



Everyone Counts

Progress 2015

ANDORRAN RED CROSS, EMIRATES RED CRESCENT, AFGHAN RED CRESCENT SOCIETY, ANTIGUA AND BARBUDA RED CROSS SOCIETY, ALBANIAN RED CROSS, ARMENIAN RED CROSS SOCIETY, ANGOLA RED CROSS, ARGENTINE RED CROSS, AUSTRIAN RED CROSS, AUSTRALIAN RED CROSS AZERBAIJAN RED CRESCENT SOCIETY, RED CROSS SOCIETY OF BOSNIA AND HERZEGOVINA, THE BARBADOS RED CROSS SOCIETY, BANGLADESH RED CRESCENT SOCIETY, BELGIAN RED CROSS, BURKINABÉ RED CROSS SOCIETY, BULGARIAN RED CROSS, BAHRAIN RED CRESCENT SOCIETY, BURUNDI RED CROSS RED CROSS OF BENIN, BRUNEI DARUSSALAM RED CRESCENT SOCIETY, BOLIVIAN RED CROSS, BRAZILIAN RED CROSS, BAHAMAS RED CROSS SOCIETY, BOTSWANA RED CROSS SOCIETY, BELARUS RED CROSS, BELIZE RED CROSS SOCIETY, CANADIAN RED CROSS, RED CROSS OF THE DEMOCRATIC REPUBLIC OF THE CONGO CENTRAL AFRICAN RED CROSS SOCIETY, CONGOLESE RED CROSS, SWISS RED CROSS, RED CROSS SOCIETY OF CÔTE D'IVOIRE, COOK ISLANDS RED CROSS, CHILEAN RED CROSS, CAMEROON RED CROSS SOCIETY, RED CROSS SOCIETY OF CHINA, COLOMBIAN RED CROSS, 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OUR PLACE IN A CHANGING WORLD



Photo credit: Keytale/Associated Press/Carmelo Imbesi

Halfway through this decade, and as we begin to close on the centenary of the International Federation of Red Cross and Red Crescent Societies (IFRC), it is timely to take stock of our delivery against the aspirations of Strategy 2020. This edition of *Everyone Counts* tries to do that by compiling and analysing the data on what is being done around the world by our Red Cross and Red Crescent network, under the framework of the Federation-wide Databank and Reporting System (FDRS).

The picture presented in this report is encouraging. In 2013, you, the National Red Cross and Red Crescent Societies, reached more than 110 million people with disaster response and early recovery services. A further 160.7 million people benefited from your long-term services and development programmes, and you collected and managed blood donations from 20.8 million people. One hundred and fifty-two National Societies have updated their strategic plans in line with Strategy 2020.

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You delivered these services through your unparalleled community networks. Your more than 16 million volunteers, 452,000 staff, and 80 million members are present in communities everywhere, in more than 160,000 local branches or chapters.

When we compare this report to the previous one, we can see that the Red Cross and Red Crescent is doing more to meet the aspirations of Strategy 2020. The report sets out the broad and expanding achievements in each of our signature areas: managing and reducing disasters, tackling disease and promoting health, and creating a culture of peace. It is a tribute to the dedication of your millions of volunteers and staff, and the communities of which they are a part.

We should be proud of this, especially at a time when we are faced with so many global challenges. These challenges are familiar but it is worth recalling some of them here. Demographic shifts are beginning to exhaust social safety nets. Climate change is leading to more ferocious disasters and is triggering environmental shifts that are generating new food and water insecurities. Disease outbreaks are highlighting yet again the global failure to invest in health systems, and fast-paced urbanisation is exposing millions to new and unacceptable risks.

Conflicts are becoming more prolonged, punctuated by increased disregard for international humanitarian laws and norms. This is paralleled by violence at a community, family, and interpersonal level. There are more forced migrants today than at any stage since the end of the Second World War, a trend that, combined with growing inequalities and rising intolerance between cultures, has become a familiar concern for both rich

and poor nations. But more than this, in a globalised world, it is the simultaneous interaction of these factors that creates the new and complex vulnerabilities that stretch the coping capacity of individual communities or countries.

So, we need to ask ourselves: are we doing enough? Despite our networks, and our shared commitment to addressing vulnerability in all its forms, are we reaching those who need our support? Are we fully optimising our capacity? Conversely, we have also seen rapid technological developments that have made communication easier, and that can improve our support to vulnerable communities. Are we capitalising on these?

We cannot answer these questions, yet. The picture presented in this report does not allow us to quantify our collective contribution to national, regional, or global efforts to tackle humanitarian crises and further human development. Such a process is not easy, but it is unavoidable if we are to maintain our relevance.

This report is a step towards our goal of presenting a clearer, more unified picture of our contribution. In a data-driven world, we are challenged to measure and share our impact, and reflect our collective value proposition. This is about more than recognition. We believe that, by presenting a holistic picture of our network, we will all be able to raise new and additional resources, which will in turn allow us to open up opportunities for new partnerships, trial new approaches, expand into new programmes, and ultimately, reach even further into vulnerable communities.

This idea is already a part of the IFRC secretariat's Plan and Budget 2016–2020 where, for the first time,

we will try to measure the impact of IFRC secretariat support to National Societies at a community level. This approach will allow us to demonstrate that we are bound by much more than our emblems. It will allow us to demonstrate how we can turn our common identity, Fundamental Principles, and goals into common results. By doing so, we will reinforce the ideas of collective responsibility, collective action, and collective accountability.

This report is a testament to the work that you are doing every day. Beyond that, this report is an offering of respect for the people we serve and the people who labour daily with us because of their enduring trust in the principles and values that guide our work.

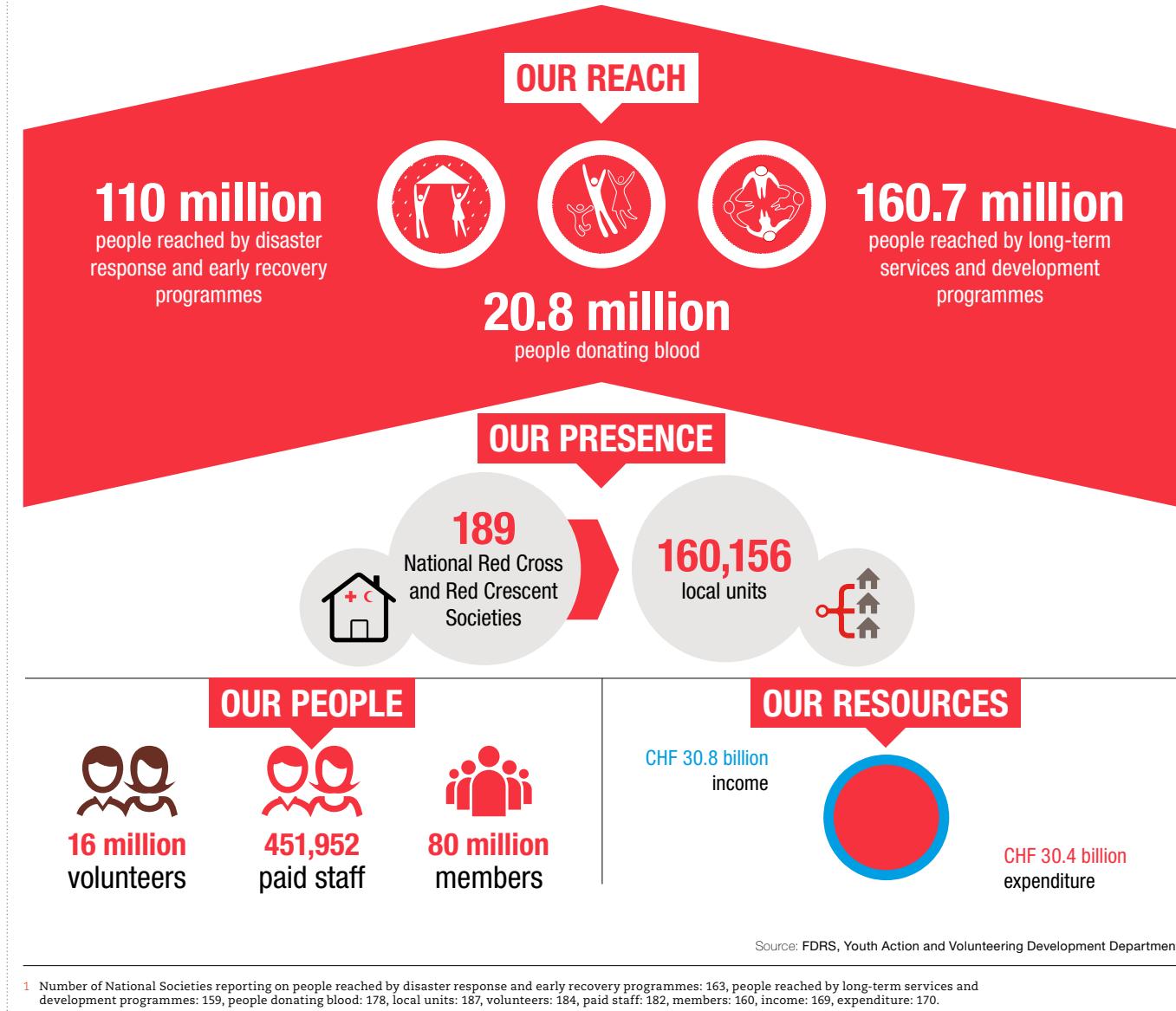


Tadateru Konoé
President



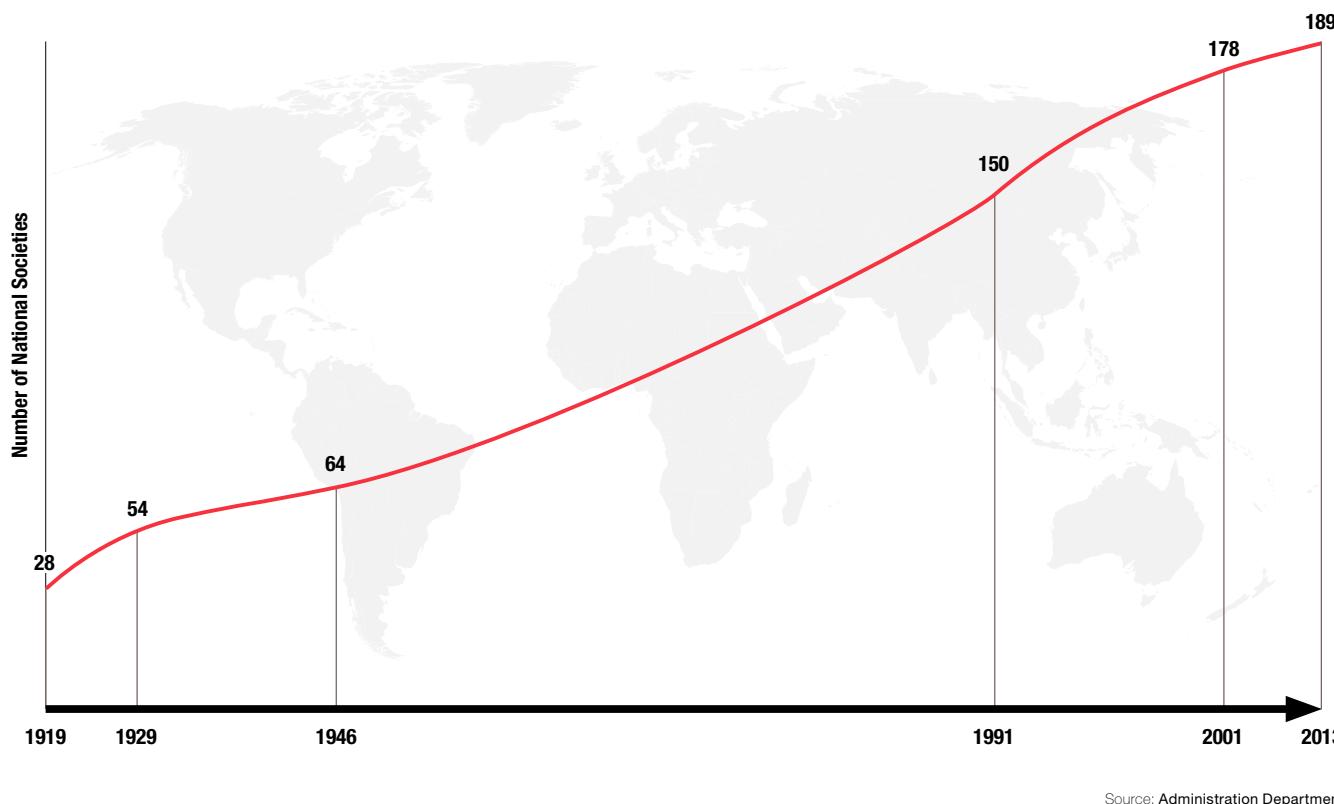
Elhadj As Sy
Secretary General

Figure 0.1 The International Federation of Red Cross and Red Crescent Societies at a glance
(2013 data from 189 National Societies¹)



1. WHO WE ARE

Figure 1.1 Our growing network



The global Red Cross and Red Crescent family has grown steadily since its earliest origins in 1863, reaching 189 National Societies in 2013 when two new members, the Cyprus and South Sudan Red Cross Societies, were admitted to the IFRC (Figure 1.1).

1.1 Our network

Our National Societies organise their efforts through more than 160,000 local units – branches or chapters – located within the communities from which they arise and that they serve. Our communities come in various shapes and forms, and diversity is our particular strength. For us, the term community refers to:

- People living in a defined geographical area
- People sharing a common identity, culture, values, and norms that have emerged according to a social structure
- People who are exposed to the same or similar risks and vulnerabilities, or political and economic factors
- People who come together – including virtually – due to shared interests.

These are not exclusive categories and people may associate themselves with more than one community. Neither are communities static: they are constantly changing as internal and external circumstances influence their dynamics.

The regional and local branches of our National Societies are dispersed across numerous towns, villages, and neighbourhoods. Together with their headquarters, these constitute the world's largest humanitarian network.

Connecting the National Societies and representing them globally is the IFRC secretariat headquartered in Geneva, and together they constitute the International Federation of Red Cross and Red Crescent Societies. In 2015, the IFRC secretariat has a decentralised worldwide presence through its headquarters, five regional

offices, 19 country cluster support teams, 51 country offices, three international liaison offices, five hubs for our global logistics service, and several temporary field offices based on service requirements (Figure 1.2).

BOX 1.1 “OUR NEW RED CROSS IS BORN...”

Under the new flag of the South Sudan Red Cross and wearing their new t-shirts, volunteers walked to the John Garang museum two-by-two singing their new anthem. “Our new Red Cross is born to shine in the heart of Africa, let’s work for humanity...” Their first task after some hard training was to be ready to give first aid help to anyone in need in the huge crowd assembled to celebrate the birth of the new nation.

On 9 July 2011, the Republic of South Sudan became independent, triggering the formation of a new National Red Cross Society. But this did not just happen automatically. Months of conversations followed with those who had the biggest stake – communities up and down this big land – debating the form their National Society should take. Through grassroots democracy, they wanted to elect their own leaders and own their Red Cross. They agreed its purpose:

“To prevent and alleviate human suffering without discrimination, and provide humanitarian aid to civil and military victims in times of armed conflicts, other situations of violence, natural disasters, and in peace time.”

The new government formally recognised its National Society on 9 March 2012 through the South Sudan Red Cross Society Act.

The IFRC, including its member National Societies, comes together with the International Committee of the Red Cross (ICRC) as the International Red Cross and Red Crescent Movement (Figure 1.3).

Following this important step, the Society was formally recognised by the ICRC on 18 June 2013. Later that year, it was admitted, to acclamation from its sister National Societies at the General Assembly, as the 189th member of the International Federation of Red Cross and Red Crescent Societies.

In the National Society’s first Strategic Plan, the **South Sudan Red Cross** Secretary General Arthur Poole set an inclusive tone: “Our National Society belongs to the people of South Sudan and is open to anyone who wishes to participate as a volunteer or member and who abides by the fundamental values and principles of the International Red Cross and Red Crescent Movement.”

The new country is challenged on many fronts – by endemic poverty, disease outbreaks, recurrent disasters, and internal and border conflicts. But the National Society’s 3,000 volunteers and 150 staff are working hard to honour its ideals, and its partner National Societies have also stepped forward in solidarity. “We will continue to give services to the vulnerable, wherever they are,” says Arthur Poole. “We will always be there. Although the country has become independent, the Movement has no borders.”



Photo credit: IFRC/Jordan Red Crescent

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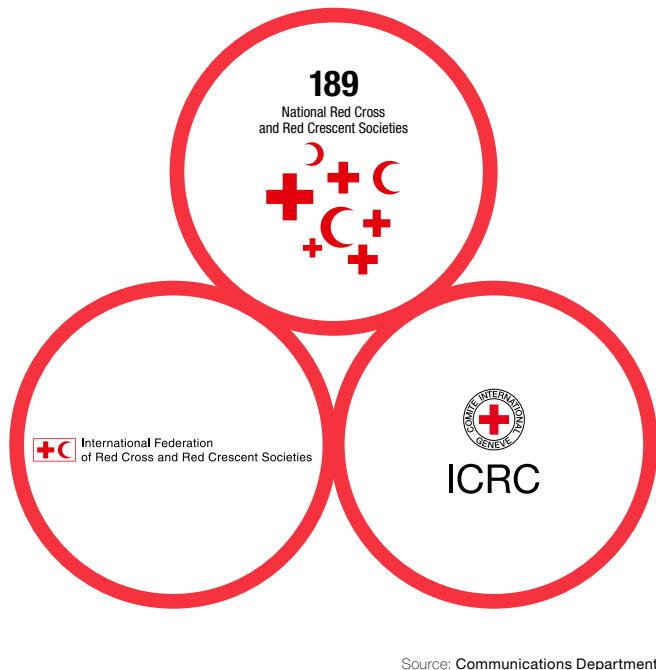
Figure 1.2 A decentralised IFRC secretariat to serve its members²
(Status as at May 2015)



Source: Human Resources Department

² The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Figure 1.3 Components of the International Red Cross and Red Crescent Movement



Available everywhere to everyone who needs help and hope in their most desperate moments, the structure of the Red Cross and Red Crescent network is not immutable as it flexes to respond to the needs and vulnerabilities of an ever-changing and challenged world.

1.2 Our resources

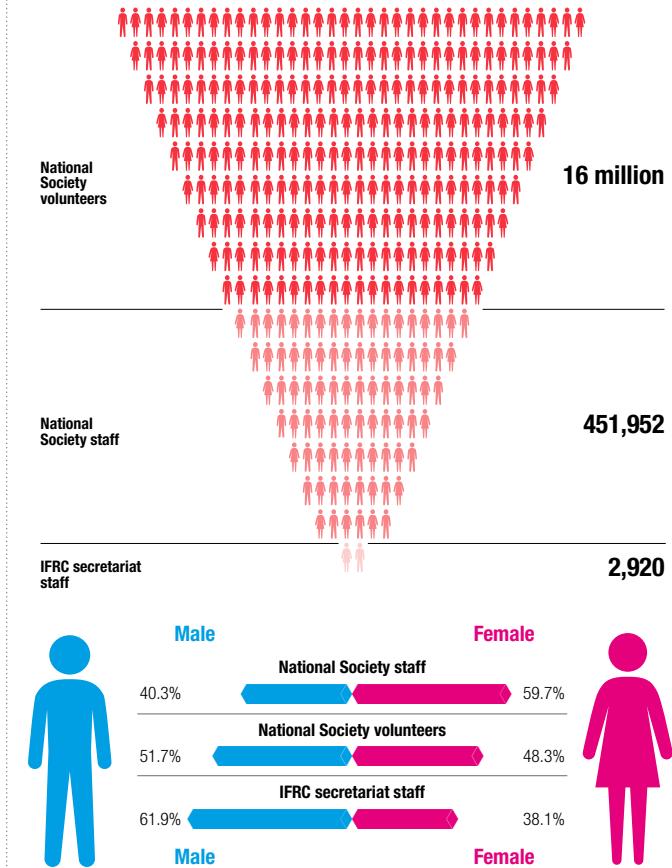
Our greatest strength is in the people who are with us. In 2013, National Societies reported that they had a membership of 80 million. They had some 452,000 paid staff and mobilised a further 16 million volunteers, giving an overall volunteer to staff ratio of 35 to 1, with just under half of the volunteers being female (Figure 1.4).

National Societies received an income of about 30.8 billion Swiss francs and spent 30.4 billion Swiss francs in 2013. Most of the income of National Societies is raised and spent domestically on their own programmes. This does not capture the total value of Red Cross and Red Crescent work, because it does not include the many in-kind domestic contributions and services provided voluntarily (Figure 1.5).

National Societies gave 35.4 million Swiss francs in statutory membership fees to the IFRC secretariat. This, together with an additional 263 million Swiss francs in voluntary contributions, and services and other income of 47.1 million Swiss francs, made up the IFRC secretariat's income of 345.5 million Swiss francs in 2013. During the same year, the IFRC secretariat spent 365.3 million Swiss francs and employed 2,920 staff.

Our presence around the world is rooted in diverse demographical, social, and economic contexts. As expected, National Societies in the Asia Pacific region, the biggest and most populous part of the world, have the largest number of local units (Figure 1.6) that provide the base for the biggest numbers of volunteers (Figure 1.7).

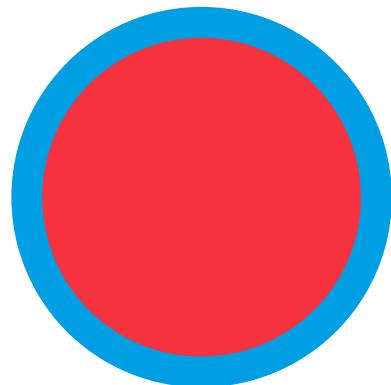
Figure 1.4 Our people (2013 data³)



Source: FDRS, Human Resources Department
3 Number of National Societies reporting on volunteers: 184, staff: 182, gender breakdown of staff: 96, gender breakdown of volunteers: 106.

Figure 1.5 Our resources
(2013 data from 169 National Societies⁴)

National Societies
CHF 30.8 billion
income



CHF 30.4 billion
expenditure

IFRC secretariat
CHF 345.5 million
income

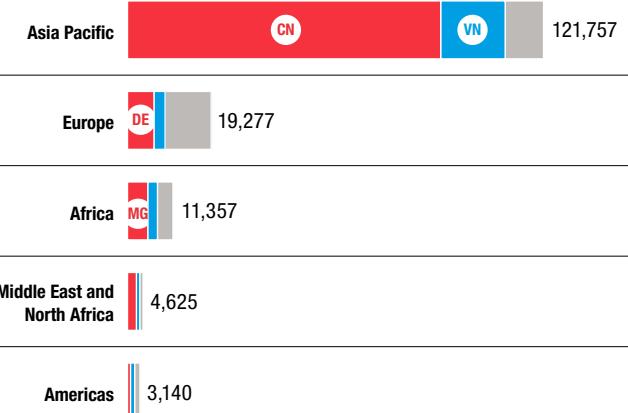


CHF 365.3 million
expenditure

Source: FDRS, Finance Department

⁴ Number of National Societies reporting on income: 169, expenditure: 170.

Figure 1.6 Number of local units
(2013 data from 187 National Societies⁵)

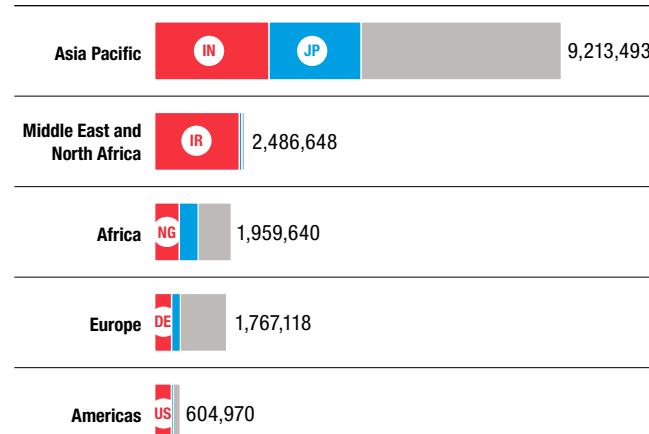


- Top five National Societies:**
 1. Red Cross Society of China
 2. Vietnam Red Cross Society
 3. Nepal Red Cross Society
 4. German Red Cross
 5. Malagasy Red Cross Society

Source: FDRS

⁵ Number of National Societies reporting on local units in Asia Pacific: 34, Europe: 53, Africa: 48, Middle East and North Africa: 17, Americas: 35.

Figure 1.7 Number of volunteers
(2013 data from 184 National Societies⁶)



Top five National Societies:

1. Indian Red Cross Society
2. Red Crescent Society of the Islamic Republic of Iran
3. Japanese Red Cross Society
4. Red Cross Society of China
5. Indonesian Red Cross Society

Global gender breakdown of volunteers



Source: FDRS

⁶ Number of National Societies reporting on volunteers in Asia Pacific: 34, Europe: 52, Africa: 47, Middle East and North Africa: 18, Americas: 33.
Number of National Societies reporting on gender breakdown of volunteers: 106.

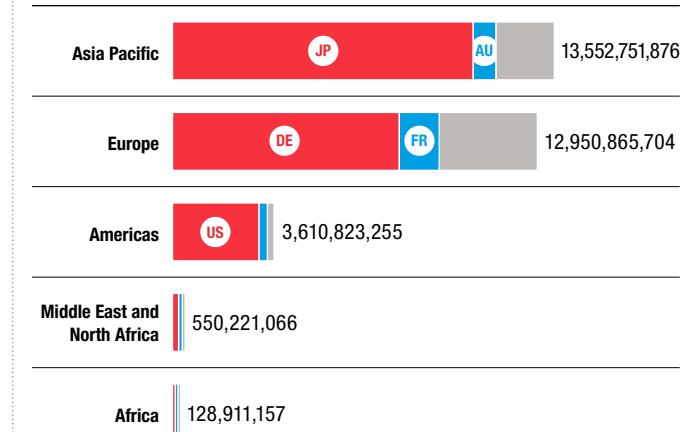
The Japanese Red Cross Society has the largest income but, in aggregate, the wealthiest National Societies are in Europe (Figure 1.8). Expenditure mirrors this trend (Figure 1.9). The largest numbers of paid staff are also in Europe (Figure 1.10), reflecting the tendency of richer National Societies to rely more on paid workers than volunteers, especially for services that are paid for or subsidised by national and local authorities.

Each National Society is unique and its profile can be consulted on www.ifrc.org/data (Figure 1.11). At the same time, the IFRC is founded on the notion of mutually respectful solidarity among National Societies through sharing knowledge, practical expertise, other capacities, and financial resources.

However, we do not know the total magnitude of what National Societies spend in international assistance, as much of this is done bilaterally. The Federation-wide Databank and Reporting System will seek to reflect this in the future. Meanwhile, an indication can be found in the response to IFRC appeals. Between 2010 and 2014, National Societies, governments, and others contributed more than 1.5 billion Swiss francs (Figure 1.12). There are considerable year-on-year fluctuations, mostly due to the pattern of major emergencies.

The location of major disasters also skews heavily where most international assistance is deployed (Figure 1.13). The bulk goes to emergency response, along with longer-term development type programmes to reduce risk and vulnerability. This may be responsible for crowding out investment in building the capacity of the National Societies themselves (Figure 1.14).

Figure 1.8 Income
(2013 data from 169 National Societies, in CHF⁷)



Top five National Societies:

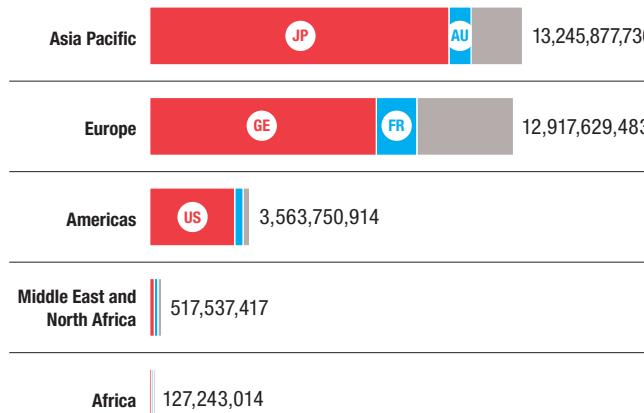
1. Japanese Red Cross Society
2. German Red Cross
3. American Red Cross
4. French Red Cross
5. Australian Red Cross

Source: FDRS

⁷ Number of National Societies reporting on income in Asia Pacific: 30, Europe: 50, Americas: 34, Middle East and North Africa: 12, Africa: 43.

10 > WHO WE ARE

Figure 1.9 Expenditure
(2013 data from 170 National Societies, in CHF⁸)



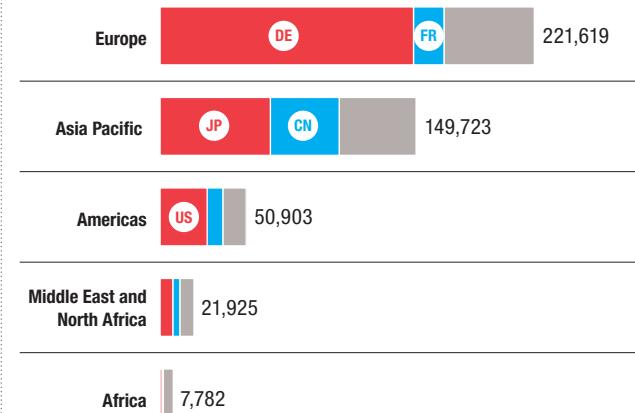
Top five National Societies:

1. Japanese Red Cross Society
2. German Red Cross
3. American Red Cross
4. French Red Cross
5. Australian Red Cross

Source: FDRS

⁸ Number of National Societies reporting on expenditure in Asia Pacific: 31, Europe: 50, Americas: 34, Middle East and North Africa: 12, Africa: 43.

Figure 1.10 Number of paid staff
(2013 data from 182 National Societies⁹)



Top five National Societies:

1. German Red Cross
2. Japanese Red Cross Society
3. Red Cross Society of China
4. American Red Cross
5. French Red Cross

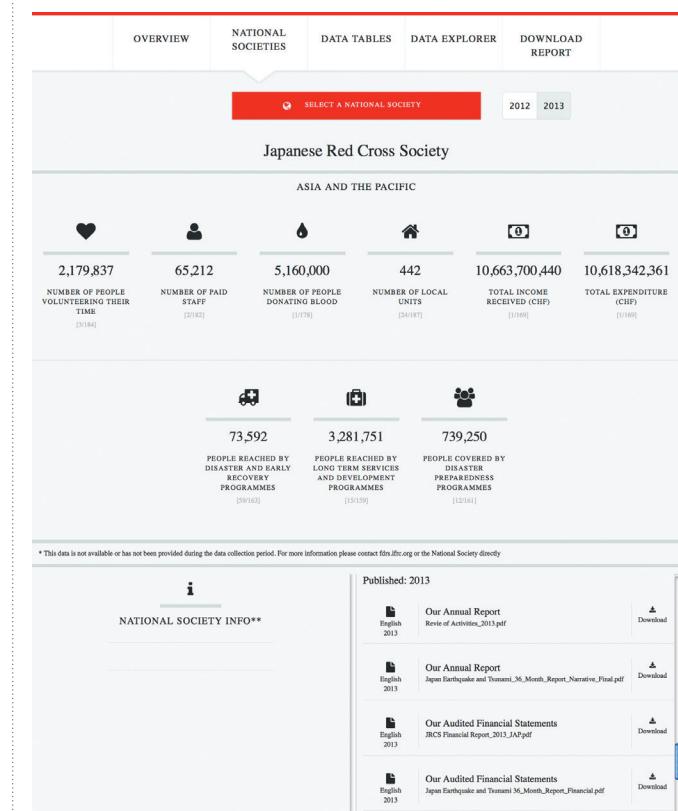
Global gender breakdown of paid staff



Source: FDRS

⁹ Number of National Societies reporting on paid staff in Europe: 53, Asia Pacific: 34, Americas: 34, Middle East and North Africa: 16, Africa: 45. Number of National Societies reporting on gender breakdown of paid staff: 96.

Figure 1.11 A National Society profile from the Federation-wide Databank and Reporting System (www.ifrc.org/data)



Published: 2013

English 2013	Our Annual Report Revise of Activities_2013.pdf	Download
English 2013	Our Annual Report Japan Earthquake and Tsunami_36_Month_Report_Narrative_Final.pdf	Download
English 2013	Our Audited Financial Statements JRCS Financial Report_2013_JAP.pdf	Download
English 2013	Our Audited Financial Statements Japan Earthquake and Tsunami_36_Month_Report_Financial.pdf	Download

Source: FDRS

Figure 1.12 Response to IFRC appeals in 2010–2014 – largest contributors
(in cash, kind and services, CHF millions)

Rank	Contributors	Total	%
1	Swedish Red Cross	153.3	10%
2	Canadian Red Cross	144.2	9%
3	European Commission	139.3	9%
4	British Red Cross	116.1	7%
5	Norwegian Red Cross	112.2	7%
6	American Red Cross	102.0	7%
7	The Netherlands Red Cross	88.1	6%
8	Japanese Red Cross Society	64.5	4%
9	Finnish Red Cross	61.5	4%
10	United States Government	55.0	4%
11	British Government	51.6	3%
12	Japanese Government	47.1	3%
13	Australian Red Cross	46.6	3%
14	Danish Red Cross	30.6	2%
15	Swiss Red Cross	21.7	1%
Next 25 contributors		223.2	14%
Other contributors		109.2	7%
Total		1,566.4	100%

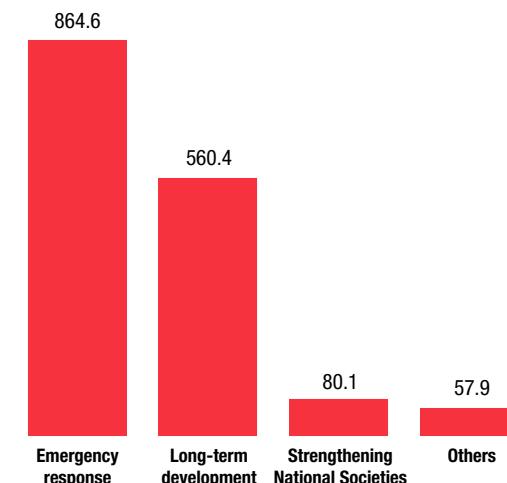
Source: Finance Department

Figure 1.13 International funding – top recipients
(2010–2014 cumulative data, CHF millions)

Rank	Recipient	Total	%
1	Haiti	256.1	20%
2	Philippines	111.1	9%
3	Pakistan	103.5	8%
4	Syria	83.1	7%
5	Sierra Leone	44.4	4%
6	Kenya	40.9	3%
7	Afghanistan	36.9	3%
8	Turkey	31.6	3%
9	Democratic People's Republic of Korea	29.6	2%
10	Sri Lanka	28.8	2%
11	Liberia	25.5	2%
12	Ethiopia	21.0	2%
13	Sudan	18.0	1%
14	Somalia	17.9	1%
15	Bangladesh	17.3	1%
Next 15 recipients		172.4	14%
Others		212.9	17%
Total		1,251.1	100%

Source: Finance Department

Figure 1.14 International funding – types of spending
(2010–2014 cumulative data, CHF millions)



Source: Finance Department

2. WHAT WE DO



Figure 2.1 Strategy 2020: Saving lives, changing minds

Saving lives, changing minds

strategy**2020**



Strategic aim 1

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



Strategic aim 2

Enable healthy and safe living.



Strategic aim 3

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

Enabling action 1 Build strong National Red Cross and Red Crescent Societies.

Enabling action 2 Pursue humanitarian diplomacy to prevent and reduce vulnerability in a globalised world.

Enabling action 3 Function effectively as the International Federation.

Source: Strategy 2020

3. LIVING OUR FUNDAMENTAL PRINCIPLES



All that we do is guided by our Fundamental Principles, which are distilled from our collective experience accumulated over more than a century. While they are an interconnected and indivisible package, the principle of **humanity** is the substantive motivation for doing our work, the principles of **impartiality**, **neutrality**, and **independence** are how we must operate to be effective, and the principles of **voluntary service**, **unity**, and **universality** are how we organise ourselves for maximum impact.

The Fundamental Principles are central to our common identity and purpose. They translate into the values that underpin our efforts and the personal skills expected from Red Cross and Red Crescent volunteers and staff.

BOX 3.1 FROM PRINCIPLES TO VALUES AND SKILLS

7 Fundamental Principles	Components of the Fundamental Principles	Related humanitarian values	7 personal skills
Humanity	<ul style="list-style-type: none"> Alleviate and prevent suffering Protect life and health Assure respect for and protection of the individual 	<ul style="list-style-type: none"> Active goodwill and care Human dignity and well-being Mutual understanding and peace 	
Impartiality	<ul style="list-style-type: none"> Non-discrimination Actions are solely guided by needs, proportional to the degree of suffering and prioritised on the basis of urgency No individual action or decision on the basis of prejudice or personal preference 	<ul style="list-style-type: none"> Equality Respect for diversity Objectivity and openness 	
Neutrality	<ul style="list-style-type: none"> No taking sides in armed conflicts No engagement in controversies of a political, racial, religious, or ideological nature 	<ul style="list-style-type: none"> Confidence (trust) Self-control and discipline Freedom of action and objectivity 	
Independence	<ul style="list-style-type: none"> Not letting political, economic, social, religious, financial, or public pressure interfere or dictate Red Cross and Red Crescent line/action Auxiliary to public authorities Maintain autonomy to be able to act in accordance with the Fundamental Principles 	<ul style="list-style-type: none"> Sovereignty Co-operation Freedom of action and confidence 	<ul style="list-style-type: none"> Empathy Active listening Critical thinking and non-judgement Nonviolent communication Collaborative negotiation and mediation Personal resilience Inner peace
Voluntary service	<ul style="list-style-type: none"> Freely accepted commitment No desire for gain Selflessness 	<ul style="list-style-type: none"> Spirit of altruism and generosity Spirit of service Spirit of responsibility and discipline 	
Unity	<ul style="list-style-type: none"> One National Society per country Open to all Active in entire country 	<ul style="list-style-type: none"> Harmony and cohesion Diversity and pluralism Confidence 	
Universality	<ul style="list-style-type: none"> Universal vocation Equality of National Societies Solidarity 	<ul style="list-style-type: none"> Openness to all in the world Co-operation Mutual assistance 	

The year 2015 marks the 50th anniversary of the official adoption of the Fundamental Principles. In the intervening decades, much has changed in the world. Consultations with members, volunteers, and staff from 115 National Societies and other stakeholders were held in all regions, to find out how they feel about the Fundamental Principles. There was remarkable unanimity in their conclusions.

The Fundamental Principles are seen to be as relevant today as they have ever been in the past. Indeed, more so, because a clear ethical framework is even more necessary to navigate through the dilemmas created by the much greater complexity of the current humanitarian landscape.

However, respect for the Fundamental Principles is undermined by an uneven understanding of what they mean in practice, and inconsistency in how they are applied. Some of the issues raised include:

- **On Humanity:** Greater expectations for stronger participation by beneficiaries and enhanced transparency and accountability from humanitarian actors need to be met, alongside a redefinition of “human suffering” to include rights-based aspirations alongside basic survival needs.
- **On Impartiality:** Newer forms of discrimination need more explicit recognition as does the notion of equity to provide a balance when needs are addressed, including a particular focus on neglected or forgotten crises.
- **On Neutrality:** As the most commonly misunderstood principle, the focus could shift from neutrality as a moral stance to neutrality as an operational

tactic, with the understanding that humanitarians can engage with all sides to a conflict in order to represent the needs of vulnerable and suffering people.

- **On Independence:** Going beyond the original emphasis on independence of action in the context of the auxiliary relationship with state authorities, there is also need, amidst pressures for better coordination and cooperation, to calibrate principled relationships with public and private donors, and with supra-national and inter-governmental bodies.
- **On Voluntary service:** The availability of volunteers is perhaps the greatest challenge faced by the Red Cross and Red Crescent model due to major social, economic, and demographic shifts.
- **On Unity:** Growing numbers of diasporas and the globalisation of resources and capacities could be collectively mobilised to serve vulnerable people by leveraging our shared and well-known global brand. This has implications for the whole Red Cross and Red Crescent family.
- **On Universality:** The ability to address all needs brought to Red Cross and Red Crescent attention in diverse local contexts demands a step change in internal cooperation and solidarity.



Photo credit: IFRC/Jordan Red Crescent/Ibrahim Malla

4. STRATEGIC AIM 1



SAVE LIVES, PROTECT LIVELIHOODS, AND STRENGTHEN RECOVERY FROM DISASTERS AND CRISES

What *Strategy 2020* says...

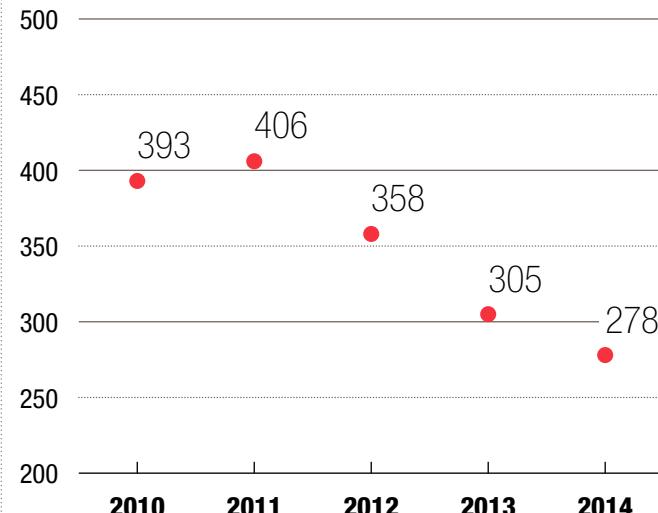
When disasters and crises strike, it is our basic obligation to help – wherever and whenever this is needed. Our disaster and crisis management starts with preparedness for early action by trained volunteers, contingency stocking of essential supplies, and optimised logistics and communications. We can deploy emergency surge capacities if local capacities are overwhelmed. Our response includes health care, food and nutrition, shelter, and water and sanitation. We emphasise the development of disaster laws, principles, and rules, to reduce operational barriers. Our recovery assistance aims to mitigate damage and loss, provide psychosocial support, and restore livelihoods.

Our work seeks the following impact:

- Effective preparedness capacities for appropriate and timely response to disasters and crises
- Reduced deaths, losses, damage, and other detrimental consequences of disasters and crises
- Improved restoration of community functioning after disasters and crises.

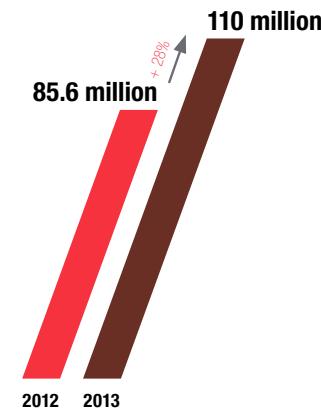
From our earliest days, the Red Cross and Red Crescent is best known for our mission to bring urgent help and comfort in moments of greatest need. In 2014, we responded internationally to 278 disasters and crises worldwide, continuing a general downward trend during this decade (Figure 4.1). This trend is partly a reflection of the wider – perhaps temporary – reduction in the frequency of major natural disasters in recent years, but may also be an indicator of increased local and national capacities to deal with disasters without requiring international support.

Figure 4.1 The Red Cross and Red Crescent response to disasters and crises
(Number of responses during 2010–2014)



Collectively, we reached 110 million people with disaster response and early recovery services in 2013, compared to more than 85 million in 2012. Most of this 28 per cent increase is likely to be due to the greater number of reporting National Societies (Figure 4.2).

Figure 4.2 People reached by Red Cross and Red Crescent disaster response and early recovery services¹⁰



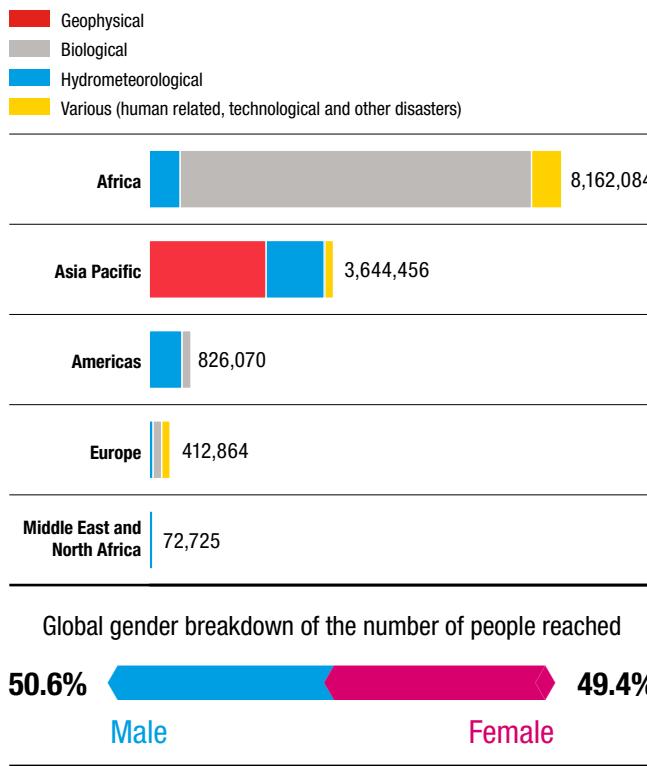
Source: FDRS

¹⁰ Number of National Societies reporting in 2012: 151, 2013: 163.

Hydro-meteorological disasters including floods, hurricanes, and droughts dominated in all regions. Africa had the added burden of prolonged conflict-related crises. Asia Pacific tends to have been more prone to geophysical hazards including earthquakes.

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Figure 4.3 Number of people reached by types of disasters
(2013 data from 106 National Societies¹¹)



Source: Disaster and Crisis Management Department, FDRS

¹¹ Number of National Societies reporting through FDRS on gender breakdown of people reached: 35.

The majority of the Red Cross and Red Crescent emergency actions and beneficiaries were in Asia Pacific and Africa. Only a small proportion of National Societies provided gender disaggregated data and this indicated an even distribution (Figure 4.3).

The number of emergency response actions do not indicate the magnitude of the disasters or crises addressed. A reflection of the latter can be seen from the number and size of emergency appeals launched by the IFRC secretariat on behalf of National Societies: 137 appeals for 1.25 billion Swiss francs covering 91 million beneficiaries were launched in 2010–2014, with one or two pre-dominant catastrophes each year determining the scope of the crisis response, and considerable between-year fluctuations (Figure 4.4).

Our emergency response is guided by the Fundamental Principles and follows our *Principles and Rules for Humanitarian Assistance* that emphasise an objective, needs-based approach to tackling vulnerability.

In practice, the availability of adequate donor resources is conditioned by many factors. Chronic or long-term crises tend to be less well funded than acute disasters. A higher number of appeals in a particular region may bear on donor willingness to contribute adequately to each of them, compared to a region that has fewer appeals. Proximity to donor countries, e.g. crises at the periphery of Europe or around North America, may attract more funding because of the donor interest in reducing refugee flows coming across their own borders. Environments that are seen as difficult to operate in due to political factors that curtail access, or those with a poor previous performance track record, may attract fewer resources. Appeals in Africa have tended to be less well covered, probably because the continent has more long-term crises in which interest wanes after a time. Food insecurity related appeals also tend to be poorly funded, perhaps because they are long-term crises. Emergencies that attract intense publicity tend to be much better funded (Figure 4.5).

Figure 4.4 Magnitude of crises tackled by the Red Cross and Red Crescent
(2010–2014 data)

Year of emergency appeal	Number of emergency appeals launched	Amount of emergency appeals (CHF millions)	Number of beneficiaries (millions)	Dominant crisis
2010	30	459.4	10.9	Haiti earthquake
2011	25	149.1	3.3	Somalia refugees/Horn of Africa drought
2012	36	281.7	12.4	Syria crisis
2013	19	129.8	1.9	Typhoon Haiyan, Philippines
2014	27	230.8	62.5	Ebola epidemic, West Africa
Total	137	1250.8	91.1	

Source: Finance Department

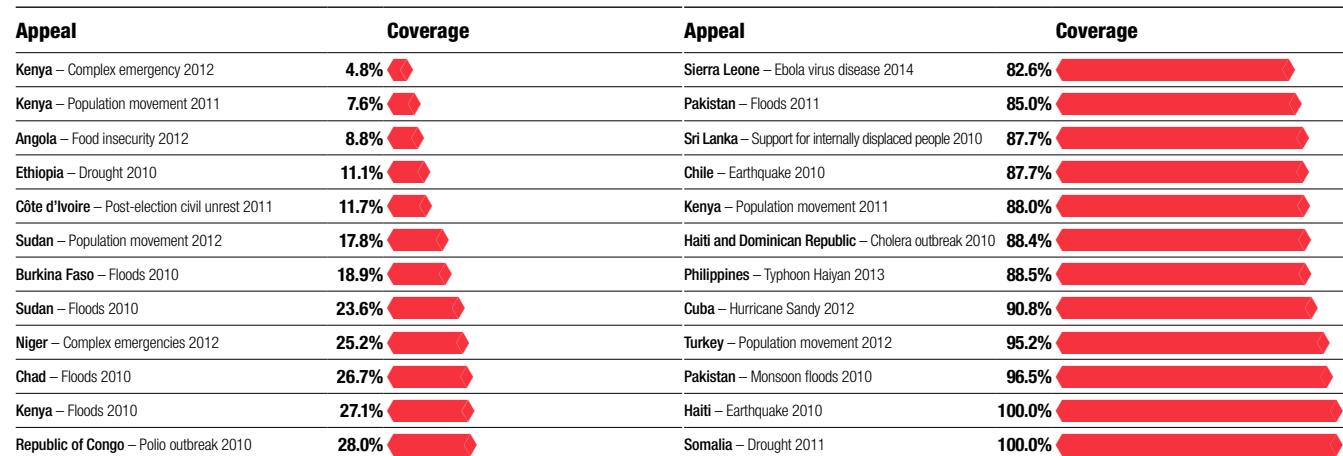
BOX 4.1 PRINCIPLES AND RULES FOR HUMANITARIAN ASSISTANCE

1. We, the National Societies and the IFRC secretariat, consider that all persons affected by disasters are entitled to receive assistance, consistent with their needs and priorities.
2. We respect the dignity of all people affected by disasters, including their meaningful involvement in decisions that affect their lives and livelihoods.
3. We commit to protect people affected by disasters, particularly those made vulnerable by any form of discrimination.
4. We have the duty to bring humanitarian assistance to those in need. We partner with States, which have the primary responsibility to meet the needs of disaster-affected people in their countries.
5. We advocate on behalf of people at risk and affected by disasters for increased action to address their vulnerabilities and unmet humanitarian needs.
6. We increase and expand our assistance through mobilising our network. We commit that all international assistance provided by a National Society or the IFRC secretariat is with the consent of the National Society of the disaster-affected country.
7. We are each other's primary and preferred partners. We pursue operational partnerships with external actors – consistent with our Fundamental Principles – to further increase operational reach, scale, and effectiveness.
8. We ensure that our assistance is well coordinated among ourselves and with relevant external actors.
9. We ensure that our assistance is appropriate, efficient, effective, and accountable, and we support the transition from relief to recovery for disaster-affected people.
10. We provide international assistance that builds upon local capacities and complements local response mechanisms, contributes to preparedness for possible future disasters and strengthens long-term resilience.

Our assistance adheres to the Movement's Fundamental Principles: it is based on humanity, respects impartiality, neutrality, and independence, is in conformity with unity and universality, and builds upon voluntary service.



Figure 4.5 Highest and lowest funded emergency appeals
(Status as at May 2015)



Source: Finance Department

Against that general context, the recent trend for donor responses to IFRC emergency appeals is more favourable with an overall coverage of 71 per cent in 2010–2014 (Figure 4.6), and a reduction in the gap between the funds appealed for and the income received. African appeals have shown the greatest improvement since 2012, while Middle East and North Africa funding gaps have increased (Figure 4.7).

Figure 4.6 Response to IFRC appeals
(Value of emergency appeals in 2010–2014)

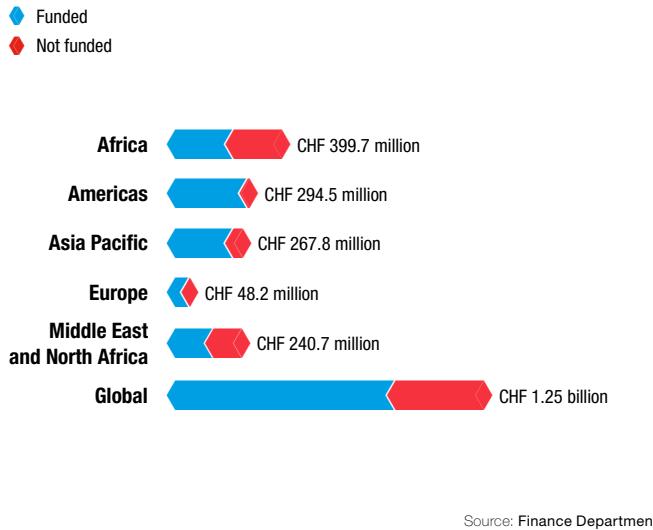
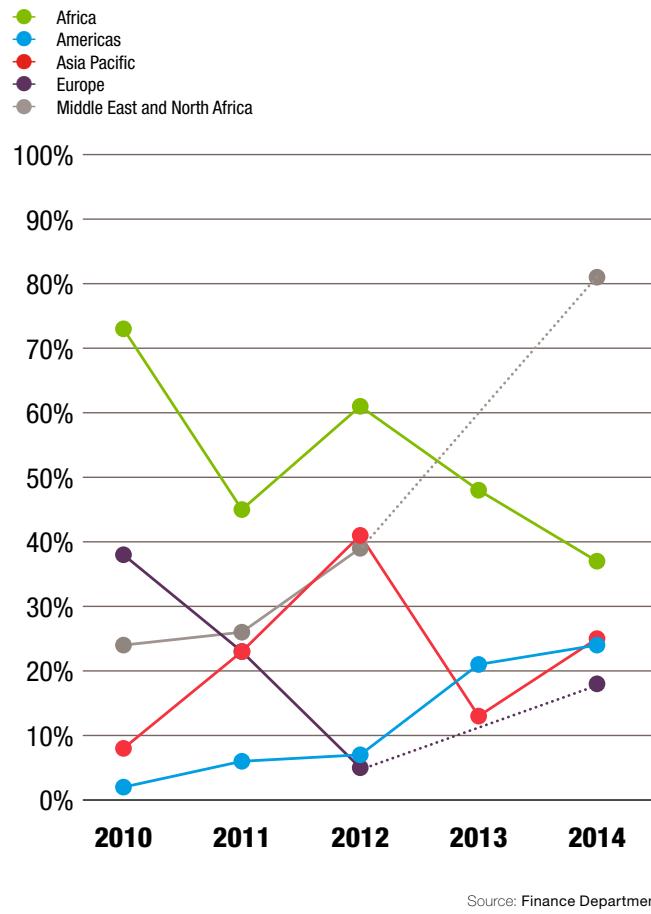


Figure 4.7 Funding gap in emergency appeals
(2010–2014 data¹²)



4.1 Our disaster management system

The IFRC's emergency services cover the major elements needed to save and maintain lives with dignity, limit further loss and damage, stabilise the physical and emotional condition of the affected population, and provide the basis for rapid recovery.

This starts with relief including food, and when people have lost everything, culturally appropriate basic goods and supplies, including clothes, blankets, kitchen equipment, and hygiene products. In addition, we are involved in providing shelter, which may be individual or collective depending on what is possible, health care, water and sanitation, and in tracing and restoring family links.

The first people to react to a disaster are, of course, the affected local communities themselves. This means that local Red Cross and Red Crescent units are often the first on the scene. That is why we focus on disaster response preparedness, which assists communities in reducing vulnerability and disaster impact.

When community or country capacities are overwhelmed, and upon request from the affected National Society, the IFRC secretariat helps by mobilising its regional and international networks to bring in additional resources and assets.

The **Disaster Relief Emergency Fund (DREF)** is a pool of immediately available money kept by the IFRC secretariat and available on request to any National Society for mounting an urgent response. Every year, hundreds of minor disasters and health emergencies happen without attracting media attention due to their limited size

and scale, and do not receive the rapid financial support they require.

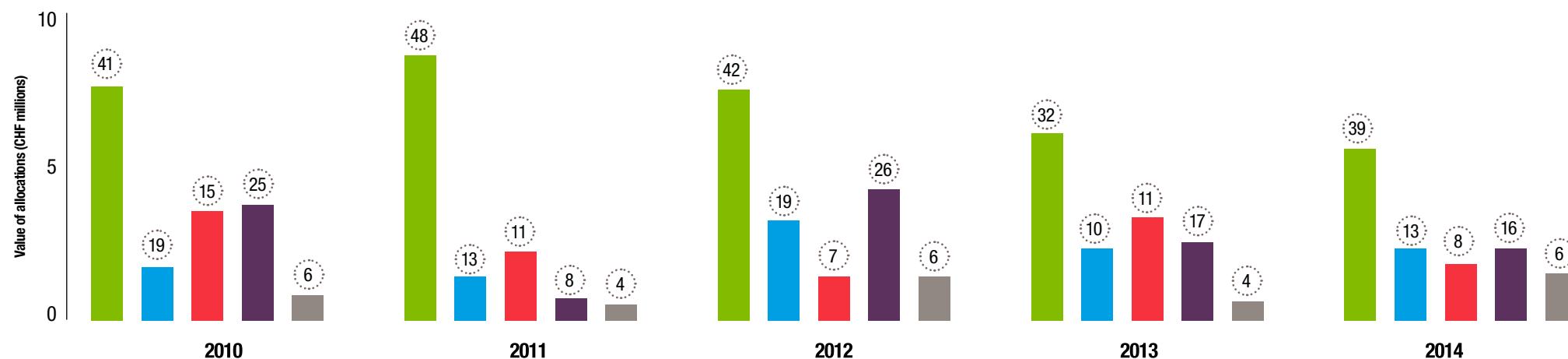
DREF allocations are either grants to help National Societies respond to small and medium-scale disasters, or start-up loans to bridge the gap before bigger funds come in after an emergency appeal is launched.

Over the past five years, about 75 per cent of DREF allocations have been in grant form and 25 per cent as reimbursable loans. On average, some 117 DREF allocations are made annually, usually ranging from 20,000 to 500,000 Swiss francs (Figure 4.8). African National Societies have used this facility the most, in order to respond to small and medium-sized disasters.

A profile of DREF operations in 2014 (Figure 4.9) shows that disease epidemics, floods, and conflicts were the main triggers.

Figure 4.8 DREF – number of grants and value of allocations
(2010–2014 data)

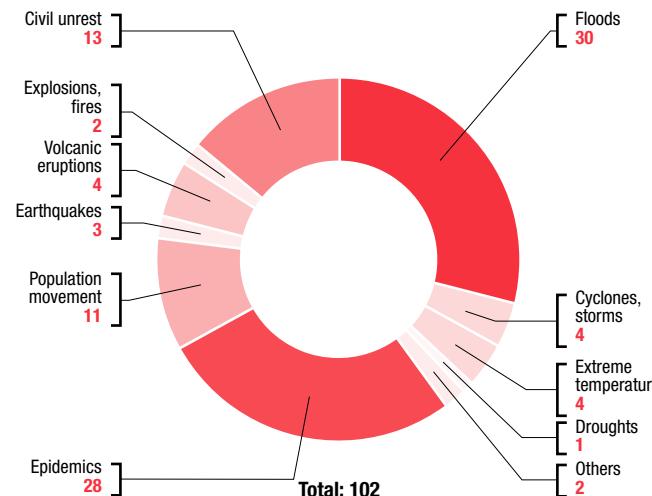
- Africa
- Americas
- Asia Pacific
- Europe
- Middle East and North Africa
- Number of grants for DREF operations



Source: Finance Department

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Figure 4.9 DREF – type and number of operations (2014 data¹³)



Source: Disaster and Crisis Management Department

¹³ Includes grants for DREF operations and start-up funding for emergency appeals. Some operations may receive multiple allocations.

In addition to financial support, the IFRC secretariat has a variety of practical mechanisms designed to ensure that assistance is delivered quickly and efficiently through National Societies by enabling them to call on trained human resources and services from partners.

Our **Emergency Response Units (ERU)** are a standardised package of self-sufficient trained personnel and modules of equipment, ready to be deployed at short notice, for one to four months, to provide specific help where local infrastructure is damaged, temporarily out of use, or insufficient to cope with needs. ERU capabilities include logistics, information technology and telecommunications, water and sanitation, basic health care, referral and rapid deployment hospitals, relief management, and base camps.

ERUs are provided by several National Societies including those from Austria, Belgium, Canada, Denmark, Finland, France, Germany, Italy, Japan, Luxembourg, the Netherlands, New Zealand, Norway, Spain, Sweden, Switzerland, the United Kingdom, and the United States of America, with additional staff contributions coming from Australia, China (Hong Kong), Croatia, Iceland, Indonesia, and Macedonia.

Humanitarian emergencies are often multifaceted, and move fast in a chaotic environment that may be politically sensitive and insecure. Carrying out accurate needs assessments and ensuring effective coordination under such circumstances is even more vital to ensure that assistance is appropriately provided.

Our **Field Assessment and Coordination Teams (FACT)** ensure that there is sufficient support to National Societies during the emergency phase, allowing operations to begin while buying enough time to mobilise longer-term human resource solutions.

FACT members are experienced Red Cross and Red Crescent disaster managers with expertise in areas such as public health, water and sanitation, logistics, information management, and language capabilities. After extensive training, they are ready to go at 12-24 hours' notice for four to six weeks anywhere in the world. In practice, FACT teams are usually deployed under circumstances of exceptional need, some three to five times annually in recent years.

Experience of large and complex emergency operations has highlighted the need for good senior-level strategic leadership and coordination skills. This led the IFRC secretariat, with support from the American, British,

and Canadian Red Cross societies, to create the **Heads of Operations or HEOPs** pool and roster in 2012, as a predictable system for providing quality operational leadership support to National Societies.

A related concept is our **Regional Disaster Response Teams (RDRT)** made up of Red Cross and Red Crescent disaster responders from particular geographical areas. Being familiar with the context of their region, its culture, and its languages, and being experienced in the core area of our interventions, the responders are able to mobilise quickly. As neighbours, they have often trained together as a team and are vastly experienced at providing disaster response in their own countries as well as regionally. The growth in RDRT deployments in recent years indicates expanded capacities and cooperation at the regional level (Figure 4.10).

Figure 4.10 Disaster response tools (2010–2014 data)

Year	FACT deployments	ERU deployments	RDRT deployments	DREF operations	Head of operations deployments
2010	3	206	133	131	
2011	3	215	34	109	
2012	5	222	31	128	5
2013	4	245	54	94	3
2014	5	259	86	102	7

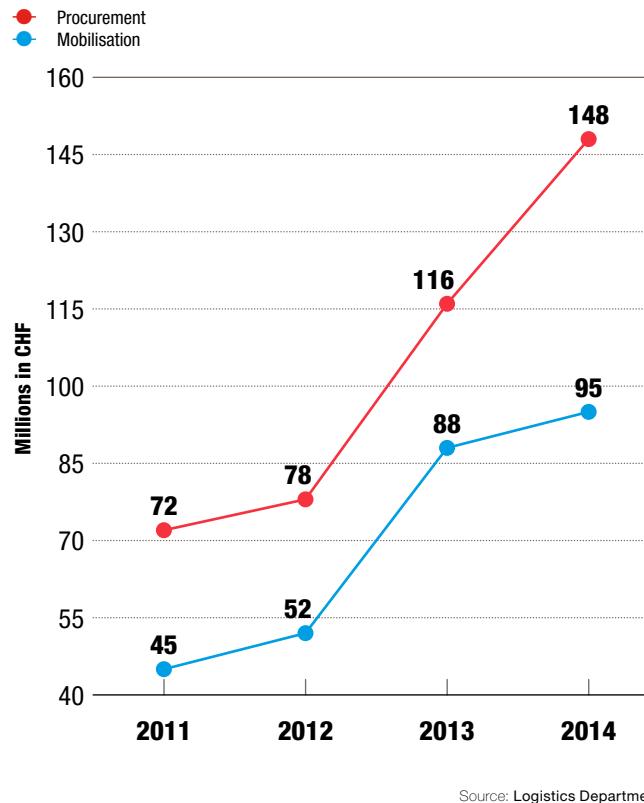
Source: Disaster and Crisis Management Department

This suite of Red Cross and Red Crescent response tools has proved its value over many years. However, they were designed for sudden-onset disasters and may be struggling to cope with slow-onset and prolonged crises where it is hard to establish when the emergency “starts”. Thus, responses may already be somewhat late especially when the crisis enlarges. This is compounded by the problem that media-publicity dependent funding tends to be poor in slow-onset disasters.

4.2 Global Logistics Service

The IFRC's Global Logistics Service works to ensure that the right supplies and equipment get to the right place at the right time at the right price in order to benefit the maximum number of vulnerable people. The service has won several accolades for its work. It operates from hubs in Geneva, Panama, Las Palmas, Nairobi, Dubai, and Kuala Lumpur, and transacts an impressive and growing volume of business (Figure 4.11).

Figure 4.11 Growing volume of business
(2010–2014 data)



The principal focus of the Global Logistics Service is on procurement and transportation, warehousing, fleet management, contingency stocks, and specialised technical expertise (Figure 4.12).

Figure 4.12 The IFRC's Global Logistics Service
(2010–2014 data)

Service	Average annual volume
Mobilisation of in-kind logistics support	CHF 72 million
Direct procurement and transportation	CHF 60 million
Stock management	CHF 60 million
Quality assurance on other procurement processes	CHF 42 million
Fixed assets management	CHF 25 million
Warehousing	8,500 m ³
Handling	18,000 m ³

Source: Logistics Department

At any moment, the Global Logistics Service holds contingency stocks in strategically located warehouses enabling the IFRC to meet the immediate needs of 450,000 people at any time. It also advises and helps National Societies to develop their own domestic logistics capacities. Expanding services to external humanitarian partners has allowed the Global Logistics Service to consolidate purchasing power through increased business volumes, bringing efficiencies of scale that ultimately benefit the IFRC network.

4.3 Shelter – more than four walls and a roof

For people coping with a disaster or war that has cost them everything, shelter is much more than four walls and a roof. It means a home. It is a place to feel secure, and to be together in privacy and safety with your loved ones. Shelter sets the foundation for rebuilding shattered lives and livelihoods, and regaining or maintaining good health. Resilience and dignity begin with having the right shelter.

The Red Cross and Red Crescent is the largest provider of emergency shelter amongst humanitarian agencies, and also supports longer-term recovery and reconstruction among disaster-affected communities. Over the past decade, more than 2.5 million people per year have received post-disaster shelter-related assistance from the IFRC, with an average annual expenditure on shelter of 160 million Swiss francs (Figure 4.13).

Figure 4.13 The Red Cross and Red Crescent disaster shelter assistance

	2012	2013	2014
Number of people assisted	1.5 million	2.85 million	3.3 million
Total expenditure	CHF 104 million	CHF 118 million	CHF 266 million
Number of emergencies including shelter	75	81	63
Percentage of IFRC emergency response activities including shelter*	79%	77%	71%

* Excluding health and food security specific emergencies.

Source: Shelter and Settlements Department

BOX 4.2 “I'M NOT A BIG BOSS, BUT...”

35-year-old Lucia Susai is a widow with children and an ailing mother. As a result of Sri Lanka's civil war, Lucia was wounded by a claymore bomb, lost her home, and was forced to shelter in a camp for displaced people.

In December 2013, Lucia's luck changed when she received money from the **Sri Lanka Red Cross Society's** Post-Conflict Recovery Programme, which is funded by the Indian government. She excavated the foundation of her house herself and cast 800 brick blocks. With help from local masons and the Women's Rural Development Society, Lucia completed her house in two months.

“We were amazed by her determination,” said the local IFRC Shelter Cluster delegate. Lucia now lives in her brand new home in Paalaiadi-Puthukulam village. “I have finally fulfilled my life-long dream of a house that I can sleep peacefully in,” she says. “I was also able to build a nice room for my daughter with a table so she can concentrate better when studying.”

Halfway across the world lives earthquake survivor Gladys Joachim in Port-au-Prince. “I didn't know anything about masonry, but today I know how to put up blocks, bind steel bars, and take measurements. I'm not a big boss, but I know the basics,” says Gladys.

Not only has Gladys learned basic construction skills but she has also applied them in housing projects in her neighbour-

hood. Some 144 National Societies have engaged in shelter work, and three quarters of all IFRC relief and recovery programmes include shelter and settlement activities. These provide emergency shelter items, materials and tools, and cash or rental subsidies, complemented by technical support. This is geared towards training crisis-affected people to acquire practical skills, gain employment, and reactivate markets. Thus, communities

are able to find not just relevant solutions to their shelter needs, but also a sense of moving forward with their physical and psychological recovery. The meeting of shelter needs in the aftermath of an emergency is better seen as a process of ‘sheltering’.

The apprentice programme was practical from the very start. “We learned by doing as we built a two-storey house,” Gladys says. “The trainers were very patient with us and made sure that we did our best because we are building houses and it's our responsibility to make sure that they are safe for people to live in.”

After the Red Cross apprenticeship and having passed her practical exams, Gladys was chosen to build a septic tank. “It was a tricky construction because there was a lot of water and mud. So I had to figure out how to get around that problem. But when I finished, the chief congratulated me. I'm so proud because people said women don't work in construction, but I enjoy this and feel at ease.”

Five years have passed since the January 2010 earthquake in Haiti. Painful as the memories are, Gladys views the future with optimism. “When I had no place to go, nowhere to live, the Red Cross helped me build a house and allowed me to participate in different activities, in rubble removal and construction,” she says. “Today I'm back in school and I still want to learn more so I can make a better life for myself and my son.”

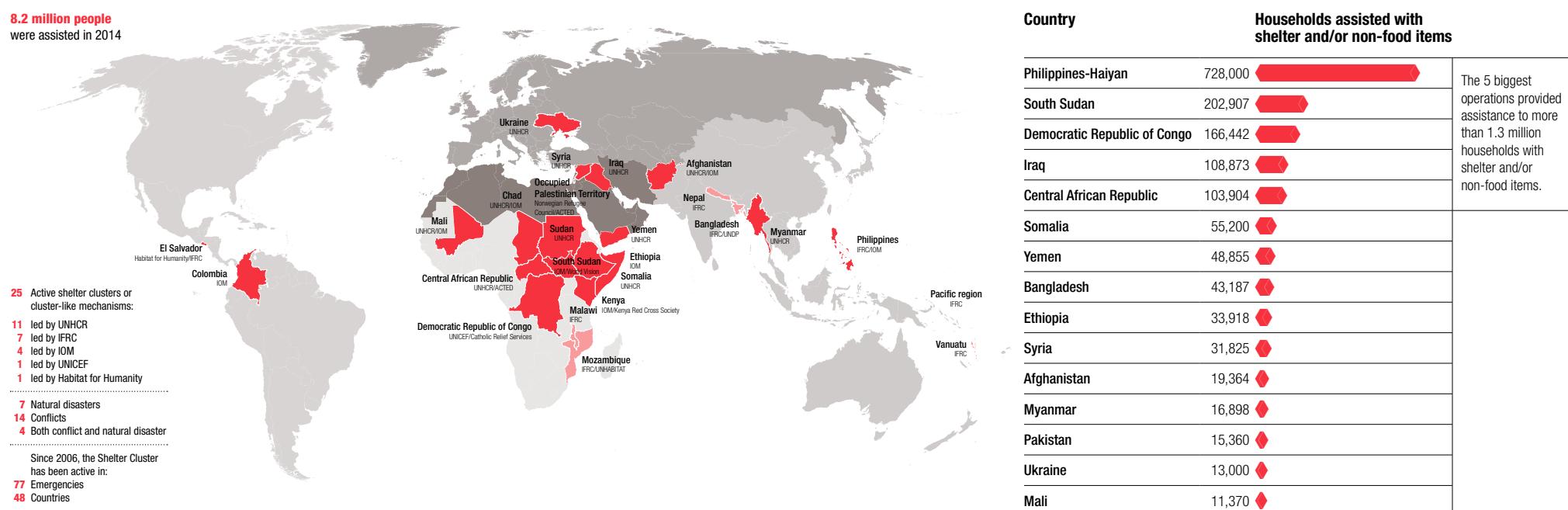
co-leads this with the Office of the United Nations High Commissioner for Refugees in conflict situations. The Global Shelter Cluster has, in addition, 35 global members including the Australian, British, German, Luxembourg, and Swedish Red Cross societies. The Global Cluster develops and agrees on common standards and specifications, provides technical capacities, and guides operational practices in shelter provision.

To date, the IFRC has coordinated the shelter response in 32 emergencies through the deployment of dedicated shelter coordination teams comprising individuals from National Red Cross and Red Crescent Societies and from cluster partner agencies (Figure 4.14).

Recent emergency shelter responses have included the Nepal earthquake, Typhoon Haiyan in the Philippines,

Cyclone Pam in Vanuatu, and the floods in Malawi. In 2014, the Global Shelter Cluster provided assistance to 8.2 million people.

Figure 4.14 The global shelter cluster¹⁴

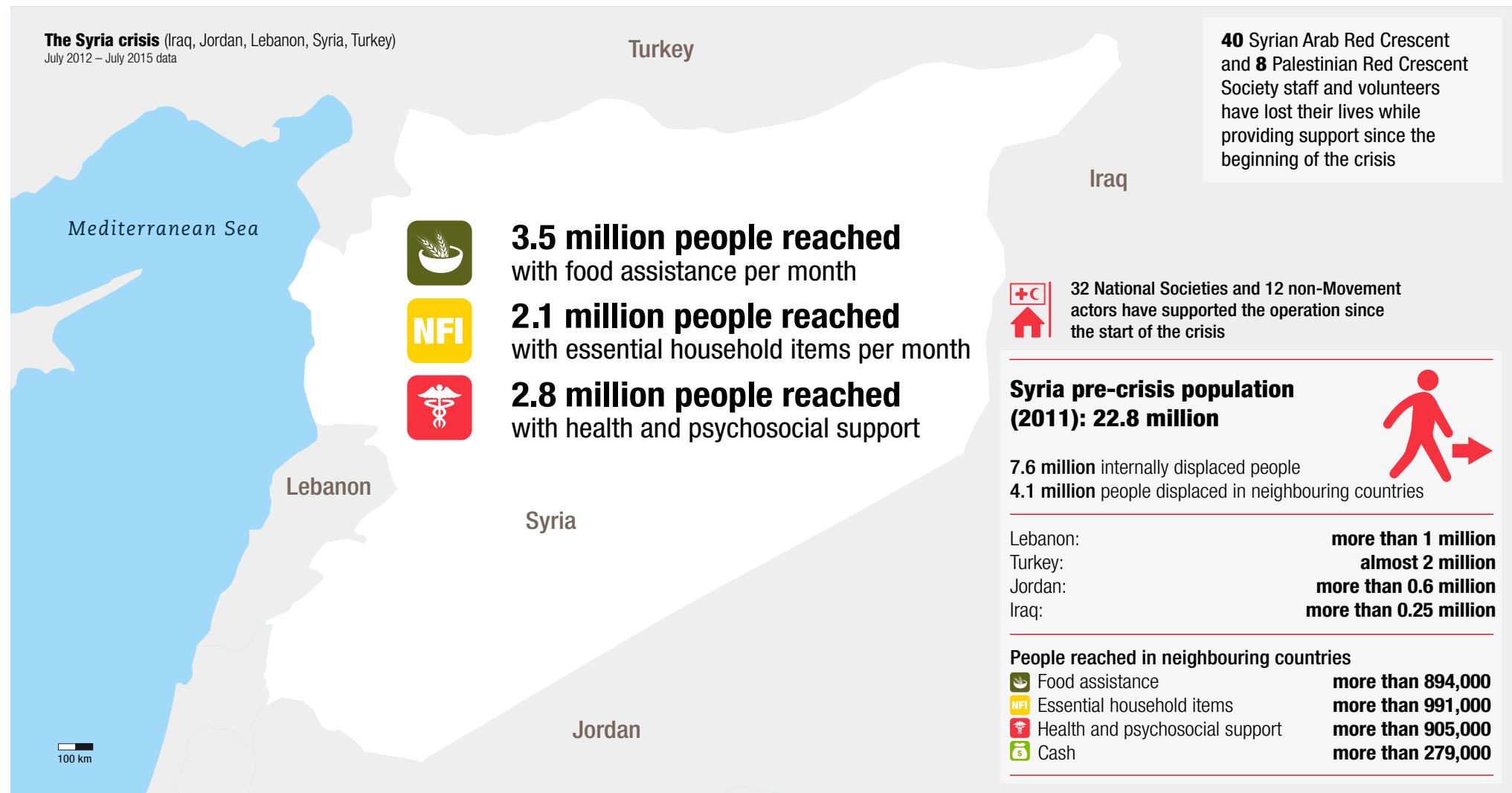


Source: Shelter and Settlements Department

¹⁴ The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

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Figure 4.15 The Red Cross and Red Crescent response to crises¹⁵



Source: Middle East and North Africa region

¹⁵ The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Typhoon Haiyan (Philippines)

As at August 2015



137 National Societies have supported the operation since the start of the crisis

**Shelter**

Houses built
Beneficiaries

61,328
76,032

**Livelihood support**

Households supported with livelihood assistance

58,454

**Healthcare**

Health facilities rehabilitated or constructed
Households reached

32
44,685

**Water, sanitation and hygiene promotion**

Households participating in Hygiene Promotion

34,032

**Education**

Classrooms repaired and constructed
Students covered by repaired and constructed classrooms

224
48,731

**Disaster Risk Reduction**

Instructors trained in disaster risk reduction

95

Ebola virus disease (Guinea, Liberia, Sierra Leone)

As at August 2015



33 National Societies have supported the operation since the start of the crisis

**Social mobilisation and beneficiary communication**

People reached
Guinea: 1,689,876 Liberia: 2,409,593 Sierra Leone: 2,961,278

7 million

**Tracing and monitoring contacts**

People traced

more than 97,000

**Safe and dignified burials (includes unconfirmed Ebola cases)**

Bodies safely buried
Guinea: 11,944 Liberia: 3,825 Sierra Leone: 18,679

34,448

**Psychosocial support**

People supported
Guinea: 6,393 Liberia: 9,030 Sierra Leone: 324,058

more than 339,000

**Clinical case management (includes unconfirmed Ebola cases)**

Admissions Guinea: 373 Sierra Leone: 968
Discharges Guinea: 261 Sierra Leone: 513

1,341

774

**Volunteers trained in Ebola response**

Guinea: 2,630 Liberia: 1,253 Sierra Leone: 3,044

6,927

Volunteers currently active

Guinea: 903 Liberia: 350 Sierra Leone: 2,664

3,917

Source: Asia Pacific region

Source: Africa region

4.4 Disaster laws

Legal barriers can be as obstructive to effective disaster response as washed-out roads or high winds. During the chaos and confusion in the aftermath of a disaster, the absence of regulation can cost lives. A response that is uncoordinated, wasteful, and disrespectful to beneficiaries and domestic relief actors often leads to disaster-affected communities not receiving the right aid at the right time, delivered in the right way.



BOX 4.3 “IT WAS A HUGE WAKE-UP CALL FOR US...”

Located in the Pacific Ring of Fire, Indonesia is faced with the constant threat of natural disasters, ranging from volcanoes and earthquakes to floods and tsunamis. Having suffered from one of the worst disasters on record – the Indian Ocean Tsunami in 2004 – Indonesia now has one of the most comprehensive legal frameworks for disaster management and response in the world.

Before that fateful day, Indonesia did not have any overarching disaster management laws, and procedures were unclear on how to guide the huge influx of international assistance that poured into the country.

This lack of legal preparedness contributed substantially to the chaos and revealed many regulatory issues that hampered the response. These included high taxes and duties on the import of relief goods, lengthy procedures for customs clearance, and inconsistency and confusion over visas and work permits. Many of these problems were addressed on an ad hoc basis, rather than through a clear and transparent system.

In the post-tsunami period, the **Indonesian Red Cross Society** worked with the government to develop a legal framework to comprehensively address these issues.

Indonesia adopted a new disaster management law in 2007 followed by regulations and guidelines developed by Indonesia’s

National Disaster Management Authority. This included rules on the role of international institutions and foreign non-governmental organisations.

The Indonesian Red Cross Society knows from experience that there will be future mega-disasters, and it continues to work with national authorities and IFRC partners to improve the legal framework for disaster management and response. This includes simulation exercises to test roles, responsibilities and coordination mechanisms, advocacy and dissemination, and research on the impact and implementation of the existing framework.

The Indonesian parliament is due to review the national disaster management law ('Law 24/2007') in 2015–2016, and the Indonesian Red Cross Society is playing an active role in this process. Although Indonesia learned the hard way, it has set a benchmark for legal preparedness, and paved the path for legal preparedness in South East Asia and beyond.

"The 2004 tsunami was a huge wake-up call," says Pak Ritola, Secretary General of the Indonesian Red Cross Society. "It opened our eyes, and we saw the need to have the right laws and institutions to prepare for, and respond to, disasters. The Indonesian Red Cross Society will continue to promote and progress our national disaster law."

The IFRC secretariat's Disaster Law Programme advises governments through their National Societies on how they can improve legislation and rules on disaster management. Such improvements will facilitate local and international disaster relief provision by overcoming bureaucratic and other bottlenecks as well as promoting greater transparency and accountability. The need for this has become more evident over the years with the massive increase in humanitarian agencies, and affected states finding themselves ill-prepared to handle a flood of well-intentioned but not uniformly effective responders.

The Disaster Law Programme does this through technical assistance to build national legal preparedness and legal capacities, and through advocacy, research, and dissemination. Vital partnerships with the United Nations Office for the Coordination of Humanitarian Affairs and the Inter-Parliamentary Union developed a "Model Act for the facilitation and regulation of international disaster relief and initial recovery assistance". More than 83 countries have benefited since 2005 with 14 countries adopting new laws and rules between 2012 and 2014, based on IFRC guidelines. Sixteen countries have draft laws in the pipeline. As at mid-2015, there were 69 disaster law projects in progress ([Figure 4.16](#)).

BOX 4.4 WHY ARE DISASTER LAWS NEEDED?

Most countries do not have special laws in place for facilitating and regulating international and domestic relief. This results in problems, including:

a. Unnecessary red tape

- Restrictions and delays in customs clearance for relief goods and equipment
- Imposition of duties, tolls, and other taxes on relief items and activities
- Difficulties and delays in obtaining and renewing necessary visas and permits for humanitarian personnel
- Problems obtaining legal recognition of foreign professional qualifications for specialised personnel (particularly medical staff)
- Difficulties in legal registration for foreign humanitarian organisations, leading to restrictions in opening bank accounts and hiring local staff.

b. Poor quality and coordination from some international providers

- Importation of unnecessary or inappropriate relief items
- Failure to coordinate with domestic authorities and other relief providers
- Use of inadequately trained personnel
- Failure to consult with beneficiaries
- Culturally unacceptable behaviour
- Proselytising.

Experience shows that the wake of a major disaster is the wrong time to try to develop new rules and systems to address these types of problems. That is why legal preparedness is vital before disasters strike.

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Figure 4.16 The IFRC secretariat's Disaster Law Programme¹⁶



Source: Disaster Laws Programme

¹⁶ The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

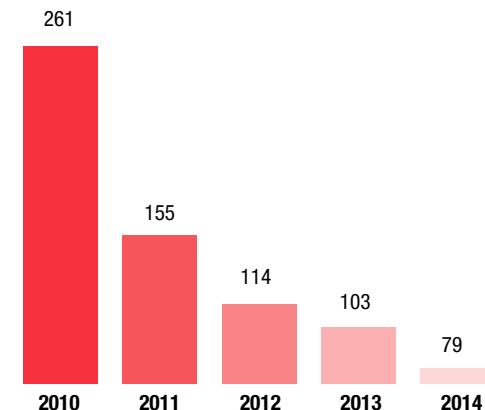
Legal preparedness is equally important for disaster risk reduction. A joint IFRC/United Nations Development Programme study in 2014 looked at the experience of 31 countries with legal frameworks for risk reduction, from which good practices will be promoted. Areas of focus could include early warning and risk mapping, education and public awareness, disaster insurance and risk sharing mechanisms, building codes and land use, environmental management and impact assessments, natural resource management, and climate change adaptation.

4.5 Staying safe

It can be risky at the frontline of humanitarian response. Worldwide, more than 1,100 aid workers have died in the course of their duties over the past decade with many more being injured and an increasing number of kidnappings. The trend indicates increased disrespect for international humanitarian law and the deliberate targeting of humanitarian and health service facilities.

For the IFRC, the number of reported security incidents has declined in recent years (Figure 4.17). It is a positive sign that while there was one security incident recorded for about 15 IFRC staff deployed in 2010, this had improved to one incident per 44 staff in 2014.

Figure 4.17 Security incidents reported to or obtained by the IFRC secretariat
(2010–2014 data)



Source: Security Unit



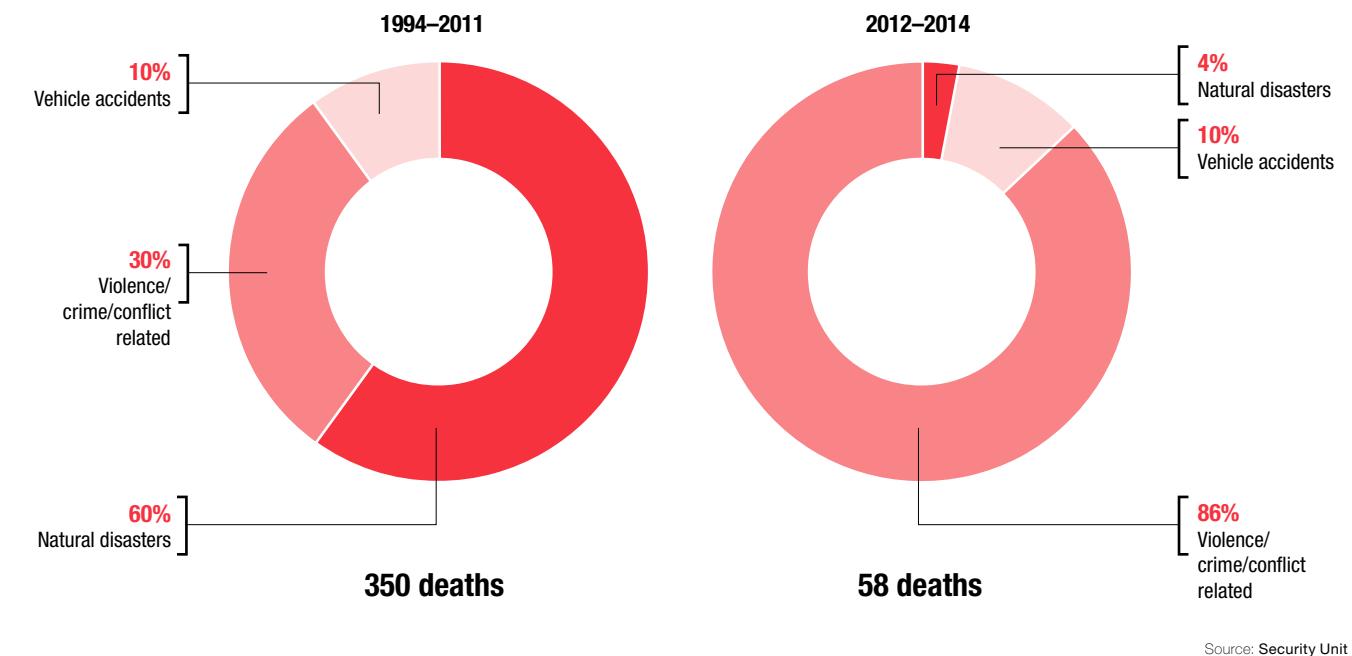
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However the pattern of risk has changed. Whereas, in previous years, the majority of Red Cross and Red Crescent deaths occurred while responding to natural disasters, direct violence is now an increasing cause (Figure 4.18).

Most recent deaths have occurred in Syria but our staff and volunteers were also targeted in Afghanistan, Austria, Central African Republic, Israel, Mali, Palestine, Sudan, Ukraine, and Yemen. The Ebola crisis in West Africa posed additional challenges with fear and mistrust of health workers and volunteers leading to attacks on them.

Given the changing complexity of the environments in which our staff and volunteers serve, their safety and security is of the highest importance. Some 40 per cent of all security incidents could have been prevented by following good procedures and increased awareness. Lessons are being learned with the introduction of mandatory minimum security requirements for all operations, deployment of security staff in the field, and improved tracking and analyses of security incidents. The IFRC continues to invest in security training with more than 50,000 people having taken our “Stay Safe” courses.

Figure 4.18 Red Cross and Red Crescent staff and volunteers killed – changing trends¹⁷



¹⁷ Reported to or obtained by the IFRC secretariat security unit.

5. STRATEGIC AIM 2



HEALTHY AND SAFE LIVING

What Strategy 2020 says...

Our specific contribution to sustainable development is through strengthening community resilience. This is the ability to adapt and cope with recurrent or prolonged disasters and crises, as well as with wider socio-economic changes. We strengthen community resilience by helping people to be as healthy as possible and to prevent or reduce risks where they can. Adapting ways of living to a changing world also requires us to advocate for supportive public policies, influence psychological and social attitudes, and help the most vulnerable people because they have the least means to cope.

Our long-term work seeks the following impact:

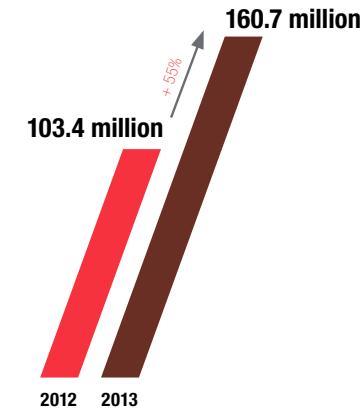
- Better personal and community health, and more inclusive public health systems
- Reduced exposure and vulnerability to natural and human-made hazards
- Greater public adoption of environmentally sustainable living.

For the IFRC, the community resilience approach is, in many ways, just the modern designation of how we have worked with communities for many decades. Our National Societies achieve this through their volunteers, who engage their own communities via education and training. By getting to know their own specific hazards and by analysing their risks and vulnerabilities, they are able to develop the appropriate solutions for their local context.

However, an increasingly interconnected and globalised world also means that communities cannot flourish in isolation. That is why National Societies are growing their advocacy role on behalf of marginalised and disadvantaged people. They do this by using their auxiliary role – the unique relationship with governments that comes from their status – to gain privileged access to local and national policy-making authorities.

It is the sum of these myriad activities in many places that makes the bigger difference. There is good progress. Overall, the IFRC network reached nearly 161 million people with one or more long-term services in 2013, an increase of 55 per cent on the 103.4 million reported in 2012 (Figure 5.1). This increase is partly due to more National Societies reporting on this indicator.

Figure 5.1 People reached by long-term Red Cross and Red Crescent services
(2012–2013 data¹⁸)



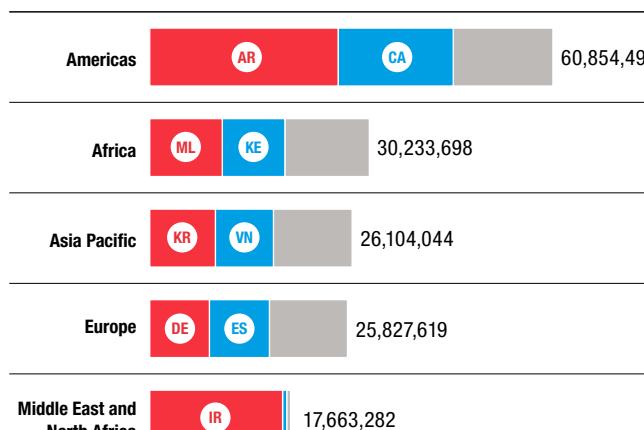
Source: FDRS

¹⁸ Number of National Societies reporting on people reached by long-term services and development programmes in 2012: 140; in 2013: 159.

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The Americas region has the largest outreach with long-term programmes reflecting the historical roots of Red Cross work there. Gender-disaggregated reporting is a significant general weakness and will be strengthened in future years (Figure 5.2).

Figure 5.2 Geographic and gender disaggregation of people reached by long-term services
(2013 data from 159 National Societies¹⁹)



Top five National Societies:

1. Argentine Red Cross
2. Canadian Red Cross
3. Red Crescent Society of the Islamic Republic of Iran
4. Mali Red Cross
5. The Republic of Korea National Red Cross

Global gender breakdown of the number of people reached

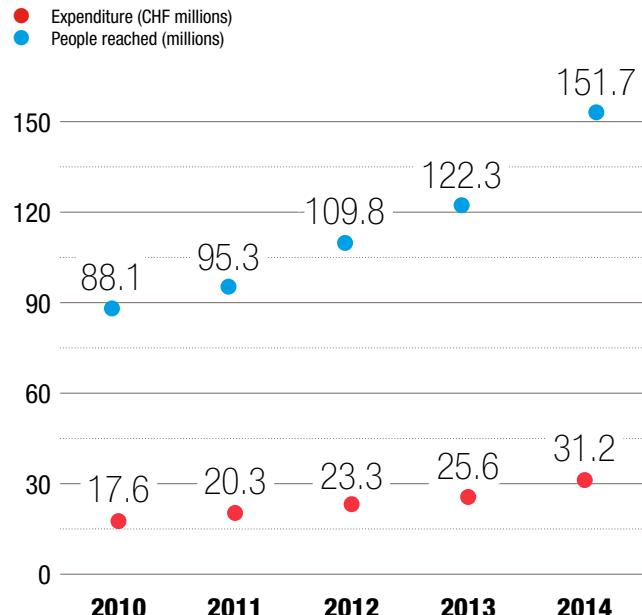


Source: FDRS

¹⁹ Number of National Societies reporting on people reached by long-term services and development programmes in Europe: 48, Africa: 40, Americas: 30, Asia Pacific: 28, Middle East and North Africa: 13.
Number of National Societies reporting on gender breakdown of people reached: 30.

The IFRC secretariat's annual mapping of disaster risk reduction services indicates a progressive scaling-up since the beginning of the decade. By 2014, 151.7 million Swiss francs were being spent in 121 National Societies to reach 31.2 million people (Figure 5.3).

Figure 5.3 Disaster risk reduction: reaching more with increased investment
(2010–2014 data²⁰)

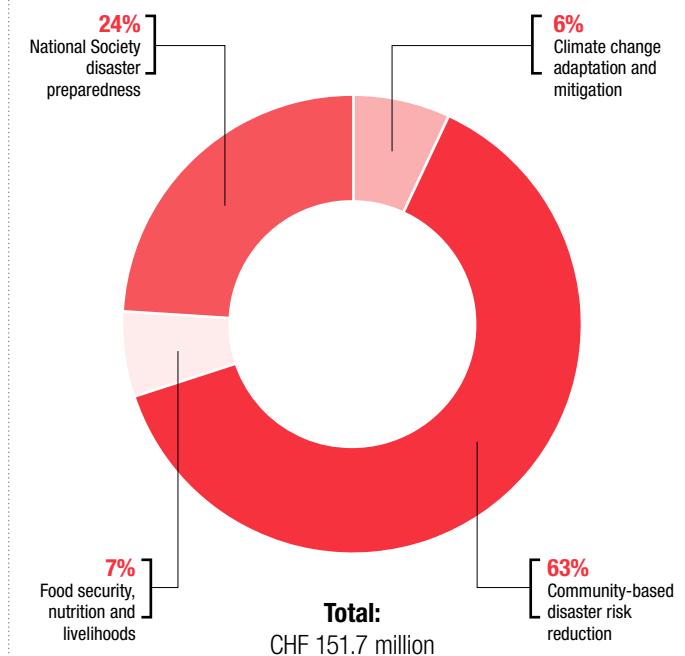


Source: Community Preparedness and Risk Reduction Department

²⁰ Number of National Societies reporting in 2010: 93, 2011: 97, 2012: 112, 2013: 121, 2014: 121.

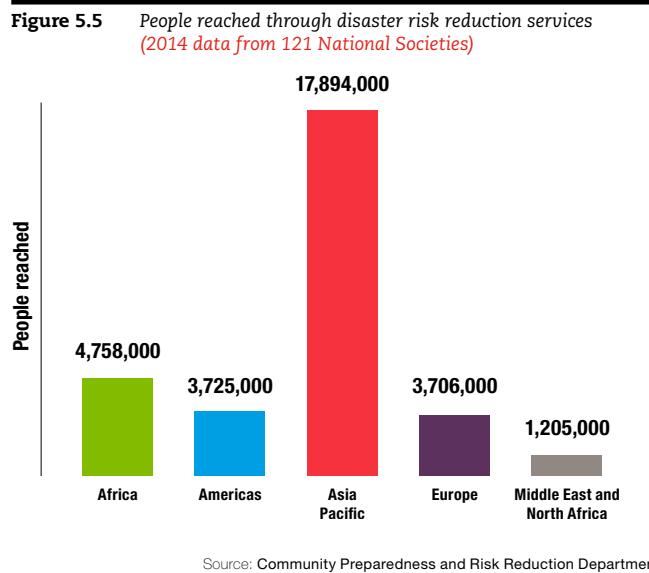
The main focus areas for disaster risk reduction are National Society preparedness, community-based risk reduction and preparedness, climate change adaptation and mitigation, and food security, nutrition and livelihoods (Figure 5.4).

Figure 5.4 Expenditure by disaster risk reduction focus areas
(2014 data from 121 National Societies)



Source: Community Preparedness and Risk Reduction Department

As the region with the greatest aggregate disaster vulnerability, Asia Pacific reports the biggest numbers of beneficiaries, but all other regions indicate that there is considerable scope for doing much more in this area (Figure 5.5).



5.1 Climate change

International consensus on the importance and urgency of tackling climate change has grown over recent years, and the IFRC focus is on building resilience. We contribute to climate change adaptation through scaling up our disaster risk reduction work, and we see our role in climate change mitigation through promoting sustainable community development that is respectful of the environment and optimises communities' carbon footprints.

Starting by "climate proofing" existing programmes and services where feasible, National Societies are proactively engaging with their countries' National Adaptation Plans on a range of actions. For example, the Kenya Red Cross Society has been helping to build "climate-smart" food security in the drought-prone North Eastern province, the Rwandan Red Cross has been working on rainwater harvesting, and the Indian Red Cross Society on flood plains management in Bihar and Odisha states. The Red Cross societies in Togo and Uganda have been breaking new ground, with German Red Cross support, in early warning early action with forecast-based financing. The Netherlands Red Cross and the Red Cross and Red Crescent Climate Centre are in the vanguard of a *Partners for Resilience* programme that has reached out to hundreds of local communities across several ecosystems around the world with local climate-smart risk reduction interventions.



Photo credit: IFRC/Vietnam Red Cross Society/Le Xuan Mai

BOX 5.1 LIVING WITH A CHANGING CLIMATE

"Let's roll the dice... will they bring good rains or drought? We rolled a one, and this means little rain – El Niño strikes again... Farmers upstream lose all their crops, and downstream they only harvest near the river!" announces the Red Cross member standing in front of a game board on a table. The players, members of two neighbouring communities, exchange a few worried looks, check the number of seeds they still have in their hands and giggle. "Can I sell a tree to buy more seeds?" asks a player upstream. "No! Stop selling trees, or we'll have more flooding downstream," replies another.

The **Nicaraguan and Guatemalan Red Cross societies** invented the Upstream/Downstream game, with the support of the Red Cross and Red Crescent Climate Centre and the *Partners for Resilience* initiative, a five-year programme funded by the Dutch Ministry of Foreign Affairs. This combines integrated approaches on ecosystem management and restoration, and climate-smart disaster risk reduction. Players take on the role of upstream or downstream farmers and make planting decisions, manage land use, and contend with floods and droughts to ensure the survival of their families.

Nicaragua and Guatemala rank among the countries most affected by extreme weather events, and the region will have to deal with increased drought, reduced arable land, high-intensity cyclones, and the loss of low-lying regions. The use of participatory games has been piloted in both countries to help raise awareness and develop understanding of the various adaptation strategies community members can take to ad-

dress ecosystem degradation, and strengthen their resilience to droughts and floods as well as landslides.

Translating game principles to practice, the Red Cross works with small subsistence farmers to strengthen their capacity to cope with more unpredictable rains. In river water recharge areas, sustainable alternative livelihoods are promoted.

"El Castillito is a risk zone, because there are a lot of landslides here. But with the training received, we're now caring for the environment and reforesting. Through community assemblies held by the Red Cross, we saw the needs and issues of our community. Together, we decided to organise four gardens where women grow flowers. Now we have new income, and it also makes the community stronger," explains Digna López. Reyna Muñoz adds, "Here in Cusmapa is where the Tapacalí River starts, and our goal is to care for it. Why? So it doesn't keep drying up. We can see that the river isn't like it was before."

The Red Cross focuses on local climate change adaptation strategies, river basin management plans, and stronger co-operation between institutions in charge of disaster management, climate change, and environmental issues. Key to success is the ability of both National Societies to empower communities to address their risks. Also vital are the partnerships built among institutions, local governments, co-operatives, youth groups, non-governmental organisations, and universities.

5.2 Road safety

Each year 1.24 million lives are lost on our roads and a further 50 million people suffer serious injuries. Road traffic deaths are the 8th biggest killer in the world, and the biggest killer of those aged 15-24. Fifty per cent of all road traffic deaths are among pedestrians, cyclists, or motorcycle riders. Seventy-five per cent of road traffic deaths are men. Low and middle-income countries account for only 53 per cent of the world's vehicles, yet suffer 92 per cent of the world's road fatalities.

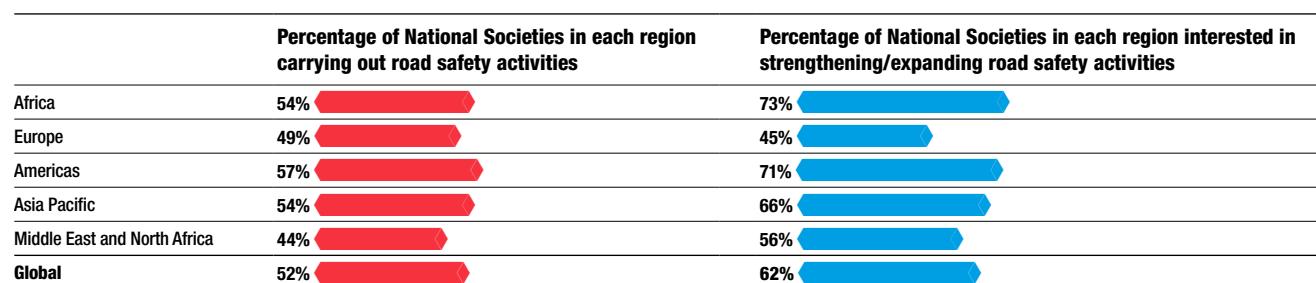
Only 28 countries, representing just 7 per cent of the world's population, have adequate laws that address the main risk factors. Well known strategies exist to reduce the number of deaths and the severity of injuries. These target the risk factors of speeding, drinking and driving, not wearing seat belts, child restraints and helmets, and the growing problem of driver distraction. It has also been shown that post-crash care – speedy and expert trauma management – is crucial to survival. The Red Cross and Red Crescent role in first aid, blood services, and health care contributes here.

The United Nations General Assembly has declared 2011–2020 as the Decade of Action for Road Safety, with a goal of stabilising, and then halving road deaths thereby saving 5 million lives. The IFRC's contribution is via the Global Road Safety Partnership (GRSP) that it co-founded with the World Bank and the United Kingdom's Department for International Development. The GRSP is a hosted programme of the IFRC and is a membership organisation with currently some 32 government, multilateral, civil society, and private sector partners.

National Red Cross and Red Crescent Societies are active GRSP members, especially in Africa and the Middle East and North Africa regions (Figure 5.6) with a range of road safety interventions (Figure 5.7) spanning

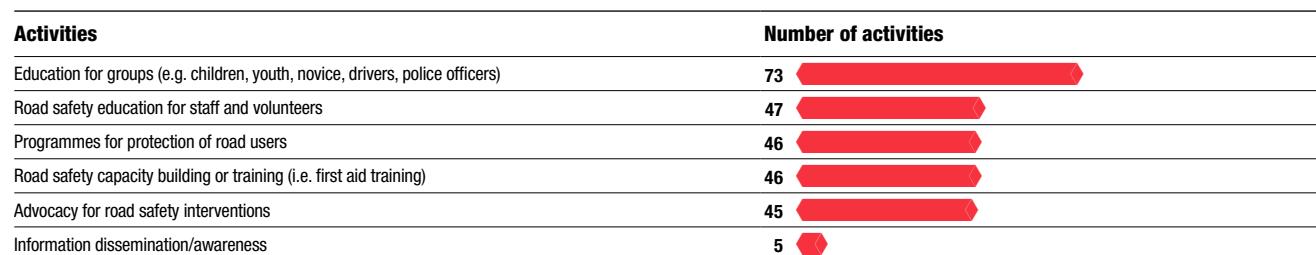
public awareness, advocacy for strong government policies, and first aid training for key road users such as novice and commercial drivers.

Figure 5.6 National Societies involved in road safety activities



Source: Global Road Safety Partnership

Figure 5.7 The Red Cross and Red Crescent activities in road safety



Source: Global Road Safety Partnership



Photo credit: Press Association images/Andrew Milligan

BOX 5.2 ONE CHILD KILLED IS TOO MANY

When one child needlessly killed is too many, 500 children killed every day on our roads is a catastrophe.

The facts are disturbing. For every child that is killed, four are left with permanent disabilities and a further ten are seriously injured. In Africa, traffic crashes kill more children aged 5–14 than diseases such as malaria and AIDS. And in low and middle income countries where health care and social services are under-resourced and over-burdened, the costs of caring for an injured child can send a family into poverty.

Such is the story of Phal, living in the outskirts of Cambodia's capital, Phnom Penh. Like most poor school children, he walked to and from school every day. There are no pedestrian facilities. No marked crossings. No signage indicating a school zone, and certainly no reduced speeds around his school.

Phal, at just five years of age, was left with no alternative other than to navigate his own way, dashing across busy roads and walking along the road edge with cars, trucks, and motorbikes whizzing by.

On one fateful day, Phal was struck by a car. His injuries were severe, and as his family had no money to pay for decent medical care, Phal suffered brain damage and lost the use of both legs. Needing full time care, Phal's mother was forced to give up

her work at a garment factory, leaving Phal's father as the sole breadwinner. This one traffic incident, so easily lost as a statistic, saw this low-income family made destitute and changed forever.

Sadly, this is a true story. And it is also true for thousands of children and their families each and every day. So much is known about how to keep children safe. Indeed, safety is a child's right under the United Nations Convention on the Rights of the Child. Yet too little is being done. The subject is ignored, seen as too hard, or worse, regarded as the price of progress.

National Red Cross and Red Crescent Societies are working every day in the field of road safety as leading providers of post-crash care, and at community, city, and country levels in preventative interventions and in advocating for policies that protect road users.

Working as part of the Global Road Safety Partnership, and alongside the World Health Organisation and the Bloomberg Initiative for Global Road Safety, the **Cambodian Red Cross** has been instrumental in the passage of Cambodia's new Land Traffic Law addressing key risk factors of drinking and driving, speeding, and lack of helmet use. The law also seeks to tighten licencing, vehicle registration, and truck and bus driver regulations as well as to define extended police powers in order to enforce traffic laws.

The modern version of this is our integrated Community-based Health and First Aid package, the basic platform for all we do. Going beyond the handling of common injuries, it helps communities to identify and address their priority health issues, advocates health promotion and disease prevention, and prepares volunteers to respond to the health consequences of disasters and other emergencies.

The national and local burdens of disease vary, and so do the health and social care activities of National Societies. This has shifted over time, as national government health systems have developed to take on more, leaving National Red Cross and Red Crescent Societies to support under-served and auxiliary areas. A sample survey indicated 30 types of health work in 2013 ([Figure 5.8](#)).

All National Societies do basic first aid, and more than three-quarters are active in aspects of blood donation, HIV, and psychosocial support. More than half are involved in water, sanitation and hygiene promotion, tuberculosis and influenza control, preventing and managing noncommunicable diseases, nutrition, sexual and reproductive health, and breastfeeding promotion. Other National Societies work on malaria, mental health, reproductive, maternal, newborn and child health, substance abuse harm reduction, and active ageing.

5.3 Healthy living

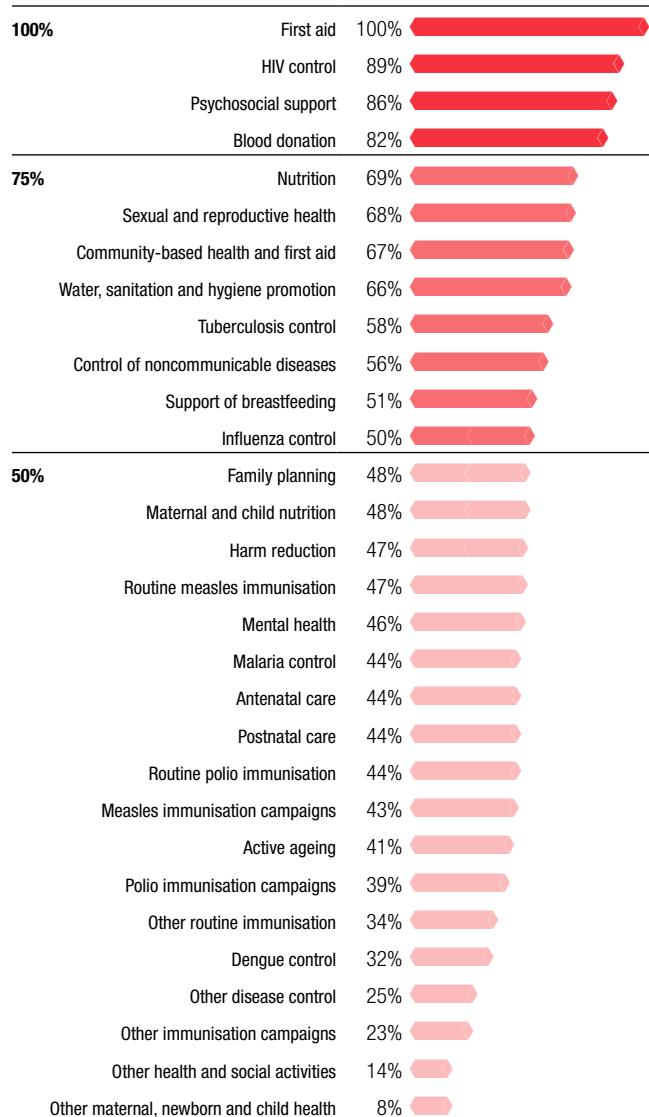
Noting that good health is a state of physical, mental, and social wellbeing, the Red Cross and Red Crescent work in health and social care focuses on tackling inequalities by:

- Expanding access of under-served people to primary and public health services including during emergencies

- Enhancing the healing benefits of medical care through essential nutritional, educational, psychosocial, and rehabilitative interventions
- Tackling underlying social, behavioural, and environmental factors that determine good health.

The Red Cross and Red Crescent is known as the pioneer of first aid in both war and peace, and has undoubtedly saved countless lives over many decades.

Figure 5.8 Percentage of National Societies reporting on health services
(2013 data from 108 National Societies)



Source: Health Department

BOX 5.3 REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH

Healthy children and mothers are the foundation for healthy populations. National Societies are involved in a range of related health promotion services by tackling risks and vulnerabilities that are often specific to particular situations because of their social, cultural, and economic circumstances.

The **Honduran Red Cross** puts special emphasis on the importance of men participating during pregnancy, birth, and post-partum care, and sharing the responsibility for birth spacing and practicing safe sex.

The **Afghan Red Crescent Society** faces serious cultural barriers, especially in remote areas. To overcome these, it engaged with local people in Balkh province to establish grandmothers' committees. Grandmothers are considered influential figures and thus play an important role in guiding young women on health issues, and convincing husbands and fathers to let their wives and daughters seek health services and undergo medical treatment in health facilities. The National Society is training grandmothers as household visitors on key reproductive health issues including safe motherhood, antenatal and postnatal care, safe delivery, tetanus toxoid vaccines, hygiene promotion, and behaviour change.

Neonatal mortality accounts for a third of the half a million children who die before their fifth birthday. The **Ethiopian Red Cross Society** has been working with the Health Ministry to equip health centres with basic emergency obstetric and neonatal care equipment and supplies, and to train health professionals in their use.

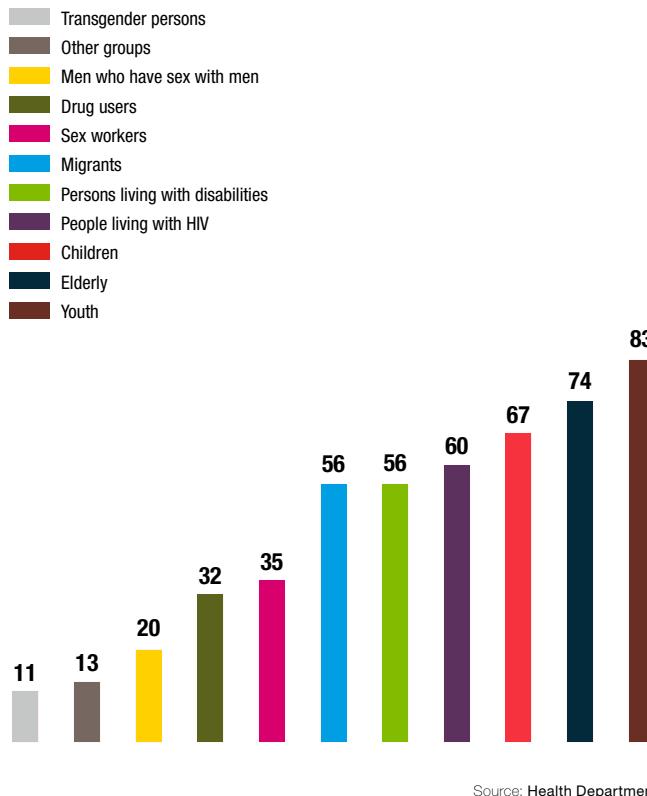
Guatemala has one of the highest rates of childhood stunting in the Americas, particularly affecting the indigenous population. The **Guatemalan Red Cross** has expanded mother and child programmes using mother counsellors recruited from within communities. Santos Rufina Garcia Lopez, a 41-year-old Mayan mother of five from Tuichilupe says, "My youngest, Juanita, is a lot healthier now since the Red Cross came to teach us growth monitoring." Santos Rufina says that she also learned that a couple could decide and plan the number of children they have, something that she did not know before. She has passed on this knowledge already to her 16-year-old daughter.

High rates of gender-based violence are common in Liberia, as it struggles to recover from decades of conflict. A fifth of girls experience sex before the age of 15, one in seven against their will. A third of girls aged 15 to 19 years are mothers or are pregnant. They are the focus of the **Liberian Red Cross Society** action with volunteers working in communities to change attitudes.

Myanmar has one of the highest maternal and infant mortality rates in South East Asia. Chaw Su Hlaing lost her first baby when the child was two days old. She says, "When the pain started, I squatted in my home as I had no money for the hospital or for getting there. My baby was born sick. I think it was because I had to climb the hills to get firewood all through the pregnancy." The **Myanmar Red Cross Society** is working in 78 remote communities, connecting them to essential health services.

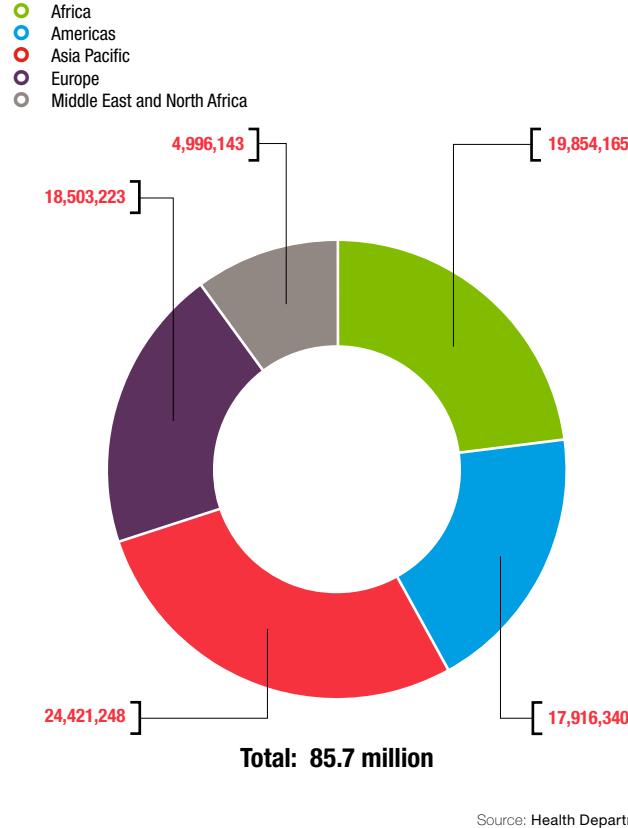
In terms of targeting, the majority of National Societies work with youth, children, elderly, people living with HIV, migrants, and people with disabilities (Figure 5.9).

Figure 5.9 Number of National Societies targeting the health needs of specific groups
(2013 data from 108 National Societies)



In aggregate, some 85.7 million people were reached worldwide by Red Cross and Red Crescent health services in 2013 (Figure 5.10).

Figure 5.10 Geographic distribution and the number of people reached through health services
(2013 data²¹)



²¹ Number of National Societies reporting on people reached in Africa: 17, Americas: 13, Asia Pacific: 20, Europe: 20, Middle East and North Africa: 7, Global: 77.

5.4 Noncommunicable diseases – the rising epidemic

Partly as a result of an ageing world population and significantly because of changing lifestyles everywhere, noncommunicable diseases are reaching epidemic proportions. Four types of conditions – cardiovascular, cancers, diabetes, chronic respiratory – account for two-thirds of global deaths, with 80 per cent of these occurring in low and middle-income countries. By reducing shared risk factors – smoking, excessive alcohol, physical inactivity, unhealthy diet – around half of premature deaths and illnesses from these conditions can be prevented.

That is where Red Cross and Red Crescent work comes in, drawing on its long history of disease prevention. It uses volunteers to educate and encourage current and younger generations to adopt healthy habits. An initiative of this name was launched in 2014 in partnership with the International Federation of Pharmaceutical Manufacturers & Associations. It kicked off in Asia Pacific and Europe, with 50 facilitators and volunteers from 33 countries trained to raise awareness, promoting healthy habits and, in a noteworthy innovation, conducting basic screening among communities. Previously, this was done only by health care professionals. Such task shifting is about allowing people to take charge of their own health and build their own healthy communities.

5.5 Promoting safe blood systems

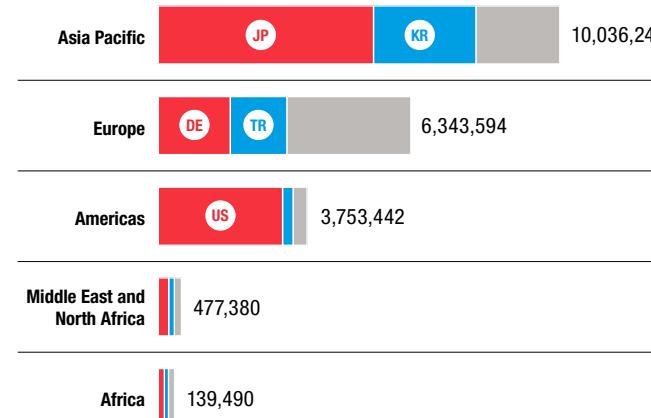
To serve others by donating your spare money, time, or skills is commendable. To give of your own self is truly noble. It is, therefore, unsurprising that the Red Cross and Red Crescent has been associated with blood services ever since the technology became available. Safe and accessible blood supplies are crucial to save or preserve life in medical care and in the aftermath of accidents, violence, and disasters.

Alongside the World Health Organisation, we strongly believe in a policy of 100 per cent voluntary non-remunerated blood donation, because that is safest. At present, only 60 countries have fully achieved this norm. Given worldwide shortages of blood and its components, there is a long way to go to achieve global blood security. Cultural attitudes are an undoubtedly constraint in some places.

Of the 108 million blood donations collected globally, about 21 million or a fifth are associated with Red Cross and Red Crescent blood services. Males tend to dominate as donors, and the Asia Pacific and Europe regions make the most donations (Figure 5.11).

Operating a full-scale blood programme is a complex and highly technical affair, with managing risk and maintaining safety and quality being the core concerns. More than 80 per cent of National Societies are involved in blood-related activities. A partial survey indicates that this is at three levels, ranging from promotion and advocacy for voluntary unremunerated blood donation, to the systematic recruitment of blood donors, and finally, the provision of full blood services including collecting, testing, processing, and distribution (Figure 5.12).

Figure 5.11 Number of blood donors
(2013 data from 178 National Societies²²)



Top five National Societies:

1. Japanese Red Cross Society
2. American Red Cross
3. The Republic of Korea National Red Cross
4. German Red Cross
5. Turkish Red Crescent Society

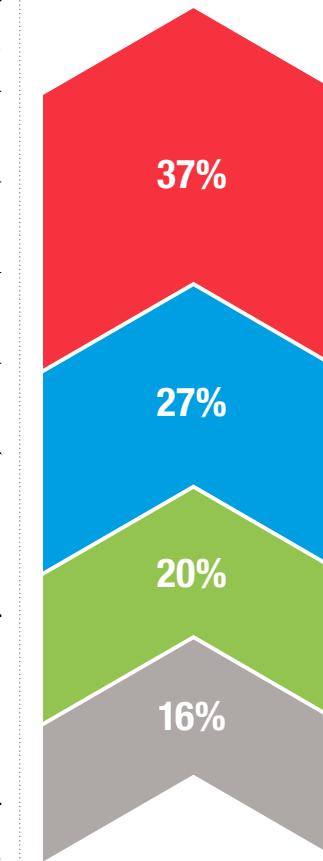
Global gender breakdown of the number of blood donors



Source: FDRS

²² Number of National Societies reporting on blood donors in Asia Pacific: 32, Europe: 51, Americas: 35, Middle East and North Africa: 16, Africa: 44.
Number of National Societies reporting on gender breakdown of blood donors: 121.

Figure 5.12 Types of National Society involvement in blood services
(2013–2014 data from 74 National Societies)



Source: Global Advisory Panel on Corporate Governance and Risk Management of Blood Services in Red Cross and Red Crescent Societies

BOX 5.4 LEXI HAS A BRIGHT FUTURE

Lexi was a healthy baby girl until six months of age, when she got sick with what was initially thought to be a normal childhood viral infection. But she got worse and was eventually diagnosed with a rare blood disorder, hemophagocytic lymphohistiocytosis. This had activated her immune system to fight off a simple infection, but it did not turn off once she recovered. Instead, her immune system continued to attack her own body and destroy her normal red blood cells and platelets.

Lexi was immediately started on a treatment plan that included eight weeks of chemotherapy, high dose steroids, and blood transfusions. This treatment controlled her disease briefly, but could not cure it. Her only chance of survival was a bone marrow transplant. Doctors began the search for a bone marrow donor. There were no matches, but luckily a compatible cord blood donation was found and Lexi began the cord blood transplant process the day after her first birthday.

As part of this, high doses of chemotherapy were used to destroy Lexi's defective bone marrow so that it could be replaced with new healthy cord blood cells. While waiting for the cord blood to create her new bone marrow, Lexi could not produce her own blood cells. So, over the next month she required regular transfusions, receiving a total of eight red blood cell units, 20 single donor platelet units and other products manufactured from blood and plasma donations from the **Australian Red Cross** blood service that kept her alive during her transplant.

Two months later, the new bone marrow begun manufacturing its own cells, and Lexi went home to let her new immune system develop and mature. She has completely recovered and her blood disorder has not returned. She is a happy, healthy little girl.

Figure 5.13 The IFRC's Global Water and Sanitation Initiative
(2005–2014 data)

Our contribution: The IFRC's Global Water and Sanitation Initiative

By 2015



Over 9.5 million people have access to safe drinking water

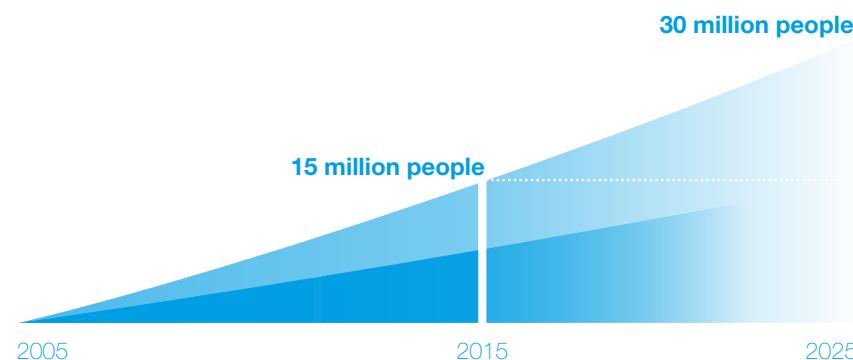


Over 5.5 million people have access to an improved toilet



We have also reached over 6.5 million people with hygiene promotion activities and campaigns

15 million people
benefited from water and sanitation services



Our aim is to reach **30 million people by 2025**

Source: Health Department

5.6 Water and sanitation

Water and sanitation services are a key part of our emergency response interventions. Additionally, we have a long-term commitment to contribute towards the achievement of Millennium Development Goal 7 that aims to halve, by this year, the proportion of the population without sustainable access to safe drinking water and basic sanitation.

We are halfway through the period of the IFRC's Global Water and Sanitation Initiative 2005–2025. The initial target for the Red Cross and Red Crescent was to benefit 5 million people by the end of 2015, but this has been greatly exceeded as we reach towards 15 million this year and set a higher ambition to double this within the next ten years ([Figure 5.13](#)).

One hundred and four National Societies are active through 476 water and sanitation projects in 80 countries, mostly in Asia Pacific and Africa ([Figure 5.14](#)).

With an overall average beneficiary size of just over 28,000 per project, more than 40 per cent of the projects are for smaller populations, reflecting the priority given to pastoralist and other scattered communities whose needs are often greater but who tend to be overlooked by big water schemes.

Sustainability is a big challenge for all water and sanitation projects. Apart from targeting underserved communities, Red Cross and Red Crescent projects use affordable and environmentally sound technology options. An integrated approach that connects health and hygiene promotion, along with community ownership and a strong gender dimension, seeks to maximise the chances of sustaining a project beyond the average of 3.3 years from its initial implementation.

While good progress has been made on the provision of safe drinking water, sanitation tends to lag behind and getting the balance right between them is a continuing challenge.

BOX 5.5 TIME TO TALK ABOUT TOILETS

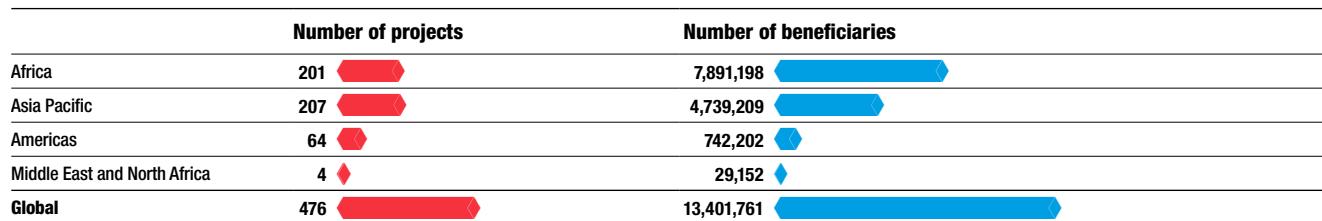
Let us speak clearly; the single largest cause of human illness globally is faecal matter. A community – regardless of how many clinics or water supply points it has – can never be healthy if human waste is not safely disposed of. The vast majority of waste water is untreated, and more than a billion people worldwide are practicing open defecation. Until toilets are provided for everyone, especially the poorest people, they will continue succumbing to illness. This daily disaster affects more than the victims and their families. It traps whole communities in a cycle of poverty.

Water is essential for human life. But it is not enough.

With accelerating urbanisation, the inhabitants of the world's cities have seen matters get worse. Consider a woman living in a Mumbai slum. She rises early. As her home has no toilet, she faces a choice: to use a plastic bag as a "flying toilet", or walk a few hundred metres across rubbish and sewage to wait in a queue and pay a fee for the privilege of a filthy toilet. It is also a matter of dignity. Sadly, this is the daily reality for millions and until it changes, development is difficult.

Water and sanitation interventions are highly cost-effective, showing benefits of 5–46 US dollars per dollar invested. The Red Cross and Red Crescent is also supporting eco-san projects. In China, this has yielded a 30 per cent reduction in diarrhoeal disease in the past few years.

Figure 5.14 Water and sanitation projects and beneficiaries
(2005–2014 data)



Source: Health Department

6. STRATEGIC AIM 3



SOCIAL INCLUSION AND A CULTURE OF NON-VIOLENCE AND PEACE

What *Strategy 2020* says...

The most prevalent vulnerabilities arise from the grievances that are born from deprivation and unfairness, marginalisation that is rooted in inequality, alienation and injustice, or despair that comes from loneliness, ignorance and poverty. All too often, these are expressed through violence against oneself and others, and may be magnified into wider conflict within and between communities and nations.

Our long-term work seeks the following impact:

- Greater public support for the Fundamental Principles and reduced stigma and discrimination
 - Lower levels of violence and more peaceful reconciliation of social differences
 - Fuller integration of disadvantaged people into their communities

Violence touches everyone, affecting all countries and continents. It comes in many forms – self-directed, inter-personal, community, and collective – with devastating human, social, and economic consequences (Figure 6.1).

Figure 6.1 The global impact of violence
(2000–2011 data)

Health consequences



Deaths

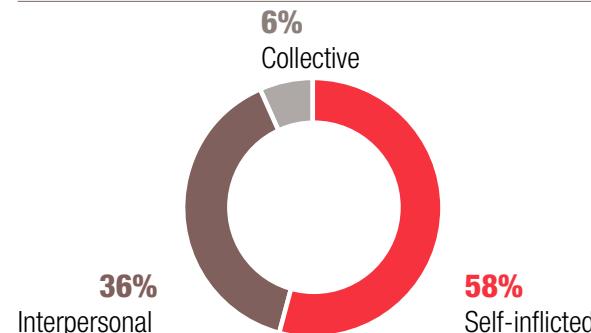
1.3 million per year (4,200 per day)



Hospitalisations 16 million per year



Injuries (Unknown)



Economic impact

The costs of intimate partner and sexual violence for countries are very high. They include the provision of health, social, and legal services, and the value of lost earnings.

The impact of violence can affect up to 4% of a country's gross domestic product.

Source: WHO methods and data sources for global causes of death 2000–2011

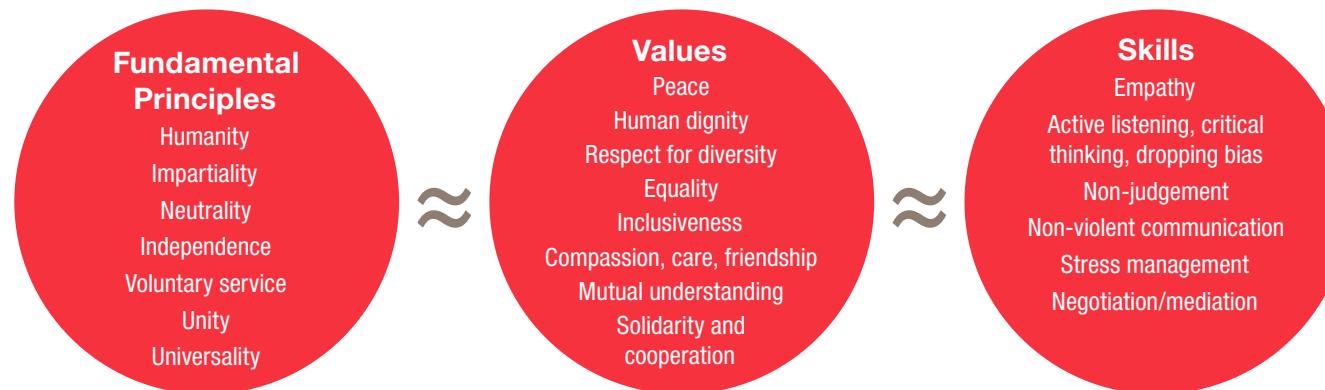
While violence is a pervasive and complex phenomenon that is often hidden or secret, and can occur anywhere and at any time, it is not inevitable. Often, it can be predicted, prevented, and mitigated. From the Red Cross and Red Crescent perspective, four broad considerations are especially relevant:

- Interpersonal violence such as abuse, exploitation, and trafficking are a clear risk in all circumstances
- Framing violence as a public health issue can be a useful way to reduce it
- Evidence-based interventions are necessary to show measurable improvements in safety
- Mainstreaming interventions to address violence as part of other programmes and services is vital to prevent and mitigate on a sufficient scale.

The centrepiece of the IFRC's policy is to foster an enabling environment to resolve the differences and disagreements that are part of normal social interactions. We do this through promoting non-violent communication, mediation, and other key interpersonal skills such as active listening, empathy, and dropping bias among the communities we work in, countering discrimination and intolerance whenever we find them, and actively engaging marginalised groups into our services and programmes.

Values and skills-based education is the essential tool for our work on building a culture of non-violence and peace. This derives directly from our Fundamental Principles ([Figure 6.2](#)).

Figure 6.2 From Fundamental Principles to a culture of peace



Source: Principles and Values Department

National Societies are rapidly scaling up, with half of them engaged in work on violence prevention that has reached some 2.5 million people by 2015.

All regions show significant increases. The Middle East and North Africa expanded its coverage ten-fold, while coverage in Africa increased five-fold ([Figure 6.3](#)).

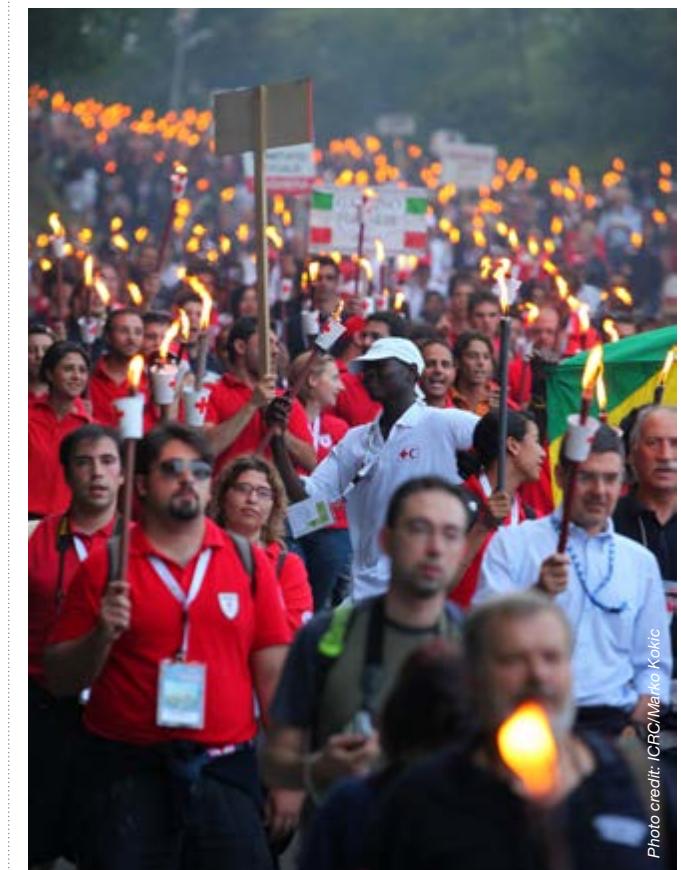
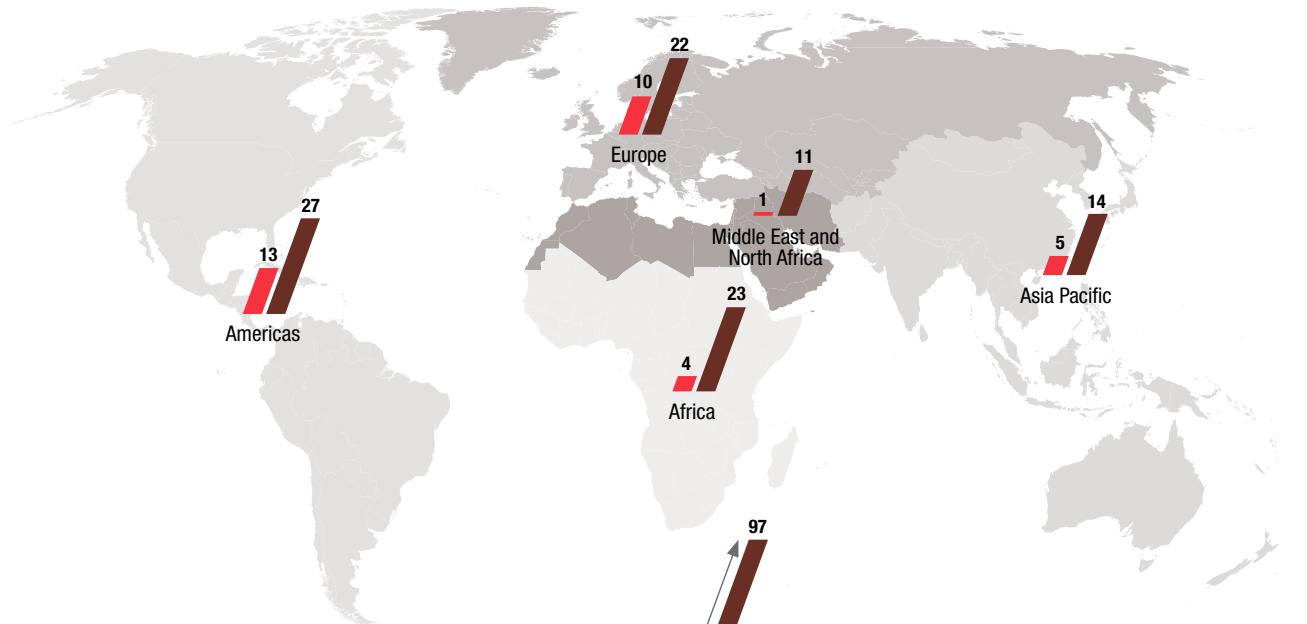


Photo credit: IFRC/Marco Kokic

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Figure 6.3 Reaching out further to tackle violence
(Number of National Societies reporting on community-based projects²³)

/ 2011
/ 2015



In January 2011,
18% of all National
Societies reported they
addressed violence.



1/5

In January 2015,
51% of all National Societies were
addressing violence.



1/2

+ 79%

Source: Principles and Values Department

²³ 2011 data from 44 National Societies, 2015 data from 119 National Societies.
The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Practical interventions by National Societies show the emergence of some common themes (Figure 6.4).

- Child protection projects are usually implemented through schools, with those involving youth often led by them. Topics covered include bullying, physical, psychological and sexual abuse, trafficking, and youth conflict.
- Gender-based violence activities focus on preventing domestic violence, physical and sexual violence against women and girls, female genital mutilation, violence against men who have sex with men, and increasingly, violence in disasters and conflicts.

BOX 6.1 “I USED TO BEAT MY CHILDREN”

The most common type of violence addressed by the Red Cross and Red Crescent relates to child protection. Seventy-eight National Societies work on safety for girls and boys caught up in protracted crises and emergencies as well as in development settings.

The Secretary General of the **Indian Red Cross Society**, S.P. Agarwal, describes the problem:

“Often neglected or kept secret, violence against children takes many forms. But the impact is the same: girls and boys are hurt physically and emotionally and the consequences felt for years, or even a lifetime. This is made worse by persistent discrimination against our girls. Too often they eat last, play less, and work more. Girls are told their dreams do not matter or they

- Violence against migrants is a growing area of preventative work including supporting refugees and internally displaced during and after crises, providing services for migrants and refugees arriving in a new country to help integrate them into host communities, and addressing human trafficking.
- Community violence is an emerging area for Red Cross and Red Crescent intervention. This is a recognised consideration in disaster response where pre-existing or new tensions can impede relief operations. Elsewhere, some National Societies are tackling violence in public spaces by trying to halt or heal divides between conflicting groups. Examples

include work to reduce inter-ethnic conflicts, mob violence, for example, during elections and sporting events, and urban and gang violence.

- Self-directed violence is reaching epidemic proportions. Fifty-eight per cent of all violent deaths globally are due to suicide. More needs to be done to overcome the obstacles posed by cultural and religious stigma and taboos, following the example of some National Societies who do so. Others are also addressing self-harm directly through efforts to reduce alcohol and substance misuse, and indirectly through psychosocial and mental health care services.

do not benefit from their right to a full education just because they are born as girls.”

In response, the Tamil Nadu State branch of the Indian Red Cross Society partners with the Ministry of Education to include child protection within school-based disaster risk reduction and health programmes. Youth conduct peer education and lead the development of child protection committees that involve teachers, parents, police, and health providers. An evaluation found the project successful in improving the perception of safety. A parent reveals: “I have changed my behaviour to being more non-violent towards children.” Ajakshaya, a young woman, recounts, “We participated in the child protection programme to become leaders. And we will become leaders by helping others. Violence is harmful for society because it hurts others. That is why it is important to practice non-violence.”

Physical, sexual and psychological violence against children, especially girls, was also a concern in the recovery from devastating floods in Pakistan’s Swat Valley. A male volunteer, from the hard to access conflict-affected region, describes the response of the **Pakistan Red Crescent Society**: “We mobilised our brothers and sisters, using the IFRC Community Based Health and First Aid module, to work with women’s groups, health and disaster committees, and schools to find solutions to keep our children safe.” As a result, local protection systems were strengthened. Gohar Khan, a district child protection officer of the Swat local government, says that the project “has helped to build the capacity of teachers to create safe schools for today and for future disasters”. This is echoed by a community elder who states, “Violence against children used to be normal in homes and schools. Even I used to beat my children. But now we have more solutions and treat our children with more care.”

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Figure 6.4 Doing better in reducing violence
(2011–2015 data from 119 National Societies)



78 National Societies work towards better child protection



52 National Societies act against gender-based violence



28 National Societies tackle violence against migrants



21 National Societies address self-directed harm

Source: Principles and Values Department

BOX 6.2 “THEY WANTED TO KILL”

In 2012, Kenya’s Tana Delta region experienced extreme violence between farming and pastoralist communities over the sharing of limited land and water. One hundred and sixty people were killed and 112,000 people were displaced. Kony, a primary school student, recalls, “We were in school when we heard the first blast. One of my classmates said that it was a gunshot. It was very scary, and we began to run to the village which is a few metres from the school.”

In response, the **Kenya Red Cross Society** developed a risk reduction project to defuse the risk of future violence. This included local peace committees, female-led joint income generation projects, dialogue with religious leaders, and school-based activities. Crucially, it also involved the Red Cross acting as a neutral, independent, and impartial facilitator.

A local leader describes the role of the Red Cross in brokering a peace agreement, which has helped to significantly reduce the violence. The Kenya Red Cross Society Secretary General, Abbas Gullet, conducted a peace meeting with local leaders. The meeting did not start well because leaders from one community were agitated and wanted to kill some of the leaders from the other community, but Abbas Gullet intervened and the situation was calmed. The Red Cross then spoke with leaders from each community separately, allowing them a safe space to vent their grievances. Finally, a peace committee was formed that also worked with the government. A peace agreement was signed that led to reconciliation and an end to hostilities.

6.1 Agents of behavioural change

A sizeable number of projects on violence are led by youth with at least 52 National Societies (28 per cent) reporting that they do so. *Youth as Agents of Behavioural Change* (YABC) is the IFRC secretariat's flagship initiative on the promotion of a culture of non-violence and peace. Created in 2008, it seeks to empower individuals as ethical leaders in their communities. Currently, there are more than 1,450 trained peer educators from 125 National Red Cross and Red Crescent Societies.

YABC is about changing minds by touching hearts. It relies on peer education and a participant-centred, experiential approach – meaning that feelings, experiences, or the physical body, rather than intellectual analysis, are the entry points for developing self-awareness and skills in understanding societal issues such as discrimination, exclusion, and violence.

YABC uses games, role-plays, simulation and visualisation exercises, storytelling, and artistic platforms to move learners out of their comfort zone while creating a safe and respectful environment where they are not told what to think or do, but where solutions are explored together. Learning comes from within and from trusted peer exchange so that individuals develop their own commitments through critical reflections.

Context is important. When integrated into other Red Cross and Red Crescent work such as first aid, disaster and emergency management, migration, shelter, road safety, and psychosocial support, YABC strengthens not only what we do, but also how we do it.

BOX 6.3 I CHANGED A LOT IN A VERY SHORT PERIOD OF TIME

"This experience has been a turning point for me. Without this training, it would have taken me a lifetime to understand these issues and change myself," said a YABC peer educator.

The self-transformation in trainers and peer educators that YABC triggers results not only in changes in motivation, identity, vocabulary, and attitudes, but also in positive behaviours. This can have a domino effect that frequently improves their family, peer, and professional relationships.

A five-year impact study concluded: "The YABC initiative leverages the Red Cross and Red Crescent Fundamental Principles and humanitarian values to deliver sustained transformations of attitude and behaviour, cross-culturally and on a global scale, in an extremely short period and sustained over a long time. This makes it an outstanding model of best practice in peer education internationally and a worthy benchmark for behaviour change interventions inside and outside the International Red Cross and Red Crescent Movement."

The **Burundi Red Cross** has been tackling community violence related to the country's elections. A local leader emphasises, "We should learn lessons of the past. You can see where violence starts, but you never know where or when it will end."

So, the community work of the Burundi Red Cross focused on the message "Don't let violence destroy us again. We need peace to be prosperous. We control our future". The pro-

gramme engages with community leaders, teachers, youth, disaster responders and media.

In schools, the YABC methodology is used to help young people reflect on their own values, foster empathy, and develop leadership in helping to create peace. A village leader emphasises, "We are all human, all Burundians, we all want the best for our children."

"In the conflicts between political parties, it was important to distinguish very clearly that we have the duty to provide first aid without discrimination. The volunteers needed to remain true to the Red Cross and Red Crescent and refrain from getting involved in the unrest. We made YABC exercises to address this, for example, those on the Fundamental Principles. This had a positive impact, by helping us not to participate in conflicts and act only according to the humanitarian imperative." (YABC peer educator)

"...I have seen big changes in very conservative traditions thanks to these YABC courses. Many of the males were previously socialised into very sexist attitudes towards women. I have seen significant changes in males who have done the course. As for the females, they feel more empowered, and safer to speak out." (IFRC Delegate, South Asia)

"YABC enables communities to talk together about their real social issues and the difficult times they went through. It is a neutral process for reconciliation." (Former Senior Coordinator, Post-Conflict Recovery Programme, IFRC)

6.2 Adding life to years: older people as resources

The world is ageing as people live longer. As per current trends, the number of people aged over 60 will more than treble to 2 billion by 2050, with 80 per cent of them living in low and middle-income countries. This is already having profound social and economic consequences.

The Red Cross and Red Crescent seeks to build a positive image of ageing that recognises older people as an important resource for society thanks to their acquired knowledge and skills that are of huge benefit to younger generations. This means advocating for a socially inclusive enabling environment in favour of older people, and strengthening their capacities to be autonomous.

Activities include schemes to help older people keep as fit and healthy as possible, and to prevent and tackle abuse. Advocating for transport, housing, and care services that are better tailored to their needs is matched by practical support from volunteers to help access them. A particular challenge exists in emergency situations where they have special needs that are often neglected.

The Red Cross and Red Crescent engagement with older people takes place in many diverse circumstances. To get a fuller picture, the Federation-wide Databank and Reporting System will introduce an age marker in future data collection as part of the strengthening of age and gender disaggregated reporting.

BOX 6.4 WE ARE GETTING OLDER AND OLDER. WHAT IS TO HAPPEN TO US?

The **Austrian Red Cross** engages with older people from all walks of life – as both beneficiaries and volunteers. With a focus on frail and vulnerable older people, it provides home help and nursing, meals-on-wheels, and tele-alarm. To keep them independent as long as possible, it also offers group and individual exercises. As an older volunteer put it, “Learning to keep fit helps us not be isolated or cut off from the community.”

The **Azerbaijan Red Crescent Society** helped Tofic Bahramov to trace his family members that had gone missing after the labour migrations of a previous generation. Now aged 70, he is busy helping his National Society to trace others. Meanwhile, his 65-year-old compatriot Taisiya Gordeyeva provides hot meals to the homeless and is a passionate advocate on their behalf.

“When I involve older people, the first answer is no,” says Eva Zsigmond, a volunteer with the **Romanian Red Cross** Club of Generations. “I am too old for that”, they say. So, I put them in a row and sum their ages. I say: ‘you see, here you have 562 years of experience. That’s more than enough’.”

Elders suffer from abuse all over the world, but it is underreported. Svetlana Atanaskovic, a volunteer of the **Red Cross of Serbia**, runs a telephone hotline for older

people to help them with issues such as health care, welfare, poverty, and abuse. When a 70-year-old retired teacher was dispossessed of all her possessions and deprived of her apartment by greedy relatives, Svetlana helped her to claim her legal rights, a health insurance identity card, and even got her relatives to pay for her care.

The **Georgia Red Cross Society** is a strong promoter of intergenerational solidarity. Sixty-three year old volunteer Nana Merchule leads a 14-strong team of all ages that have already helped 100 older people access funding for their medication, and sheltered housing. She says, “I am happy, because at my age, after so many harsh experiences in my past, the Red Cross gave me an opportunity to be in charge.”

Everyone, at some point in their lives, could do with support from others. The civic mentors team – normally retired people – of the **Hungarian Red Cross** helps youngsters with homework and provides moral and emotional support to boost their self-confidence and self-esteem. Participating students get higher grades, spend more time in school, and improve relationships with family and friends. Says Agnes Nagy, director of the Jasz-Nagykun-Szolnok branch, “The mentors were happy when their charges achieved more success in their academic and personal lives. Not only did they teach the children new skills but they learned more about themselves, too.”

6.3 Migration

Migration has occurred throughout history and migrants make up three per cent of the global population. This means that approximately every 1 in 35 people in the world is a migrant. Migrants are people who leave or flee their home to go to a new place – usually abroad – to seek better and safer surroundings. Migration can be voluntary or forced, but generally a combination of choices and constraints are involved.

Many migrants succeed in establishing themselves in their new communities, but others face difficulties and it is these people who are of primary concern to us. With their traditional support systems removed, migrants are often unable to access basic health and welfare services. They may lose links with their families and communities, and be subject to people smuggling and trafficking, or be exploited in informal labour arrangements.

As part of the migration process, they may be detained and deprived of their freedom. There are other challenges such as cultural and language barriers, discrimination and exclusion, or even violence to be overcome. Women, children, and unaccompanied minors among migrant populations are particularly at risk.

The Red Cross and Red Crescent is neither for nor against migration, but is committed to addressing the needs of vulnerable migrants regardless of their legal or administrative status. This means defending the principle of humanitarian access, ‘humanising’ migrants rather than excluding or stigmatising them, and helping them to find durable solutions for themselves in cooperation with originating and receiving

communities. Migrants make many positive social, economic, cultural, and demographic contributions to their host countries. They also contribute substantially to their countries of origin, for example, through remittances that, in aggregate, far exceed the value of global development aid.

Where migratory pressures are due to social or economic distress linked to environmental degradation, disasters and conflicts, the Red Cross and Red Crescent seeks to build resilience to alleviate pressures that induce people to migrate against their will and desire.

BOX 6.5 “HUMANISING” MIGRANTS: A MATTER OF PRINCIPLE

General principles for Red Cross and Red Crescent action:

1. Focus on the needs and vulnerabilities of migrants
2. Include migrants in humanitarian programming
3. Support the aspirations of migrants
4. Recognise the rights of migrants
5. Link assistance, protection, and humanitarian advocacy for migrants
6. Build partnerships for migrants
7. Work along the migratory trails
8. Assist migrants in return
9. Respond to the displacement of populations
10. Alleviate migratory pressures on communities of origin.

We also urge governments throughout the world to respect migrants’ rights. One hundred and sixty-four governments out of 194 adopted a resolution on migration ensuring access, dignity, respect for diversity, and social inclusion, at the 31st International Conference of the Red Cross and Red Crescent in 2011.

Red Cross and Red Crescent work with migrants involves humanitarian help and also more individual social assistance, legal protection, and personal support. National Societies are active on migration issues across all regions.



Photo credit: Spanish Red Cross/Manuel Lárraga

BOX 6.6 WORKING WITH MIGRANTS: AN EXTENSIVE RED CROSS AND RED CRESCENT TRADITION

The Central Asian Red Crescent Labour Migration Network includes the **National Societies in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan**. It focuses on labour migrants through information and education, advocating for their basic rights and preventing discrimination, xenophobia, and social exclusion.

The Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants (PERCO) brings together 26 National Societies to influence European migration policies and practices.

By mid-2015, more than 5,000 people had died while attempting to reach Europe via the Mediterranean, while just over 36,000 had reached Italy, Greece, and Malta by sea. The **Italian Red Cross** is at the frontline of the humanitarian response, providing psychosocial support, and socio-legal and relief teams, as well as working with the Italian authorities to restore family links. The Italian Red Cross is the primary provider in Sicily and Lampedusa during landings in the migrant centres and during transfers to government-run reception centres. It is also engaged in rescue operations of vessels carrying migrants from Libya, Egypt, or Tunisia.

The **Bulgarian Red Cross** provides social assistance and helps to contact the Embassies of migrants to obtain valid travel documents, and traces their families. The **Swiss Red Cross** provides health counselling and medical care. The **Spanish Red Cross** helps migrants with legal issues. The **German Red Cross** advocates for better national laws that protect migrant rights and dignity. Aimed at improving the quality and efficiency of asylum procedures and decisions, the **Austrian Red Cross** provides independently researched information about the asylum seekers' countries of origin.

The **British Red Cross** runs welcome centres for destitute migrants and its "Positive Images" project promotes positive attitudes towards vulnerable migrants. Its toolkit, adaptable to different local contexts, has been taken up by other European National Societies. The **Croatian Red Cross** addresses the link between human trafficking and irregular migration by preventing exploitation through building up the skills and capacities of migrants.

The **Swedish Red Cross** Network on Return project provides asylum seekers from **Iraq, Serbia, and Kosovo** with information, advice, and reintegration assistance in order to enable their safe and dignified return back home.

North African **Red Crescent Societies** – including from **Morocco, Tunisia, Libya, and Egypt** – work to improve the living conditions of migrants through social services, and by advocating for the protection of migrants in transit facing repression, exploitation, and trafficking.

The Ubuntu Initiative in southern Africa represents the core values of African culture, such as respect for human life and dignity, and aims to address the humanitarian needs of vulnerable migrants. It promotes respect for diversity and social inclusion between host communities and migrants through programmes in health, first aid, disaster management, and organisational capacity development. It is coordinated by **National Societies in Lesotho, Mozambique, South Africa, Swaziland, and Zimbabwe** with support from the IFRC secretariat and ICRC.

Many National Societies in West Africa cope with internal and international movement due to environmental disasters and internal conflict or instability. For example, the **Red Cross**

Societies of Burkina Faso, Ghana, Guinea, and Mali have assisted Ivoirians fleeing into Liberia.

The **Australian Red Cross** provides humanitarian services for refugees, victims of human trafficking, asylum seekers, immigration detainees and other people who are vulnerable as a result of migration. The services include restoring family links, providing legal advice, and supporting basic health and accommodation needs.

In Central America and Mexico, National Societies ensure that sick, injured, or disabled migrants have access to health and social care, and maintain or restore contact with their families. They also operate a humanitarian chain, an ambulance service run by **Mexico, Guatemala, Honduras, and El Salvador Red Cross Societies**, for transporting home sick or injured migrants, who are stranded at border regions.

The **Belize Red Cross Society** protects vulnerable migrants in detention. Along with the Office of the United Nations High Commissioner for Refugees, the National Society supports protection rights for Cuban families held by Belize police forces, by visiting the detention centre and ensuring that migrants are given adequate medical attention, food, water, and are able to contact their families.

The **Colombian Red Cross** provides humanitarian and re-integration assistance to refugees and displaced persons. The **Venezuelan Red Cross** has longstanding services for migrants, mostly Colombian and indigenous groups. Focus is on training of volunteers, civil authorities, military, and host communities through seminars and workshops on the care of vulnerable migrants and provision of orientation, assistance, and legal support.

7. ENABLING

ACTION 1

STRONG NATIONAL RED CROSS AND RED CRESCENT SOCIETIES

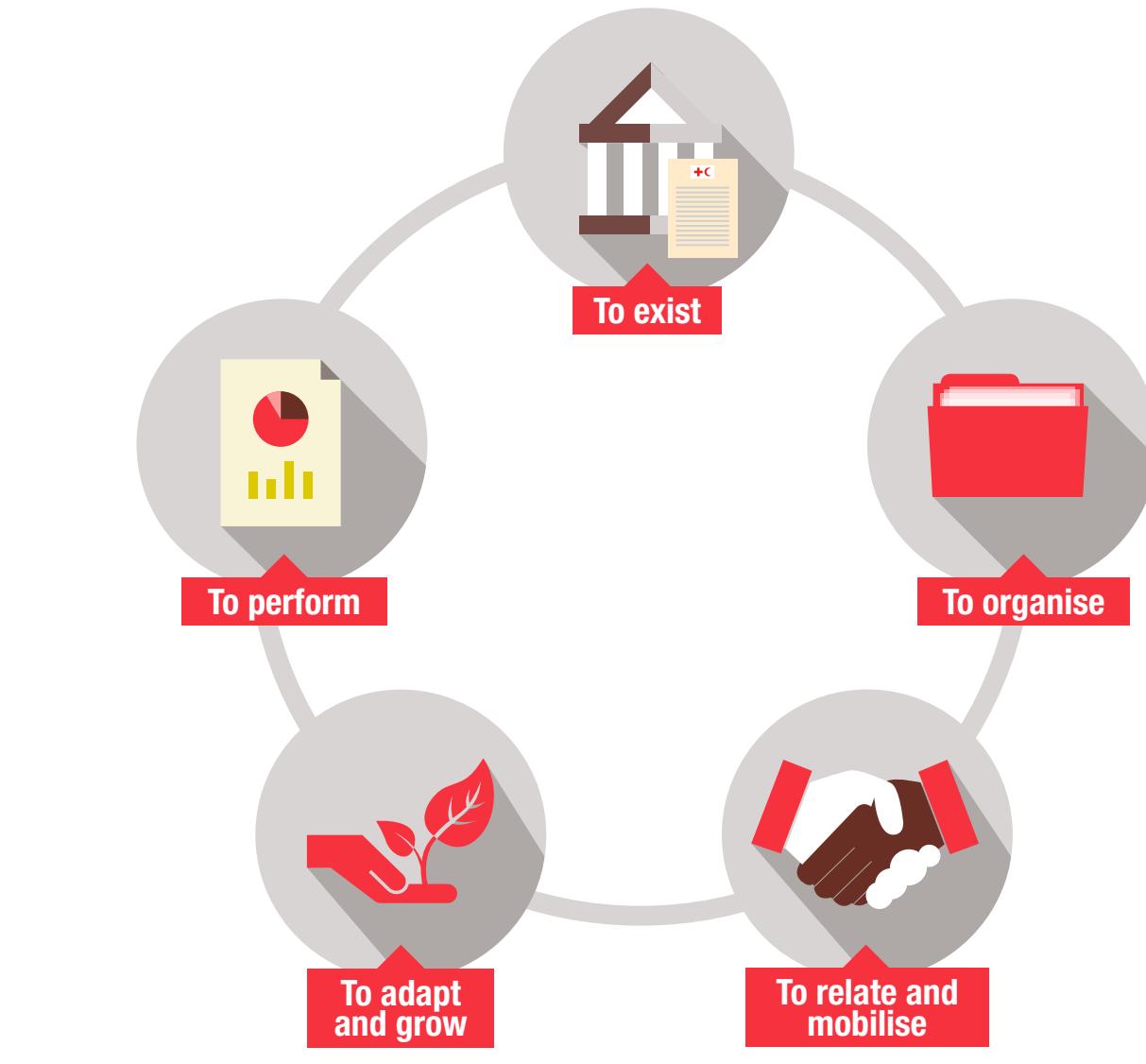
What Strategy 2020 says...

Our work is carried out by a respected network of volunteers and members organised through their National Red Cross or Red Crescent Societies that have special status by national laws to function as auxiliary partners enjoying a specific and distinctive partnership in the humanitarian service of their own public authorities. Strong National Societies are the foundation for all that we do.

We seek the following impact:

- Expanded sustainable national and local capacities of National Societies
- A stronger culture of voluntary service, and greater youth leadership and participation
- Scaled-up and sustained National Society services for the most vulnerable people.

Figure 7.1 National Society core capacities



Source: Organisational Development Department

52 > ENABLING ACTION 1 STRONG NATIONAL RED CROSS AND RED CRESCENT SOCIETIES

The combined service delivery ability of National Societies is the main strength of the IFRC and, indeed, the whole Movement.

National Societies are born from and rooted within their own contexts. A strong National Society is one that is able to deliver countrywide, through a network of volunteer-based units, a relevant service to vulnerable people sustained for as long as needed.

Many decades of tried and tested experience indicates that the strength of a National Society comes from within its own organisational dynamic that includes a set of interconnected core capacities (Figure 7.1). We assess our capacities through our own Organisational Capacity Assessment and Certification (OCAC) method. This starts with a systematised self-assessment of 85 attributes, each of which are rated on a cumulative five-step score with a midpoint minimum standard to be reached by all (Figure 7.2).

Figure 7.2 Assessing capacity attributes (example)

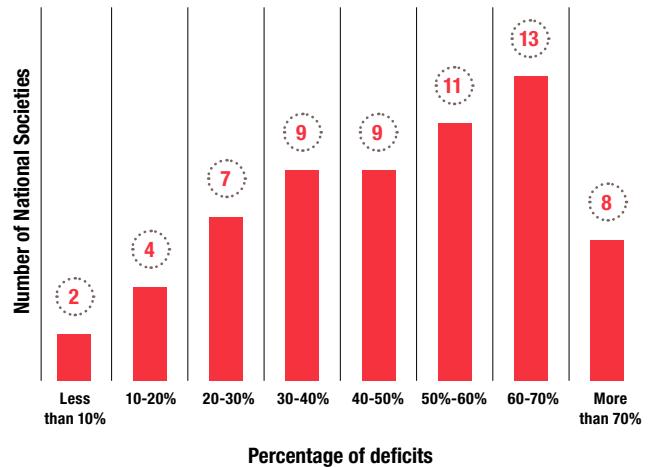
Attribute	Five-step score				
	A	B	C	D	E
Investing in skills					
Succession management	Step B not met	The National Society keeps track of the skills and profiles it needs for the implementation of its activities.	The recruitment of volunteers differentiates between general recruitment and the recruitment of specific groups and profiles.	The National Society has identified the skills of volunteer and staff necessary to help it 'to do more, do better and reach further'. The National Society consciously develops those skills.	The National Society has sufficient skills and resources to engage in new, or expand existing activities in response to the needs of the community.
		The National Society keeps track of talent in its volunteers and staff base. Transition from Red Cross and Red Crescent Youth to volunteer is promoted and monitored by the leadership.	The National Society invests in training of identified talents and facilitates their exposure to internal and external learning opportunities.	The National Society provides general management/governance training to potential candidates for key positions in the future.	The National Society has a succession plan for its key management.

↑
Midpoint minimum standard for all National Societies →

Source: Organisational Development Department

National Societies are their own best critics. Only 13 of the 63 National Societies that went through OCAC said that they had less than 30 per cent of deficits of what are considered to be minimum standards, while a third of National Societies assessed themselves as having more than 60 per cent of deficits on those minimum standards (Figure 7.3).

Figure 7.3 National Society self-assessments
(2011–2014 data from 63 National Societies)



This is to be welcomed as getting an honest, in-depth understanding of its own strengths and weaknesses is a pre-requisite for a National Society that aspires to improve itself to do more and better. The most common areas of improvement sought by National Societies relate to security and risk management, financial resource mobilisation, and human resources including volunteer management. National Societies do better on, but are still struggling with, financial management, governance, external communications, and maintaining their autonomy (Figure 7.4).

Figure 7.4 National Societies meeting minimum standards
(2011–2014 data from 63 National Societies)

Group of attributes	Number of attributes	Percentage of attributes met on average
Autonomy	3	88%
Financial management	11	66%
Governance capacity	5	64%
External communication	4	59%
Logistics	2	59%
Project cycle management	6	55%
Red Cross and Red Crescent identity	5	53%
Volunteering culture and management	4	41%
Human resources	5	39%
Financial resources mobilisation	9	33%
Security and safety	3	19%
Risk management	3	16%

Source: Organisational Development Department

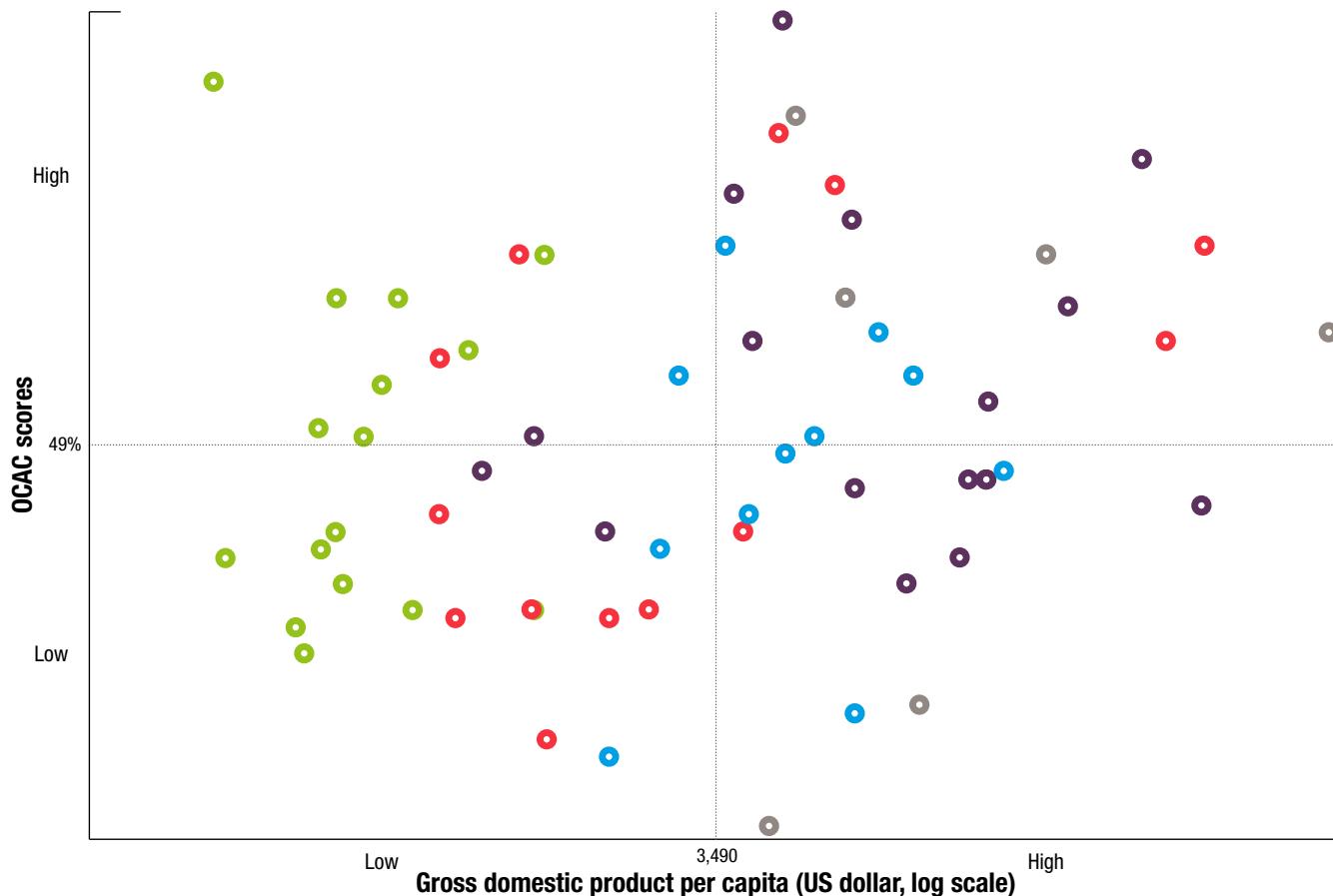


Photo credit: IFRC/Philippine Red Cross/Noel Celis

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Figure 7.5 Strength versus wealth
(2011–2014 data from 63 National Societies)

- Africa
- Americas
- Asia Pacific
- Europe
- Middle East and North Africa



Source: Organisational Development Department

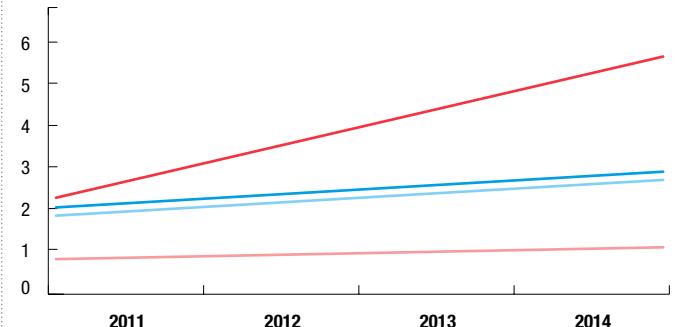
Of interest to note is that National Society strength is not necessarily dependent on the wealth of its country, i.e. rich and poor can both become strong (Figure 7.5).

Ongoing analysis suggests that the critical factors for success include appropriate leadership that is just right for its own context, and good long-term partnerships, which are strategically tailored to the National Society's own organisational development needs.

The partnership of the United Kingdom's Department for International Development with 43 National Societies over 2011–2014 illustrates the importance of a long-term relationship that resulted in the steady increase of their service delivery capabilities (Figure 7.6).

Figure 7.6 Developing strength through partnerships
(2011–2014 data from 43 National Societies, linear trendline)

- People reached (10 millions)
- Income (CHF 100 millions)
- Expenditure (CHF 100 millions)
- Volunteers (millions)



Source: Planning and Evaluation Department

BOX 7.1 LONG LIVE SYSTEM LEADERSHIP

In 2004, Movement partners of the **Vietnam Red Cross Society** insisted that they should separate governance from management, in line with Western schools of thought dating back to the 1970s. The National Society's Assembly ended up doing so. But this did not make sense in their context and culture, and the change was introduced only at the central office following external pressure. This created a muddle, and unsurprisingly, the National Society eventually returned to the previous model that had worked well for them.

Western organisational theories are often influenced by top-down command and control paradigms, and tend to focus on the leader as a person – or leadership as exercised by formal decision making bodies – at the top of an organisation.

In today's multi-dimensional world, the omnipotent senior leadership that has it all figured out is a myth, if it ever existed at all. Modern National Society development has to be understood within a specific context and it must grasp the complexity of the National Red Cross and Red Crescent Societies as member-driven or volunteer-based multi-tier organisations that evolve organically, with unique dynamics and accountabilities.

The mothers' clubs of the **Ghana Red Cross Society** were a 1970s grassroots initiative to fight guinea worm infection. The model was based on local traditions and leadership, and

easily spread across the country and even to the neighbouring **Togolese Red Cross**. These mothers' clubs still exist 40 years later because the leadership is decentralised and distributed among the people, although the central office has been through very difficult times due to recurring challenges and crises.

Over the past ten years, the **Italian Red Cross** has been going through significant organisational change. A recent study indicates that while formal leadership positions matter as they carry a sense of legitimacy, it is the collective dynamic that takes the organisation on a given path. The vision for organisational change started among the volunteers. The top leader alone would not have managed to initiate the reform and guide the organisation through this process if followers were not already agitating for change. But this required a convergence of values and beliefs between volunteers and the formal leaders, and willingness by the latter to focus on human relations and not only on professional aspects.

In 2003, the **Burundi Red Cross** had hit rock bottom. The end of relief operations, plus ongoing tension between external partners and the National Society led to partners phasing out their support. The result was the loss of most staff positions and the collapse of almost all project activities. This triggered a shift in thinking within the senior leadership of the National

Society, and led to the organisation of the first democratic general assembly in 2005 and the appointment of a new secretary general. His vision was for each community to have trained first aiders organised in member-led units. In order to do so at scale in the whole country, he invested heavily in decentralised leadership with a system of grassroots ownership, a multi-tiered upward democratic representation, and a supportive downward coordination role. Today, services are provided to the most vulnerable people in 98 per cent of the country's villages by community-based units mobilising around 450,000 active members.

Distributed leadership enables organisational relevance and adaptability. People ensure the anchorage of the National Society in communities they are a part of, through mobilising their own networks. The organisation naturally adapts to the changes in its environment that centrally-based senior leaders may not be able to manage on their own.

Thus, for modern National Societies, systems of distributed leadership, with checks and balances through formal or informal processes, ensure that various stakeholders fulfil their organisational aspirations and don't focus on their own interests. But we should accept that the way that happens could take different forms, depending on the local culture, type of organisation, and the specific activities that are being conducted.

BOX 7.2 “IMAGINE HOW MUCH BETTER WE COULD BE”

The **Ethiopian Red Cross Society** has served vulnerable populations for more than 80 years. But like many National Societies reliant largely on external emergency funding, and operating almost continually in crisis mode, it has not addressed lingering systemic problems that have held the organisation back, according to Secretary General Frehiwot Worku. Its challenges have included employee turnover, inadequate visibility for its operations, and financing and reporting problems. Worku realised that these challenges went beyond day-to-day operational issues, and that the National Society needed to examine its overall strategic direction and positioning.

That is when the Ethiopian Red Cross Society decided to go through the IFRC secretariat's OCAC process, which required all its members, volunteers, and staff to come together to reach a common understanding on their strengths and weaknesses. “That created the common ground to start a process of change,” she says. “We do a lot of things but not in a sustainable manner. Partners come with funds or project ideas, and we take them on. They come with a capacity building package, but most is used to buy things and not really build any systemic capacity.”

“So now we’re trying to focus more on our strategic aim and changes in our own Plan of Action. I believe funding will still come if we have a clear direction, focus, and commitment.”

The **Lebanese Red Cross** has also known little calm. It handles most of the country’s emergency medical transport needs and now helps tens of thousands of refugees from Syria and elsewhere. But its internal practices have stagnated, says Nabih Jabr, assistant director at Lebanese Red Cross. Jabr refers to the past two decades as “our crossing-of-the-desert period,” in which the National Society has been tested and largely succeeded. But it has not yet arrived at a place where it can settle and build to reach its full potential.

“The key thing about OCAC is that it helped us focus on our organisational capacities, such as human resources, financial management, and safety and security,” says Jabr. “Imagine how much better we could be. For example, we have very good volunteers, but we cannot hire the best possible managers and staff because we have never invested in human resource management.”

There are also issues with how the National Society manages its volunteers. “For example, being a volunteer emergency medical service worker is very demanding. When people get married or progress their careers, they no longer have this kind of time. But they have become Red Cross through and through. After so many years, they have Red Cross values and the Red Cross spirit. We can now offer the volunteers other opportunities in order to retain them and utilise their experience.”

National Societies have different reasons for going through OCAC. “It was a good way to compare ourselves with others, to assess whether we are doing well, or not so well, and to know exactly which areas we can improve on,” says Essam Abdulgalil of the **Qatar Red Crescent Society**. “To get all of the perceptions to be aligned, that was an achievement for us.”

“The whole goal was to strengthen the society,” says Filipe Nainoca, Director General of the **Fiji Red Cross Society**. “Rather than running in the dark, the OCAC process gave us a clear focus of what we needed to do. The thing that surprised me was the difference in outlook of various people within the same organisation. One message was that our people felt left out. So we put in place strategies to strengthen the branches, establish communication lines, and look at volunteer development.”

“It has made a difference. For the first time last year we were able to run a programme on dengue in which the emphasis

was on teaching teams at the branches to do the outreach,” Nainoca says. “Four staff members trained 200 volunteers from 14 branches who then reached 86,000 people.”

“The OCAC findings confirmed our gaps and the conversations helped us to prioritize what we had to do in a structured and constructive way,” says Nia Burtikashvili, deputy secretary general of the **Georgia Red Cross Society**. “OCAC helped set the stage for our much-needed crisis management strategy.”

Even the relatively rich National Societies in affluent countries find weaknesses in areas where they are assumed to be quite strong. “We realized that we don’t really have a complete picture of how many volunteers we have, where they are or if we are supporting them sufficiently,” says Patrick Vinberg of the **Swedish Red Cross**. “That is eye-opening as volunteering development is something that we’ve been supporting other National Society partners with, for more than ten years. And then, when we analysed through OCAC, we scored quite low ourselves. This makes you reflect: are we demanding more from our partners than we are actually fulfilling ourselves? So we definitely have things to work on here, and we have a lot to learn from our partners.”

“We also learned more about our organisation. How do you wield our 980 branches, an independent Red Cross Youth organisation, and the headquarters into one national organisation in line with the fundamental Red Cross principle of unity?” asks Vinberg. But the OCAC process didn’t only highlight the downsides of the National Society’s structure. “The way we are also has benefits. We are really local and membership-driven, rather than a top-driven management organisation without volunteers. If you look at the broad picture, our model also has a lot of benefits.”

7.1 Bridging the digital divide

Through the Digital Divide Initiative, the IFRC secretariat has been tracking the information and communications technology capabilities of up to 155 National Societies that responded to surveys conducted in 2011 and 2013. Results from these surveys prioritised support to 28 National Societies, often with very basic support, such as stabilising and simplifying systems, connecting local branches, training technical staff and managers, providing antivirus and office automation software, setting up a support network of service providers, and using the IFRC's global presence and reputation to negotiate more favourable agreements with technology companies. This support has contributed towards improving the average information and communications technology capabilities of these 28 National Societies by nearly a third during the period 2011–2013.



Photo credit: American Red Cross/Winnie Romanil

7.2 Volunteering in a changing world

In the Democratic Republic of Congo, volunteers helped protect more than 2 million people from polio. In Syria, volunteers are currently providing desperately needed assistance to more than 3.5 million people each month. Our volunteers were at the frontline of the Ebola response in West Africa, reaching some 7 million people.

These examples illustrate that the capacity to engage volunteers is at the heart of a National Society's strength, effectiveness, and scale. Its moment of truth comes when a volunteer interacts with a beneficiary.

Volunteering brings considerable non-pecuniary personal and social benefits to the individual, and in turn, their communities. For isolated and marginalised individuals, volunteering is an important means for social inclusion (including for migrant communities). It is also a key means to build the human and social capital of communities, advocating for their needs and rights, and strengthening their resilience to crises. Volunteerism will need to play a central role in attaining the future Sustainable Development Goals by ensuring their localisation and scaling-up. The shift from volunteers merely as service deliverers towards volunteers as development actors, and thus a critical component of civic action and resilience, is the way forward.

With more than two in every thousand of the world's population volunteering for National Red Cross and Red Crescent Societies, our volunteering-based model is not just highly cost-effective but also adds considerable social value estimated at 7 billion US dollars

per annum, or approximately one US dollar for every person on the planet.

However, the numbers of volunteers are not just about size. They paint a picture about our capacity to engage with and connect to the communities in which we operate, and to mobilise people in support of themselves and others. They speak to our identity, approach, and most importantly, our relevance as the Red Cross and Red Crescent.

To keep improving on this, we launched a *Global Review on Volunteering* in 2013 – our largest and most rigorous examination of volunteering in the Movement: 160 National Societies along with hundreds of volunteers took part, starting a much-needed debate.

Disruptive changes are occurring, e.g. economic pressures, hectic urban lives, migration, demographic shifts, technology that enables anyone to make a platform for their own social cause, and other competitive opportunities arising from globalisation. They are causing a major paradigm shift in volunteering.

Today's volunteers prefer to stay for shorter periods, thereby increasing the costs of retention and recruitment. They also want more from their volunteering experience, be it travel, or training and skills development, or social and professional contacts leading to jobs. The desire to help others is still strong but increasingly, they want to make a difference. New volunteers also want greater control over their experience and a platform to develop their own ideas and initiatives, focusing more on meaning, independence and impact. Co-development is the trend rather than slotting in volunteers into pre-designed services.

In addition, volunteers are increasingly working in highly complex and often dangerous environments, resulting in tremendous psychological trauma and personal risk for our people. Several die each year: a record 58 volunteers and staff in 2012–2014.

BOX 7.3 KEEPING OUR VOLUNTEERS SAFE

- Training in first aid, and Red Cross and Red Crescent induction courses are delivered in almost all National Societies worldwide
- The IFRC secretariat's online Stay Safe security training is used by more than 100 National Societies, with the use of simulations and practical courses being an increasing norm
- Incident reporting and investigation are a routine part of operational protocols so as to learn and improve
- 49 National Societies have their own volunteer insurance schemes
- Insurance coverage increased to more than 71,000 volunteers in 78 National Societies in 2014.

The IFRC is learning to adapt to the changes. This means National Societies doing their own local market research (only 5 per cent do so now) and having staff dedicated to volunteering management (currently only a third do so). They must also develop more responsive systems that reduce the average two-to-three month period from recruitment to deployment, and finally, they must innovate to attract and retain more volunteers.

BOX 7.4 A DAY IN THE LIFE OF A VOLUNTEER

It is 6:30 am and Daniel is rising and preparing for his volunteer shift. For the past year he has been helping to end the Ebola outbreak in Sierra Leone, and he is now the leader of a **Sierra Leone Red Cross Society** team that conducts safe and dignified burials of bodies that are suspected of carrying the Ebola virus. It is difficult work and they have faced much opposition from communities who were afraid of them. Their own families asked them to leave home, hotels did not rent rooms to them, and many shops would not serve them. But they have been slowly winning over communities. He is one of 7,000 Red Cross volunteers working across the Ebola affected countries.

On 8 May 2015 we asked our volunteers from around the world to take a photo of what they were doing on that day – World Red Cross and Red Crescent Day. Nearly 3,000 photos and stories were submitted from 110 countries – still only a small slice of the incredible work done by volunteers.

The day starts with the tragic news that another **Syrian Arab Red Crescent** volunteer has been killed while performing her medical volunteering duties. More than 50 volunteers and staff have died there since the conflict began. Later, the **Nepal Red**

Cross Society will take a moment to remember two of their volunteers who died during the recent earthquake while they were taking blood donations. Such dangers are a daily reality for many of our volunteers.

In other parts of the world, volunteers are also beginning their day. The **Solomon Islands Red Cross** volunteers go to a school for children with special needs. The **South Sudan Red Cross** volunteers arrive at a market area where homeless youth congregate to provide health care. The **Hellenic Red Cross** volunteers begin classes for unaccompanied minors seeking asylum. The **Belize Red Cross Society** volunteers dig a well with local villagers. The **Libyan Red Crescent** volunteers deliver medical supplies to hospitals in conflict-affected areas.

The day goes on with stories such as these, each one a testament to individual and collective efforts to make a difference. Close to midnight, a last story trickles in: while his neighbours sleep peacefully, a **Philippine Red Cross** volunteer is diligently monitoring the progress of a typhoon threatening just off the coast, ready to issue an alert to the emergency response teams.

7.3 Strong youth for strong National Societies

The first formal initiative to associate young people with the work of the Red Cross was in 1892, but this was rejected. It was only after the San Francisco earthquake of 1906 that the first official youth contribution via the American Red Cross was registered. Young people have been at the forefront of our worldwide efforts ever since. Their multiple roles include being innovators and early adopters of communication, social media, and other technologies, intercultural ambassadors and advocates, peer-to-peer facilitators, community mobilisers, and agents of behavioural change.

The IFRC Youth Engagement Strategy focuses on the three dimensions of youth – as volunteers, as leaders, and as beneficiaries. An estimated half of our volunteers are young people and nearly all National Societies involve them actively in their programmes. Some 18 per cent of

National Society headquarters staff are aged less than 30 years, this being the IFRC policy definition of “youth” though local social norms and cultural contexts permit reasonable variation.

We strive to enable young beneficiaries to become youth volunteers and encourage them to assume leadership roles in their communities, besides improving their employability in their working lives. Education, empowerment, and the creation of enabling environments are vital to maximise the engagement of young people in our work.

This means specific actions being taken with the provision of context-sensitive guidance and training. Most National Societies have institutionalised the participation of young people in their own governance and management. Many have dedicated youth structures. These include Junior and Youth Red Cross and Red Crescent clubs, school brigades, street mediation, youth-led projects and training, as well as youth volunteers within

disaster preparedness, first aid, and other programmes (Figure 7.7).

Figure 7.7 Youth engagement
(2014 data from 123 National Societies)

- 116 National Societies with youth focal points in their governance
- 89 National Societies with youth representatives on their boards
- 69 National Societies with youth-led governance structures
- 108 National Societies with youth in service delivery
- 76 National Societies training youth as leaders
- 110 National Societies training young beneficiaries
- 92 National Societies training young volunteers

Source: Youth Action and Volunteering Development Department

Youth play a statutory role in the governance of the IFRC through a Youth Commission that reviews the delivery of our youth policies. The Youth Commission's chair is a member of the IFRC Governing Board.

BOX 7.5 YOUTH ARE ON THE MOVE

Not far from the headquarters of the IFRC, 20-year-old Debora is part of the Geneva branch of the **Swiss Red Cross** Green House project. Having gotten a job after receiving valuable work experience, she is now a Red Cross coach helping other young people to get on the employment ladder. Meanwhile, 18-year-old Niman in northern Somalia is selling eggs produced by his own hens. He is one of 5,000 young people who got vocational livelihood training through a **Somali Red Crescent Society** and **German Red Cross** partnership.

Marjorie, who is homeless, has discovered a new side to herself from the “thanks and smiles” she gets in a retirement home where she volunteers in a **French Red Cross** scheme for

unemployed youth. Meanwhile, Jana, a single mother, enrolled on a **Slovak Red Cross** course, certified by the Ministry of Health, aimed at addressing the gap in care for the elderly. She is now working as an auxiliary nurse and is well able to look after her own family while helping others.

The **Red Crescent Society of the Islamic Republic of Iran** is working in prisons to protect the wellbeing and health of young offenders, including building up their self-esteem and confidence. When they leave prison, the rehabilitated young people join the Red Crescent youth organisation in a range of volunteering services.

Young people living with disabilities, who can be stigmatised by the wider community, have become productive members and passionate volunteers of the **Gambia Red Cross Society**.

Violence has been classified as a social pandemic in the Americas. The young volunteers of the **Venezuelan Red Cross** are pioneering a “Friendly Neighbourhoods” initiative to strengthen the social fabric in urban settings and build a culture of non-violence using sport, first aid training, health and sexual education. Volunteers with the **Belize Red Cross Society** have learned street mediation techniques to help cool down community tensions.

8. ENABLING ACTION 2

HUMANITARIAN DIPLOMACY TO PREVENT AND REDUCE VULNERABILITY IN A GLOBALISED WORLD

What Strategy 2020 says...

Our humanitarian diplomacy is concerned with persuading decision-makers and opinion leaders to act, at all times, in the interests of vulnerable people, and with full respect for our Fundamental Principles.

We seek to prevent and reduce vulnerability by using the auxiliary role of National Societies to achieve access. We advocate for national legislation, strategies and services that are relevant and effective for vulnerable people in realising their rights. We promote the image of the Movement through our worldwide network, complemented by strong external partnerships and a diversified and expanded resource base.

We seek the following impact:

- Greater access to help people who are vulnerable, and earlier attention to situations and causes of vulnerability
- Deeper public, governmental, and partner support, and more resources for addressing vulnerabilities
- Stronger recognition of community perspectives in the international humanitarian and development system and cooperation arrangements.

Our humanitarian diplomacy includes advocacy, social mobilisation, negotiation, communication, representation, formal agreements, fundraising, and other measures that enable the Red Cross and Red Crescent to *do more, do better, and reach further* in serving poor and vulnerable communities.

8.1 The auxiliary role

The auxiliary role of our National Societies is recognised in national laws, and provides the authority and access to pursue privileged dialogue with public authorities. The many ways in which several national authorities contribute to the success of their National Red Cross or Red Crescent Society include:

- Providing direct contributions through annual grants-in-aid or fee payments for service provision
- Providing indirect contributions through tax exemptions, fiscal concessions, in-kind support (office space, land), special benefits (e.g. preferable rates on telecommunications, share of revenue from major sporting events), and licences to run profit-making endeavours (e.g. charity shops, commercial first aid)
- Ensuring an enabling environment with policies and laws that incentivise volunteering and humanitarian access.

Typically, National Societies use the auxiliary role in humanitarian crises to try to overcome serious obstacles. This role also allows National Societies to advocate for longer-term policy reforms and legislative changes to tackle the root causes of discrimination, marginalisation, and other entrenched vulnerabilities.



Photo credit: IFRC/Sierra Leone Red Cross Society/Michael Duff

BOX 8.1 THE AUXILIARY RELATIONSHIP: PARTNERSHIPS FOR CHANGE

The **Afghan Red Crescent Society** supports health care for 400,000 people in Dashte Barchi, a very poor neighbourhood of Kabul. It had to work from expensive temporary facilities as attempts to acquire scarce land to build health clinics caused ethnic tensions. Finally, the National Society approached the local council and members of parliament to negotiate with landowners who were convinced to donate land and went on to become new partners of the Red Crescent in advancing its humanitarian agenda.

The **Irish Red Cross** and the Irish Prison Service have formed a partnership within Wheatfield Prison, where volunteers from among the prisoners received an intensive course in community-based health and first aid, and became health advocates within their community. The programme had rolled out to all 14 Irish prisons by 2014, transforming prison culture, reducing violence, improving the physical and mental health of inmates, and reducing prison health care costs.

Nearly a quarter of the Maldives population are migrants, many of whom are undocumented and live in insanitary conditions. During a major dengue outbreak, the **Maldivian Red Crescent** realised that migrants were left out by the government's public health response and advocated successfully for their inclusion. Mobilising the embassies of the countries that the migrants came from, the Red Crescent set up a network of volunteers who could speak on prevention in their own languages. This was a

significant factor in outbreak control – benefiting both host and migrant communities.

The **Russian Red Cross Society** has been reviewing the national Red Cross law and negotiating its relations with the government, especially EMERCOM, the state agency responsible for emergencies. The new agreement establishes cooperation across 25 regional branches including for the sharing of warehouses for emergency stocks. Russian Red Cross appeals are now regularly posted on the web sites of EMERCOM and local authorities. This resulted in the mobilisation of some 40 million Swiss francs over two years along with more than 500 metric tons of goods as in-kind donations.

The **Ghana Red Cross Society**, at the request of the Ministry of Health and the National Disaster Management Organisation, is disseminating educational messages prepared by the authorities to local communities. The government often pays for the direct expenses of the Red Cross – a cost-effective partnership that enables a wider collective good.

The **Nepal Red Cross Society** brought together all 30 political parties in parliament along with high government officials from 11 ministries, to make common cause in strengthening the legal base for the auxiliary role for the National Society. This was leveraged in the 2015 earthquake to facilitate access, especially in securing vital landing rights for planes carrying relief supplies.

to Ebola and other crises, as well as longer-term strategic concerns such as health inequalities, and "silent" or neglected disasters.

The **International Conference of the Red Cross and Red Crescent** is a unique event on the humanitarian calendar that brings together, every four years, 194 governments that are the States Parties to the Geneva Conventions alongside all parts of the Movement and

observers from major international bodies to deliberate on the most pressing humanitarian problems of the day.

Due to the level and scale of participation, the International Conference's conclusions have considerable influence on shaping the global humanitarian agenda. The last International Conference in November 2011 was convened under the theme of "Our World. Your Move". It inspired 78 governments, 131 National Societies, the IFRC secretariat, the ICRC, and eight observers to present more than 377 voluntary pledges to strengthen international humanitarian law and disaster laws, bolster local humanitarian action, and address barriers to health care.

The potential benefits of the commitments they made were to improve the protection of civilians affected by armed conflict and get better access to them, seek an effective treaty on trade in weapons, create a legal framework for rapid and effective response in times of disaster, reduce risks from climate change, support the work of volunteers, promote respect for diversity, educate the wide public on humanitarian values, counter violence against health care personnel, facilities, and vehicles, and tackle inequalities in health care for women, children and migrants.

The International Conference, as a whole, reflects a shared collective commitment to humanitarianism. Progress on how this translates into practical action will be reported at the 32nd International Conference in December 2015.

BOX 8.2 **"OUR WORLD. YOUR MOVE":
RESOLUTIONS OF THE 31ST
INTERNATIONAL CONFERENCE
OF THE RED CROSS AND
RED CRESCENT, 2011**

Resolution 1: Strengthening legal protection for victims of armed conflicts

Resolution 2: Four-year action plan for the implementation of international humanitarian law

Resolution 3: Migration: ensuring access, dignity, respect for diversity, and social inclusion

Resolution 4: Furthering the auxiliary role: partnership for stronger National Societies and volunteering development

Resolution 5: Health care in danger: respecting and protecting health care

Resolution 6: Health inequities: reducing burden on women and children

Resolution 7: Strengthening normative frameworks and addressing regulatory barriers concerning disaster mitigation, response, and recovery

Resolution 8: Implementation of the memorandum of understanding and agreement on operational arrangements dated 28th November 2005 between Palestine Red Crescent Society and Magen David Adom in Israel

Resolution 9: Our world. Your move – for humanity.

8.2 Our humanitarian diplomacy mission

Our humanitarian diplomacy mission includes promoting the Red Cross and Red Crescent perspective on the major challenges that face humanity. We use our regular presence at global fora to do this, for example, at the United Nations General Assembly, World Economic Forum, World Health Assembly, World Conference on Disaster Risk Reduction, United Nations Conference on Climate Change, High Level Forum on aid effectiveness, and others.

We reach out daily from our headquarters in Geneva and our representation in New York, where the IFRC's status as Permanent Observer at the United Nations provides access to the key international debates that shape the global humanitarian and development agenda. This enables us to sustain dialogue with governments, multilateral agencies, and other major international organisations.

Recent debates have covered the post-2015 development agenda, financing for development, United Nations humanitarian resolutions, violence against women, health care in danger, migration and population displacements from conflicts and disasters, climate change and disaster risk reduction, as well as the forthcoming World Humanitarian Summit.

The Red Cross European Union Office in Brussels represents the IFRC and 29 National Red Cross Societies in the European Union and Norway. It has been active in coordinating relations and communications with European Union institutions, advocacy, and fundraising. Activities have focused on social inclusion, asylum

and migration, international development aid, and disaster management.

The IFRC Office at the African Union in Addis Ababa has helped the African Union to develop its continental disaster management policy and has helped a dozen African countries to do the same domestically. The development of disaster laws and food security have been priorities. The office has also been instrumental in developing other strategic partnerships with regional bodies such as the African Development Bank, the United Nations Economic Commission for Africa, and the Intergovernmental Authority on Development, as well as co-operation with African academic institutions.

8.3 External partnerships

Beyond governments, we welcome partnerships with others who share our values and objectives, and who acknowledge our distinctive mandate and independence of action. The range of partnerships that National Societies have with other agencies, corporations, academia, professional networks, and others has steadily expanded, reflecting the respect and regard with which they are held.

BOX 8.3 JOINT LEARNING: PARTNERSHIP WITH THE SPECIAL OLYMPICS

The Red Cross and Red Crescent mission to foster social inclusion, and the Special Olympics mission to help children and adults with intellectual disabilities to develop physical fitness, demonstrate courage, experience joy, and share through sport, makes us natural allies. The partnership was formalised in 2013 and has been extended to more than 15 countries.

The **Indonesian Red Cross Society** volunteers have trained with 75 disabled athletes and their 50 mentors. While the athletes learned about first aid, the Red Cross counterparts learned about living with intellectual disability. "They always kept the spirit high with their laughs and smiles. It was fun learning together," said Istiansari of the Red Cross.

Special Olympics and the **Peruvian Red Cross** worked together with Peru's Regional Directorate of Education in the isolated town of Iquitos deep within the rain forest to introduce the sport of bocce. They trained 25 coaches and ten health promoters, involving five schools.

Special Olympics, using their existing relationship with the Jamaican Association on Intellectual Disability, partnered with the **Jamaica Red Cross** to train on leadership and advocacy. The athletes raised issues such as teasing and bullying, discrimination on public transport, and self-doubt. They were taught techniques including games, drama, and drawing to express themselves. The highlight of a summit with government, academic, and civil society leaders was the youth leaders using their new skills to raise their concerns on skills training and employment for people with intellectual disability. They have also produced a widely seen public service announcement.

Special Olympics and the youth of the **Austrian Red Cross** share a vision that culminates in the staging of the 2017 Special Olympics Winter Games in Styria, Austria. Under a policy of promoting inclusive sports, the partners are writing articles and using social media to target students, teachers, and parents to share the positive experiences of inclusion, and mould wider attitudes.

This is also mirrored in the IFRC's global collaboration agreements with international organisations such as the World Food Programme, World Health Organisation, Joint United Nations Programme on HIV/AIDS, United Nations Fund for Population Activities, United Nations Office for the Coordination of Humanitarian Affairs, World Meteorological Organisation, United Nations Environmental Program, World Customs Organisation, United Nations Office on Drugs and Crime, United Nations Volunteers, and the International Olympic Committee.

Close working arrangements also exist with the International Association for Volunteer Effort, The Young Men's Christian Association, The Young Women's Christian Association, World Organisation of the Scouts Movement, World Association of

Girl Guides and Girl Scouts, and the International Achievement Awards.

Regional agreements have been made with the African Union, Arab League, Association of Caribbean States, Economic Community of West African States, Intergovernmental Authority on Development, Organisation of American States, and the Asian Development Bank, among others.

Global and regional agreements facilitate myriad joint country actions. These include practical measures that facilitate or share the organisation of relief, and cooperation in important areas such as telecommunications, logistics and warehousing. Other agreements cover early warning, disaster preparedness, and

recovery, including building resilience and capacity for the future. Cooperation over migration issues, tracking disease outbreaks, countering environmental degradation, mitigating climate change, and social mobilisation on longer-term development issues allows the IFRC to ensure that the focus on the most vulnerable and marginalised people is not lost when international policies are being designed and executed.

BOX 8.4 REACHING FURTHER THROUGH CORPORATE PARTNERSHIPS

Zurich Insurance has committed its risk assessment expertise along with 21 million Swiss francs to a five-year partnership on flood resilience, as floods affect more people globally than any other type of natural disaster. The **Mexican Red Cross** has already benefited from this initiative.

The Cartier Foundation is a partner in water and sanitation in Myanmar and Cambodia, while the Bright Foundation supports the **Myanmar Red Cross Society** with solar-driven energy for remote communities. The partnership with Nestlé has brought clean water and sanitation to 100,000 people in cocoa-growing communities in Côte d'Ivoire and a joint initiative on "Healthy Kids" is now active in 80 countries.

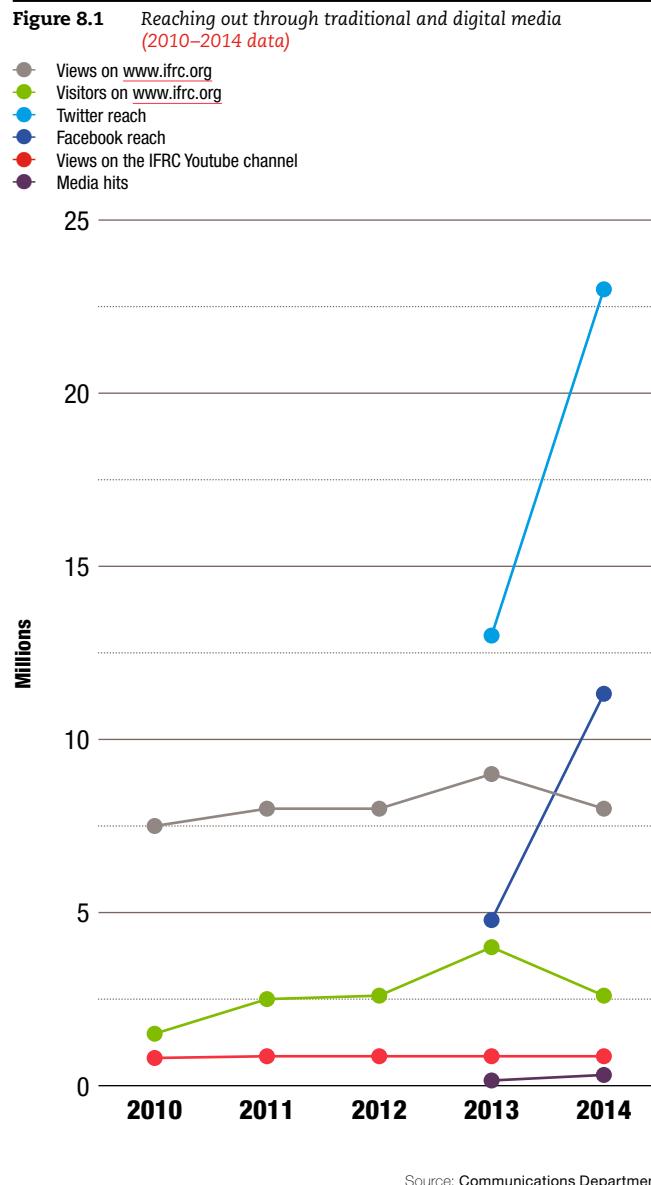
IFRC co-operation with the Airbus Corporate Foundation covers humanitarian transport logistics, training, and the generation of local volunteering opportunities. Airbus provided relief flights in response to the drought in Somalia and floods in Malawi due to Cyclone Bansi, and helicopter support in Vanuatu following Cyclone Pam.

The partnership with Land Rover is one of the IFRC's oldest, starting in 1954 with the donation of their iconic vehicle to the **British Red Cross** for a mobile dispensary in Dubai. It now includes 14 National Societies and aims to reach many thousands of beneficiaries in more than 30 countries by 2018. Land Rover support was invaluable after Typhoon Haiyan in the Philippines in 2013.

8.4 Our outreach

The IFRC's global reach has steadily expanded in recent years. In 2014, the IFRC generated some 310,000 media hits in addition to the tens and thousands of daily print, broadcast, and online references around the world through the work of National Societies. The IFRC web site was viewed about 9 million times by nearly 3 million visitors in 2014, a noteworthy increase from 2010.

Digital media has created further opportunities to expand the community of the concerned by engaging more people from all backgrounds to share in our common humanitarian endeavour. In 2014, there were more than 530,000 viewings of the IFRC YouTube channel, and reach by Facebook and Twitter exceeded 11 million and 23 million, respectively (Figure 8.1).



9. ENABLING ACTION 3

FUNCTION EFFECTIVELY AS THE IFRC

What Strategy 2020 says...

We are made up of self-governing National Societies of equal status and, as a whole, stronger than the sum of our individual parts.

With sensitivity to diversity and culture, we practice integrity and responsible governance at all levels. We are committed to transparent accountability to all stakeholders. Our accountability principles include explicit standard setting, openness in monitoring and reporting, transparent information-sharing, meaningful beneficiary participation, effective and efficient resource use, and systems for lesson learning and responding to concerns and complaints. We are committed to improving our cooperation and coordination within the complementary mandates of the Movement's components.

The impact sought is:

- Stronger cooperation, coordination and support arrangements to deliver strategic outcomes
- Improved, planning, performance management and accountability for Red Cross and Red Crescent activities
- Greater Red Cross and Red Crescent contribution to meeting vulnerability needs at global, national and local levels.

Since the adoption of Strategy 2020, the major effort seeking to improve our functioning as the IFRC has been on strengthening our governance, introducing a

framework for accountability, and promoting a culture of learning.

9.1 Keeping our governance up to date

An indicator of good governance is the obligation of National Societies to keep their statutes and legal base up to date, consistent with the expectations and requirements of a changing world. Our norm is that a National Society should revise its statutes at least every ten years.

BOX 9.1 THE LEGAL BASE OF A NATIONAL SOCIETY

This consists of the following parts:

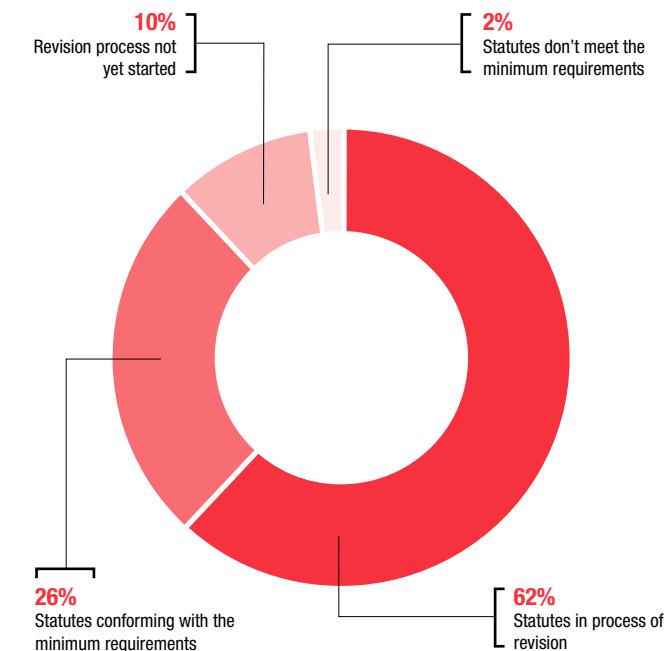
1. National recognition law and any other laws that impact the National Society (e.g. laws on volunteerism, taxes), passed by legislature or decree
2. National Society statutes passed by its highest governing body, e.g. General Assembly
3. Internal regulations and rules on procedure passed by a National Society's governing body.

At the end of 2013, some 26 per cent of National Societies had statutes that met minimum requirements and more than 60 per cent were engaged in the revision of their statutory base instruments. Such revisions are an arduous process as National Societies are bottom-up democratic bodies, and changes have to be owned by members and reflect local social and cultural contexts.

However, National Societies are members of the IFRC and are expected to meet global minimum requirements. This continues to be a development journey for most National Societies and the process of revision evokes important national conversations on the place of a National Society in its own environment (Figure 9.1).

The IFRC is currently revising its own Constitution, which dates back to 2007, and recommendations will be put to the General Assembly in 2015.

Figure 9.1 National Society statutes revision
(Status as at August 2013)



Source: Cooperation and Governance Support Department

9.2 Our accountability framework

All members of the IFRC share a community identity in terms of the symbols of the Red Cross or Red Crescent and adherence to the Fundamental Principles at all times. Maintaining the good reputation of each member is, therefore, vital for retaining public trust and confidence in other members, and in the IFRC as a whole.

We define accountability (Figure 9.2) as the ongoing process that creates respect among us and with all those who are affected by our work. In being accountable, we seek to enable our stakeholders to assess our actions against defined commitments and expectations, and to respond and learn accordingly. An accountability action plan is making steady progress.

Regular evaluations and audits are also an important part of our accountability.

Figure 9.2 The accountability wheel



Source: Risk Management and Audit Department

BOX 9.2 HIGHLIGHTS OF THE IFRC ACCOUNTABILITY ACTION PLAN

Enhancing knowledge and culture of accountability:

- Common internal understanding of IFRC policies and procedures, heightened compliance, risk management, and learning.
- Better external understanding of IFRC systems and requirements for accountability by partners and contractors.

Enabling policies and strengthened compliance:

- New policies on information disclosure, whistleblower protection, and documented decision-making.
- Further strengthening of Safe Call confidential call line mechanisms, fraud and corruption prevention and control, and principles and rules for humanitarian assistance.

Strengthening grant and contract management:

- Clarified donor and contractor obligations, grant and contract conditions and assessments.
- Systems and oversight mechanisms, especially for procurement by recipients including vendors and National Societies.

Managing accountability:

- Central database to record incidents of fraud and corruption to learn from and to manage future risks, for example, by identifying ineligible vendors.

Extending accountability:

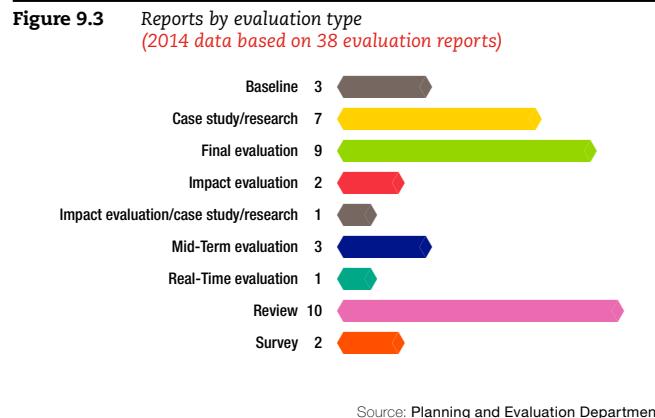
- Strengthening the regulatory and compliance systems of National Societies, including in the context of the constitutional review of IFRC, and developing stronger beneficiary accountability systems.

9.3 Evaluations

Operational financial and narrative information, as well as evaluation reports are openly available on the IFRC web site. The IFRC framework for evaluation follows industry standards and guidance on methods, and a package of classroom and online training tools are widely disseminated.

All projects are asked to conduct a final evaluation, proportionate to the size of the project, so that results can be assessed and lessons learned. Mandatory independent evaluations are required for interventions exceeding 1 million Swiss francs. Real-time evaluations are also mandatory for emergency operations that exceed nine months duration, target more than 100,000 beneficiaries, involve an emergency appeal of more than 10 million Swiss francs, or have more than ten National Society partners involved.

The archive of completed IFRC secretariat evaluations and related studies is available for public viewing, with more than 350 reports available of which 205 cover the period 2010–2014. A meta-analysis of 38 evaluations (Figure 9.3) in 2014 indicated that 45 per cent covered the Asia Pacific region and more than two-thirds concerned disaster response, recovery, and reduction (Figure 9.4).



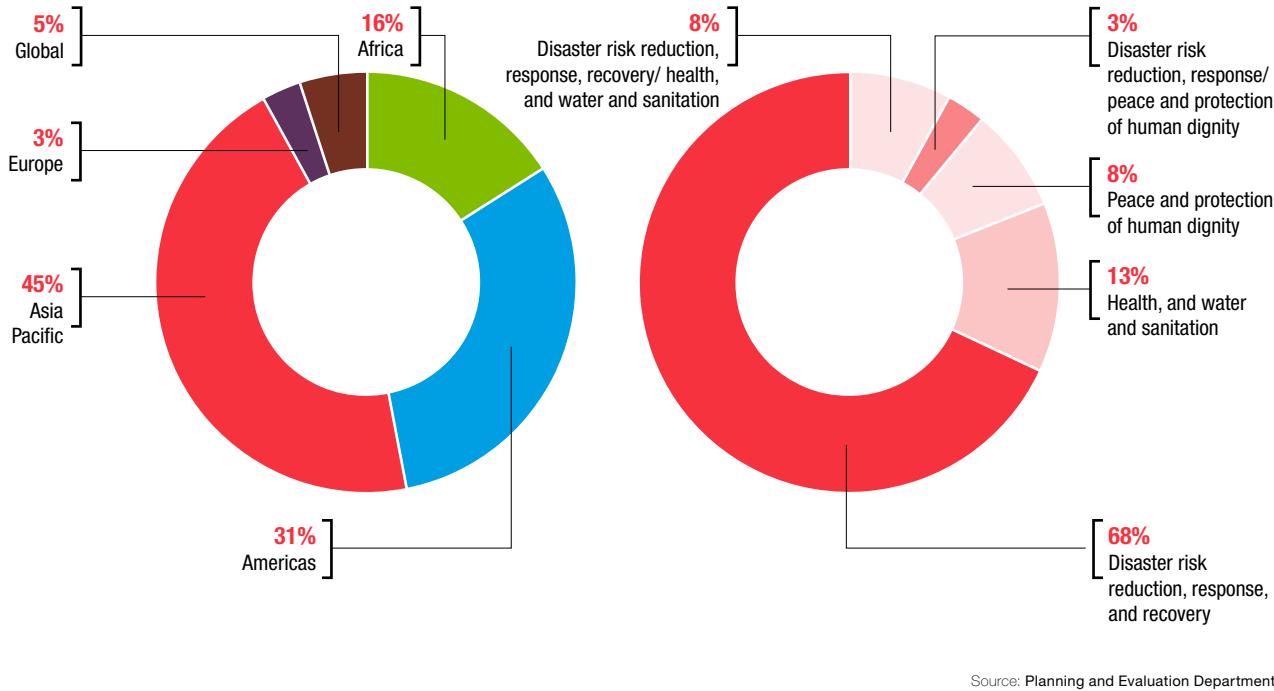
Overall, there were 330 individual recommendations, of which 239 required follow-up actions with the majority directed at National Societies. A published management response to an evaluation is good practice and there is considerable scope for improvement here.

BOX 9.3 IFRC EVALUATION FRAMEWORK STANDARDS

The following standards are expected from IFRC evaluations, in addition to compliance with the Fundamental Principles:

1. **Utility:** Useful and used
2. **Feasibility:** Realistic, diplomatic, and managed in a sensible, cost-effective manner
3. **Ethics and legality:** Conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation
4. **Impartiality and independence:** Impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders
5. **Transparency:** Reflecting an attitude of openness and transparency
6. **Accuracy:** Technically accurate, providing sufficient information about data collection, analysis, and interpretation methods so that its worth or merit can be determined
7. **Participation:** Stakeholder consultation and meaningful involvement in the evaluation process when feasible and appropriate
8. **Collaboration:** Collaboration between key operating partners in the evaluation process to improve the legitimacy and utility of the evaluation.

Figure 9.4 Evaluation studies by geographic location and sector
(2014 data based on 38 evaluation reports)



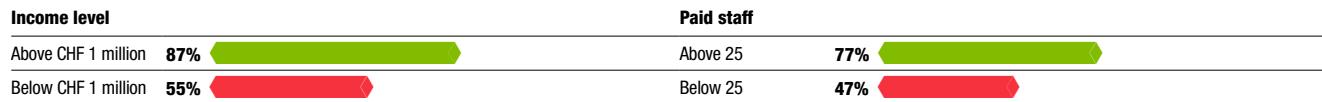
9.4 Audits

Financial reporting appears to relate to the income and size of the National Society (Figure 9.5). In 2013, National Societies with income of more than one million Swiss francs and more than 25 staff were more likely to provide financial statements. They were also more likely to carry out external audits if they had an income greater than 10 million Swiss francs and more than 250 staff. It is reasonable to set accountability benchmarks commensurate with the size of a National Society, and therefore their potential risk exposure, although minimum standards must be met by all. More could be done to support the smaller National Societies, for example, the IFRC secretariat could provide them with shared auditing services and help to consolidate their accounts over two to three years for external auditing.

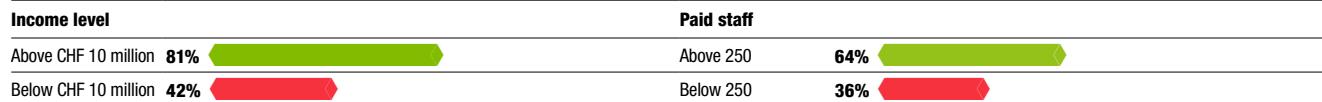
In 2012, there were 80 National Societies providing audited financial statements through the Federation-wide Databank and Reporting System. This increased to 88 in 2013.

Figure 9.5 Submission of 2013 financial statements and external audits
(categorised by level of income and paid staff²⁴)

Percentage of National Societies providing financial statements



Percentage of National Societies providing externally audited financial statements



Source: FDRS

²⁴ Number of reporting National Societies with income level of above CHF 1 million: 122, below CHF 1 million: 47, above CHF 10 million: 43, below CHF 10 million: 126.
Number of reporting National Societies with paid staff of above 25: 150, below 25: 32, above 250: 75, below 250: 107.



The IFRC secretariat maintains a risk register and has independent internal and external audit functions. The IFRC secretariat's annual audit plans are based on a full assessment of risks from all activities, programmes, and processes. Between 2012 and 2014, some 57 internal audit reviews were carried out.

BOX 9.4 TYPES OF IFRC AUDIT REVIEWS

Financial reviews examine the accounting and reporting of financial transactions, and disbursement of funds

Compliance reviews determine adherence to laws, policies, and procedures

Operational reviews appraise the economy and efficiency of operations and the adequacy of systems deployed to achieve objectives

Management information systems reviews evaluate system input, output and processing controls, backup, recovery and contingency plans, system data and physical security

Consultancy reviews look at major new and existing systems to provide feedback at formative stages

Investigation reviews examine any allegations of wrongdoing and breaches of the IFRC Code of Conduct.

The IFRC Governing Board has an Audit and Risk Committee that meets regularly with an external auditor. An independent report by PricewaterhouseCoopers in 2014 confirmed the strength of the IFRC secretariat's internal audit system, assessing this to be at the "highest level of reliance".

9.5 Complying with standards

National Societies are dynamic bodies understandably influenced by internal and external factors that can change with shifts in their circumstances. The IFRC Governing Board has established a Compliance and Mediation Committee to assist National Societies in resolving any disagreements submitted to it or difficulties that can arise, for example, with potential breaches of integrity.



Photo credit: IFRC/Lao Red Cross//Phasouk Koirasith

BOX 9.5 DEALING WITH A BREACH OF INTEGRITY

A group of registered members within a National Society became seriously concerned about its loss of reputation following allegations related to the misappropriation of funds, abuse of position for advancement of personal interests, breach of Fundamental Principles, and personal gain. The governing board of the National Society did not respond to their concerns and the complaining group convened an extraordinary general assembly that passed a motion of no confidence in the governance and management, and elected new replacements. The country's Supreme Court was invoked to rule over the legitimacy of the two competing governance arrangements. The dispute also alarmed the government, which asked the IFRC secretariat to intervene.

The Compliance and Mediation Committee of the IFRC used trusted intermediaries to negotiate a settlement that involved setting up a new transitional governing board for the National Society. The IFRC secretariat also provided technical support to amend the statutes of the National Society to ensure provision for an annual general assembly. This duly occurred, and the newly elected governance enabled the financial audits of the disputed period to be completed and the issues to be addressed. The National Society recovered and is functioning well again.

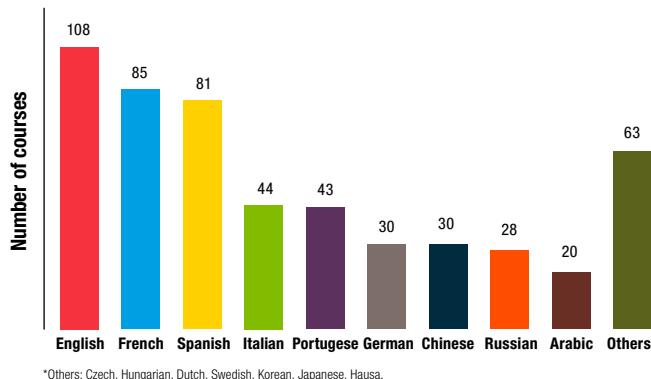
The key lessons learned from this case are that a National Society must remain constantly vigilant over its own integrity and take the initiative to tackle problems by countering resistance with persistence. The IFRC secretariat can help to mediate solutions and ensure compliance.

9.6 Culture of learning

Learning is essential to adapt and keep up to date with the changing world. Also important is the professionalisation of Red Cross and Red Crescent workers to enhance their credibility by showing that they adhere to explicit standards. That is why we encourage the ethos of continuous life-long learning. Creating learning opportunities is also an important way to motivate our volunteers and staff by investing in their future progression. The IFRC Learning Passport scheme encourages people to take responsibility for their own development, and fosters the portability of the learning they undertake while moving between institutions and employers.

The IFRC Learning Platform is a global yet local online learning community offering 131 courses available in 16 languages ([Figure 9.6](#)). They are short, free, self-directed, and are quality checked by subject experts. These courses cover all programme areas and topics concerned with professional and personal development.

Figure 9.6 Learning Platform courses by languages



Source: Learning and Research Department

Over the past six years, an average of 489 Red Cross and Red Crescent staff have taken the International Mobilisation and Preparation for Action (IMPACT) training annually, in preparation for international deployments (Figure 9.7).

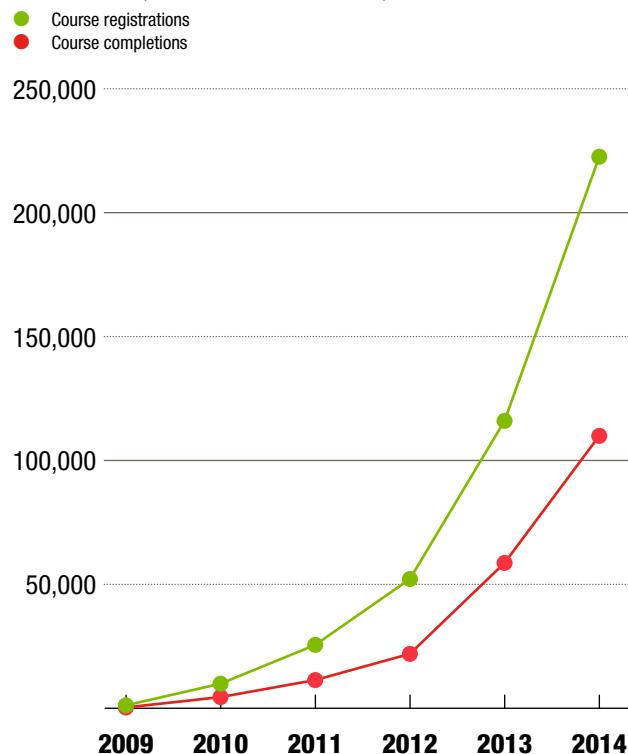
Figure 9.7 International Mobilisation and Preparation for Action (IMPACT) course (2009–2014 data)

Year	Number of IMPACT courses	Number of participants
2009	15	336
2010	15	375
2011	21	525
2012	25	625
2013	20	500
2014	11	575

Source: Learning and Research Department

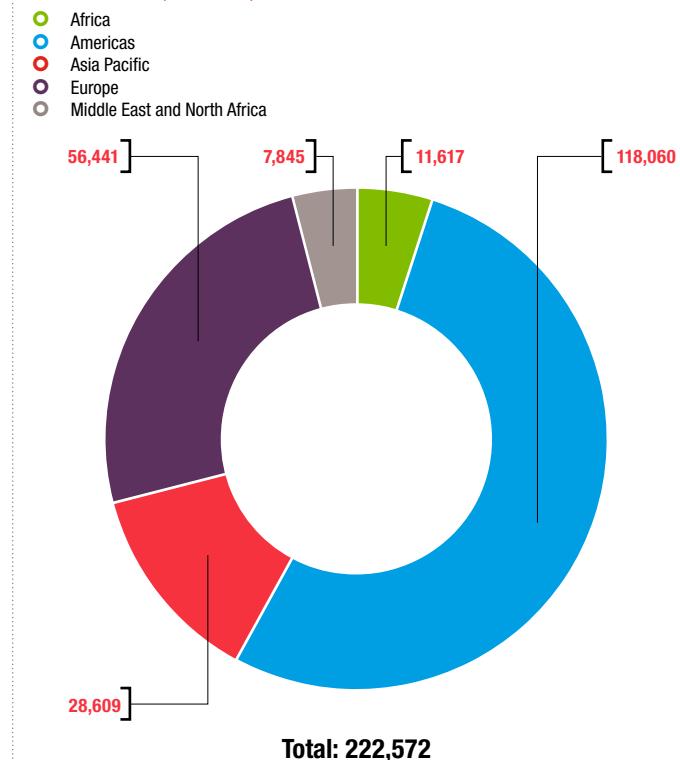
The Learning Platform is rapidly becoming a social community in its own right with encouragement for group learning and peer-to-peer sharing. With the rapid growth in overall registered users to more than 140,000 in 2014, course registrations have soared to over 220,000 with some users signed up to take more than one course. Course completion rates have also increased to just under 50 per cent, indicating steadily increasing customer utility (Figure 9.8).

Figure 9.8 Learning Platform users, course registrations and completions (2009–2014 cumulative data)



The uptake of online courses is affected by access to the internet, and most learners appear to come from Europe and the Americas (Figure 9.9). Learners rate their experience on the Learning Platform with an average score of 4.3 out of 5. They rate the applicability of the skills and knowledge gained from courses at an average score of 4.4 out of 5. Ninety-six per cent of those taking courses would recommend the training to their peers.

Figure 9.9 Geographic distribution of course registrations (2014 data)



The online Learning Platform is complemented by four professional online certificate courses, accredited by academic partners. These have been taken by 675 people in 41 rounds of training during 2012–2014 (Figure 9.10), from all parts of the world (Figure 9.11). The certificates are upgradable to diploma and Masters levels with additional study. They cover the core areas of Red Cross and Red Crescent action: disaster management in partnership with the Tata Institute of Social Sciences in Mumbai, global health with the University of Manchester, humanitarian diplomacy with the DiploFoundation in Geneva, and social and voluntary sector leadership with the Thunderbird School of Global Management in Phoenix, Arizona.

Figure 9.10 Accredited learning online

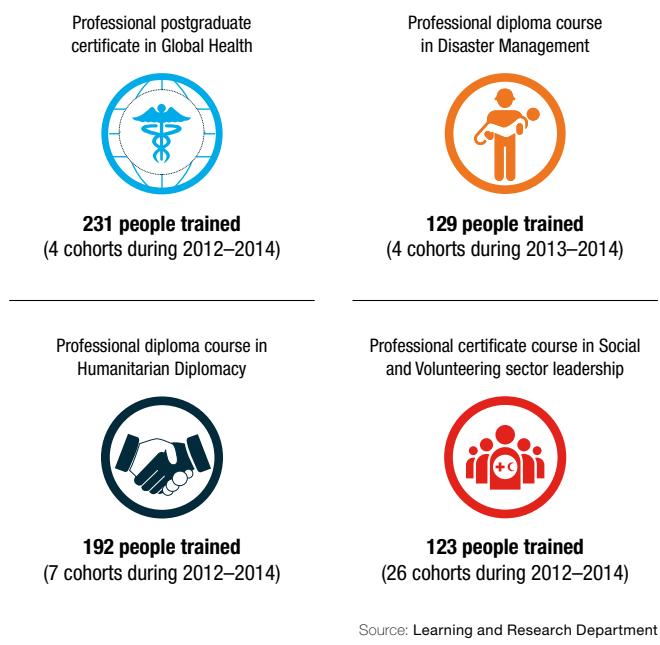
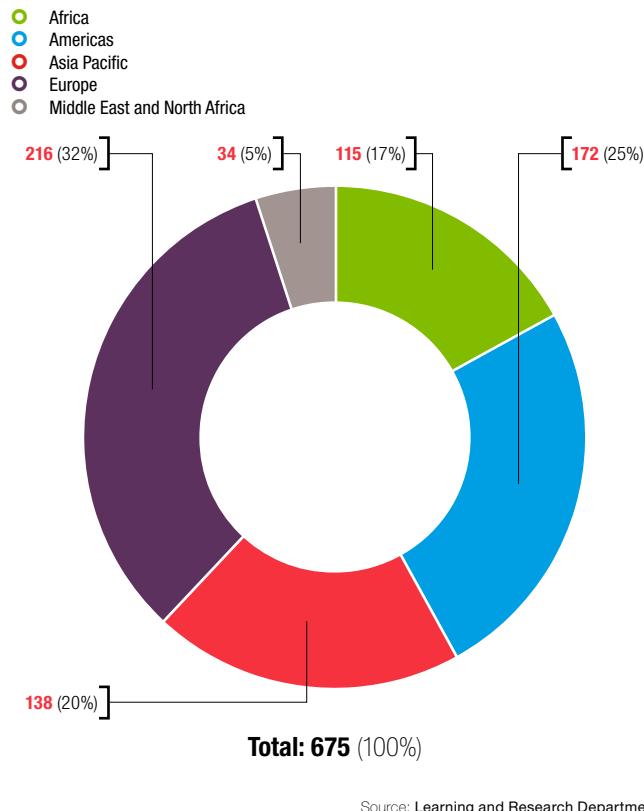


Figure 9.11 Geographic distribution of students taking accredited courses (2012–2014 data)



In addition, the IFRC secretariat delivers four Masters-level shelter courses in cooperation with Oxford Brookes University, Royal Melbourne Institute of Technology, Universitat Internacional de Catalunya, and the Office of the United Nations High Commissioner for Refugees. These have been taken by 508 people through 25 cohorts during 2007–2014.

BOX 9.6 THE LEARNING CHANGED ME, AND I AM NOW READY TO CHANGE THE WORLD

"For me, it was most interesting to exchange experiences and as the course was so easily accessible to everyone around the world, we had so many different views and impressions." *Sabrina Koznok, Germany*

"The platform offers courses for the personal development of professionals that have direct contact with the public, patients, injured, and those are the ones that I found most applicable to my work." *José Luis Osegueda, Mexico*

"I chose the course because of its close connection to the Red Cross as I wanted something affiliated with those in the field rather than purely academic." *Fiona O'Meara, United Kingdom*

"To be able to discuss with people that actually understand your situation as a National Society is a comfort because you tend to be insecure sometimes, and then it is a great support." *Jacob Ingelgren, Sweden*

"The course was incredibly interactive, with a high-level of participation from both students and teachers. You can update your thoughts and opinions in real-time." *Richard Slade, Australia*

Our Learning Programme is accompanied by an active collection of publications – some 100–200 each year – available online or in print in several languages, and including programme reports, newsletters, policy and advocacy documents, and various guidance and training materials.

The **World Disasters Report** is the IFRC's annual flagship publication, and a well-established reference point for contemporary humanitarian debates (Figure 9.12).

The 2014 edition on “culture and risk”, launched in Doha, London, and elsewhere, drew the attention of more than 250 million people around the world.

Figure 9.12 World Disasters Report



World Disasters Report

Focus on culture and risk

www.ifrc.org
Saving lives, changing minds.

 International Federation
of Red Cross and Red Crescent Societies

World Disasters Report themes

- 2014:** Culture and risk
- 2013:** Technology and the future of humanitarian action
- 2012:** Forced migration and displacement
- 2011:** Hunger and malnutrition
- 2010:** Urban risk

9.7 Centres of expertise around the world

A unique advantage of our extensive network is the access to world-class expertise, organised through Red

Cross and Red Crescent reference centres that focus on specific subjects. The centres conduct research, develop innovative approaches, consolidate best practices, share knowledge, conduct advocacy, and offer training and technical assistance to National Societies, thus enabling them to do more and better.

BOX 9.7 RED CROSS AND RED CRESCENT REFERENCE CENTRES

EXPERTISE	HOST NATIONAL SOCIETY
1. Caribbean Disaster Risk Management Centre	• The Barbados Red Cross Society
2. Centre for Evidence-Based Practice	• Belgian Red Cross
3. Climate Centre	• The Netherlands Red Cross
4. Global Disaster Preparedness Centre	• American Red Cross
5. Global First Aid Reference Centre	• French Red Cross
6. Livelihoods Resource Centre	• Spanish Red Cross
7. Reference Centre for Community Resilience	• Costa Rican Red Cross
8. Reference Centre for Institutional Disaster Preparedness	• Salvadorean Red Cross Society
9. Reference Centre for Psychosocial Support	• Danish Red Cross
10. Shelter Research Unit	• Belgian Red Cross, Luxembourg Red Cross, The Netherlands Red Cross
11. Reference Centre on Volunteering	• Spanish Red Cross, British Red Cross
12. Regional Reference Centre for Medical Emergencies and Pre-hospital Care	• Ecuadorian Red Cross
13. Global Advisory Panel (Blood)	• Australian Red Cross, Swiss Red Cross

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TECHNICAL NOTE



Introduction

Everyone Counts is the second in a series of annual publications produced by IFRC in follow up of the IFRC General Assembly decision in 2009, requesting the Secretary General to prepare consolidated reports under the framework of the Federation-wide Databank and Reporting System.

This series of annual *Everyone Counts* reports illustrate the impressive and diverse range of services that the 189 members of the IFRC deliver every day. The eagerness expressed from all parts of the Red Cross and Red Crescent network in sharing information, and the levels of cooperation experienced during the drafting of this report demonstrates an increased appetite for contributing towards, and learning from, a more data-driven approach to humanitarian work.

The 2015 report was released earlier than last year's version, thanks to quicker self-reporting by National Societies and stronger coverage with supplementary information from the IFRC network. This was made possible because of extensive consultations prior to the drafting of this report and the favourable reception given to the previous edition. Institutional partners have consistently rated the Federation-wide Databank and Reporting System highly. The United Kingdom's Department for International Development has accorded the FDRS ratings of A++ and A+, in its annual partnership reviews, for the years 2013 and 2014, respectively.

Methodology

The objectives of FDRS are to:

- Promote greater self and partner awareness of the capacities, services, and potential of National Societies, so as to boost their self-development and external profile.
- Facilitate monitoring and reporting of performance in a consistent and transparent manner, thereby enabling individual National Societies and the IFRC secretariat to promote transparency, accountability, and positioning for greater influence and growth.

Annual reporting by all National Societies is a constitutional requirement and FDRS has designed this around seven key proxy indicators (KPIs) guided by Strategy 2020:

1. **Number of people volunteering their time:** People who have volunteered at least four hours of their time during the reporting period.
2. **Number of paid staff:** People who work with a National Society for a minimum of three months during the reporting year and are remunerated.
3. **Number of people donating blood:** People who have donated blood at least once during the reporting period.
4. **Number of local units:** Local units are defined as National Society subdivisions that work with the community and can include local chapters, branches, regional and intermediate offices, and headquarters.

5. **Number of people reached:** All direct and indirect recipients and people benefiting from Red Cross and Red Crescent services.
6. **Total income received:** The fiscal value of money, material goods, and services a National Society receives during a fiscal year.
7. **Total expenditure:** The fiscal value of money, material goods, and services a National Society spends during a fiscal year.

These KPIs are intended to reflect the following performance dimensions:

- **Coverage:** To assess how much we do, i.e. the extent to which we meet identified needs and vulnerabilities in defined geographical areas or population groups and communities.
- **Quality:** To assess how well we do, i.e. the extent to which our services reach set standards and norms.
- **Efficiency:** To assess how we use resources, i.e. the extent to which our services make the best possible use of the human, financial, and material inputs at our disposal.
- **Impact:** To assess how much difference we make, i.e. the extent and sustainability of the changes that occur within the communities where we operate.
- **Compliance:** To assess how suitably we function, i.e. the extent to which we adhere to our stated principles and values, and the policies and guidelines that drive our service delivery, the codes of behaviour that underpin our integrity, and the way we relate to our clients, partners, and other stakeholders.

Data sources

For the reporting year 2013, all National Societies provided data to FDRS on at least one or more KPIs and 149 (nearly 80 per cent of the IFRC membership) reported on all seven KPIs: this is a 22 per cent increase in coverage from the previous reporting year (2012). Many National Societies also provided data on supporting indicators, which give a more detailed breakdown by gender and type of service provided.

FDRS has also received strategic plans from 152 National Societies updated in line with Strategy 2020. 120 National Societies have uploaded their annual reports and 133 have provided financial statements, of which 88 were audited statements.

The data on 80 National Societies for reporting year 2012 were updated after the publication of last year's *Everyone Counts* report. This is largely due to improvements in standardisation of KPI definitions and their reporting capacities. These revised data have been used for the analysis in this publication, and can be accessed along with the consolidated 2013 FDRS data from www.ifrc.org/data.

Additional programming information was provided by the departments and regions of the IFRC secretariat, and Red Cross and Red Crescent reference centres. The integration of these studies and surveys into the analysis provides for a more comprehensive understanding of the IFRC network in its totality, progressively building a culture of improved systems, monitoring, and reporting throughout the decade of Strategy 2020.

Sources and samples sizes are cited in each figure of the report. For fuller technical information on methods, please write to fdrs@ifrc.org.

Data limitations

1. **Reporting bias:** The data submitted through FDRS should not be used for projections. It covers two reporting years (2012 and 2013), and is self-reported information by each National Society – which is the owner and gatekeeper, and responsible for accuracy and updating. Accordingly, while efforts have been made to further triangulate the reported figures with data previously provided by National Societies or available in the public domain, it should be recognised that there might be possible reporting bias.
2. **Sample size:** Gender disaggregated data remain sparse. Weak data systems to consolidate comprehensive branch level data and fragile operating contexts provide for incomplete coverage. Therefore extrapolations based on these data are discouraged.
3. **Standardisation and regularity of reporting:** While maximum effort has been made to optimise information from the different data sources used in the analysis, there remain limitations on the comparability of data due to the different methodologies of data collection, sample sizes, definitions, and frequency of reporting.
4. **Time lag:** The availability of definitive figures on income and expenditure, in particular, are constrained by the availability of the most recent audited financial statements. This is due to varying fiscal years, and corresponding planning and reporting cycles of the National Societies.

Future progress

It has been a challenge in the past to fully understand the broad spectrum of humanitarian activities that the IFRC as a whole carries out, including the actual reach of diverse services and their translation to humanitarian outcomes.

This report demonstrates an improvement, but it remains work in progress, as information management within the network is still largely non-standardised and fragmented in its processing.

In order to benefit from the increasing volume of data being produced, we must ensure that the quality of data and analysis are maintained in future editions of *Everyone Counts*. Practically, this will involve developing a more comprehensive and integrated mechanism to collect and analyse programme data under a commonly agreed framework complying with standardised definitions for each expanded data set, regular reporting frequencies, and reliable methods for validation.

We will also expand the set of subsidiary or support FDRS indicators to enable a more comprehensive view of services being reported on, including Movement-wide operational reporting. Analysis of these results will help to quantify the Red Cross and Red Crescent contributions to attainment of the national, regional, and global goals, such as the Sustainable Development Goals. Linking FDRS to capture the IFRC secretariat's support to National Societies as part of the Plan and Budget 2016–2020 will allow for the improved measurement of impact at a community level.

An independent peer review and advisory panel is also envisaged to maintain transparency and enable access to best world expertise to continue the development of FDRS. The information technology platform that hosts FDRS will need investment to upgrade its capabilities and enable the greater functionality that is demanded by our stakeholders.

Improved analytic capacities achieved by harnessing open source solutions for streamlined information management will contribute to efficiency and effectiveness gains in our programming. Access to reliable and consistent quality data will enable more intelligent evidence-driven decisions and contribute towards improved results-based management and planning, while ensuring increased comparability and allowing for better trends analysis.

International Organisation for Standardisation (ISO) country codes to denote National Societies

AD Andorran Red Cross
AE Emirates Red Crescent
AF Afghan Red Crescent Society
AG Antigua and Barbuda Red Cross Society
AL Albanian Red Cross
AM Armenian Red Cross Society
AO Angola Red Cross
AR Argentine Red Cross
AT Austrian Red Cross
AU Australian Red Cross
AZ Azerbaijan Red Crescent Society
BA Red Cross Society of Bosnia and Herzegovina
BB The Barbados Red Cross Society
BD Bangladesh Red Crescent Society
BE Belgian Red Cross
BF Burkinabé Red Cross Society
BG Bulgarian Red Cross
BH Bahrain Red Crescent Society
BI Burundi Red Cross
BJ Red Cross of Benin
BN Brunei Darussalam Red Crescent Society
BO Bolivian Red Cross
BR Brazilian Red Cross
BS Bahamas Red Cross Society
BW Botswana Red Cross Society
BY Belarus Red Cross
BZ Belize Red Cross Society
CA Canadian Red Cross
CD Red Cross of the Democratic Republic of the Congo

CF Central African Red Cross Society
CG Congolese Red Cross
CH Swiss Red Cross
CI Red Cross Society of Côte d'Ivoire
CK Cook Islands Red Cross
CL Chilean Red Cross
CM Cameroon Red Cross Society
CN Red Cross Society of China
CO Colombian Red Cross
CR Costa Rican Red Cross
CU Cuban Red Cross
CV Red Cross of Cape Verde
CY Cyprus Red Cross Society
CZ Czech Red Cross
DE German Red Cross
DJ Red Crescent Society of Djibouti
DK Danish Red Cross
DM Dominica Red Cross Society
DO Dominican Red Cross
DZ Algerian Red Crescent
EC Ecuadorean Red Cross
EE Estonia Red Cross
EG Egyptian Red Crescent
ES Spanish Red Cross
ET Ethiopian Red Cross Society
FI Finnish Red Cross
FJ Fiji Red Cross Society
FM Micronesia Red Cross
FR French Red Cross
GA Gabonese Red Cross Society

GB British Red Cross
GD Grenada Red Cross Society
GE Georgia Red Cross Society
GH Ghana Red Cross Society
GM The Gambia Red Cross Society
GN Red Cross Society of Guinea
GQ Red Cross of Equatorial Guinea
GR Hellenic Red Cross
GT Guatemalan Red Cross
GW Red Cross Society of Guinea-Bissau
GY Guyana Red Cross Society
HN Honduran Red Cross
HR Croatian Red Cross
HT Haiti Red Cross Society
HU Hungarian Red Cross
ID Indonesian Red Cross Society
IE Irish Red Cross
IL Magen David Adom in Israel
IN Indian Red Cross Society
IQ Iraqi Red Crescent Society
IR Red Crescent Society of the Islamic Republic of Iran
IS Icelandic Red Cross
IT Italian Red Cross
JM Jamaica Red Cross
JO Jordan Red Crescent
JP Japanese Red Cross Society
KE Kenya Red Cross Society
KG Red Crescent Society of Kyrgyzstan
KH Cambodian Red Cross

KI	Kiribati Red Cross Society	NA	Namibia Red Cross Society	SS	South Sudan Red Cross
KM	The Comoros Red Crescent	NE	Red Cross Society of Niger	ST	Sao Tome and Principe Red Cross
KN	Saint Kitts and Nevis Red Cross Society	NG	Nigerian Red Cross Society	SV	Salvadorean Red Cross Society
KP	Red Cross Society of the Democratic People's Republic of Korea	NI	Nicaraguan Red Cross	SY	Syrian Arab Red Crescent
KR	The Republic of Korea National Red Cross	NL	The Netherlands Red Cross	SZ	Baphalali Swaziland Red Cross Society
KW	Kuwait Red Crescent Society	NO	Norwegian Red Cross	TD	Red Cross of Chad
KZ	Kazakh Red Crescent	NP	Nepal Red Cross Society	TG	Togolese Red Cross
LA	Lao Red Cross	NZ	New Zealand Red Cross	TH	The Thai Red Cross Society
LB	Lebanese Red Cross	PA	Red Cross Society of Panama	TJ	Red Crescent Society of Tajikistan
LC	Saint Lucia Red Cross	PE	Peruvian Red Cross	TL	Timor Leste Red Cross Society
LI	Liechtenstein Red Cross	PG	Papua New Guinea Red Cross Society	TM	Red Crescent Society of Turkmenistan
LK	Sri Lanka Red Cross Society	PH	Philippine Red Cross	TN	Tunisian Red Crescent
LR	Liberian Red Cross Society	PK	Pakistan Red Crescent Society	TO	Tonga Red Cross Society
LS	Lesotho Red Cross Society	PL	Polish Red Cross	TR	Turkish Red Crescent Society
LT	Lithuanian Red Cross Society	PS	Palestine Red Crescent Society	TT	Trinidad and Tobago Red Cross Society
LU	Luxembourg Red Cross	PT	Portuguese Red Cross	TZ	Tanzania Red Cross Society
LV	Latvian Red Cross	PW	Palau Red Cross Society	UA	Ukrainian Red Cross Society
LY	Libyan Red Crescent	PY	Paraguayan Red Cross	UG	Uganda Red Cross Society
MA	Moroccan Red Crescent	QA	Qatar Red Crescent Society	US	American Red Cross
MC	Monaco Red Cross	RO	Romanian Red Cross	UY	Uruguayan Red Cross
MD	Moldova Red Cross	RS	Red Cross Of Serbia	UZ	Red Crescent Society of Uzbekistan
ME	Red Cross of Montenegro	RU	The Russian Red Cross Society	VC	Saint Vincent and the Grenadines Red Cross
MG	Malagasy Red Cross Society	RW	Rwandan Red Cross	VE	Venezuelan Red Cross
MK	Macedonian Red Cross	SA	Saudi Red Crescent Authority	VN	Vietnam Red Cross Society
ML	Mali Red Cross	SB	Solomon Islands Red Cross	VU	Vanuatu Red Cross Society
MM	Myanmar Red Cross Society	SC	Seychelles Red Cross Society	WS	Samoa Red Cross Society
MN	Mongolian Red Cross Society	SD	Sudanese Red Crescent	YE	Yemen Red Crescent Society
MR	Mauritanian Red Crescent	SE	Swedish Red Cross	ZA	The South African Red Cross Society
MT	Malta Red Cross	SG	Singapore Red Cross Society	ZM	Zambia Red Cross Society
MU	Mauritius Red Cross Society	SI	Slovenian Red Cross	ZW	Zimbabwe Red Cross Society
MV	Maldivian Red Crescent	SK	Slovak Red Cross		
MW	Malawi Red Cross Society	SL	Sierra Leone Red Cross Society		
MX	Mexican Red Cross	SM	Red Cross of the Republic of San Marino		
MY	Malaysian Red Crescent Society	SN	Senegalese Red Cross Society		
MZ	Mozambique Red Cross Society	SO	Somali Red Crescent Society		
		SR	Suriname Red Cross		

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

Humanity

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

Impartiality

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

Neutrality

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

Independence

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

Voluntary service

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

Unity

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

Universality

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

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