

RCRC

Red Cross Red Crescent

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Focus on the 'Arab Spring'

Images of suffering and heroism from Libya to Yemen

Falling off the radar

A 360-degree look at rebuilding lives in Iraq

Out of sight, out of mind

A visual journey into the world's forgotten disasters



Health care in danger



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.



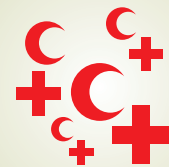
ICRC

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 works on the basis of the Fundamental Principles of the International Red Cross and Red Crescent Movement to inspire, facilitate and promote all humanitarian activities carried out by its member National Societies to improve the situation of the most vulnerable people. Founded in 1919, the IFRC directs and coordinates international assistance of the Movement to victims of natural and technological disasters, to refugees and in health emergencies. It acts as the official representative of its member societies in the international field. It promotes cooperation between National Societies and works to strengthen their capacity to carry out effective disaster preparedness, health and social programmes.



National Red Cross and Red Crescent Societies embody the work and principles of the International Red Cross and Red Crescent Movement in more than 186 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.

Health care: most difficult when it is most needed

WHEN I STARTED working as an ICRC field surgeon, I found treating people wounded in conflict both challenging and rewarding. One day, when fighting erupted in suburbs near our hospital, the security environment became severely degraded and I was unable to do what I thought best for the many wounded.

Our staff could not cross town to get to work. The lights went out when the generator was hit by a stray bullet. Armed men entered the hospital and threatened some of the nurses.

Later, I was struck by a simple fact: just as the need for health care peaks, conflict and insecurity make the delivery of and access to health-care most difficult. This is not only because wounded people require emergency surgical care but also because conflict makes whole populations vulnerable to disease. Cholera epidemics are frequently associated with conflict because thousands of people's access to clean drinking water may be impossible especially if whole populations are displaced. Even during times of peace, many communities have only basic health care; this may simply evaporate when conflict erupts.

Insecurity of health care takes many forms. Hospitals are hit by shells and mortars. Health-care workers are threatened and, in the worst cases, killed or kidnapped. Ambulances are ambushed. These incidents are the most obvious and are most likely to be reported on by the media.

However, for each event that gets media attention, there are thousands of others. Ambulances are often held for hours at checkpoints. Soldiers enter hospitals looking for wounded enemies and disrupting health care at the same time. Authorities

Insecurity of health care is a major — but largely unrecognized — humanitarian issue.

may deny a particular ethnic group access to a hospital. Armed groups may steal hospital supplies. All of these are obstacles which impinge on the right of wounded and sick people to health care.

It is becoming clear that the insecurity of health care is a major — but largely unrecognized — humanitarian issue. For each violent event bringing insecurity to health-care facilities or workers, there is a 'knock-on' effect through which the wounded and sick suffer even more because health care is rendered impossible or, at best, difficult to provide or access.

Yet outside the humanitarian sector, this problem is barely acknowledged, understood or addressed — either by the public at large or by those obliged to protect the wounded and sick, hospitals, ambulances and health-care workers under international humanitarian law.

This is why the health unit of ICRC's assistance division began in July 2008 to collect reports of violent events, including events involving threats of violence, from 16 countries where conflict had an impact on health care delivery. The data were drawn both from the media reports (news wires,

newspapers and major TV or radio news outlets) and from the internal and public reports of humanitarian agencies.

The resultant ICRC report, *Health care in Danger: a sixteen-country study*, released in August 2011, collected, processed and analysed a total of 1,342 reports detailing 655 separate events of violence or threats of violence affecting health care over a 30-month period. In that time, the study revealed that 733 people were killed and 1,101 injured directly as a result of an incident or attack related to armed violence. Aside from such statistics, the study revealed real threats to health care, as well as serious vulnerabilities, in countries where the ICRC is operational. (See also pages 4 and 5.)

How should the Red Cross Red Crescent Movement respond? First, it is critical that field activities increase in scope to tackle real, everyday issues about the safety of health care facilities and personnel. This involves closer cooperation with National Societies. Second, the Movement must intensify its diplomatic efforts to secure a powerful resolution at the 31st International Conference with buy-in from major stakeholders. Third, we must use public communication to build a community of concern about insecurity of health care and a culture of responsibility among those who can make a real difference.

Those who take up arms for whatever reason must understand and fulfil their obligation to respect international humanitarian law and protect both those who need health care as well as those who risk their lives to deliver care when and where it's needed most.

By Robin M. Coupland

Robin M. Coupland is a former ICRC field surgeon and now works as a medical adviser for the ICRC in Geneva.

Your turn

If you would like to submit an opinion article for consideration, please contact the magazine at rcrc@ifrc.org. All views expressed in guest editorials are those of the author and not necessarily those of the Red Cross Red Crescent Movement or this magazine.

In brief...

International Conference takes on change

The humanitarian environment is changing rapidly. The number and impact of natural disasters and related displacement are increasing, while contemporary armed conflicts and other situations of violence are posing new, complex challenges for international humanitarian law (IHL) and health care. Red Cross Red Crescent volunteers and National Societies will play a key role in meeting these challenges — and they need better support and protection.

These issues, and others, will be addressed when more than 1,000 people from the Red Cross Red Crescent Movement gather in Geneva Switzerland in late November for the IFRC's General Assembly, the Movement's Council of Delegates and the 31st International Conference of the Red Cross and Red Crescent.

The Council of Delegates is expected to debate resolutions regarding a Movement position on nuclear weapons, cooperation with external partners and the creation of a guidance document for National Societies working in situations of conflict, among other issues.

When the Movement meets with governments during the 31st International Conference from 28 November to 1 December,

it is expected to bring forward proposals to strengthen IHL, improve disaster response through better legislation, address barriers to health care and fortify local humanitarian action through National Societies and support for volunteers, among other topics.

One for the road: a pledge for safety

Carrying stop signs, megaphones, banners and flyers, volunteers of the Timor-Leste Red Cross positioned themselves at strategic locations around the capital Dili to alert drivers and pedestrians of the importance of respecting the city's new, well-marked crossings.

It's just one of the many activities the National Society is engaged in to improve road safety in Timor-Leste, where the number of motor bikes and cars is growing rapidly, leading to an increasing number of road accidents — more than 2,500 in 2010. "Road safety is becoming more and more important in Timor-Leste," said Cornelio de Deus Gomes, Timor-Leste Red Cross health coordinator.

The National Society is just one of many around the world ramping up activities as part of the Decade of Action for Road Safety 2011–2020, created by the United Nations General Assembly to reduce road deaths.

Young reporters take to the field

The eight young journalists who won the ICRC's Young Reporter Competition already had some interesting experiences under their belts when they applied to the contest. One 22-year-old reporter had written profiles of men and women in Nagorno Karabagh (southern Caucasus) who are still coping with the effects of the war 18 years ago. Another at 23 was the news editor for Liberia's largest radio station. Another had written about victims of acid attacks in Pakistan.



Photo: Felipe Jacome

After winning the competition, five of the young journalists were sent by the ICRC to countries affected by armed violence — Georgia, Lebanon, Liberia, Philippines or Senegal — where they covered local ICRC humanitarian projects. Two of the runners-up collaborated with the reporters in Liberia and Senegal, while the third covered an ICRC project in Pakistan. The photo left, taken as part of one of the finalist projects, shows Marietou Goudiaby who was badly burned when the bus she was riding in hit an anti-vehicle mine in the Casamance region of Senegal.



Photo: REUTERS/Fabrizio Bensch, courtesy www.alertnet.org

A nurse assists a man donating blood at a German Red Cross blood drive in Berlin in June. The effort came as German hospitals struggled to cope with an outbreak of E. coli, which killed 22 people and infected 2,200 people across Europe.

Humanitarian funding under pressure

The Haiti earthquake, floods in Pakistan, inter-ethnic clashes in Kyrgyzstan, prolonged drought and violence in northern Mali and Niger, and conflict in Libya have contributed to a dramatic rise in the number of people urgently requiring help around the world in the last year.

At the same time, funding for humanitarian action is under significant pressure, according to ICRC President Jakob Kellenberger. "Several important donor states have been hit by the world economic crisis, and that is now having an effect on the financial resources available for humanitarian activities," he said.

In 2010, the ICRC's expenditures jumped to an all-time high of more than US\$ 1.1 billion, according to the recently released *Annual Report*. The current financial situation has forced the ICRC to reduce its initial field budget for 2011 by US\$ 95 million — a reduction of 7.6 per cent from the amount originally budgeted of US\$ 1.3 billion.

Rebuilding lives in Bangladesh

When Cyclone Aila hit Bangladesh in 2009, tidal surges of up to 6.5 metres flooded the fertile agricultural land in south-west Bangladesh.

When the waters receded, they left behind salt, ruining the land for agriculture. The Bangladesh Red Crescent Society, with the support of the IFRC, awarded cash grants to affected people, according to their losses and damage to their homes.

"With this money I started a poultry business," said Hazrat Ali, who was a day labourer before the cyclone hit. "Today, I have repaid my loan in full and I am able to look after my family."

Gaza at risk from water-borne disease

Over-population, over-consumption of freshwater sources and under-treatment of the wastewater are posing a serious threat to the environment and public health in the Gaza Strip.

With the inauguration in March of a wastewater treatment plant in the southern city of Rafah, the ICRC aims to provide a long-term solution to water shortages through better water management. "The wastewater treatment technology used here enables us to harness treated water as a resource for agriculture and to replenish the water table," said Monther I. Shoblak, general director of the Coastal Municipal Water Utility.

Quotes of note

"What's hardest is that sometimes these children are dying of illnesses that are very easy to treat in normal conditions. Their parents tell us that they couldn't travel because of the insecurity."

Rachelle Cordes, an ICRC paediatric nurse at Mirwais Hospital in Kandahar, Afghanistan.

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Health care is often hardest to deliver and access precisely when it's needed most. Fiona Terry outlines the global challenges of delivering health care during conflict or other situations of violence; reporter Vincent Pulin looks at the holistic services offered at Mirwais Hospital in Kandahar; and two seasoned and daring war photographers offer a close-up glimpse of what it's like to care for war-wounded in Libya's civil unrest.

■ Fundamental Principles

Neutrality

How does a National Society deliver health, first aid and other services deep inside one of the world's most hostile conflict zones? The Afghan Red Crescent says its fundamental tool is the neutrality of its courageous volunteer corps.

■ Focus

Images of 'Arab Spring'

Faced with civil unrest and turmoil, National Societies from Libya to Yemen have had to negotiate a changing political environment while at the same time dealing with evolving, complex and sometimes dangerous humanitarian crises.

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Out of sight, out of mind

When major disasters strike, the world takes notice. International appeals are launched and the media arrive in droves. But what about the thousands of smaller or 'neglected' disasters that don't get the same attention from the media and humanitarian groups? A story in words, pictures and graphs.

■ Psychological recovery

Mending minds

As Japan begins the long task of cleaning up and rebuilding after the March earthquake and tsunami, the Japanese Red Cross Society is offering psychological support in a culture that values stoicism in the face of adversity.

■ Forgotten conflict

Iraq's forgotten victims

This photo-based story calls attention to a conflict that has received less media attention in recent years. Photojournalist Ed Ou brings us a panoramic view of how some Iraqis are getting back on their feet — with a little help from the ICRC.

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On the cover: Libyan health-care personnel on the front lines working to save the life of a man injured in fighting between government and rebel forces.

Photo: André Liohn/ICRC

Health care in danger

Around the world, people who risk their lives to provide health care in conflict areas are under increasing threat. For those trying to get to care, it's even worse.

IN THE SPRAWLING farming district of Nad Ali in Afghanistan's southern Helmand province, a man with a gunshot wound is brought to the ICRC first-aid post at Marjah. Health staff quickly stabilize him and send him by local taxi to Mirwais Hospital in Kandahar, several hours away. Driving on roads riddled with improvised explosive devices (IEDs), the taxi is stopped at a police checkpoint at the entrance to the town.

Time is lost as the taxi driver and security forces argue over sending the patient for interrogation or to the hospital. An ICRC delegate calls the checkpoint by mobile phone: "We understand your security concerns but please let the patient get medical care. You can question him later."

The taxi is allowed to pass and the patient reaches the hospital.

Not all the wounded and sick are as fortunate. Some languish in pain for hours in the back of a vehicle blocked at a checkpoint before their ve-

hicle is even inspected. Others have to get out and walk or be carried when the road is completely closed for security reasons. In one case, a young girl died soon after arriving at the Kunduz regional hospital in northern Afghanistan after being injured in an explosion in her village. Her father had carried her on foot for an hour because the road was cordoned off by military forces.

Health care under threat

These impediments to the wounded and sick reaching health facilities are one aspect of a much larger problem seen in conflicts and upheavals all around the world today: the insecurity of health care. Assaults on health structures, personnel and ambulances, and obstacles to the injured receiving help are common in conflicts everywhere.

Hospitals in Somalia and Sri Lanka are shelled; ambulances in Libya and Lebanon are shot at; medical personnel in Bahrain face trial for treating protesters; and health staff in Afghanistan receive threats from both sides to stop working with or treating 'the enemy'. From Colombia to Gaza, the Democratic Republic of the Congo to Nepal, there is a lack of respect for the neutral status of health-care personnel, facilities and transport, by both those attacking them and those who misuse them for military gain.

It is often Red Cross Red Crescent and other medical personnel who bear the brunt of this disrespect for the sanctity of health care. First-aiders, medics and ambulance drivers are particularly exposed to violence as they rush to the front line to provide life-



Findings of ICRC 16-country study

A new ICRC report, shows that during a two-and-a-half-year research period:

- 1834 people were killed or injured in health care facilities of which 368 were patients and 159 were health care personnel.
- Health-care facilities were damaged by explosion in 116 incidents.
- Ambulances were damaged in 32 attacks.
- States' armed forces and other armed groups are equally responsible for these attacks.
- All events have serious 'knock-on' effects that diminished health care for people in need.

For a link to the report, see:

www.icrc.org



Clockwise from top left: Lebanese soldiers and a Red Cross ambulance near the Lebanese–Syrian border; an Afghan man carries his wounded daughter to a hospital in

Herat, Afghanistan; doctors receiving a patient, a civilian wounded in the leg by a bullet, at the ICRC-supported Medina hospital in Mogadishu, Somalia; an ambulance near the front line in Misrata, Libya. Photos (also clockwise from top left): REUTERS/Omar Ibrahim, courtesy www.alertnet.org; AFP PHOTO/Arif Karimi; André Liohn/ICRC; REUTERS/Zohra Bensema, courtesy www.alertnet.org

saving assistance to the injured and evacuate them to safety.

Between 2004 and 2009, 57 volunteers from the Movement were killed or wounded in the line of duty. Most were caught in the crossfire but some were deliberately targeted. An ambulance driver from a National Society in the Middle East remembers a harrowing moment in 2009 when his ambulance came under direct threat. “I have no doubt that one missile was aimed at us,” he says. “I do not know for certain whether it was meant to kill us or warn us to keep away, but it was definitely aimed in our direction.”

Such incidents are frequent but no one knows how frequent. A study by the medical journal *The Lancet* in January 2010 showed there is little systematic reporting on violations of the protected status of health workers and facilities during conflict by any international or national organization, and hence

scant understanding of the scope and extent of the problem.

The ICRC had realized a similar gap in its knowledge in 2008 and began a study in 16 countries where it is working to document assaults on health workers, patients and facilities. The numbers are striking. But even more so is the realization that statistics only represent the tip of the iceberg: they do not capture all the compounded costs of insecurity as health staff leave their posts, hospitals run out of supplies and vaccination campaigns come to a halt. The problem is much larger than first imagined.

Respecting health-care workers

In August, the ICRC launched a global campaign on ‘Health care in danger’ to raise awareness of this issue and encourage action by Red Cross Red Crescent staff, other medical professionals, military forces, governments and non-state actors to improve the security of health care. This issue will also be a central part of diplomatic efforts at the 31st International Conference to ensure compliance with the Geneva Conventions, which provide for the protection of the wounded and sick during armed conflict and the personnel and structures necessary to ensure it.

The ICRC and National Societies of many countries around the world are doing a great deal to find ways of reaching and assisting people injured during armed conflict and internal strife, and of protecting health facilities. Some approaches take place on the legal front: disseminating international humanitarian law to state and non-state actors and raising violations with them when these occur. Some are physical, such as protecting hospitals with sandbags and bomb-blast film for the windows, marking them with a red cross or red crescent on the roof and sides, and teaching safer access techniques to ambulance crews. And some are innovative ways to throw a lifeline to those cut off from health care. The taxi referral service in southern Afghanistan is one good example (see next page).

As successful as these measures might be, it is important to remember that many of them would not be necessary were the laws governing armed conflict better respected by combatants on all sides. The onus must be on state and non-state actors to comply with the laws rather than on health professionals to try to deal with the life-or-death consequences of violations on the ground. ■

By Fiona Terry

Fiona Terry is a long-time humanitarian who has worked in the field around the world and is author of the book *Condemned to Repeat?: The Paradox of Humanitarian Action*.



Health care in danger

Care amid the chaos

As the task of providing medical care in southern Afghanistan becomes more perilous, Mirwais Hospital in Kandahar stands as an oasis in the midst of a danger zone.

WITH AN EAR-SPLITTING roar, two fighter planes take off from Kandahar airport. Meanwhile, in the town's suburbs, the steady whomp-whomp-whomp of military helicopters can be heard flying overhead. In the distance, an airship is suspended over the arid mountains, keeping a permanent watch. Kandahar province, like most areas in southern Afghanistan, is a war zone.

Since last winter, coalition forces have stepped up their offensive in the districts and provinces surrounding Kandahar. Amid the political rifts that have been engendered by the violence and chaos, there remains one place where everyone can receive care. The ICRC-supported government hospital in Kandahar takes in all the wounded and sick free of charge.

An unassuming, olive-green building erected in 1975 in downtown Kandahar, Mirwais Hospital serves those suffering from wounds caused by conflict. But, like any hospital serving a severely impoverished population, Mirwais also strives to offer a holistic range of services, from maternity care to treatment for infectious disease and emergency surgery for road-crash victims.

It's a daunting task. Serving a population of roughly 4 million people over four, vast southern provinces, Mirwais is surrounded by fighting that

📍 A man sits by his child, burned and wounded during an aerial bombardment. Photo: Vincent Pulin

"Our region is full of home-made mines. We who have sheep and work in the pastures are constantly fearful of them. I pray to God to bring us peace and security."

Ahmad Zai, a nomadic shepherd who lives near Qalat, Zabul province

both exacerbates chronic health emergencies and drastically limits people's access to care.

People often walk for days or hours carrying sick children in order to avoid fighting or checkpoints — or because they simply can't afford transportation. Those with severe injuries, including the war-wounded, often lose valuable time at the numerous roadblocks set up by warring parties. And because fighting renders normal ambulance services extremely perilous, local taxi drivers who know the roadways well are employed as an unofficial ambulance corps to bring the war-wounded to the hospital.

"The taxi drivers have the advantage of knowing the region better than anyone," says ICRC health delegate Alexis Kabanga. "They know what roads are accessible. The drivers have also been picked for this role by their communities and we give them an ICRC identity card which enables them to pass through army or Taliban checkpoints."

Children in the crossfire

But combatants are not the only patients directly affected by the conflict. Three children being treated in the intensive care unit were recently injured during aerial bombardments. Their faces and limbs are covered in a white cream to soothe what are evidently extensive burns.

In the same room, a 5-year-old girl struggles to breathe after being hit in the chest by mine shrapnel. Her father, a nomad, does not conceal his anger: "Our region is full of home-made mines," he says. "We who have sheep and work in the pastures are constantly fearful of them. I pray to God to bring us peace and security." Ahmad Zai lives near Qalat, the capital of Zabul province, a very unstable region. As for the fate of his daughter, he prefers to rely on his faith: "We are very happy that our daughter is being cared for here, but life and death are in God's hands."

The insecurity has contributed to a general worsening of health conditions in the region. Many patients come to Mirwais suffering from the side effects of conflict: malnutrition, dehydration and disease caused by poor hygiene. Abdel Wasi comes from Penjwai, a district of Kandahar province where the fighting remains particularly fierce. He went to great risk to bring his child to the hospital in Kandahar. His son is suffering from acute diarrhoea and without treatment would have died of dehydration. Braving the fighting, the mines and the possibility of being kidnapped, he reached Kandahar just in time.

But many do not survive, or cannot attempt, the arduous journey to Kandahar. "Several children have died because we couldn't get them to hospital. The fighting is going on every day," Wasi complains. In the paediatric unit, many dehydrated children, prey to sometimes harmless viruses, were brought in at the last moment because their parents could not reach the hospital.

"We do our best to treat the children but sadly some die," says Rachelle Cordes, an ICRC paediatric nurse. "What's hardest is that sometimes these children are dying of illnesses that are very easy to treat in developing countries."

Many times, the parents cannot travel for fear of being caught up in the violence. But there is also a complex range of factors that contributes to people's access to health care here. Some parents are

"We do our best to treat the children but sadly some die. What's hardest is that sometimes these children are dying of illnesses that are very easy to treat in developing countries."

Rachelle Cordes, ICRC
paediatric nurse

too poor to afford transportation to health services, while others may not have been taught how to recognize the early symptoms of disease. Others may not know what health services are available or about other important health issues such as how best to wean children during breastfeeding.

One of the world's poorest countries, Afghanistan also has one of the highest illiteracy rates. Dr Sadiq, head of paediatrics, sees a link between the insecurity, illiteracy and the spread of disease and malnutrition in the region. "Women sometimes don't know that after six months of age a child needs to be fed solids," Sadiq says. "Often they wait a year, which is much too late. Most of the time, parents bring their child in for some other reason and we tell them their child is also malnourished."

Deadly heat

The climate also degrades already poor hygiene conditions. Since extreme temperatures arrived in early summer, the number of admissions to the paediatric unit has been growing steadily. Some 120 children are already registered and, in one morning, Sadiq has admitted another 31 new patients. Some 75 per cent of these children are suffering from acute diarrhoea.

The heat — which tops 40 degrees Celcius during the daytime — coupled with poor hygiene creates ideal breeding conditions for bacteria in water and food, according to Benjamin Nyakira. The ICRC pharmacist has recorded a sharp rise in the number of bacterial infections since the beginning of spring.

Fortunately, Mirwais Hospital has been steadily improving its range of diagnostic equipment and services, enabling a far wider range of conditions to be treated.

The laboratory, which the ICRC has helped to upgrade, is a case in point. "Before we could detect only 10 per cent of diseases," says Mohamed Nasser, a lab assistant. "Now, thanks to computers and the aid of the ICRC, we can identify at least 85 per cent of them, which we have also learnt to treat better. It is really rewarding to work in these conditions. Today, we feel genuinely useful."

Despite all the challenges brought on by an ever more precarious security situation in the region, Mirwais Hospital remains for much of the population an island of hope in a country devastated by three decades of conflict. Working in this environment can be mentally exhausting, but ICRC paediatric nurse Barbara Turnbull has no regrets: "We come here of our own free will and I love my work. I have wanted to be a nurse — and a Red Cross one at that — since I was very small." ■

📍 A taxi arriving with war-wounded patients at Mirwais Hospital in October, 2010. The patients were injured by bombings in their village of Zhari. Photo: Kate Holt/ICRC



By **Vincent Pulin**

Vincent Pulin is a freelance journalist based in Kabul, Afghanistan.

Health care in danger

Risking all to save lives

Courage under fire

During the bloody conflict in Libya, doctors, nurses, ambulance drivers and Movement volunteers and staff have been risking their lives to save civilians and combatants on all sides of the conflict. Here, a wounded man arrives at the hospital in Misrata, a coastal city to the east of Tripoli.

Photo: André Liohn/ICRC



A perilous job

The job of getting to the wounded, and bringing them to the hospital, is extremely perilous during intense fighting. Here, doctors rescue a patient from the front line in the city of Ras Lanuf on Libya's northern coast.

Photo: André Liohn/ICRC



Fate unknown

In eastern Libya, at least five medical personnel have gone missing as of mid-May, an indication of the great personal risk that doctors, nurses and others take to treat the wounded.

Photo: André Liohn/ICRC



on Libya's front lines



Killed in the line of duty
A doctor mourns the death of four colleagues (a doctor, an ambulance driver and two nurses) killed in the hostilities while riding in an ambulance on the road between Ajdabiya and Brega.
Photo: André Liohn/ICRC



The spirit of Red Crescent volunteers

Libyan Red Crescent volunteers live and work in many of the communities being torn apart by the fighting. Here, a Red Crescent volunteer attends a conference on war surgery offered by the ICRC at the Benghazi Medical Center. Volunteers have also launched a blood drive, collected and sent medical supplies to affected areas, distributed aid supplied by the IFRC and other National Societies, offered psychological support and, along with the ICRC, helped people find news of loved ones. "The volunteers' team spirit has pervaded all parts of Libya," says Muftah Etwilb, the Libyan Red Crescent's head of international relations.

Photo: Gratiene de Moustier/Getty Images for the ICRC

Helping to heal the wounds

At Aljalaa hospital's orthopaedic department, in the eastern Libyan city of Benghazi, ICRC nurse Liv Raad (left) checks the injuries of a patient who was shot in both legs. Raad is one of several dozen medical delegates who went to Libya to assist local medical staff struggling to cope with overwhelming demands.

Photo: Gratiene de Moustier/Getty Images for the ICRC



A question of access

Doctors at the main hospital in Al Baida, a coastal city in eastern Libya, evaluate the X-ray of a man with a bullet wound caused during fighting between rebels and government forces. In February, the ICRC was able to send medical teams to Benghazi in eastern Libya, and to Tripoli in late March.

Photo: Gratiene de Moustier/Getty Images for the ICRC

Fundamental Principles in action

Neutrality

In Afghanistan, the arrival of humanitarian organizations in remote areas is sometimes perceived as an intrusion and met with suspicion. In this context, the Afghan Red Crescent Society stresses the principle of neutrality as a vital tool in bringing humanitarian relief.

AFTER WALKING ONE hour carrying her baby in her arms, Aki finally reaches the Afghan Red Crescent Society clinic in Danishman, a village in the Chakad Dera valley in a remote corner of Kabul province. Since the clinic opened this morning, patients have been flocking here, the entrance hall gradually filling up with a noisy crowd. Children run about. A queue of mostly women builds up in front of the pharmacy, where Karima, the person in charge, is handing out free medicines.

Mothers sit on the floor surrounded by their children, waiting their turn in the consulting rooms. Amid the commotion, a man in a white coat calls out: "Polio vaccinations over here."

Aki jumps up and goes over to Salang Shah. The elderly nurse with a grey beard has been working in the area for 20 years. It is a mere 20 kilometres from the capital, yet the population seems to lack everything. Many villages have no electricity, only the main roads are tarmacked and drinking water is drawn from wells.

Afghanistan remains one of the world's poorest countries, with an infant mortality rate of 130 per 1,000 births, according to the Afghan Ministry of Health. This exceptionally high rate can be attributed largely to poor hygiene and lack of health infrastructure.

In this context, the Afghan Red Crescent (along with the ICRC, the IFRC and other partners) provides much-needed health care, from vaccinations to consultations, and first aid in areas of the country where most other humanitarian organizations cannot go.

An essential part of this access is the National Society's base of volunteers who live throughout the country — even in areas affected by heavy fighting — and their adherence to principles of neutrality and impartiality.

"We regularly remind staff of our principle of neutrality," says Zelmalaï Abdullah, director of the Afghan Red Crescent's Polio Programme. "Political or ethnic affiliations don't matter to us; we are just here to treat people."

One of the Afghan Red Crescent's strengths is that it is well rooted in the local population, he notes. "This clinic and the land it is built on were donated by the local community," he says. "Without their help, we would not be able to take a single step."

Salang Shah, the nurse in charge of the district vaccination programme, visits the villagers frequently. To gain people's respect, he seeks the support of local chiefs. "We go first to see the *malek* [chief] of the village and heads of household, regardless of their ethnic origins. Even if the village has a mixed population, we speak to the leaders."

The conflict here is complicated by rivalries between the country's different ethnic groups. In Chakad Dera, Pashtuns and Tajiks, who clashed violently in the 1990s, live side by side. But Salang Shah has succeeded in reaching all sectors of the population by taking care to respect local customs. He is accompanied by a nurse who treats only women. Without her, many female patients would not be able to benefit from important health services.



Salang Shah (right), a nurse at the Afghan Red Crescent clinic in Danishman village, speaks with a young mother, Aki, who wants her child to be vaccinated against polio. One of 37 similar facilities around the country, the clinic is a vital resource for basic health care in an area of desperate need. Photo: Vincent Pulin

Neutrality on the move

Not far from Danishman, a 4x4 vehicle travels up a rutted track, crosses a river and then climbs to a village of mud houses. It's the first stop of the day for the Afghan Red Crescent emergency mobile unit (EMU). The Kabul-based team does the rounds of the most isolated and destitute villagers in the province. Rahum Dal, a nurse, pours the contents of a capsule into the mouth of a little girl brought along by her mother.

"I am Tajik, but I have no problem because we are doing our work," he explains. In this Pashtun village, the inhabitants greet the team enthusiastically. The *malek* says he now wants the Afghan Red Crescent team to stay here permanently.

That the Afghan Red Crescent can blend into the local landscape is largely due to the motivation and training of its staff, as well as its roughly 40,000 volunteers who also respond to the country's frequent natural disasters. In April 2010, for example, they were on the scene when an earthquake struck Samangan province; the next month they were responding to flash floods that affected 101 districts in 20 provinces.

Still, many people in the country need to see a humanitarian intervention personally before they understand the National Society is there solely to help vulnerable people, says Mohazamat, an 18-year-old student and volunteer. "I am based in Kabul, but last year I was called up urgently to work

in Ghazni after the earthquake," she says. "Someone had crashed his car and was bleeding profusely. So I bandaged him up. To begin with, people didn't understand what we were doing or who we were. But in the end, they thanked us, because as there was no hospital nearby, without us they would have had no help."

These overlapping humanitarian imperatives make for an extremely complex aid environment, with National Society staff and volunteers coping with both emergency response and long-term public health issues against a backdrop of ongoing conflict.

During an offensive by the international military forces in Helmand province in 2010, for example, the Kandahar EMU worked in the agricultural district of Marja, helping those displaced and affected by the fighting. As well as treating war-wounded — including women, children and elderly people — the team arranged health-education sessions on issues such as malnutrition and hygiene.

In some combat zones, volunteers are the only ones able to treat the sick, and they can be an essential part of longer-term health initiatives such as polio and measles vaccinations, acknowledges Arshad Quddus, head of the World Health Organization's vaccination programme in Afghanistan.

"The greatest number of polio cases is in the high-risk areas of Helmand and Kandahar provinces," he says. "In the mid-2000s the disease spread owing to the upsurge of fighting. The violence prevented us from reaching populations in the south. Fortunately, trained Red Crescent volunteers from

"Neutrality has a great significance for me. It means helping every person. My greatest wish in Afghanistan is to help people."

Mohazamat, an 18-year-old Afghan Red Crescent volunteer

the local communities have been able to carry out vaccination campaigns.”

In March, the Afghan Red Crescent was officially asked by the Ministry of Health to carry out polio eradication campaigns in the south, where government and other international teams cannot go due to the fighting. Much of the field-based health work here is done in cooperation with the ICRC, which helps arrange ceasefires between the warring parties for safe passage during vaccination or other health campaigns.

“Neutrality requires constant vigilance, and it is not a foregone conclusion... in Afghanistan, we apply this principle every day.”

Fatima Gailani, president of the Afghan Red Crescent Society

A complex humanitarian space

The perception of the Afghan Red Crescent’s neutrality is critical in a country where many health and redevelopment efforts are being carried out by agencies and non-governmental organizations that combatants perceive as being associated with the agenda of the Afghan government and the international forces. In many areas of the country, for example, United Nations’ health initiatives are severely hampered by the organization’s perceived lack of neutrality due to its role in authorizing and supporting the foreign intervention and the construction of the new Afghan state.

Still, respect for the Afghan Red Crescent Society’s unique mandate cannot be taken for granted. Every mission is risky and many areas of the country are still considered too dangerous for even locally based National Society volunteers to work freely. Given that the Afghan Red Crescent’s top leadership is appointed by the Afghan government, acceptance of its neutrality cannot be assumed to be universal.

Over time, however, the Afghan Red Crescent has won considerable respect on all sides due to the impartiality of its work on the ground. A case in point is its commitment to evacuate the bodies of fallen fighters from the ranks of both Taliban and government forces — and returning them to their villages or families for burial. Along with the ICRC, they also provide prisoners with a means of communicating with their families: each year, more than 10,000 messages are conveyed between families and detained relatives.

But in a country embroiled in a constantly evolving conflict, even hard-won understanding with warring parties is never entirely on solid ground. When the leaders of opposition forces are killed in the conflict, communication with those forces becomes more difficult. As younger leaders take over, the Afghan Red Crescent must make new connections, build respect and explain the mandate to the next generation of fighters.

At the same time, there has been a proliferation of armed groups, many of which don’t know about the Afghan Red Crescent’s role and mandate. “A year ago, in order to get clearance for our activities in a region, we had to call on one or two people; now we have to contact 30 or 40,” says Walid Akbar, who is director of communications at the Afghan Red Crescent Society.

Dangerous work

Neutral or no, working in the crossfire carries extreme risks. “It happens that the intelligence services sometimes arrest and question our volunteers,” says Akbar. Volunteers can also be killed just by being in the wrong place at the wrong time. In 2010, 11 vol-



➔ An Afghan Red Crescent doctor with one of the National Society’s Emergency Medical Units explains to a cholera patient’s husband how to best care of his wife.

Photo: Ali Hakimi/IFRC

INTERVIEW

Fatima Gailani

President of the Afghan Red Crescent Society

Neutrality is one of the key Fundamental Principles of the Movement. What does it mean to be neutral in Afghanistan? In a conflict situation, if we don't stay neutral, we undermine our purpose and gain no respect.

Is it difficult to convey your mandate to the country's authorities? When the current war broke out ten years ago, we had a lot of trouble gaining recognition of our work. Very few people understood our neutrality. But today the authorities know what our duties are towards all people, be they pro-government or otherwise.

We often have to remind ministry officials and provincial governors of our role when they take up their functions. I tell them that we are auxiliaries to the government and that we must act in a neutral manner and thus take care of everyone. In 90 per cent of cases, this goes down well. We have encountered a few more problems with the next level down, where tribal allegiances can sometimes prevent us from doing our work.

And how well is it accepted by anti-government groups?

Unfortunately, they are increasingly unaware because they are getting younger and younger. The previous generations knew us and caused us fewer problems. However, the new generation can also see, for example, that we evacuate the bodies of insurgents who have been killed in combat. They know that we will take care of their remains and hand them over to their families.

What would happen if the Afghan Red Crescent was not perceived as being neutral? Would your personnel be in greater danger? Of course. Twenty of our volunteers were wounded and 11 killed in 2010. They were not the targets of attacks; they were caught in the crossfire. To evacuate a body or administer first aid, you have to be in the conflict zones and in these places there is a strong likelihood of being hit by a bullet.



Fatima Gailani, president of the Afghan Red Crescent Society.

Photo: Vincent Pulin

Neutrality partly explains the ability of the Red Crescent to access conflict zones. Are there places that are still off-limits? If we don't go into certain areas, it is not because we are not allowed to, but because we believe that our volunteers risk being killed. That is why we say that we have 95 per cent coverage of the territory. Heroism has its limits. We do not want to take pointless risks.

Recently the United States Agency for International Development (USAID) wanted to donate funds to the Red Crescent but you refused. Why was that? The only emblems that we bear are those of the Red Crescent and the Red Cross. We prefer to receive money through the ICRC or the IFRC. Maybe it would have helped us in the short term if we had accepted USAID's offer, but it would have harmed us in the long term. Neutrality requires constant vigilance, and it is not a foregone conclusion. . . in Afghanistan, we apply this principle every day. It is very clear to us.

unteers lost their lives (most due to fighting).

One of the most recent tragedies was the death in May 2011 of 22-year-old Mohammad Rafiq Azizi, who was killed by a suicide bomb attack in the western city of Herat while on his way to the youth club where he taught English to other Red Crescent volunteers.

This atmosphere of constant danger is one reason Afghan Red Crescent personnel receive intensive training on the principle of neutrality, says the organization's president, Fatima Gailani (see interview). But it has also happened that staff and volunteers break with the Fundamental Principles. "In the last six years, two of our employees were found guilty of not respecting our rules and they were expelled," Gailani says.

This type of neutrality is not only essential when working between opposition fighters and coalition

forces, but also while serving people in a vast region composed of numerous ethnic groups and tribes to which volunteers may also belong.

"The most important thing for us is knowing how to help people," says Mohazamat, the young female volunteer who believes the principle of neutrality is well respected within the volunteer corps. "We make no distinctions within the Red Crescent."

Despite the danger and complexity of the work, her enthusiasm is not dampened. "Neutrality has a great significance for me," she says. "It means helping every person. My greatest wish in Afghanistan is to help people." ■

By **Vincent Pulin**

Vincent Pulin is a freelance journalist based in Kabul, Afghanistan.

Reader question:

What are the greatest challenges you face in putting neutrality into action? Send your responses to: rrcc@ifrc.org or join the discussion at www.facebook.com/redcrossredcrescent

Relief and revolution

Just as many National Societies in North Africa and the Middle East were coping with the uncertainties of political unrest in their own countries, they also had to confront new, rapidly evolving humanitarian challenges. They delivered first aid, helped to reconnect families and offered psychological support in the midst of heavy fighting. They also fed, sheltered and assisted thousands of desperate, displaced people, many of them migrant workers who were already marginalized before becoming refugees. These images tell part of the unfolding story of relief during times of revolution and civil conflict.



🔗 An evacuee from Bangladesh waits for his luggage at the Libyan Red Crescent camp in Benghazi. The man was one of roughly 1,200 people brought on an aid ship from the besieged western Libyan city of Misrata to Benghazi in the east of the country in April. Photo: REUTERS/Amr Abdallah Dalsh, courtesy www.alertnet.org

🔗 Migrant workers displaced by the conflict in Libya queue for food at the Choucha transit camp in Tunisia.

Photo: Victor Lacken/IFRC





🕒 For many migrants, the conflict and subsequent flight from Libya left them in a state of legal and literal limbo, without a clear means of getting home. Here, a Bangladeshi refugee at a camp near the Libyan and Tunisian border crossing of Ras Jdir holds up his passport. He was one of many refugees who were unable to get help from their government to return home. Photo: REUTERS/Pascal Rossignol, courtesy www.alertnet.org

🕒 Aside from providing shelter, food, water and sanitation, a key part of the Movement's assistance for refugees was helping them make contact with relatives and others who might be important to their survival, their morale or their return home. In April, Egyptian evacuee Ashraf Mohamed, 26, spoke to his family in Bani Swaif, Egypt, from the Libyan Red Crescent camp in Benghazi. Photo: REUTERS/Amr Abdallah Dalsh, courtesy www.alertnet.org



Focus

☞ While many people escaped the violence in Libya through the desert, others fled north by sea. Covering his face as he prays, this man was one of 76 people picked up by a Maltese military patrol boat some 140 kilometres south of the Mediterranean island. The migrants hailed from Bangladesh, Chad, Côte d'Ivoire, Nigeria, Sierra Leone and Sudan, and said they were working in Libya when the fighting erupted. Photo: REUTERS/Darrin Zammit Lupi, courtesy www.alertnet.org



☞ Those who survived the boat journey from North Africa to Lampedusa in Italy often faced new miseries. Here, a man fleeing the unrest in Tunisia sleeps under a makeshift shelter in March. Photo: REUTERS/Alessandro Bianchi, courtesy www.alertnet.org

☞ Migrants from North Africa arrive in the southern Italian island of Lampedusa in March. There, the Italian Red Cross and other agencies offered services to those in need as authorities in Europe debated the migrants' status and which country should take responsibility for hosting them. Photo: REUTERS/Antonio Parrinello, courtesy www.alertnet.org



☞ In the Middle East, political unrest also caused significant displacement. More than 10,000 Syrians have fled to neighbouring Turkey to escape armed violence, like this man in a refugee camp in the Turkish border town of Boynuegin. Photo: REUTERS/Umit Bektas, courtesy www.alertnet.org



☞ From Libya to Yemen, National Society volunteers and staff — along with other local health-care workers — were often the only ones with access to areas of intense fighting. As the impoverished country of Yemen edged closer to civil war, local medics and other men carry a man injured during clashes between opposition forces and police in the capital Sanaa.

Photo: REUTERS/Ammar Awad, courtesy www.alertnet.org



FIRST
in a series on
forgotten
disasters

Out of sight, out of mind



As donors and the global media chase mega-disasters, thousands of smaller-scale, 'forgotten' disasters never make the news. The phenomenon is not new and the Movement response is making a difference. But is the overall situation getting better or worse?

ON 10 MARCH, as the world watched massive waves smother harbour towns along Japan's north-east coast, tens of thousands of people fleeing violence in Côte d'Ivoire were making their way towards the Liberian border.

One of those refugees was Adèle Zranhondo, 41, who had fled with her husband and her three youngest children, losing track of her two grown-up sons on the way. Soon afterwards, her husband died, leaving her to fend for the little ones in a strange country.

"Right now, after my husband's death, I am too confused to plan for the future, or even to work," she said. "I am grateful for the generosity of the people in this village, who provide me and my children with food, even though they don't have much."

In some ways, Zranhondo has much in common with the people affected by Japan's tsunami. The loss of home, family and friends. The destruction of her community. Hunger, the prospect of long-term displacement.

But in other ways, her situation could not be more different. While the world rallied in support of Japan's people — and the country's government had significant economic and emergency response capacity — the Ivorians who wandered days through the forest to reach the Liberian camps received little attention from much of the global media.

Those who fled Côte d'Ivoire for Liberia are largely isolated from population centres and government infrastructure, and humanitarian appeals (by both the Movement and international organizations) have raised far fewer dollars than the earthquake and tsunami in Japan. An emergency appeal in January for US\$ 4.1 million had raised US\$ 2 million by 15 June — 48 per cent of its target.

There are many reasons for this disparity. Japan is a major economic power with many cultural, economic and political ties around the world. In addition, the shocking and sudden devastation of a disaster such as the Japan earthquake — combined with the ongoing nuclear threat — made for a perfect media firestorm. The 24-7 coverage was



augmented by myriad amateur and professional videos, webcam journalists, tweets and blogs.

In Liberia's camps, or the small communities that have taken in refugees, only a handful of journalists and delegates from humanitarian organizations carrying video cameras and notebooks posted news items for far more limited audiences.

The CNN effect

As the media increasingly rely on the repetition of compelling visuals to gain and retain viewers, there is a corresponding focus on epic mega-disasters — which in turn garner greater donor support.

This concern is nothing new. For more than a decade, humanitarians have been talking about 'the CNN effect', in which a few select mega-disasters get the lion's share of media and donor attention, while hundreds of smaller disasters are overlooked.

"We are looking at a serious and chronic problem," says Hossam Elsharkawi, director of emergencies and recovery for the Canadian Red Cross Society. "Our reading of the trends is that there are more frequent, small to medium-sized disasters and many chronic crises where access both to the people affected and to media and information is a problem."

Often, those smaller disasters add up to greater, combined loss even if they gain little media atten-

tion. In Colombia alone, researchers using a database called DesInventar catalogued more than 19,000 small and moderate events that took lives, destroyed assets and infrastructure between 1971 and 2002.

"The total loss in financial terms was greater than all of the high-profile disasters to affect [Colombia] taken together, including the deadly eruption of Nevado del Ruiz in 1985," researchers Ben Wisner and J.C. Gaillard later concluded from the data. "The best-known international database, EM-DAT, of the Centre for Research on the Epidemiology of Disasters, records only 97 disasters in Colombia for that period. Few of these 19,000 small and moderate events made it into the national press in Colombia, let alone the world media."

Often this bias towards medium or large disasters is reflected in aid policy. Some donor governments have rules that permit aid only for disasters that affect a certain number of people (Canada, for example, mobilizes aid when more than 5,000 people are affected). "But if a disaster affects 4,000 people, it is just as real to those people," Elsharkawi notes.

These are a few of the reasons why, in 1985, the IFRC established the Disaster Relief Emergency Fund (DREF). The idea was to create a pool of money that could be used for rapid response in areas where specific financial appeals were unlikely to garner the public attention needed to deploy an adequate and rapid response.

In 2006, the IFRC's *World Disasters Report* highlighted this global disparity in the aftermath of the Indian Ocean tsunami and several other major catastrophes. Since then, DREF has made a substantial difference in the ability of IFRC and National Societies to mobilize (see graphics, pages 20–23). But the fund is still small (roughly US\$ 22.5 million in allocations in 2010, up 9 per cent from 2009) compared to the needs, and use of the funds is limited to emergency response, not preparedness or risk reduction.

Originally, DREF was set up largely to provide short-term resources that would get operations going until emergency appeals could make up the funding gap. Due to a steady increase in the number of disasters, combined with insufficient response to emergency appeals, a majority of allocations (77 per cent in 2010) are now made in the form of non-reimbursed grants to National Societies for operations, thus increasing the fund's reliance on large partners and donors.

Disaster within disaster

There are many reasons why emergency appeal targets frequently go unmet. The global financial downturn is compounding the problem, while many of the areas that suffer from numerous, overlapping 'hidden' emergencies are also, ironically, suffering from donor fatigue.

In western and central Africa, the combination of conflict, displacement, natural disaster, a gen-

eral lack of hygiene and health infrastructure has worsened the effects of several disastrous health emergencies: polio in the Republic of Congo, cholera and meningitis in Cameroon and malaria and HIV/AIDS in several other countries in the region.

While significant resources have poured into some parts of the region, the coverage on appeals for other emergencies has been disappointing. A US\$ 1.3 million appeal for the wild polio outbreak in the Republic of Congo reached only 15 per cent of its goal, while the cholera outbreak in Cameroon had achieved only 7 per cent of its US\$ 1.5 million target by 16 June. In both cases, DREF funding made up much of the difference.

A growing storm

By far the greatest number of natural disasters are climate-related. Even individually, the more serious floods, storms and mudslides can claim many lives. But the vast majority are on a smaller scale, causing substantial damage to property and infrastructure, as well as compounding poverty, infectious disease and malnutrition.

When torrential winter rains hit the department of Chacó on the Pacific coast of Colombia, for example, the resultant floods affected about 10,000 people, mostly indigenous and Afro-Colombian communities in one of the poorest departments in the country. Already dealing with armed conflict, they now face hunger, damaged infrastructure and decreased mobility.

In eastern Europe, seasonal floods in Moldova spread out over the flat land and consume cities and towns already facing hard times. The floods occur in July and August, when many people in the richer European nations are on vacation and not necessarily watching the news.

In Asia Pacific, a variety of weather-related events affected some 20 million people in more than a dozen countries in 2010 alone. The crises ranged from cold in Bangladesh and Mongolia to cyclones in Viet Nam and an outbreak of acute watery diarrhoea in Nepal. October's Typhoon Megi, which affected some 430,000 families and damaged 150,000 houses near Luzon, Philippines, has only attracted 67 per cent of the US\$ 4.9 million appeal in the six months after it was launched. For immediate disaster response, DREF contributed US\$ 220,000.

Solutions

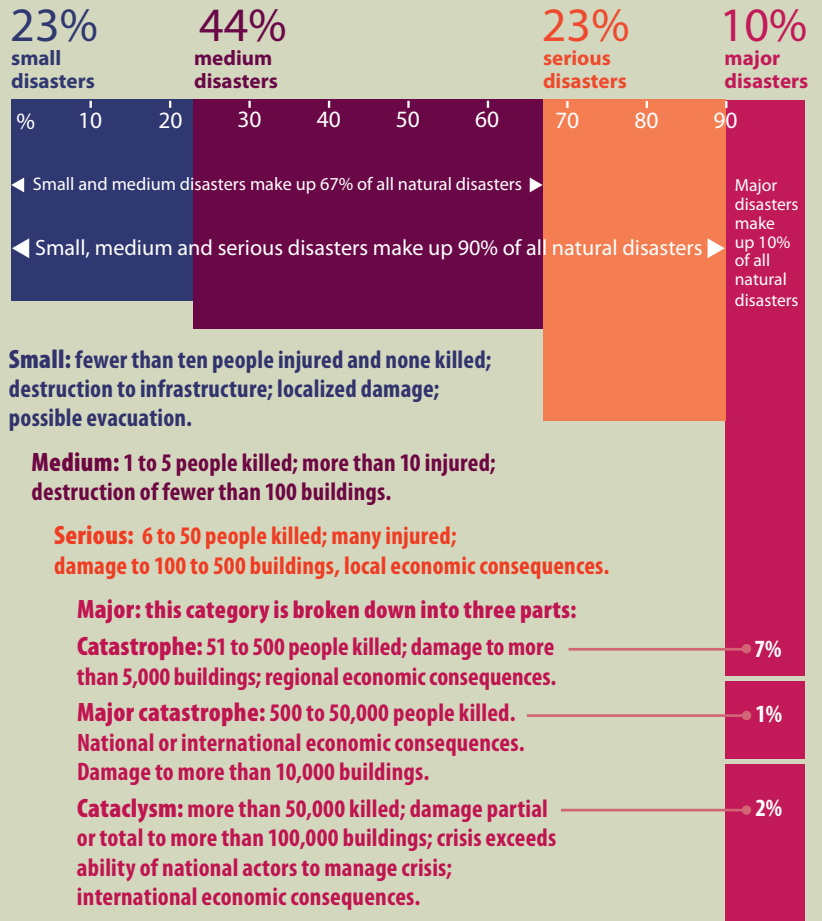
So what should the humanitarian sector do? Some of the people interviewed for this story suggest that disaster preparedness, prevention and risk reduction at the local level could make a significant difference — and that National Societies will play a key role.

Often serving as auxiliaries to their governments, National Societies are well placed to respond

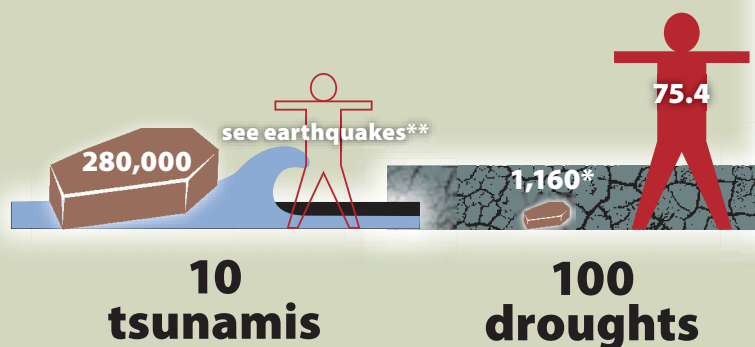
A closer look at the

Global breakdown of natural disasters by level — 2001 to 2010

In 90 per cent of natural disasters, fewer than 50 people are killed



This graphic is based on information provided by Ubyrisk Consultants – CATNET.net



last decade of disasters

Hidden under the mega-crises, there is a world of smaller, lesser-known emergencies

It's well known that the number of natural disasters is increasing. But a typical TV viewer could be forgiven if he or she has the impression that most natural disasters are the massive catastrophes that dominate the news.

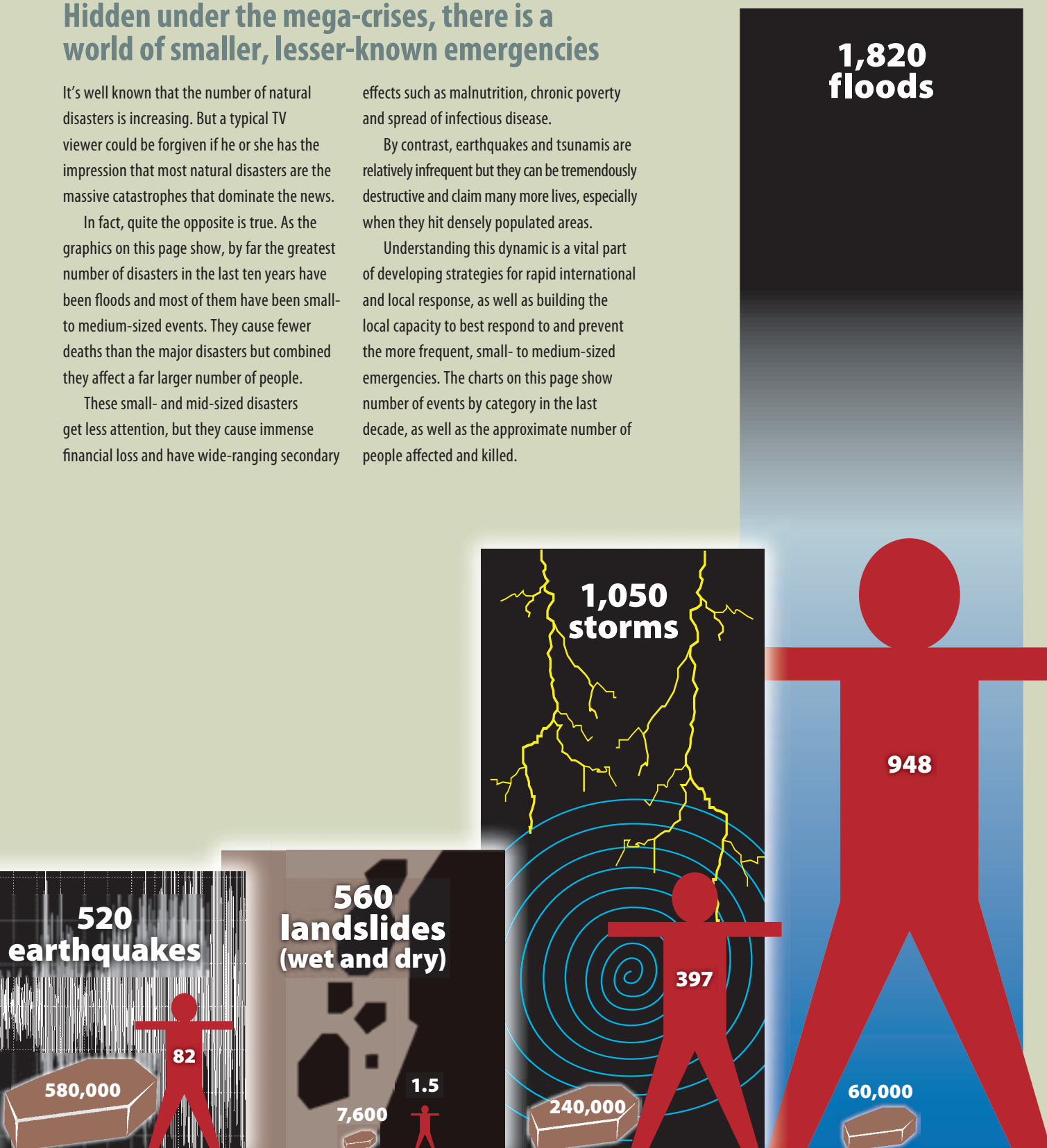
In fact, quite the opposite is true. As the graphics on this page show, by far the greatest number of disasters in the last ten years have been floods and most of them have been small- to medium-sized events. They cause fewer deaths than the major disasters but combined they affect a far larger number of people.

These small- and mid-sized disasters get less attention, but they cause immense financial loss and have wide-ranging secondary

effects such as malnutrition, chronic poverty and spread of infectious disease.

By contrast, earthquakes and tsunamis are relatively infrequent but they can be tremendously destructive and claim many more lives, especially when they hit densely populated areas.

Understanding this dynamic is a vital part of developing strategies for rapid international and local response, as well as building the local capacity to best respond to and prevent the more frequent, small- to medium-sized emergencies. The charts on this page show number of events by category in the last decade, as well as the approximate number of people affected and killed.



Numbers are approximate and based on studies from USAID, United Nations International Strategy for Disaster Reduction, Centre for Research on the Epidemiology of Disasters (CRED), IFRC.

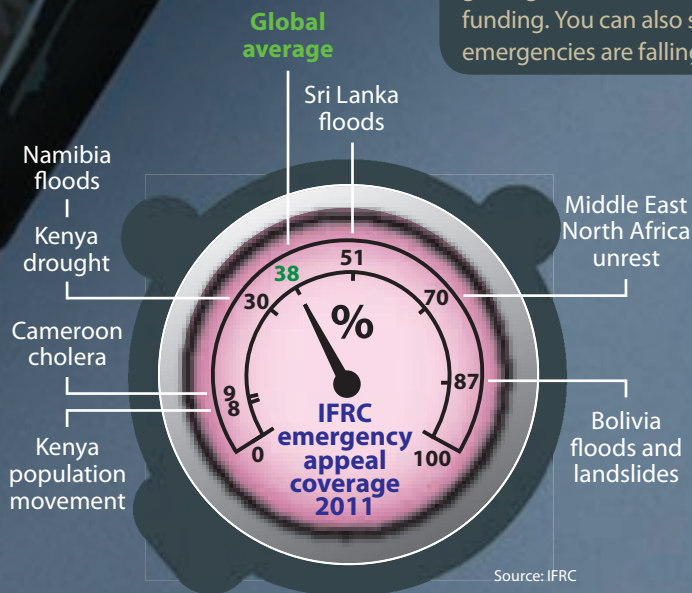
* For some natural disasters, particularly slow-onset disasters, it is difficult to ascribe a precise cause of death. In the case of drought, for example, there are conflicting figures for the number of people 'killed' as drought often exacerbates malnutrition, conflict, displacement, disease and other conditions that then lead to death. ** Figures for number of people affected by tsunamis are included in the number of people affected by earthquakes.



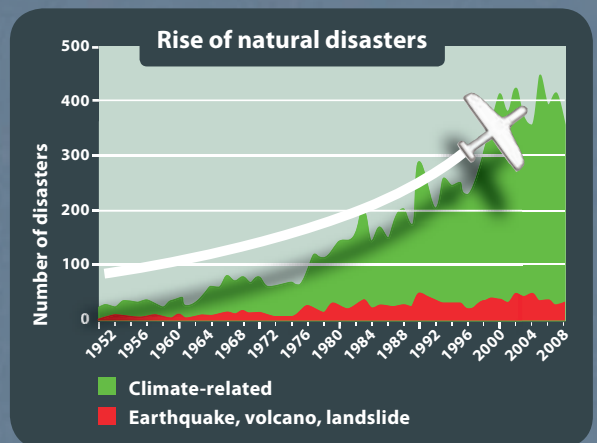
MISSION: FORGOTTEN DISASTERS

Imagine you are flying a massive cargo plane called the 'International Humanitarian Action' with capability to deliver a large, but limited amount of aid. Your mission: to bring the aid where it is needed most.

This is your instrument panel. On your radar, you can see which disasters are getting the most attention and funding, and which ones are not getting sufficient funding. You can also see the dramatic rise of climate-related disasters and which emergencies are falling off the radar screen of global donors.



Figures as of 15 July 2011



Source: Center for Research on the Epidemiology of Disasters

quickly to small-scale disasters due to their presence in the affected communities. They don't need to wait for international media or a global funding appeal to respond.

But even with DREF funds, many National Societies do not have the capacity to respond fully. Part of the challenge, therefore, lies in building up the local response capability based on lessons learnt from past disasters (as well as improving risk reduction and prevention) before the next disaster strikes.

Many of the most serious health consequences of smaller-scale disasters — contamination of water sources, for example — can be solved proactively by building raised latrines and protecting wells from flood waters. For example, the Liberian Red Cross Society, with the support of various Movement partners, is securing and improving numerous water sources where they have been compromised

Top 5 under-funded appeals

West Africa: 28.4%
(of US\$ 691 million requested)

Zimbabwe: 29%
(of US\$ 488 million requested)

Djibouti drought: 29.6%
(of US\$ 39 million requested)

Niger 31.5%
(of US\$ 225 million requested)

Republic of South Sudan: 34%
(of US\$ 620 million requested)

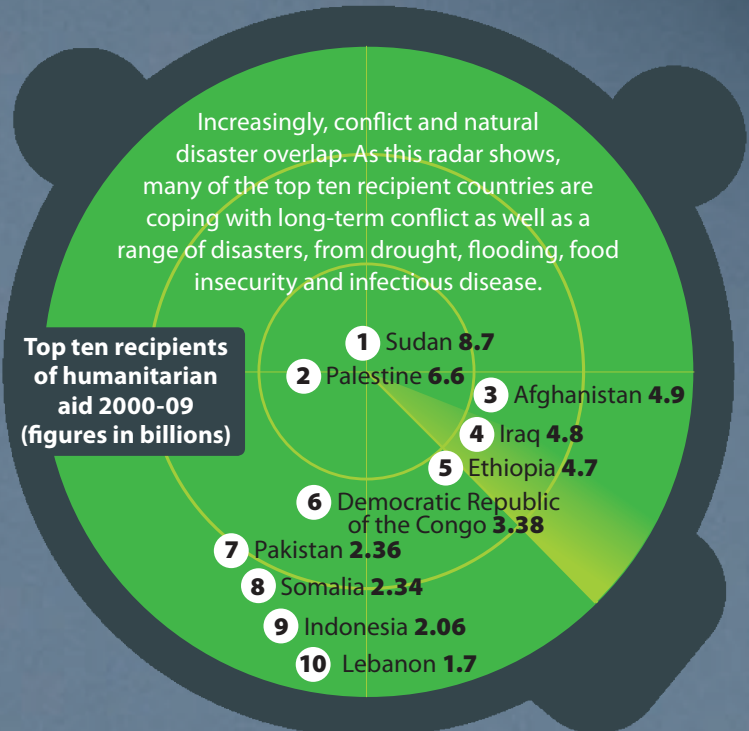
Source: OCHA/Financial Tracking Service. Includes contributions from governments and international organizations including ICRC, IFRC and National Societies (as of July 2011)

or where the refugee crisis has put pressure on local water supplies.

While DREF funds are sometimes used to prepare for imminent disasters, they are not intended for long-term risk reduction and prevention. Some within the IFRC are looking at ways to allow a greater percentage of emergency appeal funds to be used for preparedness, risk reduction and capacity building (particularly in areas affected by repeated, seasonal crises).

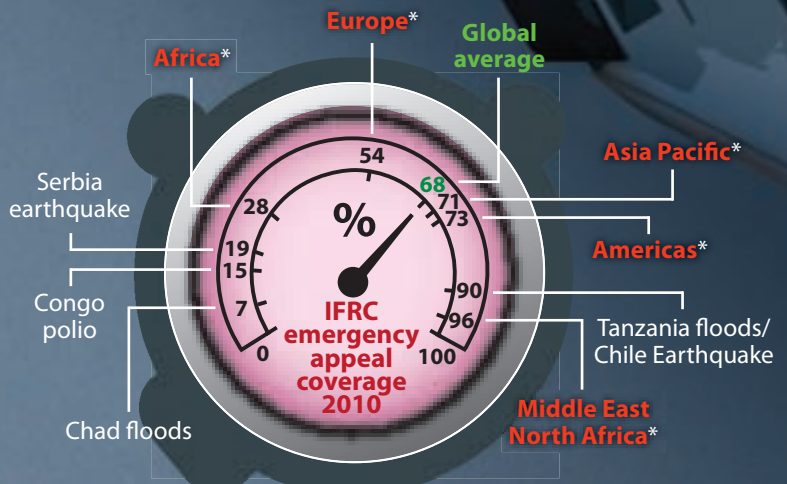
Some National Societies, such as the Canadian Red Cross, are creating their own global funds of unrestricted resources (which contribute to DREF). One Canadian Red Cross campaign carries a simple message: "Just because it's not in the news doesn't mean your support isn't needed."

But it's a hard sell. With mega-disasters, donors can see results. From complete devastation, the



Source: Global Humanitarian Assistance Report 2010, by Development Initiatives based on OECD and UN OCHA FTS data.

Not all emergency appeals receive an equal response. This gauge shows just a few of the 30 emergency IFRC appeals launched in 2010 and the percentage of the target raised. The global average success rate for funding of emergency appeals is 68 per cent.



* average appeal coverage for the region

Source: IFRC

emergency response phase provides clear, visual examples of food distribution, shelter, first aid or improving lives.

With prevention, risk reduction and capacity building, it's hard to show and prove that projects are working, says Elsharkawi. "The standard formula we present is that one dollar invested in prevention and risk reduction saves seven dollars down the road," he says. "But we need a lot more stories to back that up. We need better research and better evidence in order to convince people that their money is well invested."

That is one area where Elsharkawi feels the Movement is lacking. More serious research and papers published in peer-reviewed journals, for example, would help build up the credibility and evidence for donors that risk reduction, prevention and capacity building make a difference, he says.

Forgotten by whom?

Fortunately for Adèle Zranhondo, the Liberian families that have taken her in are not neglecting the crisis in neighbouring Côte d'Ivoire. Far from it. Liberian communities along the border have opened their homes to those fleeing the violence in Côte d'Ivoire. This is largely because Liberians are still in contact with Ivorians who took them in during Liberia's long and brutal civil war. Now Liberia is bearing the burden of more than 100,000 Ivorian refugees.

"These people I am staying with, they had befriended my husband when they were themselves refugees in Côte d'Ivoire," says Zranhondo. "But later, when I recover, I hope I will be able to work in the fields. And one day, God willing, I will perhaps go back home." ■

Malcolm Lucard, with **Iolanda Jaquemet/ICRC** and **Benoît Carpentier/IFRC**.

Reader question:

What are the forgotten emergencies in your region and why are they being forgotten? Send your response to rcrc@ifrc.org or join the discussion at www.facebook.com/redcrossredcrescent



Mending minds

📍 Evacuees Kazuko Hiraushi and her husband Yoshidaka observe a minute's silence in memory of the victims at an evacuation centre near a devastated area in Rikuzentakata, northern Japan, in March. Photo: REUTERS/Kim Kyung-Hoon, courtesy www.alertnet.org

As Japan begins the long process of cleaning up and rebuilding after the March tsunami, the process of healing the internal wounds is also just beginning.

THE VIOLENT HEAVING and swaying seemed to go on forever. Furniture crashed to the floor as cupboards ejected their contents in a cacophony of shattering glass and splintering wood. "It went on for so long," Hitomi Asano says of the earthquake. "I didn't think it would ever stop."

Living in a country as seismically volatile as Japan, Asano had experienced plenty of earthquakes, but nothing like the one she felt at 02:46 on 11 March. Amid the wail of tsunami sirens, Asano, 50, rushed to pick up her 10-year-old daughter from her Ishinomaki primary school five minutes away.

Despite the warnings, Asano says she didn't believe the sea would ever reach her home more than 1 kilometre from the coast.

"We ran upstairs and ten seconds after we reached the first floor, the tsunami flooded in," she says, sitting in the gymnasium of her daughter's school, one of scores of evacuation centres set up to house survivors in the region. "The water reached up to the ceiling of the ground floor. My car was destroyed."

Ishinomaki was hit particularly hard. Once a vibrant coastal city, backed by lush, green mountains, large swathes of it have been flattened, evoking images of a decimated Hiroshima in August 1945. More than 160,000 people used to live in this Miyagi Prefecture settlement, many working in the fishing industry and pulp mills. Almost 3,000 people have been confirmed dead and a similar number remain missing.

That first freezing night on the first-floor balcony of their damaged home was a lonely one for Asano and her daughter. "I was listening to the radio as the aftershocks came one after the other," Asano says. "There was no sound and there was no light. It was so dark. I just didn't know what was happening."

From physical to psychological

As in most calamities of this scale, the focus of the initial humanitarian response was on providing physical relief. The Japanese Red Cross Society (JRCS) immediately deployed medical teams to stricken towns and sent blankets and other much-needed supplies.

Understanding the importance of psychological care following disasters, the JRCS also organized and dispatched teams of psychosocial professionals to help those traumatized survivors. The first workers arrived at the Ishinomaki Red Cross Hospital three days after the earthquake. By the middle of May, there were 289 psychosocial workers offering care and

support in the main affected areas. (In total, around 8,000 Red Cross staff in Japan, including doctors and nurses, have received psychosocial training.)

In late April, JRCS nurse Mayumi Oguri arrived at the evacuation centre where Asano is living with another 300 local residents. (There were 1,800 people living in the same space for the first three weeks after the disaster.) Oguri is head of a three-person psychosocial support team from Nagoya that relieved another group of psychosocial support workers.

Sitting on the traditional Japanese straw *tatami* mat-lined floor of the school gymnasium, she says her team assesses the mental state of the people at the centre by walking around and talking, listening and offering opportunities for more private, emotional discussions. They also watch for tell-tale signs of post-traumatic stress such as insomnia, flashbacks, irritability and seclusion.

Children and the elderly, Oguri says, are particularly vulnerable. "We're seeing a general trend at the moment of some kids mimicking what happened in the tsunami and even pretending to bury people," the 41-year-old nurse says. "It's a part of dealing with the situation and the play-acting isn't such a worry. Parents have to show that they will protect their children and offer them peace of mind. The children should be able to cry if they want to and not swallow their feelings."

Trouble under the surface

While the world has marvelled at the resilience and stoicism of the Japanese in the aftermath of the disaster, trouble may be brewing underneath the seemingly stolid exterior of some Japanese, particularly for men in a culture that extols silent endurance.

"Men tend to feel responsible for protecting their families, so they tend to overstretch themselves, and they don't have the chance to release their stress," Oguri says. "They never express their feelings in public, so I try small talk with men. Then I consider a private place where they can talk further and express their feelings without being seen by others."

But it appears that Japan as a society is growing more aware of the dangers of keeping emotions bottled in. A notice on the wall of the shelter from the prefectural government advertises a counselling hotline for those suffering from nightmares, bouts of anger or depression. Asano, the designated leader of the shelter, says she is conscious of the importance of facilitating communication between evacuees.

She explains how the cardboard 'walls' separating evacuees' personal spaces in the gymnasium were planned to allow for both privacy and interaction. "Between families, there is always an elderly single person with lower partitions, so they can easily talk with the people on either side," she says.

"We're seeing a general trend at the moment of some kids mimicking what happened in the tsunami and even pretending to bury people."

Mayumi Oguri, 41-year-old Japanese Red Cross Society nurse

"I was listening to the radio as the aftershocks came one after the other. There was no sound and there was no light. It was so dark. I just didn't know what was happening."

Hitomi Asano, 50, who survived the 11 March tsunami and earthquake

"With good communication, we feel less stress and are less worried."

As Asano talks, a group of children announce that it's time to fill up the portable toilets outside with fresh water. Almost immediately, young and old alike shuffle outside, form a human chain and begin passing buckets of water along the line. Such practices, as well as mealtimes and organized entertainment, say experts, help to reinforce the idea of community.

A sense of routine

Psychologist Nana Wiedemann, head of IFRC's Reference Centre for Psychosocial Support in Copenhagen, Denmark, says that assigning roles to survivors adds a sense of meaning to their situation, as does introducing some familiar elements of everyday life.

"It would be very important to establish some kind of routine," she explains. "Of course, this is not a normal situation, but things like cooking food, playing with the children, taking care of the elderly and being a part of defining what the group needs and how these needs can be met are important."

People typically wake up at the centre at around 05:30 each morning. Some head to work through the debris-strewn streets, littered with upturned cars and boats, while others return to their homes to salvage possessions or begin repairs.

The Japanese government aims to relocate all evacuees to temporary housing by the end of August. Tokyo-based clinical psychologist Andrew Grimes says this will be an important step towards improving mental health. "Those living in evacuation shelters have added stresses in that they lack privacy," he says. "So it may be harder to grieve and share their feelings and comfort each other fully."

The JRCS says it will continue its psychosocial activities until the end of June before deciding if its teams still need to be deployed. Even after evacuees move into temporary housing, Oguri says it's vital that they continue to be monitored and provided with follow-up health and mental care.

Clinical psychologist Grimes agrees: "A rise in the number of people in the disaster zone suffering from depression and alcohol abuse may well be seen in time."

As for Asano, she doesn't know yet if she'll return to live in her home as she worries about the future threat of tsunami. For now, she remains focused on helping others at the centre slowly piece together their lives. "Maybe I work hard because I don't want to remember that day or have nightmares," she says, before rushing off to organize the evening's entertainment. ■

By **Nick Jones**

Nick Jones is a freelance journalist based in Tokyo.

As fighting in this war-ravaged country has decreased in recent years, international media and political attention has also flagged. But even with the United States promising to withdraw troops and end combat operations by the end of August, the level of violence is still alarming and the future is highly uncertain.

People continue to suffer many hardships — the loss of loved ones, economic despair, constant fear of violence, lack of medicine, unavailability of health care and safe drinking water, chronic disease and malnutrition, unexploded ordnance and natural disasters.

Many of these crises are largely lost to the outside world — buried under headlines of suicide bombings, armed violence and politics. Few global news outlets, for example, noticed when, in April, several parts of the country suffered flash floods that affected roughly 9,000 people and displaced 2,400. How many news watchers around the world have heard stories of Iraqi women, widowed by the war, struggling to support their families in the face of severe economic depression?

The Movement's response to this complex crisis reveals the connections between security, physical and mental health, and economic recovery. The Iraqi Red Crescent Society, the ICRC, the IFRC and participating National Societies are working on numerous fronts to help families trace missing loved ones, help communities recover from natural disaster, provide community-based first aid, promote good hygiene and raise awareness about unexploded munitions.

All photos and text by Ed Ou/Reportage by Getty Images for the ICRC



Iraq's forgotten



Something beautiful "they can keep"

Since starting a hair salon in her Baghdad home, business for 27-year-old Suhad Abbas Mohamed has boomed. There's no need to advertise, she says, as word spreads quickly among women, who have very few places to socialize.

"I tried to make a place where women could just be themselves," she says, running a brush through her niece's hair (above). Abbas Mohamed started the business with a grant from the ICRC after the death of her husband in sectarian violence. "It's become a small community, right in my house."





Life in the urban shadows

Under the cover of tents, which shade them from the blazing Baghdad sun, children in the Zafraniya neighbourhood (left) laugh and swing in their makeshift playground. Zafraniya has become a refuge for many internally displaced Iraqis fleeing drought, lack of employment or violence in other parts of the country. More than 2.8 million people are internally displaced in Iraq, according to estimates from the International Organization for Migration and the United Nations. Often, as in Zafraniya, the displaced settle on patches of public land or blend into the urban landscape.

“People are living in very miserable conditions,” says Dr. Yassin Abass, president of the Iraqi Red Crescent Society. “They have left the rural areas and have come to Baghdad or to other cities. But there is a severe lack of housing and services. Often, they are living without electricity, clean water or sewage systems.”

One of several agencies working to meet the housing gap, the Iraqi Red Crescent has begun a shelter programme that has so far resulted in the construction of 200 units in the city of Karbala, south of Baghdad. The Iraqi Red Crescent is also trying to raise awareness about the plight of roughly 2.2 million Iraqi refugees living in Jordan, Syria, Lebanon, Iran and Egypt.

People suffering from mental illness also tend to fall through the cracks. Al Rashad (below) is the largest hospital in Iraq for the mentally ill. Despite suffering major damage during the conflict, the facility remained open throughout years of war. Patients take part in activities like music, painting, fitness or watching soap operas on the television.



victims



Unknown but not forgotten

Every day, Ahmed Abdul Redha, 33, a worker at the Al-Zubair Martyrs Centre (left) in Basra, strolls through rows of graves for unidentified people killed during the Iran–Iraq war and the two Gulf wars. He cleans the gravesites of weeds and often says a quick prayer.

After the Iraqi army was dismantled in 2003, the task of identifying the missing became even more difficult. The ICRC provides training and other support for the Al-Zubair Centre and other agencies in order to help local officials identify mortal remains and provide families with news of loved ones. As part of that effort, the Al-Zubair centre installed an improved archiving system to better manage the files of Iraqis killed in conflict and received training on forensic investigation.



A precious resource

On a recent Friday afternoon, children and young men from Baghdad's sprawling slum, Sector 52 in Sadr City, gather around a water truck provided by the ICRC. They fill jerrycans, buckets, water bottles — whatever they can find — then make many trips back and forth to their homes, carefully side-stepping pools of dirty, stagnant water (above).

Clean water is a life-and-death issue in Iraq. Waste is often discharged directly into rivers and much of the water supply is contaminated. A United Nations report claims that water levels in the Tigris and Euphrates rivers, Iraq's primary sources of water, have fallen by more than two-thirds.

The water truck is just one many ICRC projects aimed at providing clean water and improved sanitation to vulnerable communities. In Daquq subdistrict, near Kirkuk, Kurdish workers (right) are employed by the ICRC to renovate a canal with picks and shovels. Villages in the region are becoming more self-sufficient, with access to reservoirs that bring water to entire communities and by purifying their own water with the help of filtration projects.



Untold casualties

In the context of the larger conflict, the story of each life or limb lost due to a landmine or the unexpected detonation of leftover munitions, goes largely unreported to the outside world. But for the people who have lost a leg, an arm or a loved one, the damage is life-changing. The Movement response provides rehabilitation, such as prosthetics and physical therapy at the ICRC-supported clinic (right) and, at the same time, works to prevent future injuries. In Iraq, an ICRC team (left) clears areas of unexploded ordnance. Meanwhile, Iraqi Red Crescent volunteers raise awareness about the threat of unexploded munitions in local communities.

PUBLICATIONS



Climate change and the Red Cross in the Pacific

www.ifrc.org
 Saving lives, changing minds. IFRC International Federation of Red Cross and Red Crescent Societies

Climate change and the Red Cross in the Pacific IFRC, 2011

Climate change is not a future threat: it has an impact on the nature of disasters here and now. The main focus of the Red Cross, according to this report, is on climate-change adaptation, which involves a combination of awareness-raising, knowledge-sharing, advocacy and local disaster risk reduction and/or preventive health activities. Available in English

The Movement Policy on Internal Displacement ICRC, 2011

This brochure proposes ten principles for addressing forced displacement. The policy guidelines refer to the importance of national law and international human rights, while emphasizing that international humanitarian law (IHL) is the strongest international legal framework applicable in times of armed conflict, both for preventing displacement and for meeting the most pressing assistance and protection needs of the civilian population, including internally displaced people. Available in English and French

Beating malaria through partnership and innovation IFRC, 2011

This advocacy report details the importance of strengthening and increasing global, regional and local partnerships — in which the Red Cross Red Crescent National

Societies and the IFRC are already involved — in order to forge a strong, coordinated approach towards defeating malaria. Available in English

Annual Report 2010 ICRC

The ICRC's 2010 *Annual Report* is an account of field activities conducted in 80 delegations worldwide. The activities are part of the organization's mandate to protect the lives and dignity of victims of war and to promote respect for IHL. This *Annual Report* describes the harm that armed conflicts inflict on populations around the world and what the organization is doing to protect and assist them. Available in English

PASSA Participatory Approach for Safe Shelter Awareness IFRC, 2011

Shelter and settlement risks and vulnerabilities are increasing due to changes in disaster trends, the impact of climate change and growing social and economic marginalization and urbanization. A participatory approach to safe shelter awareness (PASSA) aims to raise the awareness among vulnerable people to the everyday risks related to their built environment and to foster locally appropriate safe shelter and settlement practices. Available in English



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MEDIA

Clearing Weapon Contamination — Libya ICRC, 2011

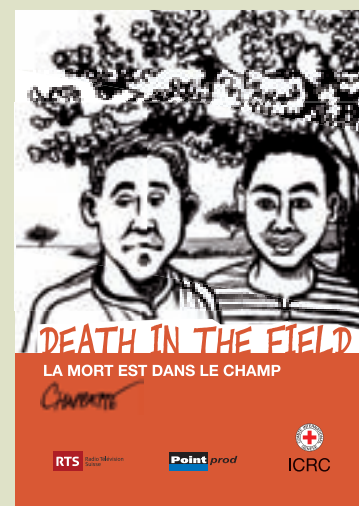
The city of Ajdabiya in Libya has been the scene of heavy fighting between rebels and pro-Gaddafi forces. While the battle lines have moved on, many people are not returning home because of the threat posed by unexploded munitions such as rockets, shells and mortars. The ICRC is the first to start clearing these abandoned weapons of war in Libya. Running time: 1:40 min. Available in English

New and improved IFRC and ICRC online 'newsrooms'

The recently redesigned and updated 'newsrooms' on the IFRC and ICRC websites offer a number of new videos to broadcast journalists, media outlets and others, who can preview and download B-roll and background material. Recent IFRC releases include reports on refugees in Liberia, cholera treatment in Haiti and earthquake recovery in China. From the ICRC, releases include material on detainees in Gaza and unexploded ordnance in Libya.

Death in the field ICRC, 2011

Renowned Swiss-Lebanese editorial cartoonist Patrick Chappatte has teamed up with the ICRC to create a new, animated documentary on the impact of cluster munitions in Lebanon. Chappatte's satirical take on world events is regularly featured in leading international and Swiss newspapers. Running time: 11 min. Available in English and French



Towards a tuberculosis-free world IFRC, 2011

One in every three people worldwide is infected with tuberculosis and, while most will never become ill, those who do are often neglected or forced to live in silence with their disease. This advocacy report calls unequivocally for more information on the disease, more funding for TB research and more people to be tested and treated. Available in English, French and Russian

Physiotherapy leaflet ICRC, 2011

The physiotherapy leaflet is a concise introduction to the work of the ICRC's physiotherapists.

It explains both the role these professionals play in physical rehabilitation and hospital projects, and the ICRC's approach in this field. Available in English

The Red Cross Red Crescent approach to sustainable development IFRC, 2011

Red Cross Red Crescent National Societies and the IFRC are not just present on the ground when disaster strikes. They are there well before and well after crises occur. Therefore, according to this ten-page position paper, they are well placed to be effective in longer-term development work. Available in English



Become a member of the Red Crescent

A poster used by the Turkish Red Crescent Society, in the period between 1950-1955.

**From the collection of the International Red Cross Red Crescent Museum.
www.micr.ch**