

International Federation of Red Cross and Red Crescent Societies

ANNUAL REPORT 2011

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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: As part of continuing psychosocial support, the Japanese Red Cross Society organized a Smile Smile class for elderly residents. Patrick Wack/Japanese Red Cross Society

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HUMANITARIAN AND DEVELOPMENT TRENDS



Tadateru Konoé,
President



Bekele Geleta,
Secretary General

As we look back on 2011, we can see a clear continuation of disaster trends. Climate-related disasters continued to wreak havoc on vulnerable communities, and the frequency and intensity of small- and medium-scale disasters showed no signs of abating.

Meanwhile, the global economic crisis deepened. Out of this, we saw new patterns emerge: civil unrest, unplanned migration to new destinations, and a widening gulf between rich and poor.

Inequality: a root cause of misery

2011 was a year when people took to the streets to protest – across the Middle East, North Africa, Western Europe and the United States. The precise reasons for doing so were many and varied, but inequality in its simplest form was at the heart of all the demands for change.

Food and fuel prices soared again in 2011 reaching their highest ever level, increasing poverty for millions. The world's poorest people, who spend a high proportion of their income on food and are unable to absorb the higher prices, were hardest hit. People in the Horn of

Africa also suffered another blow as the worst drought in 60 years enveloped the region: 12 million people suffered severe hunger and malnourishment.

In the developed world, many governments introduced austerity measures to stabilize financial systems. Again, it was the poorest citizens who felt the effects most keenly.

Red Cross Red Crescent makes a real difference

There is a growing realization that volunteering – one of the distinct values we offer – is a positive force for promoting social stability and good citizenship, particularly during turbulent times.

Governments are also realizing that, as economic hardship bites and they need to improve the welfare of their citizens, they cannot do it alone. By strengthening the relationship with and support to its National Society, a government increases its ability to reach and work with people in need and marginalized groups. The neutrality, impartiality and independence of National Societies remain crucial in gaining access to people in need, and they often lead to a relationship built on trust and confidence.

The unique auxiliary role of National Societies may be enshrined in international humanitarian law and unambiguous in the Statutes of the Movement, but we need to do more to improve the understanding of this status within governments themselves. And whilst a positive perception of volunteering may prevail, it does not mean that volunteers' needs are understood. We encourage governments to work with their National Society to create a safe and enabling environment that protects, promotes and recognizes the work of all volunteers.

Throughout the humanitarian sector, it is often said that there is a need for strong and efficient operational partners at local level. National Red Cross and Red Crescent Societies are uniquely placed to be those partners within their own countries, particularly in politically sensitive and complex situations. This was never more apparent than during the civil unrest in the Middle East and North Africa in 2011. Red Crescent volunteers were among the first to respond, and in some cases National Societies were the only organizations able to access people in need.

It seems like a very straightforward equation, and yet National Societies – like other organizations – need support to carry out their work effectively. If National Societies are to serve as effective auxiliaries to public authorities, if they are to be strong and dependable local partners to other international humanitarian actors, then their needs must be understood and respected.

Ingredients for making strong National Societies

The International Federation of Red Cross and Red Crescent Societies' (IFRC) *Strategy 2020* asks us to do more, do better and reach further – and this requires strong National Societies that can deliver services to and with vulnerable people in the most effective and efficient way possible. We have been working on a new range of capacity-building tools including the Federation-wide reporting system. It monitors and reports on key National Society and secretariat data to improve the performance and accountability of the global network. Another important initiative is the organizational capacity assessment and certification (OCAC) system. Currently being piloted, this allows all National Societies to rate themselves against criteria of excellence, building on their own desire for growth and improvement rather than

proposed measures that are disconnected from important contextual realities.

We know that all our National Societies benefit from the knowledge, expertise and resources within the entire Red Cross Red Crescent network, but for them to function effectively, they also need the right conditions to exist within their own countries.

National Societies need the humanitarian space to operate according to the Fundamental Principles of the International Red Cross and Red Crescent Movement. In practice, this means being able to move freely, and make independent decisions on selecting and assisting beneficiaries. They need their humanitarian and development expertise to be recognized with seats at decision-making tables. They need regular and predictable resources, whilst their brand and use of the emblems should also be respected within their countries, with appropriate laws in place to deal with any misuse by third parties.

Without these conditions, the capacity-building work of the Red Cross Red Crescent itself is rendered less effective. Only together – governments, partners and donors – can we truly build stronger National Societies that do more, do better and reach further in the service of the most vulnerable citizens.

New approaches with new technology and new media

In today's competitive humanitarian world, and one that is characterized by global economic uncertainty and increasing donor expectations, it is not enough to simply perform well – we must tell people what we're doing and why. Above all, we must be accountable to the people we are serving. And for the people who slip through the social safety net, we have a duty to give them a voice. In the course of the

past 12 months, our investment in groundbreaking projects has paid dividends.

With our partners, we have made significant strides in using mobile phone technologies to engage our beneficiaries in real time, whilst social media is proving its worth in informing our operations and inspiring our stakeholders. Another important achievement is the successful partnership with international broadcaster Euronews to air a television documentary series, *Silent Disasters*. This helps turn the spotlight back on crises that have slipped into the shadows of the public consciousness.

Despite these advances, many countries find themselves lagging behind in their use of technology, and we are seeking new and innovative ways to bridge the digital divide – another example of an inequality that exists even in the most developed of countries.

A new perspective on preparedness

As earthquakes hit New Zealand, Japan, Myanmar and Turkey, the Red Cross Red Crescent disaster response mechanisms sprang into action. The complex and deadly combination of earthquake, tsunami and nuclear meltdown in Japan, however, reminded us not to be complacent and to increase our preparedness for nuclear and other man-made disasters.

The nuclear crisis in Fukushima demonstrated the need to examine nuclear disaster preparedness in more depth. Importantly, nuclear preparedness must take into account the acute anxiety experienced by the people affected. Conflicting advice from experts, a lack of information and uncertainty about the future all contribute to severe emotional stress.

It has taken more than 20 years to understand the full impact of the world's largest nuclear accident, Chernobyl, and we have a duty to support the people of

Fukushima, and those affected by similar emergencies in the future, by helping keep them informed.

Embedding preparedness and risk reduction

At the start of any response operation, the Red Cross Red Crescent pursues two key principles, reflecting our commitment and capacity to link effective emergency relief to longer-term recovery. The first is to ensure that the operation includes enough investment in disaster preparedness and risk reduction to help keep communities safe in the future. The second is to ensure that any operational response contributes to strengthening the target National Society, and does not deplete its resources or divert capacity away from its core programmes.

In 2011, the IFRC's governing board took the significant decision to ring-fence a minimum of 10 per cent of each emergency appeal budget for resilience-building measures.

When one considers that a dollar spent on prevention today saves four dollars in emergency response tomorrow, this not only makes economic sense, but humanitarian sense too. Longer-term development programmes not only improve the quality of life of beneficiaries, they also increase their resilience so that they are in a better position to face any future challenges to their well-being.

Before, during and after: strengthening community resilience

When the last truck has pulled out of a village in Venezuela leaving a new water pump, our volunteers are there to ensure the community knows how to maintain that pump. When the last bed net has been

handed out to a mother in Malawi, our volunteers are there to explain how to hang it properly in order to keep her baby safe.

This is the 'after', so what about the 'before'?

The 'before' is really more of an 'always'. On a daily basis, our National Societies provide a vast range of services that build community resilience but rarely make the news: healthcare, disease prevention, food and nutrition, water, sanitation and hygiene promotion and road safety, to name just a few. Then there is social welfare for marginalized or isolated groups, such as the elderly, migrants, disabled people or injecting drug users.

Underpinning all of this work are our fundamental principles and our endeavour to promote a fair, tolerant and peaceful society. Our fundamental principles continue to set us apart in an increasingly complex operational environment, which has seen the number and diversity of humanitarian actors grow.

When other humanitarian actors talk about strong local partners, this is what they mean. The Red Cross Red Crescent is the world's leading humanitarian actor, not just during disasters, but before, after and always.

The value of our volunteers

Finally, we come to our greatest asset: our Red Cross and Red Crescent volunteers. Whilst there has never been any doubt that the strength of our network lies in our community-based volunteers, for the first time in 2011 we were able to quantify that value.

The IFRC commissioned a report, *The value of volunteers*, which showed that Red Cross Red Crescent volunteers, numbering more than 13 million worldwide, contribute 6 billion US dollars in economic value through the services they deliver each year. The report also showed that the ways in which people are volunteering are

changing. However they choose to volunteer, what is becoming apparent in our troubled times is that the social value of our volunteers is even greater than their economic value. And it's priceless.

You have much to be proud of and we take this opportunity to thank you, our volunteers, for your commitment and dedication to the humanitarian cause in 2011. •

YEAR IN REVIEW 2011

January

- In Sri Lanka, severe flooding that started in November continued with over a million people affected and approximately 52,000 families displaced. The IFRC revised its emergency appeal to 4.62 million Swiss francs to provide continued emergency aid as well as longer-term recovery assistance to over 75,000 people.
- The post-election crisis in Côte d'Ivoire in late 2010 caused thousands of people to seek refuge in neighbouring countries. The IFRC released funds from its Disaster Relief Emergency Fund (DREF) to assist National Societies to support host communities in Liberia, Guinea, Mali, Burkina Faso and Ghana.
- It was official: the value of our volunteers runs into billions of dollars. Research conducted by Dalberg – and based on methodology aligned with the International Labour Organization (ILO) and the Johns Hopkins Center for Civil Society Studies – showed that more than 13 million active Red Cross Red Crescent volunteers contribute 6 billion US dollars in economic value through the services they deliver each year.



Benoit Matsha-Carpentier/IFRC

February

- The IFRC and wireless telecommunications company Trilogy International Partners joined forces to deliver an innovative mobile phone application. It allows aid agencies and mobile phone users in disaster areas to interact in real time. The service means regions or neighbourhoods can be targeted with specific text messages, transforming how the IFRC works with disaster-affected communities.
- The New Zealand Red Cross mobilized its staff and volunteers in response to a 6.3-magnitude earthquake which caused widespread devastation to Christchurch, New Zealand's second largest city.
- The IFRC launched a preliminary emergency appeal of 4.5 million Swiss francs to assist people fleeing the violent unrest in Libya, many of whom were physically and psychologically exhausted by their escape. By the end of February, some 40,000 people had already crossed the border from Libya into Tunisia, and 60,000 people had crossed the border into Egypt.

February: Over 100,000 people fled unrest in Libya and tried to return to their home countries by any means possible, often struggling to carry all their belongings.

March: Children arrive at a refugee transit camp in Liberia having escaped the violence of the post-election crisis in neighbouring Côte d'Ivoire.

March

- On 11 March, an 9-magnitude earthquake hit the east coast of Japan causing a deadly tsunami to sweep across Japan's Pacific coastline. The situation became more complex as the disaster caused three nuclear reactors in Fukushima to meltdown. The Japanese Red Cross Society immediately deployed its response teams to assist survivors. By the end of the month, the death toll stood at 10,804 – with a further 16,244 people registered as missing.
- The number of people fleeing violence in Côte d'Ivoire continued to rise. More than 100,000 Ivorians fled into Liberia alone, with some communities of just a few thousand people coping with an influx of 30,000. Water and sanitation facilities were under such strain that an outbreak of disease was a real threat. The IFRC revised its international appeal to nearly 4 million Swiss francs to support the National Societies responding to the crisis.
- The IFRC launched a new joint report with the Stop TB Partnership, *Towards a tuberculosis-free world*. The report highlighted the human side of the global TB pandemic, which caused 9.4 million people to become ill and 1.7 million deaths in 2009.



IFRC

- The cumulative effect of poor rainfall during the two short rains in 2010 led to household food shortages in Kenya, with some 2.4 million people needing assistance, and more than 800,000 people needing urgent help. The IFRC launched an appeal for 4.9 million Swiss francs to assist the Kenya Red Cross Society.
- Southern Chad faced an outbreak of meningococcal meningitis, which spread quickly across many districts. The situation was exacerbated by cases of measles in the same region. A serious cholera epidemic left 1,500 people ill and 30 dead. Local health services were soon overwhelmed and the IFRC released funds from DREF to support the Red Cross of Chad operation.

April

- At the 22nd International Harm Reduction Conference in Beirut, the IFRC encouraged governments and stakeholders to adopt harm-reduction programmes that target injecting drug users. Harm reduction is the only effective approach to stop the spread of HIV among this group, and programmes need to include the use of condoms, sterile injecting equipment and harm-reduction activities related to drug use.
- In the Democratic Republic of the Congo, more than 16,100 suspected cases of measles were reported since the beginning of the year causing the deaths of 106 children. The Red Cross carried out door-to-door visits to ensure all children, especially those in remote villages, were included in the MSF-led immunization campaign.
- More than 200 malaria experts and government representatives met in Norway to discuss how to

achieve the target of zero malaria deaths by 2015, which exceeds the goal of the MDGs. In the past decade, one-third of malaria-endemic countries have seen a 50 per cent decrease in malaria cases where interventions have been carried out. The Red Cross Red Crescent has played a crucial role, reaching more than 8.1 million people with malaria prevention messages in 2011 alone.

May

- The IFRC announced the launch of the Red Cross Red Crescent nursing colleges' network. The network will allow for closer ties between the 30 Red Cross Red Crescent nursing and midwifery training institutions delivering nursing education, and its agenda will link in with the goals of *Strategy 2020*.
- At the Global Platform for Disaster Risk Reduction, the IFRC called on governments to strengthen the roles of communities in their disaster risk management laws. Many governments are now putting more emphasis on prevention rather than response, but a legal gap remains for communities to reduce their own disaster risks – also a key finding of UNISDR's mid-term review of the Hyogo Framework for Action.



June

- A mid-term review of the IFRC's Global Water and Sanitation Initiative showed that the initial ten-year target of reaching 5 million beneficiaries was surpassed. This sustainable programme addresses chronic water, sanitation and hygiene promotion needs.
- The Haitian Red Cross reopened a cholera treatment centre in Port-au-Prince as the number of cases rose dramatically in the capital. The Haitian Red Cross managed the centre, based in Carrefour Feuilles, with support from the IFRC and Canadian Red Cross.
- The IFRC and the International HIV/AIDS Alliance called on governments to abolish laws that undermine human rights and prevent access to life-saving services. In 2011, the Red Cross Red Crescent reached over 11 million people with HIV prevention messages and continued to reach out to marginalized groups.
- The IFRC launched an appeal for 6.7 million Swiss francs to support the Red Cross of Côte d'Ivoire to help 4,000 families returning after the post-election violence. Red Cross volunteers provided psychosocial support and community activities to strengthen social cohesion.

May: Red Cross nurses in Mexico City wear face masks to protect themselves from the H1N1 virus, more commonly known as swine flu. – **June:** In the Haitian capital of Port-au-Prince, the Red Cross cholera treatment centre assesses and treats patients, and works to reduce the spread of the disease.



July

- An estimated 70,000 people fled their homes after violence erupted in the town of Kadugli in South Kordofan, Sudan. Many found themselves without access to water, food and shelter. The IFRC launched an appeal for 3.7 million Swiss francs to support the Sudanese Red Crescent, one of the few humanitarian agencies able to operate in the area.
- As the Republic of South Sudan declared itself independent, the IFRC announced the establishment of a new National Red Cross Society – the South Sudan Red Cross.
- Across the Horn of Africa, the worst drought in 60 years left almost 10 million people in dire need of assistance. As more than 3.2 million Kenyans faced thirst and starvation, the IFRC launched an emergency appeal for 14.7 million Swiss francs to help the Kenya Red Cross implement short- and long-term solutions.

July: A volunteer carries the flag of the new South Sudan Red Cross. – **August:** A woman in the Democratic People's Republic of Korea (DPRK) surveys the remains of her home after successive storms and a typhoon leave thousands in crisis.

August

- Tens of thousands of Ethiopians struggled for survival as the Horn of Africa drought took its toll. The IFRC launched an emergency appeal to support the work of the Ethiopian Red Cross Society. The drought highlighted the critical need to equip communities with the knowledge and technical skills to maintain water facilities, which are a life-line during severe droughts.
- Violent storms in the Democratic People's Republic of Korea (DPRK) devastated southern and south-western areas – a situation made worse by Typhoon Muifa. Thousands faced serious health risks and the prospect of a harsh winter with inadequate shelter. The IFRC appealed for 3.5 million Swiss francs to help the DPRK Red Cross assist 30,000 people.
- The IFRC launched an appeal for 1.3 million Swiss francs for floods in Bangladesh, which covered the length and breadth of the country, and affected more than 1.5 million people.
- The first major category 3 hurricane of the 2011 season, Hurricane Irene, left a trail of destruction across the Caribbean and the east coast of the USA. Red Cross National Societies across the Americas mobilized thousands of staff and volunteers.



September

- Devastating floods struck Pakistan: over 5 million people were directly affected, almost 4 million acres of land were flooded and 1 million homes destroyed. Many affected areas were still struggling to recover from the effects of the 2010 floods. The IFRC launched a preliminary emergency appeal for 10.6 million Swiss francs to support the Pakistan Red Crescent Society.
- Volunteering organizations from around the world met in Budapest to discuss the future of volunteering. The conference, co-hosted by the IFRC, culminated in the adoption of a declaration to value, recognize and encourage the contribution of volunteers.
- The *World Disasters Report* on food security launched with the warning that the world's poorest people are at serious risk from escalating food prices and volatile global markets, causing severe hunger and malnourishment.

October

- A new IFRC report, *Drought in the Horn of Africa – preventing the next disaster*, advocated that we can stop a natural hazard becoming a human catastrophe by making a long-term commitment to ensure communities become more resilient. The IFRC urged that funding for the Horn of Africa crisis start to be invested in long-term solutions.
- On 23 October, a 7.2-magnitude earthquake hit the Turkish province of Van, near the Iranian border. The IFRC launched an appeal for more than 10 million Swiss francs to support the Turkish Red Crescent

Society assist 50,000 people. More than 600 people died, with a further 4,000 injured and 60,000 made homeless.

- Heavy rain pounded Central America causing severe flooding and landslides. More than 1.6 million people were affected in El Salvador, Guatemala, Honduras, Nicaragua, Costa Rica and Panama. The IFRC released DREF funds to help kick-start the Red Cross operations. The IFRC also launched two emergency appeals totalling 2 million Swiss francs for El Salvador and Guatemala.

November

- The UK government's Department for International Development (DFID) approved a four-year funding package for the IFRC. DFID noted that the IFRC provides "value for money" and plays a "unique role in addressing humanitarian challenges and responsibilities around the globe".
- In Johannesburg, the IFRC and member National Societies launched the five-year Ubuntu Initiative to address the humanitarian challenges related to migration, and to promote respect for diversity and social inclusion. The initiative will be implemented by National Societies in Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe.
- The worst floods to hit Viet Nam's Mekong Delta for more than a decade led the Viet Nam Red Cross to appeal for 1.1 million Swiss francs. Almost 600,000 people were affected across seven provinces and more than 10,000 acres of rice paddies were destroyed.
- During the 18th General Assembly in Geneva, the Maldivian Red Crescent Society became the 187th member of the IFRC. The process of forming the new National Society began in 2004, when the low-lying islands were hit by the Indian Ocean tsunami.

- A new report, *Eliminating health inequities: every woman and every child counts*, highlighted the plight of women when accessing health services. Spousal or parental permission is commonplace and many face discrimination at the point of delivery. The report was a joint collaboration between the IFRC and the Partnership for Maternal, Newborn & Child Health, which is hosted by the World Health Organization.
- All members of the International Federation of Red Cross and Red Crescent Societies gathered in Geneva for the 18th General Assembly. On the final day, the assembly agreed to incorporate preparedness for nuclear accidents into its overall disaster management framework.
- The Council of Delegates, which preceded the International Conference, adopted nine resolutions. The first and most momentous was the resolution to work towards the elimination of nuclear weapons, whose destructive and indiscriminate effects can only lead to catastrophic humanitarian consequences that last for generations.
- For the Digital Divide, the headline objective to provide assistance to 15 National Societies in the pilot year was exceeded, with 17 MOUs signed and projects under way. In the process, the program has developed the necessary tools and methodology, and established linkages with the wider capacity building objectives of the Federation. The fact that the Digital Divide Initiative received the most pledges (61) from National Societies at the General Assembly and International Conference in November 2011 is indicative of the broad interest and commitment in carrying this work forward across the RC Movement.

December

- The 31st International Conference was attended by 183 National Red Cross and Red Crescent Societies, 159 government delegations and observers from over 50 international organizations. The conference concluded with eight resolutions, including resolution 6 on health inequities with a focus on women and children, and resolution 7 on improving disaster risk reduction at community level, particularly through legislative measures.
- The IFRC attended the Fourth High-Level Forum on Aid Effectiveness in Busan, Korea. The IFRC was able to advance the resilience agenda and to advocate for the explicit recognition that the Red Cross Red Crescent Movement is unique in combining a global presence with community-based action.
- The IFRC, in partnership with the Swedish Red Cross, launched a new report, *Promote. Protect. Recognize. Volunteering in emergencies*. The report called on governments to recognize and protect volunteers, particularly during emergencies, when many volunteers risk their own lives to save others.
- Typhoon Washi swept across the Philippines causing flash floods, which left 900 dead and 1,500 injured. The IFRC appealed for 2.6 million Swiss francs to help the Philippine Red Cross assist 25,000 people, some of whom lost as many as 30 family members to the typhoon.
- In a year when the news from Africa was dominated by food insecurity, 2011 ended with a stark warning from the IFRC that Mauritania was also facing a food crisis. The IFRC launched an emergency appeal for 2.1 million Swiss francs to implement early measures to address the effects of poor harvests and rising food prices. •



Tadateru Konoé, president of the IFRC and the Japanese Red Cross Society, walks through the Japanese city of Otsuchi, or what is left of it, after the earthquake and tsunami.

"PEOPLE NEED TO HAVE MORE INFORMATION AND BE BETTER PREPARED IN CASE THE UNTHINKABLE HAPPENS AND THE RED CROSS RED CRESCENT HAS A VITAL ROLE TO PLAY. THEY CANNOT RELY SOLELY ON GOVERNMENTS AND ON THE NUCLEAR INDUSTRY, WHICH HAS A VESTED INTEREST IN TELLING THEM THAT EVERYTHING IS SAFE AND NOTHING CAN GO WRONG. IT HAS AND IT COULD AGAIN, ANYWHERE AND AT ANY TIME."

Tadateru Konoé, President of the Japanese Red Cross Society and the International Federation of Red Cross and Red Crescent Societies

COPING WITH CRISIS IN A HIGH-INCOME COUNTRY: FOCUS ON JAPAN

On 11 March 2011, Japan suffered a triple disaster like no other. In isolation, each disaster was uncommon; together, they were unprecedented. First came the earthquake: the magnitude 9 seismic shift was the strongest earthquake to hit Japan since 1923, and the fourth strongest ever recorded worldwide. Next came the tsunami: 30 minutes after the earthquake, a 30-metre wave crashed along 700 kilometres of coastline. Finally, came the nuclear accident: the world's worst since Chernobyl in 1986.

Japan has a reputation for being one of the most disaster-prepared nations in the world. And yet, this triple disaster of epic proportions highlighted a number of vulnerabilities, many of which are shared by other developed and industrialized nations around the world: regional inequalities, an ageing population and the use of nuclear power.

The final death toll, including the missing, stands at 19,946 people. The tsunami claimed the most lives, with 92.5 per cent of fatalities caused by drowning. Japan has one of the world's oldest populations, with 22.7 per cent of the nation's people aged over 65. In the areas where the tsunami hit hardest – the prefectures of Iwate, Miyagi and Fukushima – the populations are even older, 27.8 per cent, 25.8 per cent and 23.8 per cent respectively. This is

reflected in the age profile of the people who died: 65 per cent were over the age of 60. The three worst-affected prefectures also had higher levels of unemployment than the national average and fewer professionals, such as doctors.

In the eyes of the Red Cross, Japan's triple disaster may come to be remembered for three key challenges: meeting the health and welfare needs of the elderly, dealing with the impact of a nuclear accident and helping people overcome trauma through psychosocial support. This report gives an insight into the issues affecting the people of Japan and describes how the Japanese Red Cross Society is helping them recover from the worst disaster in living memory.

Strategy 2020 voices the collective determination of the IFRC to move forward in tackling the major challenges that confront humanity in the next decade. Informed by the needs and vulnerabilities of the diverse communities with whom we work, as well as the basic rights and freedoms to which all are entitled, this strategy seeks to benefit all who look to Red Cross Red Crescent to help to build a more humane, dignified, and peaceful world. In this decade, the collective focus of the IFRC will be on achieving the following strategic aims:

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



Strategic aim 1

Save lives, protect livelihoods, and strengthen recovery from disasters and crises

On the move to save lives

During a major disaster, the role of the Japanese Red Cross Society is clearly defined: the National Society has responsibility for deploying medical response teams from its health clinics, distributing pre-positioned relief items, collecting and distributing blood, and supporting tracing activities for non-Japanese people living in the country.

Within five hours of the tsunami, the Japanese Red Cross Society had set up an operations centre and deployed medical teams to the disaster zone. Once the relief operation was in full flow, nearly 900 mobile medical teams and hundreds of psychosocial workers provided medical care to isolated survivors. Some lived in remote areas, others were house-bound and some were simply cut off by the rubble and debris.

In addition to severe injuries, treating exposure to cold water and wintry conditions was high on the list of medical priorities, with many people found to be suffering hypothermia or at risk of developing pneumonia from swallowing dirty seawater. There was also an abundance of people needing treatment for pre-existing chronic conditions such as diabetes

or high blood pressure, and people who had lost their medication in the disaster.

To help people deal with the trauma of the disaster, each medical team included a trained psychosocial nurse. This proved to be a crucial role throughout the operation, providing survivors with an outlet for their grief, allowing them to articulate their concerns and to ask for practical help.

The mobile health teams also faced their own logistical challenges as fuel ran short and blocked roads were taking time to clear. Fuel shortages meant that deliveries of medicines were delayed – some Red Cross workers resorted to using bicycles and, in the early days of the disaster, teams could only give out enough supplies for three days at a time, with a promise to return.

Returning to normality, or not returning at all

Returning to normality – or at least a version of it – is very important for people recovering from a crisis. As families started to move out of the evacuation centres and into their new government-built temporary houses, the Japanese Red Cross Society equipped more than 130,000 families with a set of six new domestic appliances. The appliances comprise a television set, refrigerator, washing machine, rice cooker, microwave oven and hot water dispenser. It was a huge logistical challenge, but for survivors it marked a significant step forward in the process of rebuilding their lives.

However, the biggest challenge to long-term recovery may be livelihoods. The Japanese Red Cross is helping families with a series of cash grants to help them recover economically. In some areas, the tsunami destroyed 85 per cent of businesses, whilst the nuclear accident rendered farmland and livestock worthless. The scarcity of jobs and fear of radioactive contamination is driving

younger people to seek work elsewhere, and a significant number of people have vowed never to return.

Often, the people who do want to return are older people, who feel that they have less to fear at their

time of life, but the older generation is not looking for jobs, although they do need shops and facilities – and someone to run them. It's a catch-22 situation with no easy answers.

Strategy 2020 enabling action 1: Building strong National Red Cross and Red Crescent Societies

Nuclear preparedness: sharing the lessons of Fukushima

A quarter of a century after the world's worst nuclear accident in Chernobyl, nuclear power is as popular as ever, particularly among high-income countries where it is often considered a clean, reliable and independent source of power. Now, a Chernobyl has happened again, this time in one of the most technologically advanced countries in the world.

The nuclear accident in Japan has highlighted the need for better nuclear preparedness, and the Japanese Red Cross Society has led the process to share the lessons learnt from Fukushima with the Red Cross Red Crescent network. One outcome of the process has been the decision to set up a resource centre offering specialist advice to all National Societies on nuclear disaster preparedness, as well as on chemical and biological hazards.

At local level, National Societies can take an active role in raising awareness of the pertinent issues for those living near nuclear plants. In the worst-case scenario of an accident, communities need to be able to separate the myths from the facts, they need to understand the effects of radiation and what practical steps they can take to minimize their exposure to contaminants. National Societies may also help coordinate an evacuation, and provide psychosocial support and monitor health in the aftermath of a

disaster, as they have done in Chernobyl and will continue to do in Fukushima.

Fukushima has shown that communities cannot rely solely on governments or the nuclear industry to give them timely or correct information. One of the problems in Japan was the abundance of contradictory information from the scientific community, public authorities and the owners of the plant. For the ordinary person, this leads to feelings of anxiety and extreme stress, which continue long after the immediate threat is brought under control; radiation levels in food, water and the ground remain a constant source of worry.

At global level, the Red Cross Red Crescent is in a strong position to advocate for clear and timely information on behalf of communities, and to ensure that the invisible disaster of radiation is not forgotten about in the decades that follow. The Red Cross Red Crescent understands only too well the slow-burn effects of a nuclear disaster. In the past 15 years, Red Cross societies in Ukraine, Belarus and Russia have screened more than 1.3 million people for thyroid cancer, and are still detecting 200 cases each year.

Radiation does not recognize borders and by integrating man-made disaster preparedness into their disaster management plans, all National Societies can draw on the lessons of Fukushima and prepare communities for the worst-case scenario of a nuclear accident.



At the Yamada kindergarten in Iwate Prefecture, the Japanese Red Cross runs a health and safety class for mothers, while their children play with staff and volunteers.



Strategic aim 2

Enable healthy and safe living

Monitoring radiation reassures residents

For some, it is a question of reassurance; others feel it is a medical necessity to check the radiation levels in themselves or their food. Whatever the motivation, the Japanese Red Cross Society has made a range of radiation detection devices and services available to residents near the nuclear zone.

After the accident at the Fukushima Daiichi plant, the Red Cross distributed radiation detectors for measuring radiation in the body in both Miyagi and Fukushima prefectures. It also distributed over a hundred detectors for measuring radiation in food, notably in schools and health clinics.

The Red Cross hospital in Fukushima City is home to a range of medical equipment for measuring radiation levels in people. First, a Geiger counter measures the level of radiation on the body's surface, and then a whole body scan measures internal radiation exposure. The Red Cross has also provided medical assistance to nuclear evacuees who visited their homes in the restricted zone, many of whom wanted to retrieve important documents, photographs or treasured possessions.

As a longer-term measure, and drawing on the experience of Chernobyl, the Japanese Red Cross Society has launched a project in partnership with the

Fukushima Prefecture Medical Association. The plan is to provide follow-up services monitoring the health of people evacuated from the area for the next 10 to 20 years, although this will be a challenge as many have relocated.

The project will focus on collecting data from evacuees and monitoring their health with general check-ups, as well as carrying out blood and thyroid tests. As Chernobyl has shown, screening will be crucial in helping people maintain good health and the Japanese Red Cross is committed to ensuring the people of Fukushima are not forgotten in the decades to come.

Filling the healthcare and welfare void

Medical infrastructure, particularly with an aged population, is a complex balance of primary, secondary and tertiary institutions that include health clinics, medical centres and doctors' clinics. When the 30-metre-high tsunami came, it destroyed about 40 per cent of this infrastructure across the prefectures of Iwate, Miyagi and Fukushima. Even before the triple disaster, these prefectures suffered staff shortages and capacity problems. With more than 25 per cent of residents aged 65 and above, this quickly became a ticking medical time bomb.

As soon as a clear picture emerged about the shattered medical infrastructure, the Japanese Red Cross Society announced it would begin a 100 million US dollar healthcare programme. It will invest over 62 million US dollars in the reconstruction and development of medical infrastructure, and 37.2 million US dollars in social welfare and support for the elderly. Experienced in delivering major healthcare services across Japan before the disaster, including the voluntary blood supply and over 100 health clinics, it is perfectly placed to fill the healthcare gap.

In the aftermath of the disaster, the Ishinomaki Red Cross Hospital was the only functioning hospital left to serve 130,000 people – and it has been coping ever since with the caseload of other destroyed medical services. A new and permanent municipal hospital will be built, but it will take at least three years, and so the Japanese Red Cross will bridge the gap until it is ready.

The Red Cross is building a prefabricated welfare and medical centre in Ishinomaki with 150 beds until the new hospital opens. It will be run by the city's authorities and all its medical equipment will be transferred to the permanent hospital once it is ready. A welfare centre for the elderly is also planned, as well as an emergency 24-hour medical centre. In the meantime, the Ishinomaki Red Cross Hospital will expand its emergency capacity to help.



Strategic aim 3

Promote social inclusion and a culture of non-violence and peace

Building a sense of community

In the early stages of a disaster, people cling together. They converge in evacuation centres, health clinics and camps; they hold each other in grief and disbelief; they come together through a shared experience. But as time passes, survivors are at risk of both physical and mental isolation, and this isolation can often lead to increasing frustration, anger and even



The Red Cross Smile Smile class brings elderly residents together and provides activities such as singing, dancing, massage and health checks.

violence. People start to withdraw as they face a new reality and community ties are broken as people are relocated to new areas. Some groups, such as the elderly and disabled, are particularly vulnerable to isolation, and psychosocial support is absolutely crucial in rebuilding social bonds, and making sure everyone is included in a more compassionate and peaceful healing process.

Over the years, the Japanese Red Cross Society has invested heavily in its psychosocial resources and counts on 2,400 trained psychosocial nurses and a dedicated team of experts. In the three most devastated prefectures – Iwate, Miyagi and Fukushima – the Japanese Red Cross Society quickly provided this much-needed support. Within five days, a support centre for grieving families was set up at the Ishinomaki Red Cross Hospital. Within a month, another had opened in Iwate Red Cross branch. By the six-month mark, the National Society had provided psychosocial support to 14,000 affected people.

There were operational complexities. It became difficult to make contact with people who were not in evacuation centres, and mobile health teams were the key to reaching out to these people. The high number of elderly people amongst the survivors called for special programming. As one Red Cross worker said: “They need someone to hold their hand, to put an arm around them, and to just sit, listen and encourage.”

As people moved out of the evacuation centres into temporary housing, the psychosocial support teams started organizing activities that brought people together. In the evacuation centres, privacy may have been limited, but there was at least a sense of community. In their new temporary houses, people have become more isolated, often exacerbated by the fact that they don’t know their new neighbours.

The Japanese Red Cross introduced a programme called the Smile Smile class. On offer are tea parties, singing, dancing, and exercise and massage sessions. Most importantly, the classes have started to bring people together again to create a real sense of community and to rebuild the social bonds that disaster has destroyed.

When splitting the atom divides families and communities

The third element of the triple disaster, the nuclear accident, has had the most divisive effect on families and communities. Having to cope with the shock of a major earthquake and tsunami is traumatic enough, but the Japanese people have also had to deal with an invisible and ongoing third disaster: radiation.

As the nuclear accident at Fukushima developed, with workers struggling to control the situation in the reactors, fear spread across the whole of Japan. For the local population, the feelings of fear were acute. As experts publicly disagreed, rumours and misinformation spread. The Japanese Red Cross organized a public lecture to allay the fears felt by the people living in the area, but the real added value has been in helping individuals come to terms with what has happened.

The feelings of bewilderment and loss are a daily torment for many of the 80,000 people evacuated from the 30-kilometre exclusion zone around the Fukushima nuclear plant. Many of the 80,000 people who were evacuated from the nuclear zone have faced discrimination in the form of verbal abuse or being denied access to services or evacuation centres without a radiation-free certificate.

As time has passed, differences of opinion have started to open up between men and women, old and young. People cannot agree on what to do for the best. Men

tend to favour a return for reasons of work, whereas women – particularly those with children – are unwilling to take the risk. Traditional family ties are now being broken. Young couples with children have left the region, leaving behind extended family; whilst some mothers have decided to take their children to live elsewhere, leaving behind their husband to work.

For those who have decided to stay, many suffer emotional stress bringing up their children in an area that has been exposed to radiation. Mothers watch their children like hawks making sure they do not pick things up from the ground. To alleviate the stress of seeing their children spend their formative years in such conditions, the Japanese Red Cross opened the Red Cross Smile Park. An indoor playground in Fukushima City, it gives children the freedom to run about and have fun in a soft-play area with a bouncy castle, inflatable toys and ball pools. Their parents can relax and watch them play, and can connect with other parents facing similar challenges. •

Strategy 2020 enabling action 3: Functioning effectively as the IFRC

Providing targeted support where it's needed

The Japanese Red Cross Society has traditionally been a generous provider of funding and expertise to large-scale disasters and development programmes overseas. So after the triple disaster in 2011, it was only to be expected that the National Society receive an overwhelming number of donations and offers of support from around the world.

The Japanese Red Cross Society immediately communicated to the IFRC that it did not require an international appeal to be launched on its behalf, and it requested that funds from sister Red Cross Red Crescent societies be routed through the IFRC. Indeed, large-scale disasters in high-income countries rarely lead to an international appeal because of their ability to raise and handle funds domestically.

However, the absence of an international appeal means that the disaster-affected National Society has to define what kind of donations and support it requires from the wider Movement. The Japanese Red Cross Society was able to communicate its needs clearly and, in line with agreed national protocols, it requested that donations be non-earmarked.

From the outset of the disaster, the IFRC provided high-level support in coordination with the Japanese Red Cross Society. The head of the East Asia regional delegation arrived in Japan one day after the earthquake. His was a pivotal position, leading and coordinating Movement support to the Japanese Red Cross, whilst fulfilling the requirement to report back to major donors like the European Union, which contributed 1.1 billion yen (12.7 million US dollars) to the Japanese Red Cross Society through ECHO and the IFRC.

The Japanese Red Cross Society has previously recognized the need for help in communicating with foreign media, who were thirsty for information following the 2011 disaster. Setting in motion a plan that had been developed with the Japanese Red Cross more than a year earlier, the IFRC's communications manager for Asia Pacific arrived in Japan just days after the disaster, closely followed by a colleague from the East Asia delegation. For three months, seven experienced IFRC communications delegates travelled with Japanese Red Cross staff to tsunami-affected areas, documenting the Red Cross operation and conducting hundreds of media interviews.

The Japanese Red Cross has a well defined role as the country's main fundraising organization in time of disaster. The Japanese Red Cross Society collected more than 3.7 billion US dollars domestically and internationally. Japan has a tried-and-tested mechanism for handling donations called the central disbursement committee. It comprises government officials from national and local levels, Japanese Red Cross representatives, members of the media and a number of independent experts. Any funds received are distributed at local level according to agreed criteria.

Mindful of its role as an auxiliary to its government, the Japanese Red Cross Society carefully considered its mandate and role internally before accepting external help. It is not an easy task handling an outpouring of generosity from all over the world in a clear and transparent way – even less so when in the middle of a catastrophic triple disaster.

The high number of non-earmarked donations bears testament to the Japanese Red Cross Society's reputation for integrity and transparency. For its part, the Japanese Red Cross Society was grateful to Red Cross Red Crescent members for respecting its operational wishes.

Strategy 2020 enabling action 2:

Pursuing humanitarian diplomacy to prevent and reduce vulnerability in a globalized world

AID AND DEVELOPMENT EFFECTIVENESS



Jonathan Kaian/IFRC

At a distribution point at Lago, the Kenya Red Cross Society provides water for 3,000 people in need.

The adoption of the Millennium Development Goals (MDGs) in 2000 signified a new and positive era for international aid and development cooperation, with goal 8 establishing the need for a global partnership for development. However, it became apparent that increases in funding were not producing the desired results, and attention turned to aid effectiveness.

Aid effectiveness is about securing value for money so that each dollar spent has the maximum amount of impact. A series of high-level meetings in Rome, Paris, Accra and Busan in 2003, 2005, 2008 and 2011 respectively – drawing together all stakeholders across the aid arena – is working to address the issue of aid effectiveness.

The changing aid landscape

Since the adoption of the MDGs, we have witnessed a shift in the global balance of power, with emerging economies like Brazil, Russia, India and China coming to the fore, and new philanthropic organizations taking part in the global debate through the G20.

We have also seen a proliferation of aid channels and new donors, which has resulted in a more fragmented approach at country level – something the original Rome Declaration specifically tried to address. Such diversity puts a burden on developing countries, which often have a limited capacity to manage multiple actors.

Moreover, the volume of aid flowing from donor countries has reached an all-time high. In 2010, it stood at 129 billion US dollars, more than double the 2002 figure. Aid effectiveness is more important than ever if the full benefit is going to be realized from every dollar invested, and the arrival of new players on the scene means that new frameworks and commitments are needed to take their roles into account.

Busan: a turning point

In Busan, 3,000 delegates reviewed the progress of their previous meetings, in particular the commitments of the 2005 Paris Declaration. The meeting culminated in the signing of the Busan outcome document, entitled the Busan Partnership for Effective Development Cooperation, which broadened the agenda from aid effectiveness to development effectiveness.

Significantly, the document establishes a framework for development cooperation that incorporates: new actors including emerging donors, civil society, fragile states and the private sector; the drafting committee in Busan included, for the first time, a civil society representative – formal recognition of the role that civil society has to play in development.

Fragile states also received attention at Busan. The IFRC prefers to think more broadly about fragile people, who live not just in conflict countries but in conflicted communities, rich and poor. Through our work on social inclusion, we know that fragile people face neglect, marginalization, discrimination and sometimes violence.

The Red Cross Red Crescent: making aid *and* development more effective

The Red Cross Red Crescent has a unique development infrastructure that is highly beneficial to governments and other partners wanting to leverage greater impact for vulnerable people. It is crucial that development leaders fully understand our National Societies and their status as auxiliaries to government in development as well as disaster response.

Our global network and its community-based volunteers make aid and development more effective. The added global value of Red Cross Red Crescent

LEADING BY EXAMPLE: THE 10 PER CENT COMMITMENT

The IFRC is taking the initiative to dedicate 10 per cent of its emergency appeal budgets to programmes and actions that build long-term resilience. We urge donors to do the same.

At the same time, it is important that countries receiving aid routinely include disaster preparedness and risk reduction into their national development plans and budgets.

Studies have shown that every single US dollar spent on prevention and risk reduction saves an average of 10–15 US dollars in economic losses or saves an estimated 4 US dollars in disaster response. In just one specific example, in Nepal's Ilam district, 1 US dollar invested in locally-driven livelihoods and resilience building activities returned 19 US dollars in demonstrated impact.

Developing countries have to deal with the economic consequences of disasters with little or no help from the international community. A disaster can have a huge economic impact with annual losses of up to 20 per cent of gross domestic product. Many countries offset these economic losses with their development budget.

So if we are serious about making aid and development more effective, we have to invest in the right places because we can't leave something this important to chance. The 10 per cent commitment makes sound economic sense.

volunteering is estimated at approximately 6 billion US dollars each year, with 20 unpaid volunteers extending, on average, the paid labour of each member of staff. We often hear about the need for 'smart aid', and there is nothing smarter than a donation that can be stretched to achieve maximum impact through a volunteer's commitment within a well-established network. Of course, more important than the monetary value of volunteers is the social value of volunteering. It creates good citizenship, fosters local ownership and leads governments to be more accountable – all vital for aid effectiveness.

By providing a comprehensive response programme, we work to prevent the unnecessary erosion of earlier development gains.

Acknowledging an important link between humanitarian and development work, the Red Cross Red Crescent is uniquely placed to bridge the humanitarian–development gap. In fact, we do this every day by building resilient communities and working with public authorities, local communities and vulnerable individuals.



Rob Few/IFRC

In the village of Bimire in Nepal, the Red Cross is building community resilience by providing drinking water and toilets, and has set up a committee to teach villagers about hygiene and disaster preparedness.

A developmental approach to health in Kenya: home management of malaria

The work of the Red Cross and Red Crescent during an emergency focuses on saving lives, but we also aim to prevent further losses by maintaining community resilience in the face of a crisis. We work quickly to stabilize a situation in order to minimize the impact of a disaster on an affected population. By providing a comprehensive response programme – including food, water and sanitation, healthcare, shelter and psychosocial support, among others – we work to prevent the unnecessary erosion of earlier development gains.

Whilst our work in emergency response may make the headlines, it is our longer-term developmental approach that often can have the most sustainable impact on people's lives. The Red Cross Red Crescent defines development as “enabling everyone to achieve their full potential, and lead productive and creative lives with dignity according to their needs and choices, whilst fulfilling their obligations and realizing their rights”.

This definition is reflected in our developmental approach to health, which is based on three key strategies. The first is to promote good health by educating people about what they can do to modify their behaviour. This might consist of raising awareness about good nutrition or hygiene, or working with vulnerable groups to educate them about alcohol and substance abuse or risky sexual behaviour. Secondly, we promote public health using established and proven prevention techniques such as immunization programmes or providing clean water and sanitation. Thirdly, we improve access to treatment and care by linking community and hospital-based services so that both common and serious conditions are promptly addressed and secondary complications, disabilities, and other socio-economic impacts are reduced.

Our home malaria management project in Kenya is the very embodiment of both this definition and this approach.

Life before the project was a vicious cycle of hardship that all too often resulted in the death of a child. Mothers of children with malaria were faced with the option of walking more than two hours to the nearest health centre, leaving behind other children, work and responsibilities. Not recognizing the early symptoms of malaria meant that children were not being treated quickly enough. Even when they were, rural areas are often cut off during the rainy season and transport is unaffordable for the poor, leading many mothers to delay making the journey. Children were simply not receiving treatment in time – they were dying from a treatable disease.

With the IFRC's home management of malaria project, the lives of mothers and children in Kenya have been transformed. Trained volunteers from the Kenya Red Cross Society are the focal points for the communities they live in. They educate their community on how to prevent malaria and how to recognize the symptoms. The volunteers – who are monitored and supervised by the Ministry of Public Health and Sanitation – can administer treatment to children under the age of five if necessary. They also advise mothers on the options for follow-up treatment at health facilities.

Rather than walking two hours, mothers can now find their local trained Red Cross volunteer within their own village. This immediate access to advice, care and treatment is free of charge. So instead of delaying for hours or even days before taking the long walk to the nearest health centre, mothers now seek treatment for their child as soon as symptoms begin. The early recognition of malaria symptoms, together with prompt treatment, means that children recover quickly and cases of severe malaria have decreased significantly.

Why has it worked? From the outset, the project has revolved around community ownership and the principle that people can take charge of their own health. The project also stabilizes the community by minimizing the level of disruption to the people who play a key role in it. When we talk about building resilient communities and reducing vulnerabilities, this is what we mean.

There is nothing smarter than a donation that can be stretched to achieve maximum impact through a volunteer's commitment within a well-established network.

Honduras: resilience begins at home

In Honduras, like many other countries, family health is often seen as the responsibility of women, but a Honduras Red Cross programme is encouraging men to play a greater role. The project, called REDES or networks, began in 2006 with support from the Canadian Red Cross and in partnership with the Honduran Ministry of Health, municipal organizations and local communities.

Don Ramon is leading the way in his rural village of Copan. Sadly, his sister died during childbirth and Don Ramon raised her daughter as his own. When his own wife gave birth to their children, no birthing clinic was available – so he had to learn to assist during the delivery at home. The experience proved invaluable and Don Ramon now works as a community health monitor and as a traditional birth attendant in his village.

Don Ramon has become a role model for other men and his work is challenging the views on gender roles

that many people hold. In his local area, he is trusted and becoming widely recognized in surrounding villages as someone to turn to for knowledge of pregnancy, birth and post-natal issues.

By the end of 2011, the project had reached 80,000 men, women and children. In the project area, there has been a 62 per cent reduction in infant deaths, and the number of registered children has gone from zero in 2006 to more than 11,000 in 2011 – with an enviable attendance rate of 92 per cent. What's more, many men are following Don Ramon's lead and getting involved in their family's health by attending monthly antenatal check-ups, being present during childbirth and going to their baby's monthly weigh-in session.

The Honduras Red Cross REDES project exemplifies the IFRC's *Youth as agents of behaviour change* initiative, which strives to tackle health inequalities by mobilizing young people to change their behaviour and lifestyles. The REDES project also shows that resilience is not something that can be delivered by outsiders or bought with funding. For effective development to take place, it must recognize and support the efforts of individuals, households and communities to strengthen their own resilience.



Don Ramon works as a traditional birth attendant and community health monitor, and inspires other men to take an active role in their family's health.

BENEFICIARY COMMUNICATIONS: INCREASING EFFECTIVENESS BY INVOLVING THE PEOPLE WHO MATTER MOST

Involving beneficiaries has long been considered crucial to the success of development projects, and how to do it effectively has been the subject of much analysis. The urgency of relief operations has always made it more difficult to involve beneficiaries, but we have made major strides in the past decade. As mobile phone technologies have developed, we are now able to develop a genuine two-way communication with our beneficiaries that takes place in real time.

The driving factor behind any communication with beneficiaries is the need to respect their dignity and to be accountable to them. For the first time, our operation in Haiti saw beneficiary communications embedded into the entire operation from the outset. The team took a campaign-led approach, disseminating key messages on disaster preparedness, gender violence and cholera prevention – and then receiving feedback through radio stations, a call centre or mobile phone messages.

Without a doubt mobile phone technology has changed the game – messages can be delivered quickly, efficiently and cheaply to huge numbers of people in one go – but the team also relied on tried-and-tested techniques such as sound trucks, radio programmes, posters and notice boards, as well as face-to-face discussions. Each method has its limitations hence the need for a blended approach. Low literacy levels can be a problem for people receiving and responding to mobile phone messages. Displaced people, particularly residents of camps, often find themselves with limited access to TV and radio, and are less likely to chat to their new neighbours.

The feedback from the people of Haiti has been extremely positive, but we wanted to evaluate whether we were providing the information that people wanted and needed. The results speak for themselves.

- 74 per cent of the people interviewed reported receiving information from the Red Cross.
- 96 per cent said it was useful information.
- 83 per cent reported taking action after receiving the information.
- 73 per cent shared the information with others.
- 10 per cent have communicated back with the Red Cross.

In development, communicating with beneficiaries has long been established and the advantages are clear: done well, it encourages community buy-in and ownership, it takes advantage of indigenous knowledge to solve problems and it can break down the barriers that exclude some groups. However, it is a complex process and getting it wrong can disturb the delicate balance within a community, it can reinforce existing inequalities and it can even slow down a project when time is of the essence.

Our experience in Haiti shows that a blend of methods is needed. It is also clear that each and every context and situation will be different and we must adapt our methodologies to suit the people we are trying to help. Another consideration is the additional workload involved in using these new tools and analysing the data we collect. As technology advances and we move towards a more regular, real-time dialogue with our beneficiaries – in both relief and development situations – we will work to address these challenges with care.

Horn of Africa: humanitarian aid alone is not the answer

The Horn of Africa has just experienced its worst drought in 60 years, with almost 10 million people facing thirst and starvation. The problem is, it will happen again, just as it has throughout the past two decades, but must future droughts have such devastating consequences?

It is impossible to respond to these recurring crises with humanitarian aid alone. In fact, short-term interventions are part of the problem. Over the past 20 years, we have seen huge amounts of humanitarian aid mobilized to respond to emergency needs in the region, but little has been done to break the endless cycle of crisis–relief–crisis. Drought in itself is not a disaster, just a natural hazard, and there are ways of coping with it. If we make a long-term commitment to helping vulnerable communities become resilient and able to cope with drought, then we can start to break the cycle.

The global value of Red Cross Red Crescent volunteering is estimated at approximately 6 billion US dollars each year.

In the most drought-affected regions of Africa, there are examples of communities who have become food secure. They have crops to feed themselves and they sell the surplus at market. Helped by National Red Cross and Red Crescent Societies, they have diversified their livelihoods, they have adapted to drought and they are thriving. Formerly destitute pastoralists, dependant on food aid in previous droughts, are among

the success stories. Today, they have been taught modern farming methods and non-rain-fed practices, and provided with seeds and tools.

These interventions, although small-scale, show that there is an alternative: long-term investment in sustainable solutions. Humanitarian aid alone is not the answer: effective development aid is. •

STRENGTHENING OUR NATIONAL SOCIETIES: ACCOUNTABILITY AND THE OCAC METHODOLOGY

Our National Societies offer a vast range of much-needed local and national services within their own countries. These are the ongoing services that take place every day, quietly and with no fanfare, improving the quality of people's lives: disease prevention, health promotion, water and sanitation, blood donor recruitment, disaster preparedness and social assistance, to name but a few.

The importance of National Societies' work is at the heart of our *Strategy 2020*, articulated in the need to build strong National Societies. But what is a strong National Society?

Our framework and principles for building strong National Societies defines a strong National Society as "one that is able to deliver country-wide, through a network of volunteer-based units, a relevant service to vulnerable people sustained for as long as needed". To improve the institutional effectiveness of our National Societies, we have developed a new methodology called the organizational capacity assessment and certification (OCAC) process.

The OCAC methodology has two phases: a self-assessment and a peer review, and it forms an integral part of our accountability framework. OCAC has been tested and piloted by 23 volunteer National Societies with representation from all the regions, and another 10 are lined up to join in the coming months. The results from these pilots will allow us to hone and refine the methodology. The review is taking place alongside a programme of evaluations of our service work, and an examination of our other accountability standards, procedures and mechanisms, as well as a programme of operational audits.

FINANCES

Restricted financial performance (programmes and services)

The IFRC received 283 million Swiss francs of voluntary contributions for 2011 in support of its appeals and programmes, compared with 498 million Swiss francs in 2010. This significant decrease can be attributed to the high number of voluntary contributions received in 2010 for the Haiti earthquake emergency appeal.

The IFRC recovered 30 million Swiss francs of service fees in 2011 for fleet, logistics and other supplementary services. This compares with 48 million Swiss francs in 2010, with the decrease being attributed to a lower demand for logistics services.

Restricted operating expenditure (programmes and services) stood at 367 million Swiss francs in 2011, compared with 439 million Swiss francs in 2010. The decrease is attributed to the gradual conclusion of the tsunami operation, and the lower level of programming related to emergency appeal programming and services.

During 2011, funds held for field operations (restricted reserves) decreased by 73 million Swiss francs, from 366 million to 293 million Swiss francs, as funding for ongoing major recovery operations accumulated in previous years was expended. The remaining funds held for field operations are earmarked for ongoing recovery operations and development programmes.

Unrestricted financial performance

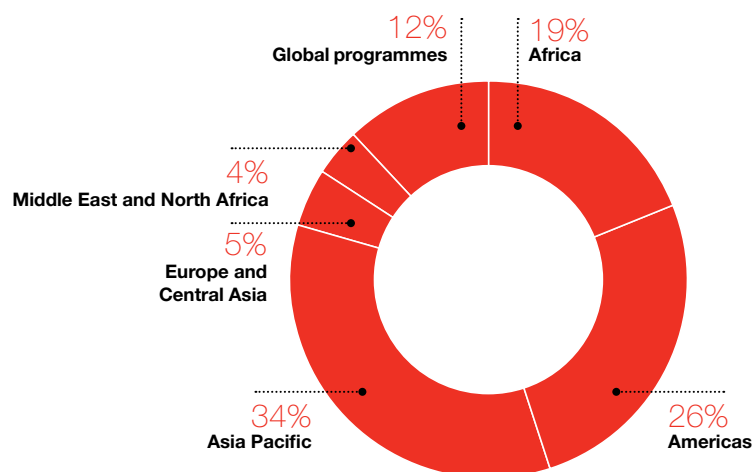
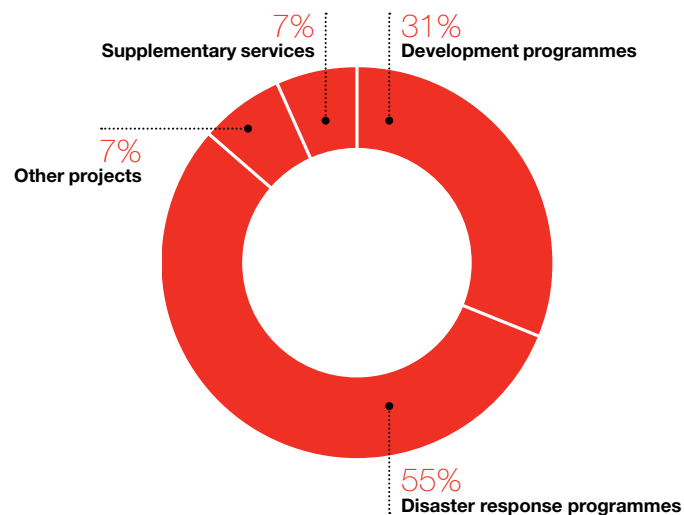
The IFRC's unrestricted income consists primarily of statutory contributions from member National Societies. In 2011, the IFRC's unrestricted income totalled 47 million Swiss francs. This compares with 40 million Swiss francs in 2010, with the increase due to a large one-off voluntary contribution from a private source at the beginning of 2011.

The IFRC's unrestricted operating expenditure was 72 million Swiss francs in 2011. This compares with 64 million Swiss francs in 2010. The increase is mostly due to the accounting provision required by the pension plan for IFRC employees in accordance with the International Financial Reporting Standards. The IFRC's pension plan is subject to Swiss law and was fully funded at the end of 2011.

During 2011, the IFRC's unrestricted reserves decreased by 2 million Swiss francs – from 68 million to 66 million Swiss francs. This is in line with IFRC's aim to maintain operational manoeuvrability for its unrestricted reserves at between 64 million and 78 million Swiss francs. This manoeuvrability for its unrestricted reserves takes into account the IFRC's working capital requirements to meet its unrestricted cash flow needs and covers expenditure in advance of voluntary contributions being received from donors, particularly for emergency appeals, as well as expenditure in advance of service fees being collected.

IFRC's audited Consolidated Financial Statements containing full details of IFRC's financial position, income, expenditure and cash flows for the year ended 31 December 2011 can be found at <http://www.ifrc.org/PageFiles/95655/IFRC%20Consolidated%20Financial%20Statements%202011.pdf>

Expenditures for the year ended 31 December 2011, analysed by category of programmes and geography



Consolidated statement of financial position at 31 December 2011

	2011 CHF	2010 CHF
Assets		
Total current assets	416,708	500,508
Total non-current assets	40,567	42,980
Total assets	457,275	543,488
Liabilities and reserves		
Total current liabilities	89,734	105,851
Total non-current liabilities	8,558	3,408
Total liabilities	98,292	109,259
Restricted reserves		
Total restricted reserves – Funds held for field operations	293,071	365,800
Unrestricted reserves		
Total designated reserves	1,317	5,906
Retained surplus	64,595	62,523
Total unrestricted reserves	65,912	68,429
Total reserves	358,983	434,229
Total liabilities and reserves	457,275	543,488

All figures in thousands of Swiss francs (CHF)

Consolidated statement of comprehensive income and expenditure for the year ended 31 December 2011

	Unrestricted	Restricted	Total	Total
	2011 CHF	2011 CHF	2011 CHF	2010 CHF
Continuing operations				
Contributions				
Statutory contributions	38,004	-	38,004	36,102
Voluntary contributions, net	8,042	283,130	291,172	501,301
Contributions to other organizations, reimbursed	-	-	-	7,036
Total contributions	46,046	283,130	329,176	544,439
Services income and other income	616	33,360	33,976	51,998
Total income	46,662	316,490	363,152	596,437
Operating expenditure				
Employee benefits	50,759	102,727	153,486	154,260
Relief supplies	-	102,400	102,400	174,642
Transportation and storage	62	18,586	18,648	36,843
Equipment	775	8,221	8,996	9,725
Travel	2,933	9,206	12,139	13,543
Communications	1,032	4,072	5,104	5,502
Workshops and training	650	16,084	16,734	23,682
Information	1,692	6,703	8,395	8,802
Legal, professional and consultancy fees	3,034	12,640	15,674	16,329
Administration, office and general	4,785	10,390	15,175	16,258

All figures in thousands of Swiss francs (CHF)

Consolidated statement of comprehensive income and expenditure for the year ended 31 December 2011 (continued)

All figures in thousands of Swiss francs (CHF)

Depreciation and amortization	3,678	5,300	8,978	5,777
Voluntary contributions reimbursed to donors	-	24,601	24,601	5,153
Write-offs and provisions for outstanding pledges and National Society receivables	394	(653)	(259)	(348)
Provisions for unpaid statutory contributions	1,052	-	1,052	(158)
Provisions for operations	(6)	(3,750)	(3,756)	977
Contributions to National Societies	91	50,059	50,150	31,745
Contributions to other organizations	740	641	1,381	3,855
Total operating expenditure	71,671	367,227	438,898	506,587
Other expenditure				
Programme and services support recovery	(19,876)	19,876	-	-
Other indirect cost recovery, net	(2,701)	2,701	-	-
Project deficit provision and write-off	771	(937)	(166)	(1,273)
Total other expenditure	(21,806)	21,640	(166)	(1,273)
Result before financing activities	(3,203)	(72,377)	(75,580)	91,123
Finance income, net				
Net finance income/(expense)	1,521	(1,187)	334	(5,355)
Result and total comprehensive (loss)/income for the year	(1,682)	(73,564)	(75,246)	85,768
Attributable to:				
Restricted reserves	-	(73,564)	(73,564)	84,555
Unrestricted reserves	(1,682)	-	(1,682)	1,213
	(1,682)	(73,564)	(75,246)	85,768

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 among 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 continue 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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