

RCRC

Red Cross Red Crescent

Issue 2 · 2015

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The difference data makes

How data can save lives, improve health and bring aid more effectively

A strong foundation

How laws can make humanitarian action more effective and principled

Dispatches from disaster and conflict

Reports from the front lines in Nepal and Yemen

Invisible scars



THE MAGAZINE OF THE INTERNATIONAL
RED CROSS AND RED CRESCENT MOVEMENT

The International Red Cross and Red Crescent Movement is made up of the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC) and the National Societies.



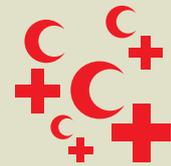
ICRC

The International Committee of the Red Cross is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



International Federation of
Red Cross and Red Crescent Societies

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network, reaching 150 million people each year through its 189 member National Societies. Together, the IFRC acts before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. It does so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions. Guided by Strategy 2020 — a collective plan of action to tackle the major humanitarian and development challenges of this decade — the IFRC is committed to 'saving lives and changing minds'.



National Red Cross and Red Crescent Societies embody the work and principles of the International Red Cross and Red Crescent Movement in more than 189 countries. National Societies act as auxiliaries to the public authorities of their own countries in the humanitarian field and provide a range of services including disaster relief, health and social programmes. During wartime, National Societies assist the affected civilian population and support the army medical services where appropriate.

The International Red Cross and Red Crescent Movement

is guided by seven Fundamental Principles:

humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

All Red Cross and Red Crescent activities have one central purpose:

to help without discrimination those who suffer and thus contribute to peace in the world.

Addressing sexual violence against men and boys

THE day is coming when humanitarian workers in the field will assume that any person, be they female or male, child, elder, youth or adult, may be a survivor of sexual violence.

Appropriate responses, protection and prevention mechanisms will be in place to address the needs of these survivors, of whom one in three is likely to be male. This calculation may come as a surprise to some. But it is underpinned by many historical examples, such as the rape camps in Bosnia and Herzegovina in the 1990s, in which an estimated one-third of rape survivors were male.

Newspaper articles on the issue will no longer talk as if they were revealing a long-hidden secret. Training sessions on working on gender-based violence will systematically walk participants through the spectrum of specific needs of survivors of both genders, be they physical, psychological, social or political.

Why? Because the silence shrouding this taboo topic is being broken for good by manifold situations in which the sexual nature of violence — including torture — against men and boys is increasingly documented and undeniable. Conflicts in Bosnia and Herzegovina, Central African Republic, Democratic Republic of the Congo, Iraq, Libya, Sri Lanka and Syria, to name but a few, have all created numerous male refugees who flee following multiple forms of sexual violence only to fall into a response void.

Re-analysing men's torture testimonies from the past, as has been done for those given to Peru's Truth and Reconciliation Commission, has revealed many to be testimonies of sexual violence. The torture



Photo: Will Storr

done to Iraqi men detained in Abu Ghraib was undoubtedly sexual violence, as is much of what was previously thought of as torture in Libya, Sri Lanka and Syria.

Gradually the field of gender-based violence is being reshaped to reflect these realities. Humanitarian agencies are recognizing the needs of men and boys that should be encompassed alongside those of women and girls.

Rapidly evolving technology, and the magnification of survivor and activist voices that it enables, plays a key role in accelerating the demise of a fixed 'male perpetrator, female victim' binary; digital cameras,

smartphones and rapid circulation of data disclose instances such as Abu Ghraib in a manner that was previously unimaginable.

Survivors and their allies are using this to bypass the resistance of institutions built on an understanding of sexual violence as something affecting women and girls alone, and significantly contributing to a new evidence base.

The current practice of many gender-based violence experts in ignoring the one-third of sexual violence survivors who are male is wrong and does nothing to advance the cause of gender equality. We need to find the political will to get back to humanitarian principles of serving the most vulnerable regardless of age, sex or political opinion and to think forward to what is required for evidence, rights and needs-based interventions.

Most urgently, humanitarians must adopt inclusive understandings of gender-based violence and roll out training and awareness-raising that reveal how sexual violence is hidden by blanket terms such as 'torture'. This evolving understanding must fill the prevailing knowledge gap about the diverse forms of sexual violence.

Such work does not mean diluting existing efforts to work with women and girls; rather it demands that we seek and get the financial and human resources for a major step-up in our response capacity to all survivors of sexual violence.

By **Chris Dolan**

Chris Dolan is a medical doctor and director of the Refugee Law Project, based in Kampala, Uganda. His work with survivors of sexual violence there has made him an internationally recognized expert on sexual violence against men.

Such work does not mean diluting existing efforts to work with women and girls; rather it demands that we seek and get the financial and human resources for a major step-up in our response capacity to all survivors of sexual violence.

In brief...

Middle East being bled dry by conflict

Even before conflict broke out in Iraq and Syria, people in the Middle East were suffering from severe water shortages as the past few years' rising violence and record low rainfall have made access to an adequate quantity and quality of water increasingly difficult, according to a recent report by the ICRC. Many of the ageing water, sanitation and electrical systems that service the region's growing population were already struggling to keep up with demand even before the conflicts began. Now, with more than 7.5 million people displaced within Syria and some 3.7 million seeking safety in neighbouring countries, already fragile water systems in communities hosting displaced people are being pushed to the limit, and water quality continues to deteriorate.

Calls for action on migration

The secretaries general of 21 European Red Cross Societies, along with IFRC Secretary General Elhadj As Sy, have called for more compassionate action on behalf of migrants after yet another series of sea disasters claimed the lives of thousands of people in the Mediterranean Sea. "We need to recognize that the plight of migrants also constitutes a humanitarian emergency," the

Voices to action

When the 32nd International Conference of the Red Cross and Red Crescent convenes in December, will the voices of people at the grass roots be heard? A Movement-wide initiative called Voices to Action, launched in August, answers that question with an interactive, online platform aimed at ensuring that global discussions in December reflect local needs. The idea is to engage National Society staff and volunteers in a dialogue on the three themes of the International Conference: preventing and responding to violence; safety and access; and risk reduction and resilience. Make your voice heard at: www.voicestoaction.org

secretaries general wrote in a public opinion piece, published in May. The secretaries general rejected the argument that easing the journey could be 'pull factor' that encourages even more migration: "We in the Red Cross urge our governments to rise above such rhetoric, recognize that migration is a fact of life, and meet their obligations under international law."

Remembering the 'old ways'

A project that links high-tech weather forecasting with traditional knowledge is being piloted in the Pacific island nation of Tuvalu in an effort to help people cope with climate change and disasters. The idea is to strengthen people's resilience by delivering effective weather, climate and early warning information to affected communities in local languages and in ways that will be understood and accepted by local communities. Olioliga Iosua, secretary general of the Tuvalu Red Cross Society, says this information, combined with traditional knowledge, will help people in the target community of Teone cope better with disasters. "There are old ways of coping with hardship that we need to revive, like how to dry, salt or bury food to keep it fresh, sometimes for years," she said. "It's in the Red Cross disaster plan. Young people are used to buying food, but older people remember these older ways."

Three Nepal Red Cross workers killed in earthquake

As the Nepal Red Cross Society continues its work on behalf of thousands of people affected by the earthquakes in April and May, it also pays tribute to three National Society members who died while on duty on 25 April. Sanumaitya Kapali, 53, Lal Maya Gurung, 43, and Sirman Dangol, 20, were killed while running a blood donation drive in Kathmandu's historic Durbar Square. Seven other people also died along with the Red Cross workers when the earthquake caused the building to collapse.



Photo: Iraqi Red Crescent Society

'Hoping to escape death' in Iraq

When fighting in the central Iraqi city of Ramadi forced thousands of people to flee their houses, they look for refuge in safer areas in the country, particularly in Al Amiriyah Fallujah and Al Khalidiya in Al Anbar province. The Iraqi Red Crescent Society reported that more than 2,000 families were displaced, worsening the already fragile humanitarian situation. "The situation in the city is bad," said Abu Ahmed, who was displaced by recent violence. "We witnessed many people losing their lives because of the exchange of fire." The Iraqi Red Crescent dispatched aid convoys but recent rounds of fighting put an additional strain on the resources of the National Society, which was already providing urgent support for more than 2,500 families who had fled to the cities of Habbaniyah, Fallujah and Husaibah the month before.

Suffering worsens as fighting continues in northern Nigeria

In the north-eastern Nigerian city of Maiduguri, the epicentre of fighting between Boko Haram and the Nigerian army, the scale of humanitarian needs and the horrific mental scars and physical injuries the violence is leaving on the population are appalling. "Whole communities have fled their villages and endured unimaginable suffering," said ICRC President Peter Maurer during a recent visit.

An estimated 1.5 million people have been displaced, mostly within Nigeria itself. The ICRC has distributed emergency food and essential household items to nearly 260,000 people in north-east Nigeria and 65,000 people in neighbouring Niger. It is also appealing for an additional US\$ 60 million while the IFRC has launched an emergency appeal for US\$ 2.8 million aimed at providing livelihood and psychosocial support, healthcare, household items and access to clean water to 150,000 people.

Humanitarian index

54: The number of National Red Cross and Red Crescent Societies that are addressing gender and sexual violence related to conflict or disaster, according to a Movement-wide mapping exercise undertaken by the IFRC and ICRC.

1,750: The number of people believed to have died en route from Libya to Lampedusa, Italy in the first four months of 2015.*

5,000: The number of people believed to have died while attempting to cross the Mediterranean to Europe in the last 18 months.*

Sources: *International Organization for Migration.

50 million: The number of people forced to migrate last year, the first time this number has been reached since the Second World War.*

640,497: Number of houses damaged by the April and May earthquakes in Nepal, of which more than 222,000 were completely destroyed, according to the Nepali government.

930,000: Number of families displaced by the April and May earthquakes in Nepal, according to the Nepal Red Cross Society.

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We gratefully acknowledge the assistance of researchers and support staff of the ICRC, the IFRC and National Societies.

The magazine is published three times a year in Arabic, Chinese, English, French, Russian and Spanish and is available in 189 countries, with a circulation of more than 70,000.

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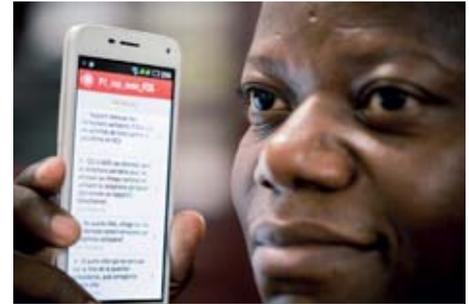
The maps in this publication are for information purposes only and have no political significance.

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On the cover: This 21-year-old man from the Democratic Republic of the Congo was forced to watch his sister being raped before being raped himself. He now lives in Uganda where he is getting help dealing with the psychological and physical scars caused by the attack. Photo: Will Storr
Image credits (from top): Will Storr; Juozas Cernius/IFRC; Marko Kovic/American Red Cross; REUTERS/Darren Whiteside; Thomas Glass/ICRC.



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Invisible scars

The Movement is doing more to help survivors of sexual and gender-based violence. But it's a daunting challenge. Survivors are often hidden due to social stigma, fear of reprisals or further violence. To help, humanitarians need to be ready to look for the signs, listen to the stories and prepare a response relevant to each context.

(All survivors' names have been changed.)

DIANA, 26, hides her scars under her long, dark hair, but they are a constant reminder of the day she was raped and left for dead by four men in her village near Medellín, Colombia.

"I try to forget but I remember everything," she says. "I was 13. I remember them ripping off my clothes, pushing me against a wall, cutting my face and beating me. I regained consciousness six days later and was told I had been gang-raped."

Diana's story is far from isolated. Horrifying stories of people abducted, brutalized and raped — often repeatedly — by armed men in situations of conflict and insecurity are shockingly commonplace.

These episodes have a long and disastrous effect on the survivors and their communities. Take the case of Lisa, who lived with her parents in Colombia's countryside before agreeing to take a job as a cook outside her village. She ended up as a slave to armed men in a nearby encampment. Sexually abused and beaten regularly, she became pregnant before man-

aging to flee to another village not far away. When that village was struck by floods, she boarded one of the evacuation helicopters. "That was the perfect moment to leave my village and go to the capital of my region," she says. After getting help and a referral from the Colombian Red Cross, she made her way to a women's shelter supported by the ICRC.

Traumatized and fearing for her life, she says she lacks the confidence to get a job and fears signing papers that might alert her attackers to her whereabouts. "I can't even find a proper job and I can't go outside like a normal person," she says, adding that she will probably never be able to return to her home village.

A global humanitarian crises

It is impossible to give exact figures on the extent of sexual violence during conflict and other crises, but reports such as these — including sexual slavery, systematic rape and forced prostitution — are

Those who survive the trauma of rape often must hide what happened to them, due to the fear of stigma or retaliation. In some parts of the world, women who have been raped can even be killed for 'dishonouring' their families. In other cases, women who speak out against their attackers would likely face reprisals. Here, a veil protects the identity of a woman testifying in a trial concerning a mass rape that occurred in the Democratic Republic of the Congo. This photo is part of a series that won the Visa d'Or photo competition for humanitarian photojournalism sponsored by the ICRC.

Photo: Diana Zeyneb Alhindawi



“The victims come beaten, confused and profoundly affected. We help them, as much as is possible, to overcome their emotional pain.”

Nina Mjabeti, ICRC assistant in the Central African Republic who provides emotional and psychosocial support to victims of sexual violence

appearing more frequently in the world’s press and have finally propelled the issue centre stage on the international humanitarian agenda.

Beyond the emotional, psychological and physical scars on survivors, sexual violence has major humanitarian consequences on victims, their families and, in some cases, on their entire community. It is a significant contributor to the spread of infectious and deadly diseases and poses serious health risks to survivors — should they be women, men, boys or girls — who often have little if any access to healthcare.

Meanwhile, the recent scandal in which French peacekeeping troops in the Central African Republic stand accused of exploiting desperate people by trading food rations for sex further underscores the scope of the problem. When conflict or disaster makes food and other basic survival items extremely precious, young men and women are also very vulnerable to sexual exploitation and abuse.

From rhetoric to reality

But how best to respond? In general, the Movement response involves a combined approach according to their respective mandates: deploying people to emergency zones with expertise in psychosocial support for the trauma caused by sexual violence; raising the basic level of awareness and competence of all Movement responders; and working with partners who are already offering health services on the ground. The ICRC completes this approach by engaging parties to the conflict in order to improve their compliance with international humanitarian law.

Examples include the ICRC-supported *maisons d’écoutes*, or listening houses, in the Democratic Republic of the Congo (DRC) where local counselors are trained to provide psychological support to victims, and the violence prevention programmes in Colombia, where the ICRC has partnered with a local non-governmental organization (NGO) Profamilia, which provides medical, psychological and



legal services to victims of sexual violence. In both these contexts, the ICRC's long-term presence due to ongoing conflict and local partnership has helped the programmes take root.

Similarly in the Central African Republic, the ICRC is not only working to train and develop its own local staff, it is also training and coaching local medical staff and other community actors to identify victims of sexual violence and provide basic psychological support (see sidebar).

When speaking more broadly about addressing sexual and gender-based violence after natural disaster or as part of community-based violence prevention programmes, there is a need to benefit from the expertise of others.

Some 54 National Red Cross and Red Crescent Societies have programmes dealing with sexual or gender-based violence during conflict or disaster, according to a recent Movement-wide survey. Many of these projects take a multisectoral approach in which National Societies partner with other agencies that offer specialized and complementary services. Immediate emergency care, prevention and awareness-raising are also becoming a more routine part of community-based healthcare and violence-prevention activities.

The Lebanese Red Cross, for example, has a psychosocial programme that includes a response to sexual and gender-based violence and child protection for people who fled the fighting in Syria. The Palestine Red Crescent Society is also doing similar

🔗 In some conflicts, women are considered by some warring parties the 'spoils of war' and are used by their captors as slaves. After being kidnapped and repeatedly raped by an armed group in Iraq, Ilham was able to escape and make her way to a refugee camp.

Photo: REUTERS/Asmaa Waguih

work in Palestinian refugee camps in Lebanon and in the Occupied Territories.

"If we can reduce the percentage of people who resort to violence by even a few percentage points, it will help to make people safer in our community," says Khalend Issa Abou al Omarein, a Palestine Red Crescent volunteer who helps run sessions in the Ain el Helwe camp, where high rates of sexual and gender-based violence are exacerbated by overcrowding and unemployment.

For its part, the IFRC is working in to support such National Society efforts, including hiring gender and diversity advisers in Beirut, Kuala Lumpur and Nairobi to help National Societies identify partners, train staff and volunteers, and develop solutions that are appropriate to their contexts.

Competing challenges

The challenge now, however, is how to have a timely response proportionate to the crisis at hand. Most Movement interventions are relatively isolated and small compared to the scope of the problem and, due to the sensitivities of the issues involved, they take time to develop.

Most humanitarian agencies working in this field acknowledge that no one group or agency can handle sexual violence alone, especially in large, complex conflicts taking place in countries as vast and inaccessible as the Central African Republic, DRC or Colombia. This is one reason the ICRC's most successful programmes are in places where it has

had a long-time presence and could develop relationships with trusted partners, both among local and international NGOs, that have expertise in various disciplines.

Over the last ten years, Médecins Sans Frontières (MSF) has also developed considerable expertise and a diverse set of responses from Latin America to the South Pacific.

But Catrin Schulte-Hillen, a midwife with MSF, says that, with the exception of the Democratic Republic of the Congo, where care for rape victims is often part of the immediate emergency response, MSF has often been able to develop solid responses only after the critical phase of the conflict is over.

"We're good at developing established programmes where we have dedicated staff and clear means," she says. "We're not as good at the onset of emergencies and in the midst of conflict."

"During the height of conflict, people will come to medical clinics for life-threatening situations only," she says. "People might not want to risk coming for something like sexual violence, unless it's a child that is badly wounded. They might not see the added value this medical care can bring."

At the onset of crisis, she says, humanitarian organizations are also dealing with myriads of urgent needs and logistical challenges. They are often not capable of developing a rapid response to a com-

"We're good at developing established programmes where we have dedicated staff and clear means. We're not as good at the onset of emergencies and in the midst of conflict."

Catrin Schulte-Hillen,
a doctor with Médecins
Sans Frontières

Overcoming the pain

In the sub-prefecture of Kaga Bandoro, in the Central African Republic, people who have been victims of sexual violence find sympathetic ears at several health centres where the ICRC and local caregivers offer psychosocial and medical support.

"The victims come beaten, confused and profoundly affected," says ICRC assistant Nina Mjabeti, who has more than five years of experience offering psychosocial support to victims of violence. "We help them, as much as is possible, to overcome their emotional pain."

The medical needs of rape victims are taken care of by midwives, after which victims can see psychosocial assistants, who listen and empathize with their pain in the hope of reducing symptoms that may include nightmares, fear of going outdoors and the desire to isolate oneself.

"Many among them come back to express their satisfaction regarding the quality of the help and particularly for the respect of confidentiality," she says.

After about six sessions, ICRC teams have noticed that many victims of traumatic events begin to regain confidence and their ability to cope. Still the wounds inflicted on people who have witnessed murders, have lost a spouse or been the victim of pillage or rape are not quickly healed.

This is why important work also takes place outside the clinic doors, in communities where victims live. During group or door-to-door awareness-raising efforts, ICRC staff or partners note that services are free and that it's critical to avoid stigmatizing victims. "For rape victims, a particular accent is placed on the necessity to come to the centre before 72 hours for an effective intervention," adds Claudia Ricio Ibarra Lopez, an ICRC psychosocial delegate based in Kaga-Bandoro.

"The community is also made aware of the fact that a woman victim of rape has no responsibility for this unfortunate thing that has happened and that such incidents are exclusively the result of the war and the armed violence."

At the same time, the ICRC maintains a dialogue with all arms carriers in order to remind them of their obligation to respect the civilian population and rules of war, and in particular that rape constitutes a serious violation of international humanitarian law and international human rights law.

plex issue in which the victims are not always clearly visible even to medical workers and in which confidentiality is crucial.

"One of the most difficult issues is how to identify and access victims who are too scared to seek help due to stigma and fear of reprisals," says Schulte-Hillen, adding that victims are often unaware of the support services available or that access to treatment within 72 hours can reduce risk of HIV infection resulting from rape.

"It's not an excuse, it's a reality," she says. "The invisibility of victims needs to be taken into account. However, we know from experience that they are there. So if we don't see them, it's because we are not searching for them. So the question is, do we have the means? And do we make it a priority to look for them?"

Bridging the gap

These are also questions being asked by the Red Cross Red Crescent Movement, which has pledged in numerous forums in recent years to make sexual violence a top priority in its humanitarian response. The challenge has been turning the rhetoric into reality on the ground.

In the last four years, there has been considerable progress and a range of new services is being offered. But, as ICRC Director-General Yves Daccord said recently, there is still a gap between the organization's stated will and its ability to respond effectively in multiple contexts. The way to bridge that gap, he says, is not just "to put a few more specialists on the ground but integrate awareness around this issue into the entire operation".

In addition, says Coline Rapneau, sexual violence adviser in the ICRC's directorate of operations, the ICRC aims to challenge the invisibility of the phenomenon, due to victims' fear of stigmatization, rejection or reprisals. ICRC staff must now assume that sexual violence occurs in conflict or other situations of violence regardless of whether there are specific allegations. The ICRC now no longer waits for evidence of sexual violence to emerge before preparing a response.

"What we've done is reverse the burden of proof so that ICRC staff members become proactive even if victims are not yet coming forward," says Rapneau. "That paradigm shift, which was developed in 2013, also gives us a considerable push to do more to better understand the trends and patterns of sexual violence and to respond to the needs effectively."

While the ICRC response in the past was relatively ad hoc, the organization is now "trying to more systematically address the issue", she says. The response includes nine clinical psychologists working in the field specifically on this issue — a threefold increase over the past three years. These



psychologists are developing programmes for survivors of sexual violence alongside ICRC medical activities, helping to raise the profile of the issue in each context, and are training and coaching local staff in the field.

Part and parcel

Similarly, within the IFRC there has been a growing recognition that sexual and gender-based violence is part of any crisis and that capacity to respond must be integrated into all humanitarian assistance operations, says Siobhán Foran, gender and diversity adviser for the IFRC in Geneva.

Backed by key policy documents, the approach seeks to integrate awareness about the issue, and capacity to respond, into basic emergency and post-crisis operations.

Part of that means hiring more experts. The IFRC's recently hired gender and diversity advisers in Beirut, Kuala Lumpur and Nairobi, for example, are responsible for developing training sessions and approaches that fit local situations. The idea is not just to have specialists available to respond, but rather to increase the capacity of IFRC field staff and National Societies in addressing this very delicate issue.

"These training sessions and responses need to fit the local context," says Foran. "If there's something that doesn't resonate with the local context, the advisers can take it out. And if something is much more important to one particular region, then they can put it in."

Meanwhile, gender and diversity advisers from both the IFRC and National Societies are an increasingly common component of international relief efforts, including after Typhoon Haiyan in the Philippines and the recent earthquake in Nepal, and in the countries taking in displaced people from Iraq and Syria. Some emergency response units (ERUs), such

For many humanitarian organizations, awareness about mass rape grew in the 1990s, following the genocide in Rwanda and the war in the Balkans. To bring attention to this issue, Kosovo-born artist Alketa Xhafa-Mripa arranged dresses and skirts on clothes lines in a stadium in Pristina, the capital of Kosovo, in 2015.

Photo: REUTERS/Hazir Reka

as the Canadian ERU, now routinely include a psychosocial delegate, while response to gender-based violence and child protection are key elements of their mandate.

A minimum standard

For Gurvindher Singh, the IFRC's violence prevention adviser, a big part of the job is preparing all people on the front lines to understand the signs of sexual violence and to respond appropriately based on available services or referral pathways to other organizations providing complementary services.

"At a minimum," adds Singh, "people in every National Society and within the IFRC should be able to handle the disclosure of sexual violence appropriately. Because we don't want to make the situation worse. We should be able to tell them what options are available and where they can access support."

But that is just one part of the solution, says Foran, who argues that a response to gender-based violence needs to be more fully integrated into IFRC emergency operations from the start. "We've got to have this response as part of our ordinary business," she says.

That means having gender and diversity or protection advisers as part of the first assessment teams and psychosocial workers trained to address sexual violence as a normal part of ERUs. "Just as you have your water and sanitation person, your logistics person, you have a gender and diversity or protection person," she says. "We need to build up a roster of Red Cross Red Crescent Movement people who can fill that role."

A dangerous stigma

More important than the quantity of projects or programmes, however, is the quality of what humanitarians have to offer. If not done well, closely following the 'do no harm' principle, the response can have serious and potentially very harmful repercussions.

In the Middle East, where the conflicts in Iraq and Syria have led to widespread reports of sexual violence perpetrated against women, the risks of a poorly implemented response could be worse than doing nothing.

All too often, victims might not only face stigmatization or rejection, but they might even be killed to 'cleanse' the family's honour. "It can be a big risk for women victims to seek healthcare support for sexual violence, so you need to make sure that you take all necessary measures, including confidentiality, otherwise you could be condemning that person to death," says the ICRC's Rapneau.

The matter is further complicated when laws in certain countries require health facilities to report cases of rape to authorities, something that might make victims wary about coming forward and which

Coming next issue

World on the move

There are now more people are on the move than at any time since the Second World War. In our next issue, we look at the Movement response to this growing, global humanitarian challenge.

also makes the provision of confidential humanitarian services very difficult. Because of the cultural sensitivities and the lack of pre-existing partnerships around the issue of sexual violence, the Movement's response in the countries affected by the conflicts in Iraq and Syria has been relatively limited, according to people interviewed for this story. Rather, services are discreetly offered within the context of more general activities such as community-based health and first aid provided by National Societies and the IFRC within camps or communities hosting refugees.

The 'other' invisible victims

Similar sensitivities must be taken into account when dealing with male victims of sexual violence, says Chris Dolan, the director of the Refugee Law Project, a community outreach project based at the University of Makerere in Kampala, Uganda.

The problem is, he says, that little is known about the phenomenon of sexual violence by men against men. According to Dolan's research, only 3 per cent of NGOs working on sexual violence provide services for male victims despite the fact that men may constitute up to a third of the victims.

"We screened men fleeing the conflict in eastern DRC and one in three had experienced sexual violence in their lifetime and 14 per cent in the year prior to screening," Dolan says.

Dolan says that due to stigma, rape of men is dramatically underreported and, as a result, many victims of sexual violence are not getting the medical and psychological support they need.

"Counsellors need to better spot the signs of ill-treatment," he says. "Doctors need training in dealing with the physical injuries caused by this type of violence and the aid community needs to respond to their specific shelter, food, water and sanitation needs."

Creating a safe space

Often sexual violence affects people when they're at their most vulnerable, after they have been forced to flee their homes and are living in camps where protection and basic policing are minimal.

In 2011, the Kenya Red Cross Society took over the coordination of two of the biggest camps in the Dadaab refugee complex. In the sprawling camps, home to 80,000 people mostly from Somalia and South Sudan, women and girls are at risk of gender-based violence.

The Kenya Red Cross Society, supported by the Canadian and Irish Red Cross Societies and in partnership with a raft of international organizations, such as United Nations Women, Save the Children and Islamic Relief, launched a violence prevention initiative.

"We went block-by-block in the camp working with fellow refugees to organize self-protection committees, establish male-led non-violence clubs and create safe spaces for women," explains Mary, a refugee from South Sudan and Kenya Red Cross volunteer.

Three years later, an independent review showed incidents of violence had fallen by 77 per cent and more than 80 per cent of those taking part had changed their violent behaviour, according to a report on the project.

Local solutions

One way to deal with the specific needs of victims, and with the particularities of each context, is to take advantage of existing networks in which local people have faith and trust. "Ready-made, 'cookie-cutter' solutions don't work," says Singh. "It's the localized solutions that are sustainable and effective."

The recent survey of sexual and gender-based violence activities recommends enhancing and building partnerships on an ongoing basis, not just when crises occur. National Societies, whose volunteers understand local cultures, could make an even greater contribution.

More resources are also needed, particularly in training and raising the Movement's capacity, according to the survey. This in turn means the Movement has to get better at quantifying the impact of its actions.

In the meantime, testimonials from people who have learned to cope thanks to these interventions make a powerful case for greater action. Consider the story of Maffa, who at the age of 11 was abducted by armed men while on her way to school in rural Colombia. She was drugged and sexually abused on a regular basis but was ultimately able to escape this nightmare and find help through the ICRC, where she could finally talk about what happened to her.

"I realized that this is not my fault and that I didn't do anything wrong," Maffa says, adding that talking about her story helped in her decision to go back to school, where she did well and became a nurse. "Now as a nurse I even take on cases in which people were also involved with armed groups and I am able to speak with them about their experiences." ■

🔗 Rape is also used as a method of war against men, to terrorize individuals and destabilize family and community structures. This man's wife threatened to leave him after he was raped by armed men.

Photo: Will Storr



By **Claire Doole**

Claire Doole is a freelance writer and video producer based in Geneva, Switzerland.

Preventing death with data

How data are helping people in a fractured country avoid the death sentence imposed when life-saving malaria drugs are not available.

IN THE EASTERN-MOST tip of the Central African Republic, nestled between the borders of South Sudan and the Democratic Republic of the Congo, health worker Yves Ngonakpa makes sure that the health clinics in his remote corner of the country are stocked with life-saving malaria drugs.

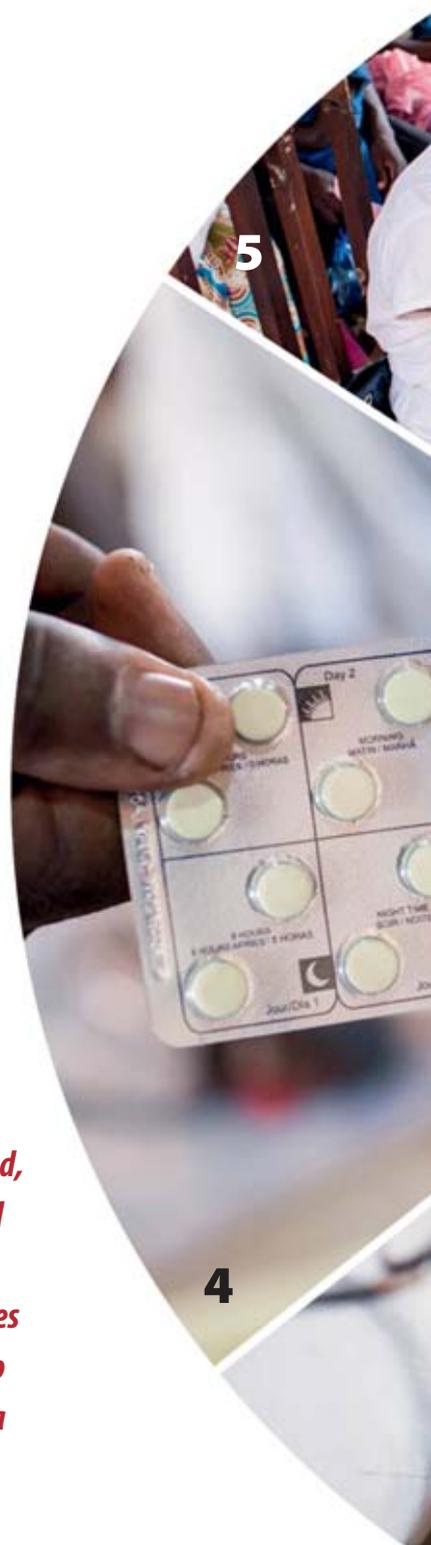
Located more than 2,000 kilometres from the country's capital Bangui, the town where Ngonakpa is based, Obo, is not an easy place to send supplies to in the best of times. After the country became engulfed in an internal conflict in December 2013, the few supply routes that existed were blocked entirely. Even sending basic information about the monthly number of malaria cases or levels of drug supplies to health ministry headquarters in Bangui became nearly impossible.

"Due to the distance and logistical challenges, as well as the increased insecurity, taking reports to Bangui in the conventional way would take me at least one month," Ngonakpa says. "There are no vehicles going from here to Bangui and the roads are almost non-existent. Also, with the increased kidnapping and robberies along the way, no one would be sure of reaching Bangui."

The problem is that with malaria, a delay in treatment of just one day could mean a death sentence for victims of the disease, especially for young children. Now a mobile-phone-based reporting system called RAMP (Rapid Mobile Phone Data Collection),

"When we started, we were shocked that 30 per cent of health facilities in Bangui had no stocks of malaria drugs. So we responded and after three to four months, the number of stock-outs went down to zero."

Mac Otten, medical doctor and head of IFRC's monitoring and evaluation team in the Central African Republic





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How a mobile-phone-based database is helping to save lives in the Central African Republic: **1** When fighting makes travel dangerous, people often come to health centres only when they or their children are already sick. **2** After people are cared for, information about cases of malaria and other health problems are recorded in health centre logs. **3** Data about caseloads and the amount of malaria drugs and testing are entered into electronic forms on smartphones. Those forms are then sent using mobile-phone networks to Ministry of Health headquarters in Bangui. **4** Using this information, the Health Ministry sends drugs where they are needed most. **5** People who are sick are then more likely to be properly tested and treated for malaria. Information about treatments is also entered into the electronic system, which helps health officials track their progress against the disease and ensure that drug-stock levels remain adequate.

Photos: Juozas Cernius/IFRC

which uploads comprehensive health data directly to a centralized web platform, is helping health ministry employees such as Ngonakpa to ensure patients get the malaria drugs they need in time.

“With the use of mobile telephones to send and receive data, I can cover the vast distances in a short period of time,” he says. “When our stocks are limited or when we have other problems, I can communicate with Bangui in good time compared to the past when it would take weeks.”

In places such as Obo, it is important to know when drug supply levels are running low as the planes that deliver them, chartered by humanitarian organizations, do not come frequently. Thanks to the RAMP system, Ngonakpa says that these days, when they are just about to run out of stocks, new shipments arrive.

Killer number one

This is not just an issue in remote towns such as Obo. “Malaria is the number one killer for children in Africa and the Central African Republic has one of the highest malaria rates in the world,” says Mac Otten, a medical doctor and head of IFRC’s monitoring and evaluation team in the Central African Republic. “Malaria is by far the leading killer of children in the country.”

“Now we know on a weekly basis where they have the drugs and where they don’t and we can use that information to save lives.”

Désiré Takoumbo, malaria monitoring and evaluation delegate for the IFRC in the Central African Republic

📍 This little girl who lives in Bangui, Central African Republic, is able to get the malaria treatment she needs in part due to RAMP, short for Rapid Mobile Phone data collection system.

Photo: Juozas Cernius/IFRC

Visit any hospital ward in the capital Bangui, or elsewhere around the country, and more than half of the beds will be taken by people who are hospitalized due to malaria. And about half of the people who die in these hospitals will perish from this preventable mosquito-borne disease.

Decades of civil strife and insecurity had already weakened systems of community health that might have kept the disease in check. Since fighting expanded or intensified in December 2013, the fragile social system fractured even further and almost brought the already tenuous economy, and its social, political and health systems, to a complete halt.

By April 2014, nearly one-third of the country’s 900 health facilities had closed or been looted as staff fled to neighbouring areas or countries, or were simply too scared to come to work. Elsewhere, health workers stayed, but stocks of medicine and other supplies ran perilously low or were used up entirely, while many doctors and nurses have worked without pay.

In this context, the IFRC took the lead on a project, supported by the Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria, to distribute more than 2 million bednets country-wide and to develop a programme to support up to 166 health centres with malaria medicines. (Other humanitarian organizations signed on to support another 200 health centres.)



Many more people are now getting drugs that will save their lives and potentially break the cycle of re-infection caused when a sick person is bitten by a mosquito capable of carrying malaria.

“The most remarkable thing is that we now get reports from areas that we never thought we would get information from,” says Désiré Takoumbo, malaria monitoring and evaluation delegate for the IFRC in the Central African Republic. “Now we know on a weekly basis where they have the drugs and where they don’t and we can use that information to save lives.”

The data were also useful in determining which facilities were still operational at any given time, given the fluidity of the fighting. Before, these reports would have to be brought by car from all corners of the country — a long and slow trek in some areas at the best of times — before the data were entered by hand into a central database. “You can imagine the task of getting 900 paper reports into the central system,” says Otten. By the time health ministry epidemiologists looked at the data, it might have been more than three months out of date.

With the RAMP system, the information is uploaded from the field to the central database in real time. “The main advantage is the rapidity with which we receive the information and with which we can put it into action,” says M’bary Siolo Mada Bebelou, a doctor of public health and malaria focal point for the IFRC in the country.

A case in point came during the early phases of the project’s implementation. “When we started, we were shocked that 30 per cent of health facilities in Bangui had no stocks of malaria drugs,” Otten says. “So we responded and after three to four months, the number of stock-outs went down to zero.”

Challenges ahead

The difficulty now is reaching the rest of the clinics that are operational but are not participating in the RAMP data collection system. Those who manage the RAMP programme say it has already proven its potential to become a system-wide health reporting tool for numerous health indicators, not just malaria. “We don’t see this as a project database,” says Otten. “We want to build a national reporting system so that all 900 health facilities are reporting.”

Beyond malaria, for example, could the system be used more widely to track and respond to other major killers such as HIV/AIDS and tuberculosis, both of which require more complex treatment regimens and potentially new systems for tracking patients? Might RAMP be used more widely beyond the health centres to gather information about community health, as has been done with some success in Kenya, Namibia and Nigeria?

But there are challenges to scaling up even a relatively simple, low-cost system like RAMP. In contexts

such as the Central African Republic, mobile phones are common but not ubiquitous and network coverage is only available for two hours a day in some areas. Then the lines are jammed with people trying to make urgent calls.

Also, many of the health staff who collect the data have a strong understanding of the medical data they need to gather. But they may not be very familiar with smartphones. Project managers quickly realized they had to expand training on smartphones from one day to three in order to ensure data were being entered and sent correctly.

No time to wait

Security problems in the country also mean that supervisors are not present in the field to correct errors or verify data. So the system relies on other checks and balances. For example, paper copies of health reports stay at the health centre and the focal points keep a copy at district headquarters. That allows for quality controls or cross-checking between what arrives in Bangui and the caseloads and use of medicines at each clinic.

For Jason Peat, a unit manager at the IFRC in Geneva, the RAMP project shows that despite these difficulties, the use of readily available technology can play a big role in helping health systems to function, even in societies deeply fractured by violence.

“It shows that even in a country as fragile as this one, it can be done,” he says. “So the reluctance that donors sometimes express about investing in the Central African Republic, because there are no systems for accurately assessing the needs or providing accountability, for example — RAMP has taken these excuses off the table.”

Most patients, such as those who come to the Mamadou Health Centre in Bangui, have no knowledge of the RAMP system — it’s completely behind the scenes. What matters to them, during times of scarcity and limited safe periods between outbreaks of violence, is that the testing supplies and drugs are available where they are needed.

“The rapid testing is good because it saves us from having to wait during these times of insecurity,” says Edwidge, whose 1-year-old baby tested positive for malaria. “And the fact that everything, including the medicine, is free gives me hope.”

Like all the patients here, Edwidge has been deeply affected by the persistent violence. “I have no money having lost my market stall to the crisis,” says Edwidge, who also has a 3-year-old child. “So I am very happy to have the free malaria consultation for my baby.” ■

By **Nelly Muluka**

Nelly Muluka is an IFRC communications officer based in Bangui.

“The rapid testing is good because it saves us from having to wait during these times of insecurity. And the fact that everything, including the medicine, is free gives me hope.”

Edwidge, a mother of two who went to the Mamadou Health Centre in Bangui with her 1-year-old baby, who tested positive for malaria

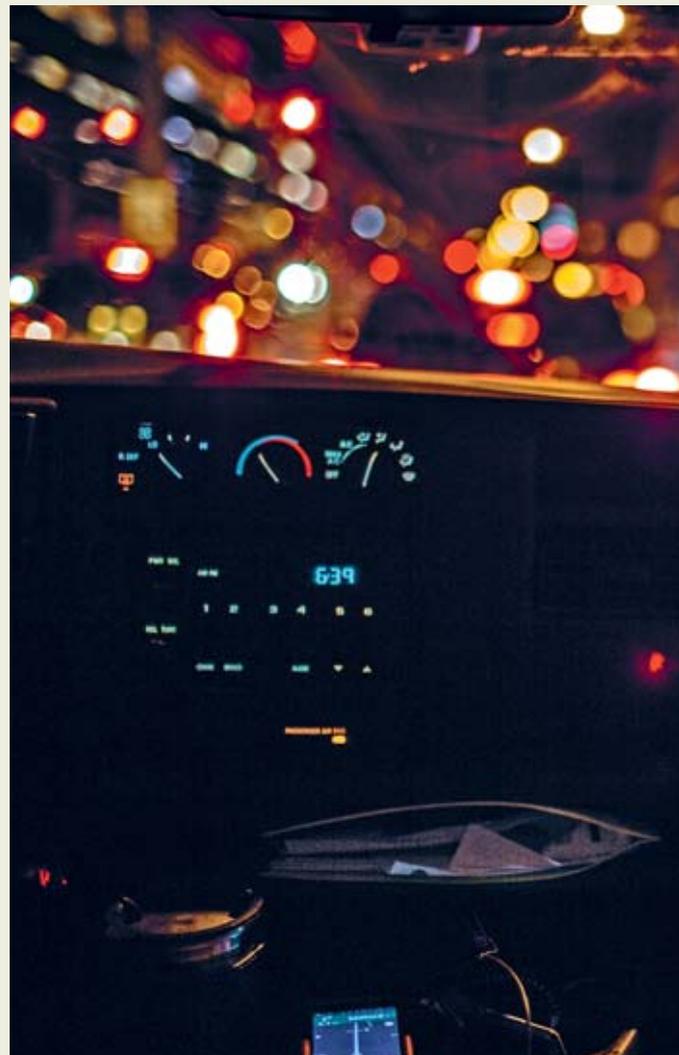
Comfort after tragedy, with help from technology

Every 8 minutes in the United States — nearly 70,000 times a year — the American Red Cross provides emergency relief following a local disaster. The majority of these life-changing crises are home fires, most of which do not make the news. These silent disasters leave countless families without homes, personal belongings and, in the worst cases, cause serious injury or death. For decades, people whose homes were damaged or destroyed by fire or other disasters in New York City have received visits from American Red Cross volunteers who provide blankets, a personal hygiene kit, emergency funds and temporary housing in a nearby hotel. This is no small service in a city where the Red Cross sometimes responds to 20 fires per day. Now the volunteers' toolkit includes some new items that help them meet people's needs more quickly and efficiently. Under a new pilot programme launched in June 2014, volunteer and staff responders use smartphones and tablets — linked directly to a central web-based management system — to help them find and support affected families, as well as document and follow up each case. Photographer Marko Kopic rides along with teams from the American Red Cross Greater New York Region and files this report.

① In the Hell's Kitchen neighbourhood of Manhattan, members of the American Red Cross dispatch service monitor a variety of emergency services radio channels, including a direct radio frequency from the New York City Fire Department. When a fire breaks out, their Emergency Communications Center is notified immediately with details about the type of fire (residential or commercial), its scale and the address.



② A big part of their day-to-day work at the Emergency Communication Center is dispatching volunteers to residential fires that break out in the city's five boroughs, which are home to more than 8.4 million people. In 2014, there were a total of 26,531 structural fires (including residential ones) throughout the city, according to the New York City Fire Department. In the case of residential fires and very large commercial fires, Red Cross responders are sent to the scene. Here an American Red Cross responder uses a tablet and Google maps to locate a home that was damaged by fire. If necessary, the responder can also take and send a photo to inform colleagues back at headquarters. As one responder explained, "We don't just have boots on the ground, but eyes as well because we can show them [people in headquarters] what we are seeing."





③ American Red Cross responders Ivan Callazo and Nadé Coulibaly gather information to help determine the needs of a family that just experienced a fire at their home in Queens, one of New York City's five boroughs. The volunteers use Red Cross-issued iPads and their personal smartphones to input data about the damage and the family's needs. The iPad is connected to the internet via a sim card so they then immediately upload details to a web-based case management system software called CAS. This information can then be accessed later by caseworkers when person affected by the fire visits chapter headquarters. On this evening, the family was also given blankets, a clean-up kit, three metro cards, food for four people and housing for two nights at a local hotel.

④ Responders can also use the iPad to load money onto an American Red Cross credit card. This card is given to residents who may need it to buy food, clothing or other emergency items. After a fire in Jamaica, Queens, part-time Red Cross responder, Nicole Marks, uses an iPad to enter information about a family who has been ordered to leave their fire-damaged home by the fire department because it was deemed unsafe.



⑤ When local authorities deem a house to be unsafe, Red Cross responders will book a local hotel room for the affected residents for several nights if needed. Here, Red Cross volunteer regional coordinator, Richard Gallis, speaks with a couple forced to vacate the premises by the fire department for reasons of health and safety. Gallis explains the immediate assistance that the Red Cross can offer the family and what they should do in the coming days to receive longer-term help, should they require it. The couple is invited to meet with a caseworker at the Red Cross chapter headquarters in Manhattan. The caseworker can then direct them to other services outside the Red Cross.

Knowledge is key

How hand-held tablets and a system for uploading data in real time may make detention conditions healthier and more humane in the Philippines.

LIKE MANY agencies charged with managing overcrowded jail systems around the world, the Bureau of Jail Management and Penology in the Philippines (BJMP) struggles to keep up with myriad repairs and renovations needed to improve living conditions and maintain the basic health of inmates.

But as the agency responsible for holding some 80,000 people across the country, the BJMP faces a somewhat unique and rather daunting challenge: the 459 district, city and municipal jails it manages are spread around a country which spans some 7,000 islands, covering more than 300,000 square kilometres.

Designed to hold inmates undergoing trial, awaiting judgement or serving less than three years, these jails are also extremely varied in terms of age, condition, size, number of inmates and the quality of basic sanitation and health services.

“Our main difficulty is congestion,” says Ruel Rivera, chief superintendent of the BJMP’s Directorate for Logistics, based in Manila. “This is a huge problem for us.”

Until recently, the simple task of getting consistent and accurate information about current infrastructure problems facing each jail — breakdowns in the water systems, level of overcrowding — often took months. Engineers sent from regional offices would have to travel regularly to each facility, fill out paper forms that would be brought physically from remote corners of each island and then entered into the system by hand at headquarters, a process that could take even more time and left open the possibility of errors.

“Through the new database, we could get easy access and a perspective on the conditions in real time so we could make some quick decisions on what things to improve.”

Ruel Rivera, chief superintendent of the Directorate for Logistics, Bureau of Jail Management and Penology of the Philippines

“Our jails in Mindanao, for example, are very far away from our national headquarters here in Manila,” says Rivera. “To get to all the jails on the island takes a lot of time spent in planes, busses or cars just to get basic information.”

Mindanao is one of the Philippines’ major land masses, an island at the southern end of the archipelago that is home to about one-fifth of the country’s population and also houses 110 BMPJ jails, spread out in many remote corners of the island.

Even then, the information gathered wasn’t always consistent, complete or detailed enough to make sound decisions about how best to spend limited resources or convince legislators to allocate more funds, Rivera notes.

Data makes a difference

For the ICRC, which has been working on behalf of detainee welfare within the BJMP system for decades and has helped upgrade jail water, health and nutrition systems in numerous facilities, it was clear that it needed to go beyond targeted repairs and help the agency find a more comprehensive solution.

The result is a mobile data-collecting platform that allows engineers in the BJMP’s regional offices to upload detailed reports about prison conditions, infrastructure and services into a central web-based from tablets or smartphones.

“They can work offline and once they’ve done their job and saved all the forms, they upload the data,” says Marco Albertini, ICRC water and habitat coordinator for the Philippines.

The number of variables the programme tracks is myriad: amount of indoor living space per inmate, the quality of ventilation, the number of toilets and size of septic tanks, the quality of drinking water, whether or not there is access to an outdoor space, among many other factors that have a direct impact on inmate health, dignity and well-being. Engineers can also upload photos that show the cisterns, pipes, kitchens or other systems that need repair.

The information is not just limited to plumbing and concrete. BJMP health staff can also access the database, called Majella, in order to see how many doctors there are relative to prison population, the frequency of doctors’ visits, the morbidity and mortality rates, and how regularly kitchens are disinfected.

Concrete changes

Due to their long working relationship, the BJMP and the ICRC already knew a lot about the state of Philippine jails before the setting up the database. Still, there were significant gaps, which the system is already helping to fill and that information is already making a critical difference in the lives of detainees.



Overcrowding is perhaps the biggest challenge that jail officials in the Philippines face. A new mobile database programme developed with support from the ICRC is helping the BJMP in the Philippines to improve conditions for detainees by helping officials better understand the problems — such as amount of outdoor time inmates have — and allocate resources that improve detainee health and dignity.

Photo: REUTERS/Darren Whiteside

For example, through the new system they learned that more than 7,200 inmates housed in 116 jails have no access to the outdoors (see graph right). System-wide, more than 24,000 inmates, almost a third of the overall system population, have less than the one hour per day of outdoor time considered as a minimum standard.

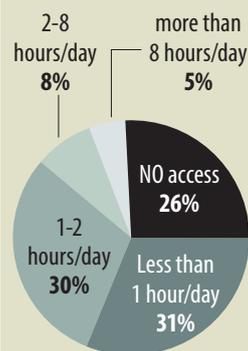
This single fact can have a tremendous effect on the physical and mental health of inmates. Outbreaks of infectious disease, or security issues caused by overcrowding and lack of outdoor space and exercise, can also lead to serious costs for jail health systems. “If we could decongest a certain jail,” says Rivera, “we would at the same time address the health conditions of all our inmates.”

Meanwhile, the precise evidence the database has provided has also helped jail officials appeal for and secure an additional budget for 2015 of 108 million pesos (US\$ 2.4 million) that will lead to improvements in 31 jails all over the Philippines. In some districts, that means new jails and in others, it will translate to building additional cells on existing facilities or the construction of perimeter fences that will allow inmates go outside or have some group space for programmes outside their cell.

For jail administrators, the new system is a life-saver. “Through the new database, we could get easy access and a perspective on the conditions in real time so we could some quick decisions on what things to improve,” Rivera says.

The system also saves the BJMP money because there is no longer a need for engineers in Manila to go directly to each jail. Rather, the BJMP’s 17 regional engineers are trained in how to use the programme and make the reports regularly.

Detainees’ access to the outdoors



The new mobile-data collecting programme helps prison authorities know more about areas of detainee health that were previously not being tracked. It can also automatically arrange the data into easy-to-read charts, similar to the one above, which shows the number of hours detainees have access to an outdoor space.

The whole-system approach

For the ICRC, this project is an example of how the scope of its work in detention facilities has evolved from focusing only on the welfare of individual inmates detained in connection with the Philippines’ decades-long internal conflict to the health, water and nutrition systems that affect all inmates.

“This is an example of the work that we do at a higher level, the training or strengthening of information management, the understanding of the system to then have an impact on the entire 100 per cent of the jails,” Albertini says.

This systemic support is complimented by regular ICRC visits to places of detention and individual follow up of certain categories of detainees. However, it should be noted that reports on detainee visits and other confidential information about specific prisoners are not entered into the system. In addition, all data transmitted via the mobile system are encrypted and access to the database is limited to a very small number of BJMP and ICRC users.

The ICRC also continues to carry out its classic water and habitat and health interventions, which range from installing new septic tanks and building toilets to refurbishing kitchens or health centres.

“The newly acquired knowledge is also helping the ICRC to reorient our teams to facilities that we did not know of before, and where we are finding very extreme living conditions,” Albertini adds. “So this tool is being used within the ICRC from a protection point of view as well.

“For us, it’s the source of timely and consolidated knowledge of the system and, because it allows us to target where the most urgent needs are, I would say, it’s really saving lives.” ■



Breaking point

As conflict intensified in Yemen, and many aid agencies were forced to leave, locally based Movement workers have been the backbone of the humanitarian response. Here are some of their stories.

IN THE middle of the night, sounds of explosions reached my ear. Pretending it's a nightmare, I closed my eyes and thought, 'How many body bags are they going to need tomorrow? Given the sounds, it will be a lot.'

These are some of the thoughts that crossed the mind of Fatimah Al Yamani one evening not long ago. "In the morning, acting like nothing has changed, I tried to fix my morning coffee only to remember that the electricity was cut weeks ago," continues Al Yamani, a protection field officer working in ICRC's Sana'a delegation. "All the electrical equipment in the kitchen is dead and just stares at me in silence.

"Walking alone in the empty streets, trying to reach the office, the once-jammed roads are just long, black, empty spaces. No fuel, no cars, no people. To make the journey shorter, I try to think of other sources of energy, something to bring life into all this silence around me."

This is just one scene in the daily life of current-day Yemen, a country that has been brought to the breaking point by months of intense fighting, air

strikes, bombardment and economic sanctions. Moments of extreme silence are interrupted by gunfire and explosions. Simple daily tasks, from making coffee to finding food or getting across town to work, are often impossible due to the lack of security, power and fuel.

In this chaos, life for ordinary people grows more desperate by the day. As the death toll and the number of wounded rise, hospitals and clinics run low on vital medical supplies and equipment. Other essential commodities — water, food, fuel — are also in dangerously short supply in many parts of the country.

The only ones left

Movement staff and volunteers are left trying to find the means to bring life-saving aid. While most international organizations have pulled their staffs for security reasons, the ICRC has stayed, with 30 mobile staff and 190 Yemeni staff members based in offices in Sa'ada, Sana'a, Taiz and Aden.

Along with Yemen Red Crescent Society staff and volunteers, who have also suffered greatly due to the conflict, these humanitarians continue to work around the clock despite themselves going through much hardship: they may have been uprooted, or lost loved ones or all their personal belongings. The work is also extremely dangerous. To date, four Yemen Red Crescent volunteers have been killed in the line of duty. The most recent was Jameela Naji Burut, a volunteer in the Hajjah branch who was killed by an airstrike as she helped people wounded by another airstrike that had hit moments earlier.

Most of these volunteers and ICRC staff are working round the clock due to the demands imposed on them — even in cases when their movements are severely restricted because of the dangers.

Al Gomhariah hospital is the main referral hospital for Aden and neighbouring governorates and the ICRC has been supporting it since fighting broke out. Ala Sahim, the health field officer for the Aden sub-delegation, has been living in the hospital 24 hours a day since 25 March to the time of writing. "I could not reach my home due to roadblocks, and I was afraid that I might not be able to return to the hospital — where I am needed — if I left," he says.

Aden was perhaps the most dangerous city in Yemen. In March this year, most of the mobile staff were forced to leave the city and the hospital was at one point evacuated as fighting took place in and around the hospital compound. "We are shocked by the lack of respect for the hospital, as a neutral health facility, by the fighting parties," said the ICRC's head of delegation at the time, Cedric Schweizer.

It was Sahim who led the evacuation and return of some 120 patients. "To be in charge of the hos-

"Walking alone in the empty streets, trying to reach the office, the once-jammed roads are just long, black, empty spaces. No fuel, no cars, no people."

Fatimah Al Yamani, protection field officer in ICRC's Sana'a delegation

👁 Civilians have suffered tremendously during the fighting in Yemen. Here, an ICRC protection team assesses the damage caused by fighting in one neighbourhood in Sana'a after a bout of fighting in May 2015 in which more than 25 civilians were reportedly killed.

Photo: Thomas Glass/ICRC

👁 In addition to those killed, people have suffered horrendous injuries. This boy was severely burned, and lost many family members, when a gas truck exploded due to fighting in Sana'a. Healthcare facilities have also come under fire but medical staff have continued their work to help the injured.

Photo: Thomas Glass/ICRC

pital and its emergency response programme amid heavy fighting was a big challenge," he says, adding that with support from the subdelegation's head and its resident staff, they were able to face the difficulties. "I am very proud of our achievements in running the hospital where we were able to treat 800 war wounded in one month."

An ocean of needs

Reaching people trapped by fighting has also posed a serious challenge, says Basheer Jubran, an assistant at the Sa'ada subdelegation. "The fighting has turned the life of the people into one of total suffering," he says. "The ICRC tried its best to do something about this massive ocean of needs, especially in terms of health.

"But the roads were not safe and casualties were trapped in many places. Therefore we sent materials to the health structures so that they could respond on the spot."

At the same time, many staff members have also been directly affected, says Faris Beshari, an economic security officer. "Some of our colleagues in the north and the south have been affected personally by the ongoing airstrikes, as some have lost relatives and their homes," he says, adding that on occasion colleagues had to stop their daily work as they were displaced with their families and had to look for safe shelter.

"In general, access to the field is more complicated than before, but we are still able to deliver assistance to some affected areas," Beshari says. "I am very eager and motivated to work for victims of the ongoing fighting in spite of the difficulties and risks faced in the field." ■

By **Adnan Hizam** and **Malcolm Lucard**

Malcolm Lucard is editor of *Red Cross Red Crescent* magazine; Adnan Hizam is communication officer at the ICRC Sana'a subdelegation.





📍 The expression in the eyes of Ranjita Khadka, 13, speaks to the suffering that many children continue to endure in the wake of the two earthquakes that struck Nepal in April and May 2015. In addition to providing food, shelter, first aid and medical help, the Movement has offered a wide range of psychological and emotional support for traumatized communities.

Photo: Mirva Helenius/Finnish Red Cross



Aftershock

After a powerful earthquake in April, followed by repeated tremors and a violent aftershock, people in Nepal are learning how to survive, rebuild and deal with trauma as more aftershocks bring back terrible memories.

IN THEIR CRISP clean uniforms, children pick their way through the rubble on their way to school. The town of Bhaktapur was badly damaged in the two earthquakes that struck Nepal in April and May, when many died and where, in some areas, all of the houses were destroyed.

Most of the children have lost their homes; many have lost family members. But the start of the school term means a return to some sort of normality.

Bhumika and Suraj Sainju's house collapsed when the earthquake struck but luckily all 28 members of the family managed to escape. Now, 11 of them are living in a tent provided by the Nepal Red Cross Society.

"I'm excited to go back to school," Bhumika tells us, smiling shyly. "I will get to be with my friends and we can play together. My favourite subject is maths and I want to go and learn."

Together with the Nepal Red Cross, Bhumika's school had been teaching the students about what to do in the event of an earthquake. Classes included simple advice on how to prepare and protect themselves.

The class with the youngest children is being taught outside, under a canopy in the playground. The first week, the principal says, is all about building their confidence, to help them feel safe and enjoy school.

"Nearly 75 per cent of children have come back," says Binod Rai, the school's principal. "They are happy to be here but we need to look after their minds too — they are frightened. While they may seem fine, we are watching them closely for signs and if they are upset, we will take them aside and reassure them and make sure they are OK. I am confident that coming back to school is the right thing."

"The children here are afraid of the helicopters, because the sound reminds them of the earthquakes."

Radhika Khadka, a teacher in a village in Dolakha, a district north-east of Kathmandu



More than 4,000 school buildings across the country were damaged in the earthquakes and many lessons will have to be held under canvas. Rai is eager to tell the students that the building has been checked by the municipality and is safe.

“Children are very resilient but many of them have been through a very traumatic time,” says Claire Groves, a psychosocial support delegate with the IFRC. “Going back to school helps to re-establish structure and a familiar routine that gives children a sense of safety and security. Being at school also provides an opportunity to be around peers and receive support, and it gives parents time to focus on the task of rebuilding their lives.”

Nightmares relived

This kind of attention to the psychological and emotional well-being of children and adults has

been an integral part of the response to the Nepal earthquakes. After emergencies, people’s psychological well-being is critical to the recovery of communities who must also cope with rebuilding schools, businesses, roads and homes. Psychological support took on particular significance in Nepal after a second quake reinforced fears that another nightmarish catastrophe could unfold at any moment.

In Dolakha, a district north-east of Kathmandu the devastation around the town of Singati is paralysing. Deserted streets are covered in rubble and debris. Most of the houses are completely destroyed and the ones still standing are all badly cracked, poised to collapse at any minute.

Every so often, debris drops from smashed houses and breaks the silence. When helicopters arrive, the ground trembles. The second earthquake wrecked

Chitra Kumari Khatri, 75, sits on the ruins of her house in the city of Singati in Dolakha, one of the areas most affected by the second earthquake on 12 May 2015.

Photo: Mirva Helenius/Finnish Red Cross

Nepal's earthquakes by numbers

45: Percentage of the US\$ 78 million IFRC appeal covered as of 7 July.

7,947: The number of Nepal Red Cross Society volunteers mobilized.

5.6 million: Approximate number of people affected.

4.4 billion: Amount in US dollars pledged to aid in Nepal's recovery during an international conference on Nepal's reconstruction in June.

6.6 billion: Estimated total cost in US dollars needed for Nepal reconstruction efforts.



many roads in the Dolakha district while landslides and rockfalls mean the areas north of Singati are only accessible by air.

"The children here are afraid of the helicopters, because the sound reminds them of the earthquakes," says Radhika Khadka, who worked as a teacher in another village nearby.

Breathing freely

Helping people handle their fears, a natural reaction to disaster, can help them move on more quickly and make more rational decisions should another earthquake strike. But getting people to open up and discuss their fears is not always easy.

"All of us are victims of the earthquake," Jaya Shree Silpakar, a Nepal Red Cross Society counsellor tells a group assembled in Khalte, a remote village perched on a hill in central Nepal. "Let us come together, listen to each other's stories. It is

very necessary at this time to release our pent-up emotions. Will you do this with us?"

Silpakar has come to provide basic psychosocial support in Khalte, where some 70 women, men and children have gathered under a shelter villagers had recently built with materials salvaged from what were once their homes. The programme, carried out by the Nepal Red Cross in five districts, was born of the ICRC's previous work with families of people who went missing during Nepal's ten-year internal conflict.

"We try to allow people in highly affected areas to express their fear, to better prepare for living with uncertainty and to understand that their reaction is the normal answer to an abnormal event. It is a way of preventing the initial trauma from becoming chronic," says Yubaraj Adhikari, the head of the ICRC psychosocial programme in Nepal.

"They are happy to be here but we need to look after their minds too — they are frightened."

Binod Rai, school principal in Bhaktapur, Nepal



📍 On 25 April 2015, a powerful 7.8-magnitude earthquake rocked Nepal, causing massive damage in heavily populated urban areas such as the capital Kathmandu and remote towns and villages. Two weeks later, on 12 May, a second, 7.4-magnitude quake brought many of the damaged building still standing to the ground. Powerful aftershocks continued for weeks, increasing the risk of further damage and heightening the climate of fear.

Photo: Carl Whetham/IFRC

📍 From the moment the ground stopped shaking after the first quake, the Nepal Red Cross Society played a lead role, providing aid to hundreds of thousands of survivors with help from Movement partners. The assistance included emergency first aid and healthcare, provision of shelter and basic household items, cash distribution and help restarting livelihoods, among other critical tasks. At right, volunteers from the Nepal Red Cross offload relief supplies in Kathmandu.

Photo: Patrick Fuller/IFRC



In Khalte, most of the mud and stone houses are reduced to mounds of rubble. Ten people died, another 12 were injured and most of the villagers' livestock was crushed in their sheds, while rice and millet seeds for the next planting season were caked in mud.

After Silpakar stopped speaking, there was a long silence. Talking publicly about emotions is not a Nepali tradition. Suddenly, a middle-aged man broke out in a high voice: "I have nightmares continuously. I see cracked houses, the dead walking again. It frightens me so much."

It was as if he had opened the floodgates. Everyone started talking at the same time, confirming that they too had nightmares, they too could not shake off the fear, the pain, the constant expectation of another violent tremor. Mothers spoke of their children who were arguing all the time or keeping too silent, who had mood swings, refused to play and clung to their parents.

Silpakar, a diminutive 24-year old, let each one talk in turn, listening intently to each speaker, her face full of empathy and warmth, uttering an encouragement when it was needed.

At the end of the session, she asked the assembly to close their eyes for one minute and "think kindly of the departed souls, thank nature, which has been cruel, but has nonetheless spared us, and promise to ourselves to move forward with greater solidarity". Silence fell again, until one, then several, children laughed. And all of a sudden, people broke into cathartic laughter.

"The young women allowed me to breathe freely again," said Chitra Kumari Agasthi, one of the women who attended the meeting. "They made me understand that it was normal to feel the ground shaking under my feet even when there is no quake." ■

By **France Hurtubise**; **Lucy Keating**, IFRC; **Mirva Helenius**, Finnish Red Cross

📍 This view into the city of Singati in Dolakha, Nepal, offers a glimpse at the devastation brought to remote, mountainous areas as well as the challenges relief workers have faced in bringing aid.

Photo: Mirva Helenius/Finnish Red Cross

📍 With supply routes cut, supplies and workers often had to be brought in by helicopter and aid carried long distances on foot.

Photo: Palani Mohan/IFRC



📍 The earthquakes also prompted a Movement-wide response, with some 200 international staff from more than 17 National Societies playing a variety of roles. A total of ten emergency response units, including this health unit from the Canadian Red Cross, were mobilized to focus on urgent needs ranging from water and sanitation to healthcare, telecoms and logistics. As monsoon season approached, the IFRC and the Nepal Red Cross Society worked to prepare communities, pre-position supplies, train health staff and distribute emergency shelter kits, among other measures.

Photo: Canadian Red Cross



Building a stronger foundation

Why a solid legal foundation is the first building block for effective and principled humanitarian action.

FOR MANY HUMANITARIANS, the laws and statutes that define and govern the organizations they work for are not the first things on their minds — they signed up as volunteers or staff to help people in need, not to occupy themselves with legal texts.

Without a solid legal foundation, however, effective and impartial humanitarian action would be extremely difficult for any organization to maintain. In the case of Red Cross and Red Crescent National Societies, strong well-crafted constitutions, bylaws and statutes are essential to ensuring that they can function autonomously, abide by the Fundamental Principles and can serve as effective auxiliaries to their governments.

These are a few of the reasons the Movement is now engaged in a comprehensive effort to encourage and help National Societies update, revise and improve the statutes and laws that govern them and define their roles. These are not just important during disaster or conflict. Strong, clear laws and statutes play an important and positive role in maintaining public credibility and ensuring the trust of donors and members at all times.

Consider the case of the Swedish Red Cross, which has in many ways become a stronger, more cohesive National Society after engaging in a comprehensive revision of its statutes following a scandal in 2009.

It began when people at the Stockholm headquarters of the Swedish Red Cross



became suspicious of invoices submitted to their communications department. Looking further, they learned that services described in invoices from two media and communication companies had never been performed or had been inflated.

After the Red Cross handed over their findings to prosecutors, the communications director and later two company

📍 Eva von Oelreich,
president of the Swedish Red
Cross. Photo: Melker Dahlstrand



directors were found to be responsible and convicted of aggravated fraud.

Due to the incident, the reputations of the Swedish Red Cross and the Movement within Sweden were badly damaged and the National Society lost a third of its members in three years. Everything was questioned: leadership salaries, the effectiveness of services, why the National Society didn't notice the fraud and act earlier. When a new president, Eva von Oelreich, came into office with the motto of "Living our principles", the incident was a top agenda item.

"I said 'yes' to becoming the president because of the crisis," says von Oelreich, who introduced the motto as a theme for reimagining the National Society.

"When you lose the confidence of the general public, it's an excellent moment for real change because crisis can pull you in the right direction," she continues. "We needed to regain the public's trust. We needed to reclaim the soul of the Red Cross."

Back to the roots

It was a time of serious institutional soul-searching. In addition to making systemic, organizational changes, the National Society decided to look not just at the procedures that might have enabled the fraud, but to its core, its foundation: the set of statutes, laws, rules and principles that are encoded in its internal constitution and in national legislation.

With advice from the ICRC and IFRC Commission for National Society Statutes,

"Many National Societies might have been torn apart as a result of the conflict.

But this has not happened here. The members, the staff, the volunteers are united in providing services in the opposition areas or areas controlled by the government."

John Lobor, secretary general of the South Sudan Red Cross, crediting the cohesion of his National Society to the laws that define the National Society

or Joint Statutes Commission, a body of IFRC and ICRC advisers charged with helping National Societies improve their legal codes, the Swedish Red Cross was able to strengthen reforms that also helped rebuild public confidence, win back volunteers and foster greater internal cohesion around the defining principles of the Movement.

"We used this crisis in the best way we could," says Dick Clomé, the Swedish Red Cross's head of policy and the strategic advisor to the secretary general. "We got back to the roots, to the Geneva

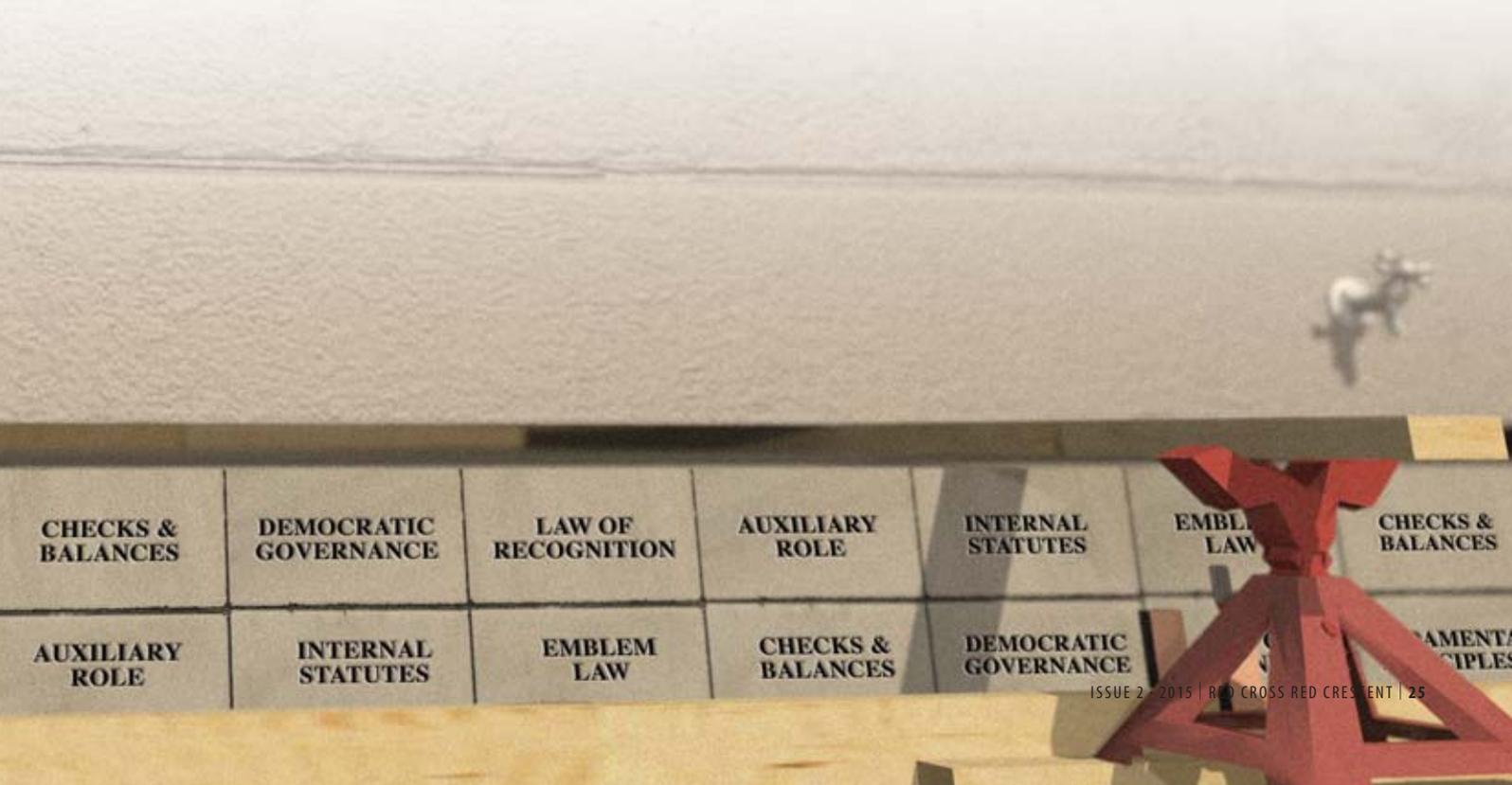
Conventions, the Fundamental Principles, the mission statement of the Movement; we used these as the basis on which to rebuild."

One of the first things they did was to put the Fundamental Principles prominently within the National Society's internal statutes. Eva von Oelreich adds: "It was clear we hadn't used the principles prominently enough. They have to be lived, so we started the project Mission Humanity to relate the Fundamental Principles to today's realities and challenges. That and putting the Fundamental Principles within the statutes made it clear to everyone that they are the backbone of our work."

And while the Swedish Red Cross is, established in 1865, well known for its national and international operations, it has not been able to get the Swedish government to enact a law of recognition, or 'Red Cross Law'. However, the Swedish Red Cross has been able to achieve de facto recognition through its emblem law and a series of other regulations that define its roles and responsibilities.

In updating its emblem law, which had last been revised in 1953, the Swedish Red Cross was also able to clarify and strengthen its auxiliary role, mainly through the preparatory documents that describe the National Society's commitment to abide by the Fundamental Principles.

This recognition has been critical as the National Society engages in ongoing national discussions concerning civil society



“National Societies are facing new challenges. The laws and internal statutes that define, enable and constrain the National Society should therefore reflect these new realities.”

René Kosirnik, chairman of the Red Cross Red Crescent Movement’s Joint Statutes Commission

involvement in the response to disaster and other crisis and in defining its role with government ministries dealing with issues such as asylum seekers, rehabilitation of war victims and migrants.

The discussion about the National Society’s legal foundation went well beyond any one issue, however. After all, laws and statutes are only as good as the National Society’s ability to apply them in practice. In the case of the Swedish Red Cross, the legal reforms were closely linked with efforts to improve the way the National Society functions and in defining its long-term strategy.

One important part of the effort was engaging in IFRC’s Organizational Capacity Assessment and Certification process, a self-analysis tool that helps National Societies clearly assess and address their strengths and weaknesses, as well as adapt to the challenges around them.

“Sweden is not a disaster-prone country and we have not had a conflict in 200 years,” notes von Oelreich. “But patterns of disasters and social unrest are changing and the effects of those issues cross borders more easily. So what is the role of the National Society in terms of new humanitarian issues within the country today? These are things that are very important for us to discuss.”

Movement-wide effort

While it is often a crisis that prompts National Societies to reform their legal guidelines, National Societies are encouraged to review their statutes every few years.

Because of changes in the nature of conflict and emerging issues such as migration, there has been a push within the Red Cross and Red Crescent Movement since 2009 to get ahead of the curve and encourage National Societies to update the laws that form the foundation of their existence and action.

“We are in a world that is being transformed at the local and at the global levels,” says René Kosirnik, the chairman of the Joint Statutes Commission. “National Societies are facing new challenges. The laws and internal statutes that define, enable and constrain the National Society should therefore reflect these new realities,” he says.

In many cases, the laws that define Red Cross and Red Crescent Societies, however, are more than five decades old and many were formed when their country’s political structures were completely different from today.

Many of the internal statutes that define the way National Societies are organized or governed, or the way they operate in relationship to government, are similarly out of date or do not comply with basic standards set out by the *Guidance Document for National Societies Statutes*, which lays out basic standards and best practices concerning the statutes that define National Societies.

According to a commission report presented at the Movement’s 2013 Council of Delegates, just over 25 per cent of all National Societies have adopted statutes that are fully congruent with the minimum requirements defined in the guidance document and in the commission’s advisory notes.

Roughly 90 per cent of National Societies have started the process of updating their statutes, however, following resolutions by various Movement governing bodies to encourage National Societies to update their statutes and ensure that all Movement components function in accordance with the Fundamental Principles.

A strong legal base, for example, can help protect National Societies from being used by authorities as instruments of political, economic or social policy rather than being able to act only on humanitarian grounds. This is particularly true in cases where a polarized political environment leads to challenges to its independence

A four

How national laws and the internal statutes of the South Sudan Red Cross help it maintain independence, impartiality and internal cohesion in a diverse country torn by conflict.

Volunteers with the South Sudan Red Cross take part in a first-aid and humanitarian principles demonstration session in late 2013. Photo: Marco di Lauro/Getty Images/ICRC



ation for action



South Sudan Red Cross Secretary General John Lopor.
Photo: Juozas Cernius

In the midst of a devastating civil conflict, the South Sudan Red Cross must bring impartial humanitarian assistance to a diverse range of people caught between warring factions. Amid violence and chaos, what difference could a law make?

John Lopor, the secretary general of the South Sudan Red Cross, says the adoption of the Red Cross law, which officially recognizes the National Society as an independent, impartial and neutral humanitarian actor, has been a critical tool in helping the National Society assist people in all parts of the country.

“The Red Cross law was passed by parliament and signed by the president of the Republic of South

Sudan,” says Lopor. “This means the government of South Sudan committed itself to recognizing the National Society, which must respect the Fundamental Principles, and that the National Society can make its own autonomous decisions in terms of how to run its operations.”

This doesn’t mean that things always go smoothly for volunteers working in areas of extreme violence and tension. But it gives a strong basis for making a case when government or armed groups try to interfere with aid operations.

Lopor tells of one case in which volunteers were attacked by some residents of a camp near the country’s capital, Juba. “The people who stopped the volunteers accused them of working for the government because the Red Cross law was signed by the president. But we could go to them and explain, ‘No, it’s not just the president who signed that law, it was all members of the parliament, who represent all sectors of the country, all the ethnic groups.’ Just as importantly, he says, the National Society’s

internal statutes also help ensure that volunteers will be accepted in all the communities affected by the fighting. This is because the principles of unity and universality are imbedded directly in the National Society’s constitution.

“Our governing board and the board of our branches must include representatives of the different ethnic groups of the National Society,” he says. “This of course leads to a positive feeling for the National Society. They feel it is their National Society.”

This means the National Society is far more likely to be able to deliver impartial humanitarian assistance to those most in need, regardless of which ethnic group they may belong to. It also helps keep the National Society functioning more cohesively.

“Many National Societies might have been torn apart as a result of conflict. But this has not happened here. The members, staff and volunteers are united in providing services in opposition areas or areas controlled by the government,” says Lopor.



and neutrality (see sidebar article on South Sudan Red Cross, page 27).

“The principles of independence, impartiality and neutrality have become even more acute,” notes Kosirnik. “The need to have these principles implemented, lived by the National Society, known and understood by partners and the population is essential.”

A difficult balance

How to remain independent, yet be fully engaged as an auxiliary to government is perhaps the trickiest and most common legal and ethical challenge that National Societies face, says Kosirnik.

If the auxiliary role is not well defined, and the relationship is too close, the National Society might end up working merely as an arm of government; if the relationship is too weak, then the National Society might be perceived as just another non-governmental organization (NGO).

One of the many National Societies working on getting this balance right is the

“We got back to the roots, to the Geneva Conventions, the Fundamental Principles, the mission statement of the Movement; we used these as the basis on which to rebuild.”

Dick Clomén, the Swedish Red Cross’s head of policy and the strategic adviser to the secretary general

Mongolian Red Cross. In 2000, the Mongolian parliament approved a new Red Cross law that allowed the National Society to work independently from government and political parties. (Prior to that, the National Society was part of the Ministry of Health, with ministry officials taking leadership roles at the national and local levels.)

“The new law played an important role for our National Society’s evolution,” says Bolorma Nordov, secretary general of the Mongolian Red Cross Society. “But it also defined the Red Cross as an NGO. Now we need to change that definition because the Mongolian Red Cross is a national humanitarian organization and we should have an auxiliary role to the government.”

A stronger auxiliary role would enhance the National Society’s ability to work in partnership with government — even receive government funding. In a country with limited resources, where the Mongolian Red Cross relies heavily on international funding to carry out core projects, government support would create a more balanced resource base, potentially

enhancing the National Society’s independence from external donors.

Common challenges

Other challenges arise if National Societies do not have clear and up-to-date internal statutes that dictate how they are governed, for example the distinction between governance and administration, which could lead to concentration of power in a certain body of the Society or with a certain person, says Kosirnik.

It’s important, he adds, to have clear mechanisms for sharing of power and for making critical decisions, with proper checks and balances between different components of the National Society. The internal statutes of a National Society are one important means of providing those checks and balances.

While model laws of recognition have been promoted in the past, a more flexible approach is now encouraged taking into consideration the humanitarian context in the country. The Joint Statutes Commission itself is moving away from promoting uniform ‘model’ laws and universal prescriptions. Instead it’s revising its key guidance document and heading towards a more flexible strategy in which it will take varied approaches in supporting independence, or internal power sharing, based on what can be realistically implemented within the cultures and political reality of each country.

“There will still be certain things on which we cannot bend, particularly having to do with the Fundamental Principles,” says Kosirnik. “But there are aspects of our guidance that could be adapted or be enacted in such a way as to reflect the realities, changes and challenges with which we are all living.” ■



FUNDAMENTAL PRINCIPLES

CHECKS & BALANCES

DEMOCRATIC GOVERNANCE

LAW OF RECOGNITION

AUXILIARY ROLE

DEMOCRATIC GOVERNANCE

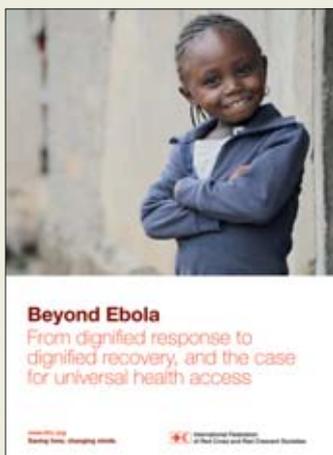
AUXILIARY ROLE

INTERNAL STATUTES

EMBLEM LAW

CHECKS & BALANCES

PUBLICATIONS



Beyond Ebola: From dignified response to dignified recovery, and the case for universal health access

IFRC 2015

For the past year, the Ebola virus disease epidemic in West Africa has forced us all to rethink how we should respond to health emergencies, according to this new IFRC report. Unless the lessons learnt in Guinea, Liberia and Sierra Leone are put into universal practice, the virus disease will be back. The perilous state of health systems in countries not long emerged from conflict, along with community distrust — of institutions and agencies — prolonged the suffering and loss of life. The lesson, therefore, is that communities themselves have to be engaged and prepared if the disease is to be eradicated. Ebola stops when the public at large understand it and know how people can be protected. Engaging communities and their local leaders is essential to achieving lasting health impacts.

Available in English

Bled dry: How war in the Middle East is bringing the region's water supplies to breaking point. An ICRC report

ICRC 2015

Even without recent droughts and ongoing conflicts, many Middle

Eastern states would be struggling to meet the basic water needs of growing urban populations and the demand from rising food production. This report reveals how the conflicts in Syria and in Israel and the occupied Palestinian territory, as well as the aftermath of conflict in Lebanon and nearly three decades of war and sanctions in Iraq, have helped push the region's water resources and delivery systems close to breaking point. The report also outlines a series of concrete solutions towards addressing this complex long-term problem.

Available in English

Red Cross Red Crescent Reference Centres 2015 Contributing to the impact of the global Red Cross Red Crescent Movement

IFRC 2015

Since the early 1990s, the IFRC has supported the development of 12 specialized Reference Centres hosted in National Societies across the globe. Working in close coordination with the IFRC secretariat, the Reference Centres are part of an inclusive and collaborative network designed to provide technical assistance, information sharing, research and advocacy to the Movement. By aggregating research, innovation and best practices, the centres have elevated the quality of the tools and guidance employed to save lives and build stronger communities. This brochure offers a brief snapshot of the range of services each centre provides.

Available in English

Discover the ICRC

ICRC 2015

This comprehensive update of the widely used 2005 brochure provides an overview of ICRC operations as well as its approaches to the new challenges facing humanitarian action in the 21st century. The brochure also helps readers discover the ICRC through the eyes of five people — beneficiaries, staff and partners — who give their personal stories of how they themselves

discovered what the ICRC, its people and its mission are all about.

Available in Arabic, Chinese, English, French and Russian

A harmonized approach to community health Cambodia: A case study

IFRC 2015

Recovering from decades of conflict, Cambodia is one of the world's poorest countries where access to safe water and basic sanitation remains a major challenge. Flooding, drought, diarrhoea and vector-borne diseases, such as dengue and malaria, pose significant health risks to communities, particularly in rural areas where health clinics can be difficult to access. In 2010, the Cambodian Red Cross Society started implementing a community-based health and first-aid approach to scale up their work in supporting communities in disease prevention, disaster preparedness and general health-related awareness and knowledge. This case study illustrates how water and sanitation activities have been successfully harmonized by the provincial Kratie branch of the Cambodian Red Cross with existing

health structures, materials and resources already available at the community level in 48 villages.

Available in English

Rapid Assessment for Markets: Guidelines

ICRC/IFRC 2015

In today's economies, people's livelihoods depend to a significant extent on markets: farmers sell their produce to consumers, retailers or wholesalers; craftspeople produce various goods and sell them to consumers, retailers or wholesalers; households buy essential commodities from a range of retailers; and so forth. Sudden shocks such as disasters and conflict can severely limit the functioning of market systems and marketplaces and can, consequently, have a strong negative impact on people's capacity to access commodities that are essential for their lives and livelihoods. This brochure serves as a guide for understanding these dynamics so that interventions aimed at improving livelihoods and economic security are more effective and sustainable.

Available in Arabic, English, French and Spanish

VIDEOS

Red Cross and Red Crescent, restoring family links

ICRC 2015

Discover in this simple and short animation how the ICRC's family links website helps to reestablish contact between families separated by conflicts, disasters or migration.

Available at the ICRC website in Arabic, Chinese, English, French, Japanese, Portuguese, Russian and Spanish

An anatomy of destruction Explosive weapons in populated areas

ICRC 2015

Increasingly, explosive weapons designed for warfare on open battlefields are being used in

towns and cities. As this short, simple and clear animation shows, the effects on civilians are often devastating, even when these weapons are aimed at legitimate military targets.

Available at the ICRC website in Arabic, Chinese, English, French, Japanese, Portuguese, Russian and Spanish

A day in the life of our volunteers

IFRC 2015

On World Red Cross Red Crescent Day, 8 May, the IFRC asked volunteers from around the world to post photos of what they were doing on that day. More than 3,000 photos were submitted from 110 countries. This short video represents a small selection. The video was made by Soja Films, a production company made up of volunteers with the Swedish Red Cross.

Available in English at <http://bit.ly/1Lwptv13>



People who survive sexual violence are often stigmatized, shunned and live under threat of retaliation if they publicly accuse their attackers. Above, a woman testifies with her identity shielded at a 2014 military tribunal set up to try members of the Democratic Republic of the Congo's armed forces charged with committing rape and other forms of sexual violence two years earlier. Diana Zeyneb Alhindawi's photographs about those trials won this year's Humanitarian Visa d'Or award for photojournalism sponsored by the ICRC (see page 4).

Photo: Diana Zeyneb Alhindawi