by the Indian Ocean tsunami, while governments of affected countries collectively put the figure at over 6 million. “Affected population” can be vague, as definitions vary across countries. The tsunami killed people in 14 countries around the Indian Ocean rim, and an additional 40 countries reported their citizens among the dead. In all, over 230,000 people were killed (or remain missing) from more than 54²¹ countries.

The overall number of people reached is estimated across many, but not all, of the tsunami-affected countries where the International Federation is active. A true calculation of people reached by Red Cross Red Crescent services is difficult owing to the scope and scale of operations, as well as variations in the definition of “reached”. Country teams were encouraged to avoid double counting by using Red Cross Red Crescent coverage data by sub-district, island or by administrative division. Many countries

7 Other countries include: Bangladesh, India, Myanmar, Malaysia, Thailand, Seychelles and Somalia.

8 Estimates vary according to the source, whether its the World Bank, the UN or governments of the affected countries.

9 Exact number unknown, but 167,540 reported dead or missing, Tsunami Evaluation Coalition, 2006, p. 33; more than 500,000 were made homeless and much of Nanggröe Aceh Darussalam province was affected.

10 Source: Dept. of Census and Statistics, <http://www.statistics.gov.lk>; Note: estimates only, as no census (therefore clear figures) available for north and east Sri Lanka since 1981 owing to the conflict.

11 Includes India, Myanmar, Thailand, Seychelles and Somalia using various government sources.

12 Includes people reached throughout Indonesia through the Early Warning System, but does not include the additional 31 million people reached in a vaccination campaign outside the affected area.

13 Includes only Seychelles, Somalia and Myanmar.

14 Degrees of beneficiary participation are defined as follows: (1) Gather information – Beneficiaries provide information to project planners; (2) Consult – Beneficiaries comment on different project options; (3) Actively participate – Beneficiaries design the interventions and participate in implementation; (4) Empower beneficiaries to participate – Beneficiaries design the interventions, participate in implementation, assess performance and are trained and encouraged to continue to act on their own in the future.

15 Only includes Thailand.

16 Pending further negotiation with key stakeholders; number could be modified.

17 Includes Thailand and Somalia.

18 Improved water sources are: household connection, public standpipe, borehole, protected dug well, protected spring, rainwater. Not improved are: unprotected well, unprotected spring, vendor-provided water, bottled water (based on concerns about the quantity of water supplied, not the quality), tanker-provided water. Source: WHO and UNICEF, Water Supply and Sanitation Collaborative and <http://millenniumindicators.un.org>.

19 Includes India and Thailand. N.B. India uses a different definition for improved water supply.

20 The programmatic information provided in this report reflects contributions from the International Federation of Red Cross and Red Crescent Societies and the Red Cross and Red Crescent Societies and organizations from: Australia, Austria, Belgium, Francophone community, Flanders* community, Canada, China, Hong Kong, Denmark, Finland, France, Germany, India, Indonesia, Ireland, Italy, Japan, Korea* (Rep.), Malaysia*, Malta*, Myanmar, Netherlands, Norway, Saudi Arabia*, Seychelles, Somalia, Spain, Sri Lanka, Switzerland, Taiwan*, Turkey*, United Kingdom, United States of America. *Programmatic information largely based on earlier documentation.

21 Tsunami Evaluation Coalition, Synthesis Report, 2006, pp. 33, 46.

used this approach to calculating numbers of persons reached. However, many services provided by a local National Society are designed to cater to an entire country in conjunction with national authorities, for example national early warning systems. Vaccination campaigns also reach vast numbers of children, but when included in the overall numbers reached could be misleading (as these are one-off events, and when examined over time, could lead to the belief that Red Cross Red Crescent service delivery is decreasing). For example, immediately after the tsunami, vaccination campaigns were conducted for 31.5 million children in Indonesia and 35 million children in Bangladesh. While significant, these figures are not included in Table 1. Lastly, it should be noted that the number of persons reached does not fully reflect the value of a service received or a programme in which a person has participated. For example, a person may have received a house or participated in a hygiene promotion campaign but would have been counted equally as being reached by the Red Cross Red Crescent regardless of the value or the time spent in providing the service.

The breakdown of the figures is further explained in the subsequent programme sections, noting progress in shelter, health infrastructure and livelihoods, among others. Overall, it can be said that the International Federation's response was considerable and in some countries represented 30 per cent or more of the overall response. In the Maldives, for example, the Red Cross Red Crescent is the government's biggest partner in the recovery and reconstruction effort.

The International Federation is now actively monitoring how affected persons and communities are involved in Red Cross Red Crescent programming. This is crucial given a recent finding of the Tsunami Evaluation Coalition that affected populations were not adequately informed of the options available to them (or who was doing what), nor were they sufficiently involved in the planning and implementation of recovery projects.

The International Federation is also now beginning to monitor occupancy rates in its permanent housing programmes. This is important since low occupancy rates could be an indication that something is wrong with the service provided. In the few countries reporting on this issue, the International Federation has a 75 per cent occupancy rate, which can be considered high. The average 25 per cent of houses not yet occupied reflects the time needed after construction to complete supporting infrastructure, to hand over homes (often carried out in a ceremony at the request of the local authorities), to secure and transfer titles or even for the physical relocation of a community.

Lastly, it is important to recall that there is still a long way to go. Two years on, the Red Cross Red Crescent has accomplished much and has contributed substantially to the rebuilding of communities. But the sums of money involved and the scope and scale of the tsunami's impact necessitate taking a long-term view, and important work remains to be done in this context over the next three years and beyond.



1. Emergency response and relief

Emergency response and relief	
Within the first 72 hours, 18 Emergency Response Units mobilized	
Expenditure in relief through September 2006	CHF 320.4 million

As is the case in any disaster, the immediate Red Cross Red Crescent response to the tsunami drew on local capacities and resources. Volunteers and staff of Red Cross and Red Crescent Societies in Indonesia, Sri Lanka, Thailand, Bangladesh, Somalia, the Seychelles and other affected countries reacted quickly, working with local authorities and other organizations to provide first aid, to distribute water, food and other essential items, to search for and remove dead bodies and to clear debris.

International relief soon started to arrive, first from neighbouring countries and then from all over the world. The International Federation immediately deployed Field Assessment and Coordination Teams to gather information on emergency needs, along with the full range of Emergency Response Units. Emergency Response Units consist of specialist staff and pre-packed equipment ready for deployment at short notice and able to sustain themselves without external support for several weeks. Those deployed in this context included basic health care, logistics, water and sanitation, referral hospitals, telecommunications and relief distribution.

Hundreds of other international organizations also deployed their full resources to the region. Within a matter of weeks, the international response had outstripped in scale those seen in the aftermath of other recent large-scale crises, such as in Central America after Hurricane Mitch and in Rwanda after the 1994 genocide.

The emergency response must be viewed as a success. There were no major outbreaks of disease, and the basic food, shelter and health needs of millions of tsunami survivors were met. But that is not to say that significant challenges were not encountered.

Early evaluations of the emergency response identified areas for improvement. One was the failure to find a balance between the expectations of donors and the needs of communities. The inability to strike this balance at times led to compromised assessments, resulting in some overlaps and gaps in aid.

However, these lessons have not gone unheeded. Improved coordination and a clearer appreciation of the importance of including assessment of and planning for recovery needs during initial relief operations have informed responses in the wake of subsequent disasters, such as the Pakistan and Yogyakarta earthquakes.

2. Shelter and community reconstruction

Shelter and community construction	Damaged and destroyed	To be provided by the Red Cross Red Crescent	Completed or under construction by the Red Cross Red Crescent
Transitional shelters	–	21,189	18,729
Permanent houses	580,000 ²²	50,103	21,053
Schools	5,000 ²³	136	51
Expenditure in shelter and community construction through September 2006			CHF 370.2 million

The UN estimates that the tsunami left approximately 580,000 houses destroyed or severely damaged. It was therefore clear from the outset that providing people with shelter and rebuilding their homes would be one of the most pressing and challenging tasks of this mammoth operation. With immediate emergency needs met, many actors, including the International Federation, turned their attention to reconstruction.

Across the region, National Societies and the International Federation Secretariat have been working with affected communities, helping them to rebuild their destroyed homes. So far, 21,000 homes out of an estimated target of 50,000 have been built or are under construction.



Teresita Usapbin/International Federation

²² Permanent shelter: Source: UN office of the Special Envoy for Tsunami Recovery. <http://www.tsunamispecialenvoy.org/indicators/shelter.asp>

²³ Schools: Source: UN office of the Special Envoy for Tsunami Recovery. <http://www.tsunamispecialenvoy.org/education/shelter.asp>

However, it is fair to say that when agreements for rebuilding communities were signed, inherent challenges and difficulties were often not fully appreciated. The absence of land titles, lack of infrastructure, complicated logistics and other hurdles have given the impression that the reconstruction was plagued with delays, yet the issue is more likely to have been one of unrealistic planning. Immense pressure from communities, governments, donors and the media to deliver quickly may be to blame for inappropriately short timelines. But largely, the pressure was self-inflicted.

The important lesson here is that when assisting communities to recover, proper planning should go hand in hand with managing the expectations of all stakeholders. A recent Secretariat-sponsored review of 20 years of International Federation recovery operations makes a series of recommendations that address the need for better planning and clearer communications in long-term recovery approaches.

One of the best ways of managing communities' expectations is to have them directly involved in the rebuilding process. The International Federation's owner-driven programme in Sri Lanka is doing just that: in an agreement between the government, the World Bank and the International Federation, over 10,000 families are receiving financial support and technical advice for the rebuilding of their houses. In addition Red Cross Red Crescent partners are also supporting the construction of 9,000 homes through other owner-driven housing schemes.

The transitional challenge

The understandable emphasis on permanent housing and on "building back better" meant that temporary or less-than-permanent solutions were given insufficient attention in the months following the disaster. Yet, when six months after the tsunami tens of thousands of families were still sleeping rough in tents or makeshift shelters, it became clear that the needs were not being met. Additional stepping stones were required.

The International Federation's transitional shelter programme has provided safe shelter for about 15,000 families, buying time for the proper planning of permanent settlements. In providing people with shelter, the Red Cross Red Crescent, its many partners and the communities themselves must ensure that wider needs – appropriate water and sanitation infrastructure and access to health facilities, for example – are taken into account when planning transitional and permanent settlements.

The rebuilding is not yet finished. But the experience gained over the last two years has helped to accelerate the pace of reconstruction across the tsunami-affected region.

3. Re-establishment of health services and infrastructure

Health services and infrastructure	Damaged or destroyed	To be provided by the Red Cross Red Crescent	Completed or under construction the Red Cross Red Crescent
Hospitals and clinics	988 ²⁴	301	200
# of persons with improved access to health and education services			1,567,000
# of persons with access to an improved water source			787,000
Expenditure in health through September 2006			CHF 139.8 million

The extremely violent nature of the tsunami meant that people were either killed outright or survived, leaving few injured requiring medical care. After responding to immediate emergency health needs, the International Federation focused its efforts on preventing outbreaks of disease, supporting survivors in overcoming trauma, addressing issues related to basic health care in communities, strengthening health preparedness and rebuilding health infrastructure. This work has been vital, as many health workers died in the tsunami and much of the health infrastructure was destroyed in areas where capacities were already weak before the tsunami.

Health surveys undertaken in the tsunami-affected areas exposed a low level of health education in many communities, with minimal awareness of common and preventable diseases. In order to address these issues, community-based health programmes, such as Community-Based First Aid, have been designed and implemented.



²⁴ Hospitals: Source: UN office of the Special Envoy for Tsunami Recovery. <http://www.tsunamispecialenvoy.org/health/shelter.asp>



Virgil Grandfield/International Federation

Improving the health of vulnerable communities also means increasing access to quality health care services. The Red Cross Red Crescent is therefore supporting governments in rehabilitating and rebuilding around 300 health clinics and hospitals. This is a long and complex process that requires detailed assessments, as well as resources and expertise that are often not readily available. The process has also provided a timely reminder of the need for coherent coordination and organization between humanitarian actors. Some assessments suggest that a failure to coordinate effectively has seen some affected areas become “over” serviced by hospitals and clinics, whilst others have missed out on redevelopment opportunities.

Addressing the long-lasting effects of trauma and stress has also been a priority of the International Federation in the post-tsunami recovery operation. Volunteers and staff provided psychological support in the immediate aftermath of the tsunami and have engaged in longer-term efforts to support survivors’ coping mechanisms in facing their grief. Overall, the psychological recovery of people affected by the tsunami is often best supported by making them the agents of their own recovery, by assisting them as they rebuild their homes and livelihoods.

Water and sanitation

In many areas, particularly in Sri Lanka and the Maldives, the tsunami had a major impact on available fresh water resources. Seawater and flooded septic tanks spoiled wells and water-supply systems. There was an urgent need to provide clean water and appropriate sanitation facilities to affected communities to prevent the outbreak of waterborne diseases. Longer-term sustainable water and sanitation solutions include rainwater harvesting, solar power-operated wells, supporting the reconstruction of infrastructure through targeting service provision gaps in tsunami-affected coastal areas, relocation of housing sites and poor communities living inland. Over 780,000 people have already been provided with access to an improved water source.

The provision of fresh water, particularly in areas where regular water sources are vulnerable, needs to be coupled with improvements in waste-management practices. These improvements, however, pose challenges as they need to be sustainable and require commitments and changes in behaviour from the communities concerned as well as governments.

The prevention of outbreaks of disease has also included wide-scale immunization campaigns in and around the tsunami-affected areas. For example, measles vaccination campaigns have been undertaken in collaboration with external partners in many countries, including Indonesia, Bangladesh and the Maldives. In Indonesia, the vaccination campaign has reached over 30 million people.

4. Livelihoods

Livelihood support

Expenditure in livelihoods through September 2006 CHF 40.7 million

A clear priority for people recovering from the effects of the tsunami has been to re-establish their means of making a living. The aim of International Federation livelihood initiatives is to replace or improve lost or damaged assets and to address factors that hinder their full use.

International Federation livelihood assistance has included the provision of grants, equipment, materials and access to credit, as well as training and skills building. People's increased asset base has also had a positive impact on their livelihoods. Transitional shelter and permanent homes have given beneficiaries an added sense of security, allowing them to pursue other livelihood opportunities. In several countries, families are running small business – general stores, tea houses, etc. – out of their newly built homes or shelters.

Where possible or appropriate, efforts have been made to help communities re-establish or enhance pre-existing livelihoods and industries. For example, families and cooperatives dependent on fishing have received boats, engines and nets, as well as storage and processing equipment. Others have received sewing machines and supplies, food-processing materials or inputs for mushroom harvesting and cinnamon cultivation, enabling them to restart home-based businesses. These initiatives draw on existing capacities and expertise and are therefore more sustainable in the long run.



Elsewhere, the International Federation has provided vocational training enabling people, often the under- or unemployed, to pursue new livelihoods in response to new demands in the economy. These include, for example, courses in tiling and masonry. Some National Societies have given people access to bank accounts, transferring funds to them directly, enabling them to decide how best to use these resources.

There have also been some challenges in supporting the livelihoods of tsunami survivors. Again, poor coordination and communication between humanitarian actors has led in some cases to an oversupply of, for example, boats and fishing equipment, something that could potentially have a negative impact on local economies.

Perhaps the biggest hurdle in restoring livelihoods is sustainability. What assurance is there that strengthening the resilience of affected populations will stand the test of time? While some factors are not controllable, efforts will continue to be made to increase the sustainability of investments in this domain, lest people return to a state of unemployment or underemployment when aid agencies leave the region or when the tsunami donations run out.

On the back of the tsunami experience, the International Federation has been examining ways in which the response during the emergency phase can incorporate immediate livelihood support in the event of a disaster. One possibility is to scale up cash relief or to facilitate cash-based interventions, whereby survivors have more control over resources and can direct them to where they need them most. The International Federation's Disaster Relief Commission took an important decision in 2006 to endorse these types of approaches. In the wake of the May 2006 Yogyakarta earthquake, the International Federation implemented a range of community-based cash distributions that, along with Red Cross Red Crescent technical support, have enabled people to drive their own recovery.

5. Local capacities

Local capacities	
Expenditure in disaster management through September 2006	CHF 72.8 million
Expenditure in organizational development through September 2006	CHF 15.1 million

The tsunami revealed an almost total lack of effective early warning systems and disaster preparedness across the region. It was painfully clear that reconstruction and recovery needed to include efforts to leave communities safer and better prepared in the event of a future calamity.

Disaster risk reduction is at the core of the work of the International Federation around the world. In the tsunami-affected region, Red Cross Red Crescent actors have sought to enhance local capacities in disaster preparedness and response by, for example, providing training in risk awareness and risk reduction in communities, pre-positioning emergency relief stocks, developing national disaster management strategies, establishing emergency response initiatives and constructing disaster management centres.

The Red Cross Red Crescent is also taking part in efforts to strengthen the early warning capacities of countries around the Indian Ocean rim. Its focus in this initiative is on public education and awareness raising, on taking information the “last mile” to ensure that warning messages reach communities and that communities know what to do when such warnings arrive.



When the waves struck, Red Cross Red Crescent volunteers were among the first on the scene, distributing food, searching for the missing, providing emotional support and recovering and burying the dead. However, the sheer scale of the disaster was such that it exceeded the coping capacities of most, if not all, of the local National Societies, and therefore required additional support from partner National Societies and from the International Federation Secretariat. Thus, the disaster, as well as the relief and recovery operation, re-emphasized the need to strengthen local Red Cross Red Crescent capacities and expertise.

This focus has already borne fruit. In the wake of the Yogyakarta earthquake, for example, Indonesian Red Cross volunteers from Aceh who had received training in psychosocial training were deployed to the affected area to provide support to quake survivors.

The national and local Red Cross Red Crescent networks are part of a broader context that includes many actors. Government institutions, the media, the private sector and other members of civil society are all needed to better protect people against disasters. It is only through collaborative efforts at the international and national levels that real results can be delivered in this regard.

6. Learning and accountability

Learning and accountability

Expenditure in programme support and coordination through September 2006

CHF 176.3 million

The scope and scale of the tsunami and the complexity of the subsequent response have challenged the International Federation to develop new and innovative measures to supplement traditional approaches to transparency and accountability.

New venues have been created to facilitate the sharing of plans and lessons between Red Cross Red Crescent partners. The National Societies directly involved in the tsunami operation, as well as the Secretariat, have shown themselves to be willing to share challenges as well as successes in order to ensure communities continue to receive the best support possible. Evaluations have been carried out at all stages of the operation. The Secretariat's two real-time evaluations, for example, provided a critical reflection on operations at a time when relief was in full swing.

To ensure learning and accountability issues are adequately addressed, additional dedicated delegate positions have been created, with specialists in quality and accountability, monitoring and evaluation, knowledge sharing, community participation and Movement coordination deployed in the field. Many of these new roles are likely to become permanent fixtures in future relief and recovery operations.

“Accountability is the means by which power is used responsibly.”

Humanitarian Accountability Project
www.hapinternational.org

The International Federation was and continues to be an active supporter of and contributor to sector-wide accountability initiatives such as the Listening Project²⁵ and the Tsunami Evaluation Coalition,²⁶ as well as the Tsunami Recovery Impact Assessment and Monitoring System (TRIAMS), which was initiated by the International Federation with WHO and President Clinton's Office of the UN Special Envoy.²⁷ These are all efforts that will help in continuously adjusting and adapting programmes to new needs and realities.

Challenges

Reviews of Federation evaluations and reports have shown that its ability to monitor outcomes and measure impact is collectively not strong enough. There is a need to clearly articulate expected results and ensure resources are set aside to make it possible to monitor and measure these against outcomes and impact.

Continued efforts must be made to ensure that the International Federation remains accountable to those affected and to promote local ownership of recovery efforts. The International Federation must continue to build on lessons learned in “development” programmes and find ways to apply these practices in more challenging and often more complex relief and recovery situations.

As the operation enters its third year, the International Federation must continue to address the challenges highlighted above, while continuing to use existing frameworks that have demonstrated that Red Cross Red Crescent partners – and the wider humanitarian sector – can work together effectively.

²⁵ <http://www.cdainc.com/lp/>.

²⁶ www.tsunami-evaluation.org.

²⁷ www.ifrc.org/docs/pubs/disasters/triams-bangkok-en.pdf.



Looking forward to 2007

In a highly complex, multi-year recovery operation, all involved continuously live new experiences that should lead to a questioning of earlier assumptions and perceptions. Such learning should be actively endorsed and turned into programme revision and change. The starting point for many agencies responding to the tsunami was one where the full picture of needs, government plans and policies and the roles of other agencies were not yet known. Not allowing programmes to be informed by these new facts at this stage would lead to serious mistakes.

In order to complement initial strategic perspectives a year after the tsunami, the International Federation Secretariat gathered a group of field and headquarters staff from different National Societies to develop an updated strategy for the next phase. This was articulated in the form of an overarching vision for the Red Cross Red Crescent in tsunami-affected countries to “leave safer communities and a stronger Red Cross Red Crescent Movement”.

Among key areas that require a stronger focus as we enter 2007 are:

- Disaster risk reduction, to ensure that recovery programmes do not rebuild risks, but that house reconstruction, water and sanitation or livelihood support, as well as public education and advocacy, contribute to safer and more resilient communities. This remains a key concern as attention to disaster risk reduction begins to fade as the memory of the tsunami recedes.
- Equity and conflict sensitivity, to ensure that all in need, whether affected by conflict or the tsunami, are treated with impartiality, and that resources introduced to communities contribute to reducing rather than increasing tension. This remains a key concern as the conflict in Sri Lanka escalates, displacing many more, and the trauma of those who have lived for decades in conflict areas in Aceh is documented.
- Sustainability, to ensure that recovery initiatives continue to deliver results without agency presence, particularly with regard to new livelihoods, management of new technical solutions to community needs and ownership of new infrastructure. This remains a key concern as the true sustainability of many new initiatives will only become apparent when agencies have left.
- Quality and accountability, to ensure that the effectiveness and quality of recovery programmes is monitored in an objective and independent manner, to permit improvements and to fulfil the International Federation’s responsibility to communities, the public, partners and donors. This remains a key concern as less obvious needs become apparent, such as those of the landless, renters and other marginalized groups.

Proper attention to these key areas requires coordination and collaboration between actors. Much early planning was done from the separate perspectives of many individual agencies, but holistic and effective programming in a complex environment can only be done by combining the capacities of different actors who are ready to support accountable governments in their challenging task of leading recovery. Only when we return to communities years from now will we be able to tell whether we delivered lasting results and left safer communities.

Annex 1

Notes and methodology regarding presentation of combined financial data

1 The combined income and expenditure data in this report were generated from financial data gathered from 29 sources: the International Federation Secretariat and the 28 National Societies listed in footnote 1. The data were collected and compiled over a period of two weeks, from 30 November 2006 to 15 December 2006. The absence of information from certain National Societies carrying out tsunami operations is likely owing to the short notice the Secretariat gave for the submission of financial data for this collective report. The method developed to obtain financial data considered the flows of income and expenditure to eliminate multiple counting of funds shared within the Federation network and expenditure incurred at the programme level. It is anticipated that this information will be updated on a quarterly or semi-annual basis.

2 The exchange rates used to combine the financial data of the International Federation members which reported for this period are reflected in the table below.

Currency	Income	Expenditure	Projection	Currency	Income	Expenditure	Projection
AUD	0.91669	0.94574	0.93365	KRW	0.00115	0.00127	0.001337
CAD	0.96237	1.06398	1.12248	LKR	0.01184	0.01234	0.01207
CNY	0.14256	0.15435	0.15831	MMK	0.18847	0.2021	0.00093
EURO	1.54878	1.55612	1.58588	NZD	0.8454	0.8478	0.817
GBP	2.23109	2.27407	2.34071	SCR	0.21934	0.23609	0.23273
HKD	0.15116	0.16096	0.16048	SEK	0.1708	0.16777	0.17093
IDR	0.00013	0.00013	0.00013	SGD	0.72066	0.76472	0.78813
INR	0.02703	0.0281	0.02729	THB	0.03055	0.03176	0.03331
JPY	0.01129	0.01113	0.0106	USD	1.17842	1.25076	1.25015

3 Some National Societies report operating on a cash accounting basis, while others work on an accrual basis. Cash accounting basis means that the reported financial income and expenditure include only income received and expenditure paid as at 30 September 2006. Accrual basis means that the reported financial income and expenditure include all income received and receivable and expenditure paid or payable as at 30 September 2006.

4 Treatment of interest income: In the income analysis section, the category of “general public” includes interest earned on donations as reported by International Federation members whose policies establish this. Each member’s treatment of interest earned on donations is dictated by National Society financial policies. In the cases where interest is not allocated back to the tsunami operation, Federation members report interest being allocated to future international and emergency operations or to general headquarters operations.

5 Categories and definitions used for classification of expenditure:

- a** Emergency phase/Relief: For activities and related programme running costs, which are relief-oriented to address acute needs or are for a specified duration of time, such as for the first three to six months of the operation. They may include: emergency and short-term interventions across all sectors (supply distributions, water tankering and other temporary water-supply activities, support to internally displaced persons, etc.); Field Assessment and Coordination Teams and the costs associated with their deployment; Emergency Response Units of all types and associated

costs (staff, travel, transport, supplies, cash, etc.); cost of supply distributions during the emergency phase; operations support and assessment (staffing, transport, etc.) in relation to these defined activities or time period, if not included in the programme support and coordination category.

- b** Health and care: For activities and related programme running costs that achieve the objectives of health and care during either the relief or recovery phases, such as health education and campaigns, water and sanitation, hygiene education, social welfare such as ongoing support to camps for displaced people, psychosocial and mental health support, strengthening of community resiliency and training, disease control; vaccination programmes and mosquito bed net distributions; health preparedness; hospital Emergency Response Units if not included in emergency/relief category; staff costs associated with these projects if not included in the programme support and coordination category.
 - c** Health infrastructure: For construction activities and related programme running costs, carried out as part of the recovery phase, such as construction and refurbishment of clinics and hospitals, water- and sanitation-related construction if not indicated above in the health services category, staff costs associated with these projects if not included in the programme support and coordination category.
 - d** Disaster management refers to activities and related programme running costs, such as mobilizing members of the International Federation at all levels to respond; volunteer development; improving the speed and effectiveness of coordination mechanisms; setting and working towards improved standards; building disaster response mechanisms; raising community awareness and public education; disaster mitigation and reduction; National Society capacity-building in disaster preparedness; risk reduction programmes; early warning systems; community-based disaster preparedness; replenishment of stocks; tracing services and capacity-building of tracing staff if not included in other categories; staff costs associated with these projects if not included in the programme support and and coordination category.
 - e** Livelihoods refers to activities and related programme running costs, such as: “cash for work” programmes, economic resiliency and development programmes, diversification of household income, asset replacement programmes if not already included in the other categories, staff costs associated with these projects if not included in the programme support and coordination category.
 - f** Shelter and community construction refers to activities and related programme running costs, such as transitional shelter (not already included in relief), home construction and repair, school repair, refurbishment and construction; community centre repair, refurbishment and construction; other community construction, such as roads, bridges and other structures; water and sanitation related to this construction if not already indicated above in the health and care and health infrastructure categories; staff costs associated with these projects if not included in the programme support and coordination category.
 - g** Organizational development may include the following activities and related programme running costs if not already incorporated into another category: assisting the local National Society in serving beneficiaries and communities; strengthening the local National Society in all sectors; capacity-building support; provision of technical assistance, training materials and performance indicators to local National Societies; professional development of local National Society staff; volunteer capacity-building; branch and HQ refurbishment or rebuilding; staff costs associated with these projects if not included in the programme support and coordination category.
 - h** Programme support and coordination includes the following at either HQ level or in the field if not already attributed to the other categories above: headquarter and field management and staff costs such as local or international staff costs; planning and reporting staff and associated costs such as workshops and training; monitoring and evaluation (surveys, assessments, etc.) and other quality and accountability activities; communications and advocacy staff, publications, etc.; human resources recruitment and support; logistics functions; coordination and direction; accounting, audit and other financial services; work on cross-cutting themes such as gender, the environment, sustainability, beneficiary participation and others; fundraising costs and donations processing; head office costs (core cost recovery and similar); other indirect support; foreign exchange loss and gain.
- 6** The categories of health and care and health infrastructure were merged in the presentation of results, since difficulties in reporting these distinctly were evident from the financial data and comments provided by the 29 reporting entities.

Annex 2

Reporting terminology – General guidance

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

Indicator 1: number of affected persons reached

Overview

The simplest way to collect beneficiary data (numbers reached) for the two-year progress report is to note communities served by the various Red Cross Red Crescent Societies and use the corresponding population data. This is particularly recommended for areas where numerous Red Cross Red Crescent partners are working.

For example, most countries will disaggregate data down to a sub-district (as in Indonesia) or down to a divisional level (Grama Niladari in Sri Lanka). In each country, the Secretariat should check with the National Statistical Office or the UN post-Humanitarian Information Center (i.e. UN Information Management Agency in Sri Lanka and UN Information and Analysis Section for Aceh) for population data disaggregated by lowest divisional level possible. Using the names or place codes of these communities, the Secretariat and local National Society would note in which communities the Red Cross Red Crescent (local National Society, other National Societies, agencies funded by the Red Cross Red Crescent, etc.) are working. *They would then use the corresponding population data, which is often also disaggregated by gender.* The same procedure would also apply to the local National Society.

How to avoid double counting

The above guidance on counting numbers reached by coordinating reporting by National Societies by geographic area (i.e. sub-district, municipality or community) would be the simplest way to avoid double counting. It may still overestimate numbers reached by slightly exaggerating the coverage or scope of Red Cross Red Crescent services in a given area. This is why it is important to use population data down to the lowest level possible (i.e. community or village).

Indicator 2: Number of transitional shelters built

This is the number of transitional shelters completed (even if not yet occupied). Completed implies that the most of the construction has been done and signed off on, and that the dwelling is habitable.

Indicator 3: Number of homes built or rehabilitated

This is the number of homes that were built, rebuilt or otherwise rehabilitated (but they do not have to be occupied). Built implies that most of the work is done and the home is habitable. Include the total number targeted for building, rebuilding or rehabilitation as the denominator (but do not calculate as a percentage, report the raw numbers). Note separately whether or not the home is occupied.

Indicator 4: Number of homes targeted for building or rehabilitation that are in progress

This is the number of homes that are intended to be built or rehabilitated and some form of work has already begun. This could include land being identified and approved and materials delivered; a foundation begun; or land cleared for building. This would *not include* the government designating an area for building (but no survey work or site planning begun).

Improved water supply technologies are: household connection, public standpipe, borehole, protected dug well, protected spring, rainwater.

Not improved are: unprotected well, unprotected spring, vendor-provided water, bottled water (based on concerns about the quantity of water supplied, not the quality), tanker-provided water.

Indicator 5: Number and percentage of targeted population with access to an improved water source

Definition – Percentage with safe drinking water available in the home.

It is assumed that if the user has access to an “improved source” then such sources would be likely to provide 20 litres per capita per day at a distance of no more than 1,000 metres from the home. Source: WHO and UNICEF, Water Supply and Sanitation Collaborative, and <http://milleniumindicators.un.org>.

For this indicator, we would be satisfied with the number of people with access to an improved water source. If it is possible, partners should also calculate the percentage based on the number of people their projects have targeted. However, when reporting to the Secretariat, partners need include the absolute numbers and not just the percentage calculation.

Indicator 6: Percentage of target population with improved access to health and education? services and structures

Including: It may not be possible to calculate percentage of target population. Instead, programme staff should report the following numbers:

- Number of hospitals and clinics built or rehabilitated (using total number to be built as a denominator) – Number built would include those that are now finished or nearly finished in that the majority of services are being offered to the community; number rehabilitated would include those health units where the rehabilitation is complete. Report raw numbers, do not calculate percentage completed.
- Number of hospitals and clinics to be rebuilt/rehabilitated *in progress* – those that are targeted and have begun some significant aspect of the building/rehabilitation process, e.g. site survey is complete; materials ordered and delivered; foundation poured or under way, etc.)
- Number of schools built/rehabilitated (using total number to be built as a denominator) – The numbers of schools built or rehabilitated and are complete enough that the school can and is being used. Report raw numbers, do not calculate as a percentage.
- Number of schools to be built/rehabilitated *in progress* – The number of schools to be built or rehabilitated that have begun the process, e.g. site prepared, materials delivered, some form of preparatory work begun.

Indicator 7: Percentage of International Federation projects that include (or have included) at least one type of beneficiary participation

The different degrees of beneficiary participation can be defined as follows:

- Gather information – Beneficiaries provide information to project planners.
- Consult – Beneficiaries comment on different options.
- Actively participate – Beneficiaries design the interventions and participate in implementation.
- Empower beneficiaries to participate – Beneficiaries design the interventions, participate in implementation, assess performance and are trained and encouraged to continue to act on their own in the future.

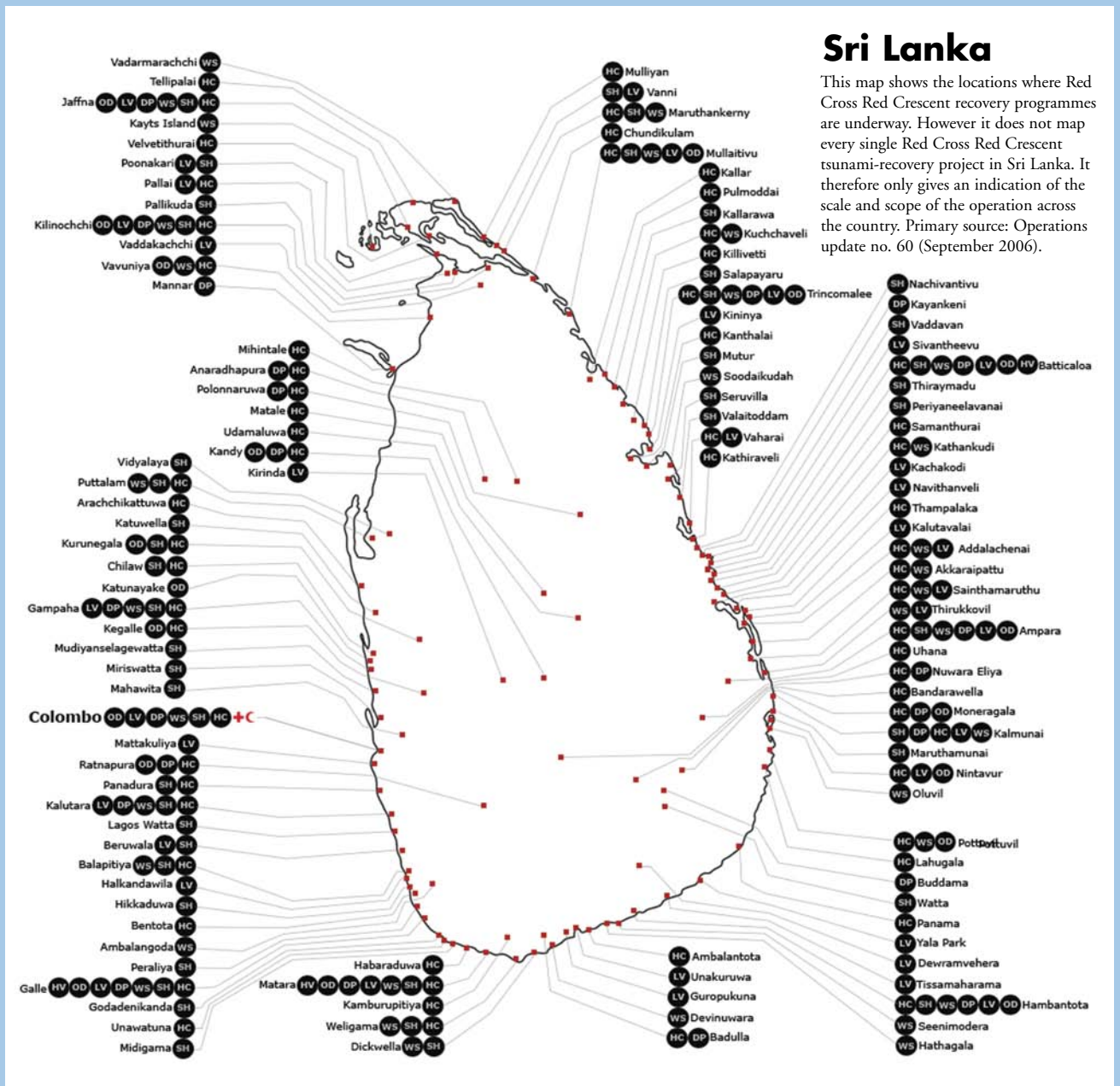
Partners consider the number of projects in their portfolio. Project managers, programme coordinators and senior management then review the above main categories of participation, reflect on their own portfolios and then provide an estimate of the projects that include at least one of the above types.

For example, X Red Cross Society has 50 projects currently operational and 30 that have closed. Field leadership reviews the above definitions and estimates that 40 of them have included at least one type of beneficiary participation. Thus, X Red Cross Society reports that 50 per cent of its projects include/have included at least one form of beneficiary participation.

Annex 3

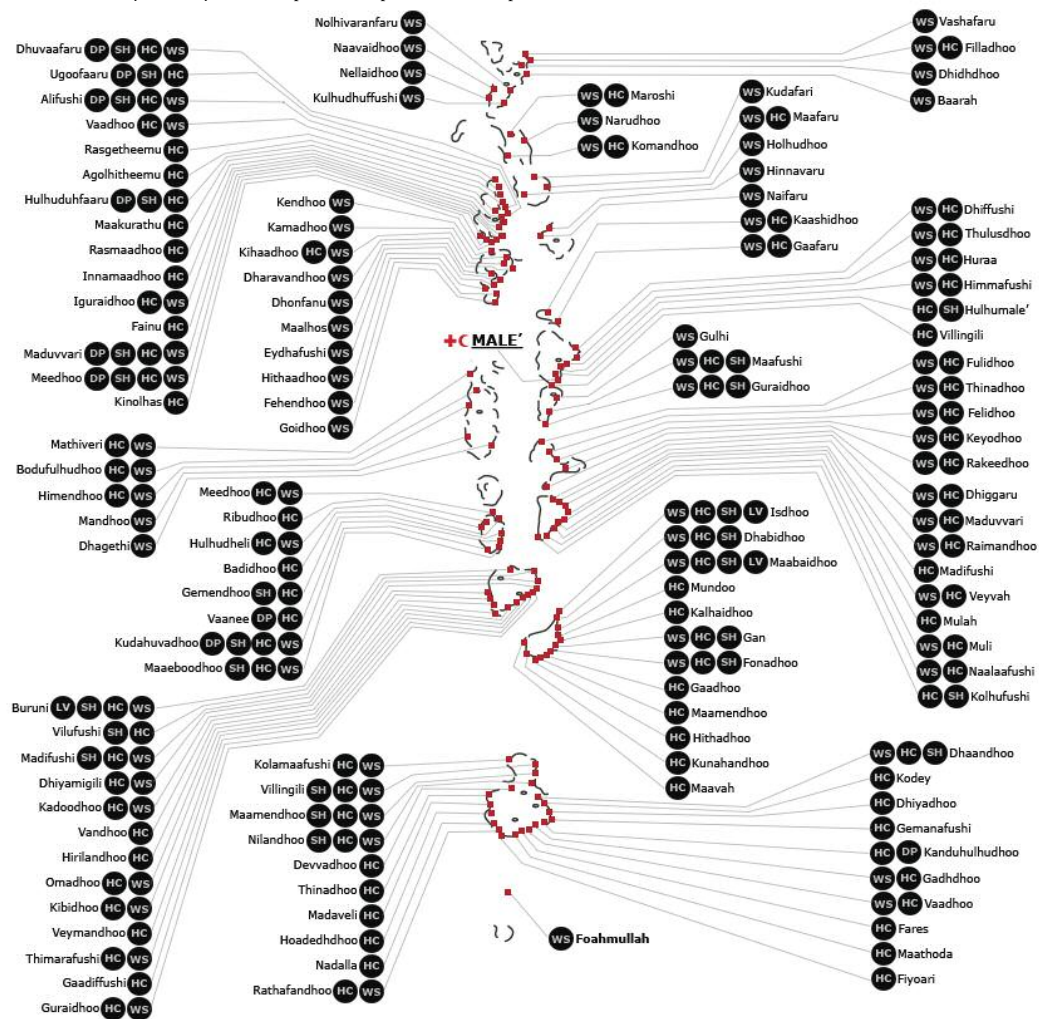
Coverage of Red Cross and Red Crescent operations in Sri Lanka, Indonesia and the Maldives

- HC Health and Care (HC)
- SH Shelter (SH)
- WS WatSan (WS)
- DP Disaster Preparedness (DP)
- LV Livelihoods (LV)
- OD Organizational Development (OD)
- HV Humanitarian Values (HV)



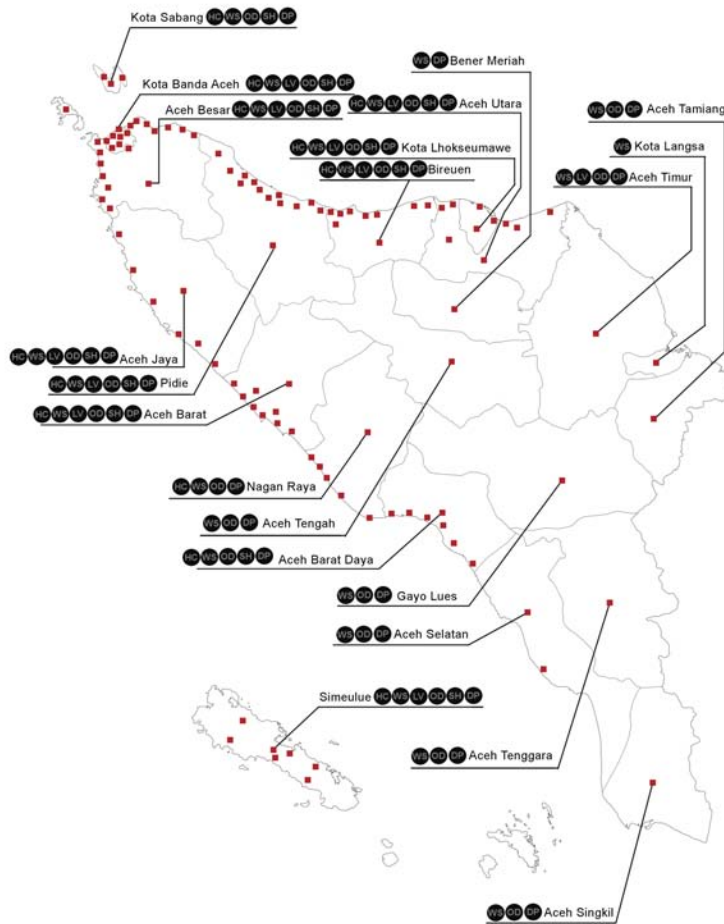
Maldives

This map shows the locations where Red Cross Red Crescent recovery programmes are underway. However it does not map every single Red Cross Red Crescent tsunami-recovery project in the Maldives. It therefore only gives an indication of the scale and scope of the operation across the country. Primary source: Operations update no. 60 (September 2006).

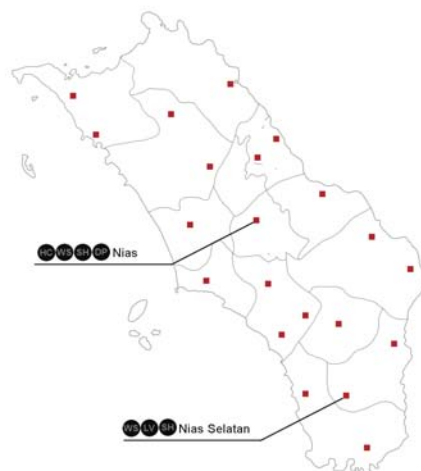


Indonesia - Aceh

Because of the scale of Red Cross Red Crescent recovery operations in tsunami-affected Indonesia, this map only shows recovery sectors by district. As at 8 November 2006 there were more than 1,500 Red Cross Red Crescent projects underway in the tsunami-affected regions of Indonesia. Primary source: GIS Unit, Banda Aceh.



Indonesia - Nias



Annex 4

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

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

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

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

Humanity

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

Impartiality

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

Neutrality

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

Independence

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

Voluntary Service

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

Unity

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

Universality

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



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

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

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