

RCRC

Red Cross Red Crescent

Issue 3 · 2014

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War in the streets

Does the use of highly destructive weapons in cities violate the rules of war?

Out of the crossfire

After war and natural disaster, violence takes roots in some urban zones

Seeing the way to safety

Earthquakes and floods are terrifying — more so for the disabled

The face of humanity



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.



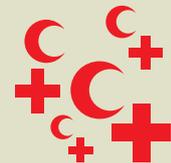
ICRC

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.

Learning the lesson of Ebola

IN THE CITY OF KENEMA, the third-largest urban area in Sierra Leone and one of the hardest hit by the ongoing Ebola outbreak in West Africa, teams of local and international Red Cross and Red Crescent caregivers risk their lives daily so that everyone who enters the IFRC emergency treatment centre is given their best chance of survival. The centre opened in September at the request of the Sierra Leone government and is expected to operate for 12 months.

Meanwhile, since March, thousands of trained Red Cross workers and volunteers in Guinea, Liberia and Sierra Leone have been working tirelessly to inform and mobilize communities, care for the sick and conduct safe and dignified burials, all of which are essential in bringing this epidemic under control. These workers are the heroes on the front line of a global effort to fend off an even wider Ebola outbreak. Another critical part of the Red Cross Red Crescent response has been the emergency preparations and training courses held in 15 African nations that are either already affected or at immediate risk of being affected.

Thanks to their efforts, we will ultimately defeat this disease. But even before that day comes, we have to ask ourselves a crucial question: what will we do next? Will we breathe a great sigh of relief and move on to other issues? Or will we truly learn the lesson presented by this unprecedented outbreak?

If this Ebola outbreak reveals one thing, it is how quickly a disease can ravage societies where there are no adequate, functioning health systems to detect disease, inform the public and respond quickly at the appropriate scale. Even in the most developed nations, the Ebola outbreak has

revealed gaps in preparedness, training and equipment. But in these fragile states, still emerging from the shadows of war and years of political instability, the lack of sufficient hospital beds, personnel, ambulances and other essential tools has meant that many people never made it to hospital. Many were sent home to be cared for by relatives who themselves often became infected.

The crisis also revealed serious gaps in the response capacity of international humanitarian organizations, health agencies and donors. In recent years, there has been too great an emphasis on delivering projects aimed at one problem or disease, or towards attaining specific health goals, rather than developing functioning health systems able to respond to a wide range of unexpected health or natural disasters.

The Red Cross Red Crescent Movement will continue to support affected communities before, during and after the outbreak and help to develop the capacity of National Societies as important partners in local preparedness and prevention networks.

But this will not be enough if not matched by investment, both public and private, in long-term solutions that include education, good governance, improved infrastructure and functioning health systems. This will be expensive and it will take time. But it will not be as costly as the alternative: more deadly outbreaks.

The recent initiative by the World Bank to create a US\$ 20 billion emergency fund is a positive step. But this investment should also contribute to developing systems that prevent future outbreaks, detect them quickly when they do arise and help local



Photo: IFRC

communities respond themselves. Many fragile states will always need external humanitarian support during emergencies. But developing stronger local capacity, built on and sustained by local knowledge, could reduce that need substantially.

We in the Red Cross and Red Crescent Movement have been working for many years on building community resilience in the face of disasters and health emergencies. With deadly diseases such as dengue, cholera, malaria, HIV/AIDS and Ebola, the answer almost always lies in holistic solutions that involve communities, local and national governments, schools, local medical institutions and civil society combining their efforts.

As we work towards eradicating Ebola in West Africa and beyond, I urge the international community to deploy resources at a scale that reflects the magnitude of the challenges and matches the sacrifices being made by those on the front lines. And we must also keep an eye on the future so that once Ebola is defeated, we can channel our energies towards the next step: making all fragile nations healthier, safer and better prepared.

By Elhadj As Sy

Secretary General, International Federation of Red Cross and Red Crescent Societies

In brief...

A call for humanity

In Iraq and Syria, the proliferation of armed groups and the recent international air strikes have compounded the suffering caused by the conflicts in both countries and made the delivery of humanitarian aid increasingly difficult. "The conflicts in Iraq and Syria are endangering more people with every passing day," says Dominik Stillhart, ICRC director of operations. The ICRC has appealed to all parties in these conflicts to uphold the principle of human dignity, spare the civilian population the effects of the hostilities and facilitate neutral, independent and impartial humanitarian activities.

Small weapons, big impact

An Arms Trade Treaty that regulates international transfers of conventional weapons recently came into force after being ratified by 50 countries. Advocates for this international treaty, including the ICRC, say it is an essential step towards reducing the human suffering caused by the proliferation of conventional weapons, from small arms and ammunitions to battle tanks, combat aircraft and warships. When making decisions about arms transfers, countries must now take into account the humanitarian consequences.

Relief at the border

Thousands of Libyans and foreign workers hoping to escape the ongoing armed clashes in Libya have fled to Tunisia, where the Tunisian Red Crescent has mobilized volunteers to respond to the urgent humanitarian needs of refugees. The Tunisian Red Crescent has established an operations base in

the border-crossing area in order to provide food, psychosocial care and other services with support from the IFRC and the government of Japan. The Libyan Red Crescent, one of the few humanitarian organizations still working in Libya, has provided essential medical and relief assistance since the eruption of violence in May.

Due to deteriorating security conditions in Libya, the ICRC temporarily moved its international staff to Tunis, Tunisia in July. With the support of 130 Libyan staff members, the ICRC has been working with the Libyan Red Crescent to provide essential support for Libyan hospitals, respond to emergencies and assist internally displaced persons.

Militaries meet to discuss IHL

Senior military officers from 57 countries gathered in Xi'an, China, in late September to take part in the Senior Workshop on International Rules Governing Military Operations (SWIRMO) 2014. As part of their mission, the officers simulated an operation to liberate a small island under enemy control while complying with international humanitarian law (IHL). Jointly hosted by the ICRC and the People's Liberation Army of China, SWIRMO 2014 offered military leaders a chance to share experiences concerning the challenge of applying the law governing military operations. "The law of armed conflict is facing multiple new challenges, making it necessary for countries to enhance communication about the law of armed conflict," says Yan Jun, deputy secretary-general of the Chinese army's general political department.

Monsoon brings floods to Pakistan

Late monsoon rains in September unleashed a devastating flood, inundating large areas of Pakistan and affecting around 2 million people. The Pakistani government's National Disaster Management Authority says close to 44,000 homes were destroyed and more than 1.5 million acres of standing crops lost. More than 300 people have died. As part of its initial response to the floods, the Pakistan Red Crescent Society distributed



Photo: Cheryl Gagalar/IFRC

Just over a year after one of the most powerful typhoons ever recorded slammed the Philippines, there are signs that recovery efforts are paying off. One case in point is Maria Redubla Liporada, one of the thousands of beneficiaries to receive a livelihood cash grant from the Red Cross and Red Crescent Movement. She used the grant to start a bakery. Here she crosses a river on the way to selling rice cakes in her upland village in Burauen, Leyte, central Philippines.

food and relief items such as tents and tarpaulins, hygiene kits and items of daily use to 13,000 families. "Our entire village came under two metres of water," says 40-year-old Kausar Bibi. "We escaped with our lives but have lost everything."

More migrants lost at sea

The past few months have been one of the deadliest periods for migrants at sea in recent years. More than 750 people, a majority from the Middle East and Africa, have drowned in the Mediterranean Sea while en route to Europe. Often the migrants cross the sea in old, overcrowded fishing boats, which at times do not have enough fuel to reach Europe. As National Societies such as the Italian Red Cross provide first aid, medical assistance and psychosocial support, the IFRC

is calling for better cooperation between countries of origin, transit and destination in order to ensure the dignity and safety of all migrants, irrespective of their legal status.

Somalia food crisis looms

Three years after a severe food crisis affected Somalia in 2011, growing numbers of people are once again suffering acute problems and even more are at risk. "A number of different factors are contributing to a series of localized problems in both the centre and the south of the country, but also in the far north of Somalia," says Mohamed Sheikh Ali, who coordinates ICRC efforts to develop food production and relief. "But the populations worst affected are those suffering an overlap of climatic and conflict shocks."

Humanitarian index

1: the length of a scarf, in kilometres, hand-knitted to commemorate missing people in Peru. In August, a portion of the scarf was draped across an ICRC headquarters building in Geneva to commemorate the International Day of the Disappeared.*
44: percentage of disaster-related deaths caused by floods in 2013. Floods are the type of disaster that claim the most lives each year. Storms claimed 41 per cent of disaster-related deaths in 2013.**
81: percentage of people affected by disasters in 2013 who live in Asia.**
97: percentage of burials of Ebola victims in Guinea that have been performed by the Red Cross Society of Guinea.***

529: number of disasters that were reported worldwide in 2013, of which 337 were natural disasters and 192 were technological or man-made disasters.**
810: number of disasters reported in 2005, the year with the highest number of reported disasters since reliable records have been kept.**
9,533: number of volunteers trained to respond to the Ebola outbreak between March and November.***
102,000: number of surgical cases handled between July and September in Gaza by medical authorities supported in part by the ICRC.*
100 million: number of people estimated to have been affected by disasters in 2013, well below the high levels of the period from 2007 to 2011.**

Sources: *ICRC, **Centre for Research on the Epidemiology of Disasters, ***IFRC

Voices

"No one wants to be near me. They are afraid. They refuse even to take our money if we want to buy something in the store or eat in a restaurant."

29-year-old **Nelson Sayon**, a member of the Liberian Red Cross Society's safe and dignified burials team in the country's capital Monrovia, as quoted by *Time* magazine.

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In the wake of war and natural disaster, violence has taken root in many impoverished inner-city areas of Central America. For young people hoping to find a different way, four National Societies in the region offer helping hands. But is it enough to keep the violence at bay?

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Printed
on chlorine-free paper by IRL Plus SA, Lausanne, Switzerland

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Earthquakes are frightening enough. Imagine making your way to safety if you are blind or confined to a wheelchair. A Nicaraguan Red Cross disaster preparedness programme aimed at people with disabilities is just one example of ways that National Societies are reducing the risks associated with natural and man-made disasters.

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The IFRC's *World Disasters Report 2014* looks at the impact of culture on disaster preparedness and a guide from the ICRC for understanding the phenomenon of children in detention, among other Movement publications.

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.

The opinions expressed are those of the authors and not necessarily of the International Red Cross and Red Crescent Movement. Unsolicited articles are welcomed, but cannot be returned.

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On the cover: A member of a Liberian Red Cross safe and dignified burials team prepares to disinfect the home of a suspected Ebola fatality in Monrovia, Liberia.

Photo: Victor Lacken/IFRC

Photos this page from top: Katherine Mueller/IFRC; Victor Lacken/IFRC; Annibale Greco/ICRC; Vladimir Rojas/IFRC; Japan Red Cross



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The face of humanity

Thousands of volunteers have the courage and compassion to stare down one of the world's greatest killers. But will it be enough to stop Ebola?

OSMAN SESAY doesn't know how he became infected. Nor does the 37-year-old remember arriving at the IFRC emergency treatment centre in Kenema, Sierra Leone, after a five-hour drive from his home in Freetown.

What he does remember is being approached by Red Cross staff, all wearing their rather imposing-looking protective gear. "I was scared," recalls Sesay, the second confirmed Ebola patient to arrive at the centre. "But they treated me well."

When he arrived, Sesay was lethargic and had the glazed look typical of someone infected with the deadly disease, which by then had already claimed

almost 2,800 lives in the three countries first affected by the outbreak, Guinea, Liberia and Sierra Leone (the total death toll when this article went to press was more than 5,100, including 8 deaths in Nigeria).

Over the course of two weeks, Sesay watched 11 fellow patients being taken for burial in the newly dug cemetery. In the meantime, he continued to grow stronger. "They talked to me and gave me medicine and food," says Sesay, a junk trader by profession. "They looked after me and helped me get better."

In late September, after two negative blood tests, Sesay became the first person at the IFRC centre to



The early symptoms resemble cholera — headache, fever, diarrhoea, vomiting — and might also be normal for malaria or food poisoning. But the vast majority of those who contract Ebola do not live more than a few weeks. Many never make it to a treatment centre. And for almost all of those that do, the last images of humanity they will see are strangers dressed head-to-toe in white protective gear.

Even Sesay's story of survival cannot be said to have an entirely happy ending. "I am happy to be leaving, but my wife and 3-month-old twin sons died from Ebola," he says. "I have one 13-year-old son left. I don't know if he is healthy or not."

Faces of humanity

Though shrouded by their 'personal protective equipment' (PPE) — the technical term for the combination of jumpsuits, boots, goggles and rubber surgical gloves that make up these strange moon-suits — the health workers here are perhaps the one true representation of humanity in the face of this very inhumane outbreak.

This other-worldly get-up allows people such as 28-year-old community health nurse Brima Momodu Jr to give patients their best chance at survival. And despite the barriers this protective clothing puts between him and his patients, he does whatever he can to ease their suffering.

"We have some patients here who are very stable," he says. "They manage to get water for themselves and they can move from one place to another. They talk a little bit. We also have some who are very weak. They cannot do anything on their own. To eat is very difficult; even to drink water is very difficult.

"I feed my patients because I want them to get energy," he continues. "Because some patients pass faeces, urine, vomit all over their body, I have to give them at least bed baths so they can feel refreshed and be more healthy. After that, I bring my patients some clothing to change what has been messed up."

Pausing between stints in the 'high-risk' area, he is able to take off his mask, take unhindered deep breaths of fresh air and show his face, glistening with sweat after 45 minutes inside the sweltering PPE. "I'm sitting out to at least get some fresh air, to have some time to rest, so that I can be healthy enough to go back to serve my patients well," he says.

The health of caregivers such as Momodu is critical to stopping this fast-spreading disease. But it's an extremely risky, difficult, stressful and emotionally

"My first week has been a surreal rollercoaster between life and death, hope, grief, pain and joy. As I arrived in Kenema at the [emergency treatment] centre, my first task was to oversee four burials."

Anine Kongelf, a community health delegate for the Norwegian Red Cross, working in Kenema, Sierra Leone, in September and October

have survived Ebola. "I don't know why I survived when others didn't," he says. "But I am very happy to be going home."

That same day, an 11-year-old girl named Kadiatu, also one of the first patients to arrive at the Kenema treatment centre, was declared Ebola free. Because she had been inside the high-risk area, Kadiatu went through the required 'happy shower' — a chlorine bath followed by a normal soapy shower — to remove all potential remains of the virus. Her contaminated clothes were destroyed and she was given a clean new dress and new sandals.

Sesay and Kadiatu's stories offer a sense of hope that, with treatment, people can survive Ebola. But such stories have been few and far between in the face of this pitiless virus, for which no cure exists and which attacks the organs so virulently that the infected person essentially bleeds to death from within.

➤ New recruits to the Liberian Red Cross Society's safe and dignified burial teams undergo training in the Liberian capital, Monrovia. As the death toll from the deadly outbreak grew, the National Society increased the number of safe and dignified burial teams active in Liberia. Photo: Victor Lacken/IFRC

Web extra **'Chlorine is your friend'**

A look into the training required to do a month-long shift in the fight against Ebola. See www.redcross.int.

draining assignment. Most of the health-care workers interviewed here say that they feel safe inside their PPEs, which covers them from head to toe, and because they follow the proper protocols.

The 'high-risk' zone

But the dangers are very real. Ebola is not transmitted through the air, but it does spread through direct contact with the bodily fluids of an infected person. The health workers' skin, therefore, must never be exposed to a patient's touch, a cough, a sneeze, a drop of sweat or vomit — or even to the touch of the worker's own gloves.

If even a small breach in the PPEs is noticed while the worker is in the high-risk zone, he or she must leave the treatment area immediately and take off the protective clothing while being sprayed numerous times with a chlorine solution.

One of the greatest dangers is posed by something they employ daily: the needles used to take blood samples. Playing on their minds as they take the patients' blood samples, a routine task in most settings, is a fact impressed upon them during their training: the survival rate among health workers jabbed by an infected needle inside an Ebola treatment area is zero.

The slightest wrong move, therefore, could be deadly in an environment where visibility is limited, time is of the essence and patients are not always in control of their movements. All procedures must take place slowly and with extreme care.

Numerous health workers, both local and international, have contracted Ebola while working under

"I don't mind what people might say because I have been a Red Cross volunteer, so my first fundamental principle is humanity. So I'm doing this because of humanity. I want to save the lives of our brothers and sisters."

Edward Sannoh, 24, a volunteer for the Sierra Leone Red Cross Society from Kenema, one of the areas hardest hit by Ebola virus disease

 Liberian National Red Cross Society volunteers disinfect their protective clothing after removing the body of an Ebola victim from her home in Banjor, Liberia.

Photo: Victor Lacken/IFRC

such conditions and many have succumbed. With the threat of the virus ever present, health workers monitor their own health constantly with even the slightest fever or headache creating considerable anxiety in their minds.

Facing the fear

For those working with dead bodies, a task absolutely critical to halting the spread of Ebola, the danger is equally real. As a member of a safe and dignified burials team, Edward Sannoh, a 24-year-old from Kenema, collects the bodies of those who have died in the high-risk area, then prepares them to be taken to the morgue. "The hardest part of this job is when you are in the high-risk area," he says. "What makes it hard is that you don't have permission to sit, lie down or touch your fellow worker. You can only touch a sick person if you have to. If not, there is nothing you can do."

With so much death all around, there is a palpable sense of fear among both the patients and the communities who have already lost so many to the disease. "Of course, people are really afraid," says Sannoh. "And even now, people are afraid of some of us who are working at this case management centre."

But Sannoh says he is undaunted. "I don't mind what people might say because I have been a Red Cross volunteer, so my first fundamental principle is humanity. So I'm doing this because of humanity. I want to save the lives of our brothers and sisters. That is the number one principle of the Red Cross."

Still, fear of Ebola has fostered strong emotions in some areas affected by the disease and the threat





weakened by years of protracted conflicts, lacked the facilities, staff and materials needed to contain the disease.

Ebola has also exposed serious weaknesses in the global system set up to deal with health emergencies. A series of budget and staff cuts within the WHO unit that deals with health emergencies didn't help and many humanitarian organizations, including the Red Cross Red Crescent Movement, lacked the experience and systems to respond immediately to the particular requirements of this very virulent disease (although volunteers from local National Societies were among the first to respond).

The notable exception was Médecins sans Frontières (MSF), which has considerable experience with Ebola. Because it too lacked the human and financial resources to take on Ebola on its own, MSF has provided crucial training to workers from other organizations, including volunteers and staff from the IFRC and National Societies, as the Movement rapidly scaled up its own response.

Today, with support from the IFRC, the ICRC and Red Cross societies in Guinea, Liberia, Nigeria and Sierra Leone, more than 7,700 volunteers have been trained to engage at community level through social mobilization activities, psychosocial support, safe and dignified burials, contact tracing, transport of the sick and clinical case management. The IFRC has also expanded Ebola preparedness and response activities to 14 other countries in West Africa where the disease it most likely to spread next. Since the outbreak began, more than 169 international staff have been deployed and six emergency appeals have been launched by the IFRC.

Meanwhile, the ICRC, which has had a presence in West Africa for many years due to conflicts there, has been providing various forms of technical and mate-

to health workers is very real. On 16 September, a group of armed men attacked a delegation of Ebola-control personnel, including government, medical, media and Red Cross staff, as they worked in the community of Woméi, in south-eastern Guinea. Seven members of the delegation were killed, including health workers, local officials and journalists. Two remain missing. An official from the local branch of the Red Cross Society of Guinea was seriously injured in the attack.

That same week, in the city of Forécariah, south of Guinean capital of Conakry, six volunteers with the safe and dignified burials team were attacked by the local population. One of them was injured while the others fled to seek refuge in the nearest forest.

In response, the IFRC and the Guinea Red Cross called on "governments and communities to respect and protect humanitarian and health personnel," adding that "all actions that hamper the work of those responding to this epidemic — including attacks on staff and volunteers, and violent protests and insecurity in Liberia and Sierra Leone — prevent entire communities from getting the help they need."

A global crisis

From the beginning of the crisis, people such as Momodu and Sannoh have been on the front lines in the fight against this outbreak, which began in remote rural districts of Guinea and later spread to Liberia and Sierra Leone. Since then, the rapid progress of the disease and the emergence of cases in Nigeria, Spain and the United States quickly made it clear to world leaders that the outbreak was a threat not just to West Africa but also to global health.

By 17 November 2014, an unprecedented 14,386 people were reported to have contracted the disease, and more than 5,400 people had died from it, according to the World Health Organization (WHO). Meanwhile, the United States Centers for Disease Control estimated that if the outbreak continues at its current pace, the number of cases could swell to as many as 1.4 million by January 2015.

Despite this, mobilizing a response to keep pace with Ebola's spread has been a challenge. Public health systems in Guinea, Liberia and Sierra Leone,

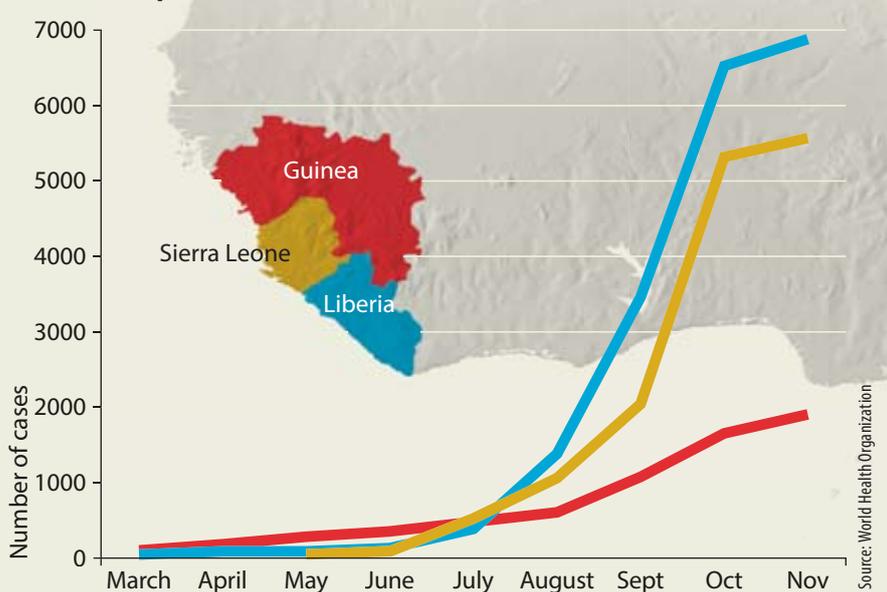
Here in the low-risk area of the IFRC's Ebola treatment centre in Kenema, Sierra Leone, workers discuss the day's work. In the high-risk area, there are separate areas for suspected, probable and confirmed cases and workers must perform their tasks fully covered from head to toe in personal protective equipment.

Photo: Katherine Mueller/IFRC

Web extra

See www.redcross.int for blogs written by doctors and other staff in emergency centres in Sierra Leone.

Number of reported Ebola cases in West Africa since March 2014



rial and staff support via its delegations in Liberia and Guinea (its Sierra Leone office was closed in 2013).

The ICRC also deployed 20 additional international staff to the region and has beefed up its support to National Societies and other partners in a range of areas, from health care to forensics, engineering, economic security, water and habitat, among others.

But many on the ground say so far the international response is still not adequate. “We desperately need more resources,” says Friday Kiyee, a member of one of the Liberian Red Cross Society safe and dignified burials teams in Monrovia. “Without people on the ground to organize, coordinate and educate, we will be wasting our time... Many of the hospitals here have very few health workers, and patients most in need of other medical services are not getting care.”

The local health service, he says, is overwhelmed. More treatment centres are needed, as are more beds, more equipment, more medical staff and more training. Often, when an ambulance is called to pick up a sick patient, the Ebola treatment unit is already full and the patient must return to their home.

“They will die at home,” says Kiyee. “And when the patients die at home, people keep interacting with them prior to their death. And they too become sick. So the death rate keeps increasing.”

A culture of touch

One of the sad ironies is that with Ebola, the very humanity that people have shown in caring for their sick relatives and in tending to their bodies during burial has been a leading cause of transmission. In Sierra Leone, it’s common practice to hug the dead in order to keep a connection with ancestors.

And throughout all the affected countries, physical contact (hugs, handshakes, kisses) are part of everyday interaction. One of the life-saving messages health workers give is to avoid touching each other. Guinea’s National Commission against Ebola, of which the IFRC and the National Society are both part, reinforced this information in text messages sent to many Guineans during celebrations for Eid Al-Adha in Guinea, the Muslim holy period (also known as Tabaski in many West African countries).

“The messages wished us a happy Tabaski, but told us to avoid touching each other during the tra-



To help stop the spread of Ebola, volunteers with the Red Cross Society of Guinea visited communities and met with residents face-to-face in order to change attitudes and practices that could help spread the virus. Photo: Moustapha Diallo/IFRC

ditional greetings to stop the spread of Ebola,” says Amadou, a medical student from Conakry. “I know it’s necessary, although it does feel a bit strange not to embrace my family during this time of Eid.”

From the beginning of the crisis, local culture has played an important role. Many people in West Africa suspected Ebola was the result of witchcraft, others feared voodoo was at work. And because many people turn to traditional healers, part of the health response included engaging with traditional healers such as Fallah James, from Sierra Leone’s hard-hit eastern Kailahun district.

“When I got the information that you can get it through contact, I, as the head of the traditional healers in this district, have stopped treating patients,” says James. “And I have been advising my colleagues that they should stop for now, until we get training and proper information about Ebola, so that it cannot infect so many people in our community.”

“I can’t imagine what it must be like for them, to be brought here and be corralled into fenced areas surrounded by alien-like people walking around.”

Garth Tohms, a volunteer water and sanitation specialist with the Canadian Red Cross, working in Sierra Leone

The ‘no-touch’ zone

Fear and stigma are not limited to West Africa, however. Many humanitarian organizations have had a particularly hard time mobilizing and deploying international staff and volunteers to take on this risky and difficult assignment in part because of fears at home among colleagues, friends and family. On top of that, those who deploy with the IFRC must be willing to spend at least one month in the field — followed by a three-week, stay-at-home period afterwards to monitor for symptoms.

After several international health care workers were placed in forced quarantine after their return from mission in West Africa, the Movement officially urged governments to ensure and facilitate movement of health workers to and from West Africa. “Stigma or discrimination against health workers — including isolating them with no scientific basis — will lead inevitably to a human resources crisis at a time when we need qualified people,” the statement read.

One of those who took on the challenge recently was the Norwegian Red Cross’s Anine Kongelf, who signed up for a tour in Sierra Leone because she felt

Web extra

45 minutes in the high-risk zone

By Kevin Garcia, Spanish Red Cross

“I start getting dressed, putting on what we have come to think of as almost a second skin, the PPE suit... As soon as I have put on the mask, we begin to breathe as if in another atmosphere. The smell of the mask’s newness isolates me from the usual smell of chlorine in each of the separate zones of the site...”

her experience tracing people exposed to cholera in Haiti and working with communities would be useful in tracking Ebola.

"I was working with the cholera epidemic, but that's very small compared to this," says Kongelf, whose job in Sierra Leone involved coordinating with other agencies to help track those exposed, cared for, cured and buried in order to monitor all steps taken with those who have been infected. "This is unlike anything else."

Soon after her arrival, she wrote in a blog post: "My first week has been a surreal rollercoaster between life and death, hope, grief, pain and joy. As I arrived in Kenema and at the centre, my first task was to oversee four burials.

"The sad fact is that there will be many graves as the centre will admit more patients, and some of them will lose the battle against the virus. One of the bodies that day was an 8-year-old boy."

And it's not just people who work directly with patients who are exposed to the dangers. Another recent international recruit was Garth Tohms, a volunteer with the Canadian Red Cross Society. A plumber by trade, Tohms felt his experience and training working with hazardous materials for the Canadian military would be useful in his work as a water and sanitation expert supporting the emergency treatment centre in Kenema. He says even the most basic tasks, such as replacing a valve, can become a painstaking task inside the high-risk zone.

"The goggles are the worst, they fog up quickly, reducing our time inside," he says. "I put extra anti-fog liquid on my lens from the inside of the goggles. I don't wipe away the excess, I prefer there to be so much anti-fog that it is actually in drops on the lens. It is a bit blurry, but I can see for a longer period of time."

'How de body?'

To bring an element of humanity to his work, Tohms tells the patients from the outside that he's coming in and, when possible, makes a joke or two. "That way, they will know who is walking past them and talking to them from behind the mask," he writes.

🕒 11-year-old Kadiatu was the third confirmed Ebola patient to arrive at the newly opened treatment centre operated by the IFRC in Kenema, Sierra Leone. In late September, she was one of the first patients at the Kenema centre to be declared Ebola free. Photo: Katherine Mueller/IFRC

"I can't imagine what it must be like for them, to be brought here and be corralled into fenced areas surrounded by alien-like people walking around."

Tohms and others here say they are also struck by the level of humanity they see every day among people who are ill or highly stressed and afraid. Despite the reports of violence against health workers, he says many here do appreciate their work and they are often met by locals with friendly smiles and the traditional greeting: "How de body?"

Sue Ellen Kovack, a Canadian who recently returned to Cairns, Australia after a month in the Kenema treatment centre says she was struck by the resilience of people living through this unprecedented outbreak.

"We had a lovely lady Lucy in the hospital, who lost her husband and all her children to this disease, yet she greets me with a massive smile each morning to ask me how I am, if I slept well. 'How de body?' she asks. Wow! The ravaging illness on the bodies I was expecting, but not this resilience. It breaks my heart to see what people like Lucy are going through."

The survivors

That same resilience can be seen in the survivors. One of the first to survive the disease in Guinea, Saa Sabas caught Ebola while taking care of his sick father. After being transferred to the Ebola treatment centre set up by MSF in Guéckédou, Guinea, he recovered and returned home, only to be stigmatized by his neighbours. "People avoided me even when I showed them my certificate of discharge," he says.

Now a volunteer with the Red Cross Society of Guinea, Saa Sabas visits communities, raising awareness among his fellow Guineans of how to prevent the spread of the disease and to allay some common fear and rumours. "I am one of them and I can talk to them in a language they understand," he says. "Who else is better placed than me to tell them about Ebola?"

These survivors are living proof that Ebola can be defeated. As one of the health workers who cared for 11-year-old Kadiatu recalls: "When she came out she was clean, uncontaminated and safe. She turned around to wave to Haja — another Ebola patient who had been taking care of her inside — and walked out past the double orange fencing.

"She gave one last wave to the other patients before walking away from the centre for the final time and someone asked her: 'How de body?'

"'Fine,' she replied, and for the first time in weeks, she meant it." ■

By **Cristina Estrada, Katherine Mueller and Malcolm Lucard**
Katherine Mueller is communications manager for the IFRC's Africa Zone. Cristina Estrada is IFRC senior officer, operations quality assurance. Malcolm Lucard is editor of *Red Cross Red Crescent* magazine.



Burying Ebola's dead

Working long hours, every day, teams of Red Cross volunteers risk their own lives to bury the Ebola's victims so that others will not meet a similar fate.

PRIOR TO THE CURRENT Ebola outbreak that is ravaging Liberia, Friday Kiyee worked as a mortician at the Redemption Hospital in the capital Monrovia, so he is used to dealing with the dead.

"We are not happy to see our own Liberian brothers dying," says Kiyee, a leader of one of the Liberian Red Cross Society's safe and dignified burial teams in Monrovia. "We go out in the street picking up their bodies. We are not happy about that, but the fact of



the matter is that we just have to do it. If we don't, the virus will keep spreading."

His working day begins with a list of communities where he must go to collect the bodies of suspected Ebola victims. His team, one of six operating in Montserrado county, can expect to collect up to 15 bodies on any given day. The numbers are steadily rising and the nature of the disease means that the bodies are highly contagious with a virus that kills more than half of the people it infects.

"There has not been one day since we started in late July that we did not pick up a body," says Kiyee. "It is playing on everybody's mind."

His team received training from the Red Cross, Médecins sans Frontières and the World Health Organization. "My life is at risk because if I make the slightest mistake I will get infected," he says. "The best thing we can do is to dress properly and follow all the safety procedures before going to pick up a body."

This attention to detail, ensuring that all team members are properly attired in protective clothing and that disinfectant is used appropriately and unsparingly, has meant that none of his team has become sick, despite the contagion all around them.

"We have two sprayers," says Kiyee. "The 'dirty' sprayer is the man who goes in first to disinfect the area before the others come to pick up the body. And then we have a 'clean' sprayer who disinfects those coming out from the house or the retrieval scene."

Not all families are happy to see the bodies of their loved ones taken away for disposal by men in protective suits. It can lead to confusion, resentment, sometimes even hostility.

"Before we take the body, we do a bit of social work activity," he says. "We call the bereaved family and community together and introduce ourselves and the emblem of the Red Cross. We talk to them and make sure they are satisfied before we take the body from the community."

"No one wants to be near me"

But things do not always go smoothly. A reporter for *Time* magazine was with one Liberian Red Cross Society team when they were confronted by a crowd of villagers, angrily asking why no one came when they called for an ambulance, but now they come for the body. One of the team members, 29-year-old Nelson Sayon, told *Time* that many team members have also been ostracized by their communities.

"No one wants to be near me," Sayon was quoted as saying. "They are afraid. They refuse even to take our money if we want to buy something in the store or eat in a restaurant."

Teams in Sierra Leone face similar challenges. "Sometimes when we get to a village, they say we are bringing the disease to them so they, too, will be

"Sometimes when we get to a village, they will say we are coming with the disease to them so they, too, will be affected. Sometimes they stone us, they ask us to get out of their town."

Julius Tamba Kamanda, a 21-year-old member of the safe and dignified burials team in Sierra Leone

affected," says Julius Tamba Kamanda, a 21-year-old member of the Sierra Leone Red Cross Society safe and dignified burial team. "Sometimes they stone us, they ask us to get out of their town."

"Without the help of the chiefs and other humanitarian groups who come to their aid and tell them that the community will not be affected, they would not accept us," he says.

The crews work long hours, sometimes from 08:00 until midnight, or later, depending on the need. Another challenge for some of the teams is a lack of vital equipment.

"The way we carry the bodies to the cemetery is by hand," Kamanda says. "We strain a lot, when we are carrying it to the site. So we, as a burial team, are requesting that they provide us with a stretcher so that it will be easy for our movement."

Recently, his team had to carry a body more than 3 kilometres to reach the cemetery. "Maybe we stopped about five times before we could get to the place," he recalls. "So that can lead to delay, to dangers: maybe when we put the body on the ground, on the stones, the bag could get torn and the disease could be exposed."

The teams also have to confront people who are grieving and who are being asked to forgo their accustomed burial practices. In Sierra Leone, community members traditionally bury their own. Part of the practice includes hugging the body to ensure ancestral lines are continued. But it is at death that the Ebola virus is at its strongest.

"This is why now, when we enter a community to prepare a body for burial and after talking with the elders, we invite the family to come and watch our proceedings," says Daniel James, coordinator of the safe and dignified burials team for the Sierra Leone Red Cross Society.

"It is safe for them to watch from the window. They see we are treating their loved one with respect and care; that we will stop for a prayer if they so wish. The family can still be involved and we find it helps dispel some of the rumours of what we are doing with the bodies."

The good news, says James, is that more people are getting the word about how Ebola spreads and what they should and shouldn't do. "More communities are beginning to notify authorities when someone passes away at home, which is great," he says.

It is dangerous work, James says, but absolutely vital and he plans to keep going. "I keep going and working despite all the red flags," he adds, "because it is the right thing to do." ■

By **Victor Lacken** and **Katherine Mueller**

Victor Lacken is a photographer and writer; Katherine Mueller is communications manager for the IFRC's Africa Zone.

 Liberian Red Cross Society volunteers remove the body of an Ebola victim from her home in Banjor, Liberia. Members of the team work long hours, often from early morning to midnight in tough conditions, sometimes facing stigma and hostility as they play one of the most important roles in stopping the spread of the virus. Photo: Victor Lacken/IFRC

Cities under fire

Artillery, mortars, bombs dropped from airplanes, rockets and missiles: these highly lethal and destructive weapons are increasingly being used during conflicts in densely populated urban settings.



“The civilian casualty toll and the extent of destruction are worse than any the area has witnessed in recent years.”

Robert Mardini, ICRC head of operations for the Middle East

JUST AS THE WORLD’S population has concentrated in towns and cities in recent decades, warfare has also become increasingly urban. In many of today’s ongoing conflicts — Gaza, Iraq, Israel, Libya, Syria, Ukraine and elsewhere — the front lines are city streets where crowds of people once shopped at open-air markets, drove to work or walked to school.

Today, many of these cityscapes are defined by the blasted-out, distorted skeletons of former apartment buildings and shopping areas that now loom above piles of rubble and twisted metal, through which those who remain must navigate to find their daily bread.

While the destruction evidenced in recent conflicts is shocking, the effect on people living among such devastation is even more severe. “These explosive weapons are designed for open battlefields, not built-up urban areas,” ICRC President Peter Maurer said before addressing the United Nations General Assembly on the matter in October.

“From the evidence of recent conflicts, we seriously question whether they can be used to target military objectives in populated areas with enough accuracy, or indeed whether their effects can be

limited as required by international humanitarian law [IHL],” he added. “This is not about the weapons themselves — it’s about where and how they are used.”

A common feature

Massive destruction in major cities is nothing new to warfare. The 1937 bombing of Guernica, Spain, and later the bombardment of vast areas, including urban centres, during the Second World War, led to provisions in the 1949 Geneva Conventions (later strengthened by the Additional Protocols of 1977) that sought to limit civilian casualties and prohibit practices such as indiscriminate ‘area bombing’.

Meanwhile, Additional Protocol I, Article 51, prohibits attacks that “may be expected to cause incidental loss of civilian life, injury to civilians, damage to civilian objects, or a combination thereof, which would be excessive in relation to the concrete and direct military advantage anticipated”.

“The legal prohibition against disproportionate attacks and the related prohibition against ‘wanton destruction of cities, towns or villages, or devastation not justified by military necessity’ are central to the law on the conduct of hostilities,” noted John



➤ The use of high-powered explosive weapons in urban areas often leaves surviving civilians digging through rubble to find the things they need to survive. Often, once thriving neighbourhoods are left without power, functioning water and sanitation systems, while the economy is effectively dismantled. The severe damage inflicted by these weapons means that those who have fled have nothing to return to and must remain displaced for years.

Photo: Teun Anthony Voeten/ICRC

➤ As conflicts unfold, the Movement works in various ways to keep basic services functioning. Here, ICRC and Syrian Arab Red Crescent water and habitat teams meet with local power authority officials in Damascus, Syria concerning repairs to critical power systems.

Photo: Syrian Arab Red Crescent

Borrie and Maya Brehm, two experts in the field, writing for the *International Review of the Red Cross* in September 2011.

Meanwhile, recent conventions that ban other explosive weapons such as landmines and cluster munitions — including a protocol to the Conventional Weapons Convention that requires states to clean up the explosive remnants of war — have added moral weight to arguments against the use of indiscriminate explosive weapons in densely populated areas.

“Even though ‘area bombing’ is illegal today, and many states no longer consider the use of cluster munitions acceptable practice, the use of other explosive weapons — even in densely populated areas — remains a common feature of contemporary armed conflict,” the authors observed, citing numerous case studies from ongoing conflicts in 2011: Afghanistan, Iraq, Lebanon and Somalia.

For its part, the ICRC acknowledges that war fighters often take up positions in residential areas and other places where civilians might be exposed. But it argues that, nonetheless, attacking forces “must take constant care to minimize the impact of their operations on civilians, including through their choice of means and methods of warfare. Alternative weapons and tactics should be considered.”

The civilian toll

Today, the conflicts in Syria and the fighting in Israel and Gaza, and the fighting in Ukraine are strong contemporary examples of what happens when explosive devices are used in civilian areas.

In Gaza, public infrastructure, medical and health facilities, and schools have sustained severe damage or been destroyed. More than 2,100 people were killed, nearly 11,000 injured and an estimated 108,000 people will not be able to return to their homes.

The water network and electrical installations have been severely damaged while the medical sector has been stretched to its limits and hospitals have been hit by shelling or other munitions.

“The destruction in the Gaza Strip is not limited to civilian objects and infrastructure,” says Younis Al Khatib, president of Palestine Red Crescent Society. “It has also had a significant impact on the health and livelihoods of Gaza’s citizens.”

Meanwhile, missiles fired from Gaza into residential and urban areas in Israel claimed at least five lives, including that of a volunteer for Magen David Adom (MDA), injured more than 800 civilians and forced between 5,000 and 10,000 from their homes.

In this context, the ICRC has repeated its calls (echoed by the IFRC and National Societies) to both sides in the conflict for civilian areas to be spared and for IHL to be respected. “The civilian casualty toll and the extent of destruction are worse than any the area has

witnessed in recent years,” said Robert Mardini, the ICRC’s head of operations for the Middle East.

Humanitarians at risk

Today’s urban warfare also poses great risks for humanitarian workers, who remain active, mobile and visible as they evacuate wounded or bring essential services and supplies to civilian populations. Among the 38 Syrian Arab Red Crescent humanitarians and seven Palestinian Red Crescent workers killed during the Syrian conflict are several who were struck by indiscriminate explosive weaponry, while other critical infrastructure has also been hit.

In July 2014, two Palestine Red Crescent emergency medical workers were killed and three wounded, in the course of their duties. The ambulances that were hit were clearly marked with the Red Crescent emblem. And in August, a volunteer with the MDA in Israel was killed by a missile strike in the kibbutz where he lived.

“Due to the deterioration of the security situation, the safety of our staff has remained a great concern for us,” says Noam Yifrach, chairman of the MDA’s Executive Committee. “Particularly because, given the extended duration of this emergency phase, we have had to deploy additional volunteers and staff to operational areas.”

Meanwhile, as fighting continued in eastern Ukraine, civilians paid a heavy price as intermittent shelling of residential areas in eastern cities such as Lugansk endangered civilians and humanitarian actors alike.

In September, a shell that landed outside ICRC offices there took the life of ICRC delegate Laurent du Pasquier, a 38-year-old Swiss national who worked as an administrator and had completed missions in Egypt, Haiti, Pakistan, Papua New Guinea and Yemen.

“We are deeply shocked by this tragic loss,” said Dominik Stillhart, ICRC director of operations in a statement the following day. “Indiscriminate shelling of residential areas is unacceptable and violates international humanitarian law.” ■



War in the streets

Just as the world's population has grown more and more urban, modern warfare has also increasingly found a home among the apartment buildings, streets, neighbourhoods, business centres and markets of major cities. The conflicts in Gaza, Iraq, Libya, Syria and Ukraine offer some recent case studies on the impact that lethal weaponry can have on densely populated urban environments. They also emphasize the difficulty of protecting and preserving human life in battle zones where the systems needed to sustain life — water, sewage, electrical, transport, food and fuel supply — are complex and massive in scale. These photos, all taken during ongoing conflicts, provide a grim reflection on the long-term ramifications and enormous costs associated with once again making these decimated neighbourhoods places in which people can safely live, shop, work and play.



🕒 In addition to killing people, the use of powerful explosives in urban areas can cause a level of destruction that can literally change the urban landscape. In Gaza, a boy stands in front of a building destroyed by aerial bombing.

Photo: Annibale Greco/ICRC

🕒 The type of explosive weapons often used in populated areas are frequently highly indiscriminate and are incapable of targeting with sufficient precision to avoid civilian casualties. Here, a woman passes a building destroyed by shelling in the eastern Ukrainian town of Popasna, in October 2014.

Photo: REUTERS/David Mdzinarishvili



☞ In many of today's urban conflicts, numerous actors are vying for control of various neighbourhoods or strategic areas. In many cases, they fire explosive weapons from areas where civilians are still living or working.

Photo: REUTERS/Shamil Zhumatov



📍 In many urban conflict zones, this is an all-too-common sight. The tail of an unexploded bomb protrudes from among rubble of damaged buildings in an area not far from the Syrian city of Aleppo. Aside from putting people's lives in peril, the presence of such unexploded remnants severely hampers reconstruction efforts.

Photo: REUTERS/Hamid Khatib



📍 An Israeli woman receives medical assistance as she is evacuated after a rocket, fired from the Gaza Strip, fell in southern Israeli city of Sderot, 31 July 2014. AFP Photo/Gil Cohen-Magen



🕒 The 2014 conflict between Israel and Gaza cost the lives of more than 2,000 people, including two Palestine Red Crescent Society emergency medical workers. In north-eastern Gaza, the Palestine Red Crescent Society, with the support of the ICRC, helped evacuate the wounded and provided emergency medical services to the affected population.

Photo: Rama Humeid/ICRC

🕒 There is a psychological dimension unique to urban warfare, due to the ubiquitous presence and dangers posed by crumbling buildings and the threat of unexploded weapons, hidden in the rubble. The destruction of urban areas by explosive weaponry also raises questions about the future, particularly among young people, who must try to make a life for themselves, even find some semblance of normality, in a very abnormal environment. Here, a Palestinian girl plays with a balloon near what is left of her family's house in the east of Gaza City in October, 2014.

Photo: REUTERS/Suhaib Salem





Away from violence

In the wake of war and natural disaster, violence has taken root in many impoverished inner city areas of Central America. For young people hoping to find a different way, the Red Cross offers a helping hand.

AMONG THE STEEP, uneven streets of mud and dirt, the modest houses of Hábitat Confien sprout above the thick tropical vegetation. It's a weekday morning and the streets are quiet in the neighbourhood, one of the many communities that make up Ciudad Delgado, a city of 120,000 people just a few kilometres from San Salvador, the capital of El Salvador.

"Hábitat Confien is a community that sprang up as a result of the severe earthquake that occurred in October 1986, a time when El Salvador was in the grip of civil war," recalls Mario Gutiérrez, a community leader and member of the community development association's governing board.

"The government built 1,040 homes at what is now Hábitat Confien, and people affected by the war or the earthquake came to live here," ex-



sion advanced at breakneck speed, one of many factors that has contributed to urban violence.

A different form of violence, a new challenge

Ciudad Delgado is not the only city facing these issues. Nationwide, El Salvador is one of the most violent countries in the region with more than 2,300 murders in 2013, though that is less than half of the 4,000-plus killings reported in 2011, according to El Salvador's Ministry of Justice and Public Security.

This new breed of urban violence is recognized as one of the region's most pressing challenges. In April 2011, the Salvadorean Red Cross Society launched a project called 'Opportunities for Social Inclusion', an initiative funded by the Italian Red Cross, the ICRC, the Swiss Red Cross and the Norwegian Red Cross.

The ministries of health and education and Ciudad Delgado municipal authorities are also collaborating in the project, which aims to improve the social inclusion of young people and their families in Hábitat Confíen.

While the project benefits the entire community indirectly, it has given concrete opportunities to more than 400 young persons and adolescents between 10 and 25 years old.

Set to run until December 2014, the initiatives facilitate opportunities that allow young people to display their artistic, athletic, social or leadership skills. The programme also offers an alternative for young people in order to avoid involvement in violence or the abuse of alcohol or drugs.

"The actions taken," says Arquímedes Flores, the project coordinator, "strengthen youth and community structures, improve preventive and environmental health, and promote art, culture and recreation."

Reactivating the community

The project involved the construction of a skate park, a school programme that benefits 1,500 students, a

In Hábitat Confíen, in the Ciudad Delgado section of El Salvador's capital, San Salvador, young people take part in a hip-hop dance school, one of many activities implemented by the Salvadorean Red Cross Society through its Opportunities for social inclusion project.

Photo: Vladimir Rodas/IFRC

"With the passage of time, we organize the community to manage various local institutions and development projects, which currently include entertainment spaces for children and youth."

Mario Gutiérrez, a community leader and board member of a community development association in Hábitat Confíen in Ciudad Delgado, El Salvador

Violence among gangs of heavily armed young people has been a feature of life in Ciudad Delgado for many years. But there have been some positive signs. Here, a gang member arranges weapons to be handed over to authorities as part of a truce between gangs in Ciudad Delgado in May 2013.

Photo: REUTERS/Stringer

plains Gutiérrez, who himself was living with his family in San Salvador and lost everything due to the earthquake. "That is why families from all 14 of the country's departments now live in this settlement."

Life for the 5,500 residents of Hábitat Confíen has improved greatly in recent years with a decrease in the actions of violent groups in part due to projects launched by the Salvadoran Red Cross and other local and international partners. Yet violence remains a concern in the community and opportunities for young people are limited.

"Initially, conditions in the settlement were limited with few social services," says Gutierrez. "But with the passage of time, we organize the community to manage various local institutions and development projects, which currently include entertainment spaces for children and youth with support from the Red Cross, which has joined us during the last five years."

In the aftermath of El Salvador's civil war, which lasted from 1980 to 1992, unplanned urban expan-



football pitch, a lookout point, a recreational park for children, and the creation of the Henry Dunant youth centre, where some 550 students attend workshops on sewing, making piñatas (figures containing toys and sweets used in celebrations) and candles, computer courses, dance classes (including breakdancing) and various art forms.

The Salvadorean Red Cross also offers an alcohol and drug abuse prevention and assistance plan for teenagers.

“When I was 12 years old, I started smoking marijuana,” says one 14-year-old adolescent who participates in this programme. “There was nothing for us young people to do around here, we had nothing to occupy our time. So we joined the gang in our part of the settlement.”

“My mother would say, ‘So young and already smoking marijuana!’ But I took no notice of her... until one day I went to one of the programme’s workshops,” he recalls. “I met young people from other areas of Hábitat Confien and started to get to know them. It changed the way I saw things... I gave up drugs and started going to school. Now I think about my future. I want to study aeronautics and be an astronaut.”

But how effective will such preventive efforts be over the long term? And what should the Red Cross Red Crescent role be in violence prevention? While the Movement has traditionally focused on responding to violence, more National Societies see the need to do more to influence some of the root causes.

“The Norwegian Red Cross has traditionally focused efforts on rural health projects and disaster risk reduction,” explains Lars Erik Svanberg, a programme adviser for the Americas region at the Norwegian Red Cross. “In view of the growing humanitarian consequences of urban violence, in the last two years we have shifted our focus towards this area of action.”

Svanberg doesn’t expect National Societies, as non-governmental organizations, to be able to tackle all the problems that cause violence, but he believes they can mitigate the humanitarian consequences.

“We think that the Movement, since it is founded on the principles of neutrality and impartiality, is well placed to become involved in this kind of work in the region,” he says.

As in many areas around the world, the Salvadorean Red Cross has often had easier access to areas controlled by violent groups than some other public services because its mission is purely humanitarian and it does not represent national government or public authority.

The biggest challenge confronting projects on urban violence here, according to organizers, is not



Boys and girls participate in a football camp, an activity offered by the Salvadorean Red Cross Society’s Opportunities for social inclusion project in Hábitat Confien. One key challenge for the project is consistent funding, without which the activities could not continue.

Photo: Vladimir Rodas/IFRC

to lose momentum, to ensure they are sustainable, through both secure funding and community buy-in, so that the social impact of the project in the neighbourhood can expand and even spread to the rest of Ciudad Delgado.

Another challenge has to do with the gangs themselves. If the ultimate aim of the Salvadoran Red Cross is the integration and social inclusion of young people, including those who might be sympathetic or be involved in a gang, might the gangs see these initiatives as a threat to their ability to recruit new members and maintain power over rival gangs?

Youth leadership in Guatemala

In the neighbouring country of Guatemala, violence also has its roots in the aftermath of civil war and the rapid, uncontrolled urban growth during and after the war. The community of Santa Isabel II, about ten kilometres from Guatemala City, for example, came into being as a community of returnees — people who fled during the Guatemala’s civil war and then were relocated here when the conflict ended.

“They were originally from the Ixil area in the department of Quiché, which has a mainly indigenous population,” says Miguel Ángel Estrada, coordinator of a social inclusion programme run by the Guatemalan Red Cross. “Although the indigenous worldview is based on a deep connection with the land, the conflict between 1960 and 1996 drove them from their homes. They went first to Mexico and were later repatriated by the government and relocated here.”

In this community, the Guatemalan Red Cross runs one of three violence-prevention projects

“In an environment like this, where some children don’t even go to school, people start to dabble in drugs and alcohol at an early age.”

Duilio Monterroso, who manages a violence-prevention programme for the Guatemalan Red Cross

aimed at young people in high-risk districts. The project in Santa Isabel II, called 'Children and Youth For a Better Life', was launched in 2011 and is being implemented in collaboration with the Spanish Red Cross and the ICRC, with the support of municipal authorities of Villa Nueva.

The main pillar of this project is a community centre run by the Guatemalan Red Cross. "This facility provides children and adolescents with a safe place to go; we want them to feel at home here," says Duilio Monterroso, coordinator of the project. "We hope to develop young people's leadership skills to ensure that their voices are heard in their communities. Developing such skills is a key factor in ensuring a better future for them."

The first phase of this four-year project aimed simply to bring young people on board. "In an environment like this," Monterroso continues, "where some children don't even go to school, people start to dabble in drugs and alcohol at an early age. This is the first step towards joining a gang, which they see as a means of protecting themselves."

The centre offers alternatives: a recreation area, drama classes, dance classes (including break-dancing and hip-hop), urban art classes and learning-support classes to help the younger ones with their homework.

"Now I am just thinking about my future; I don't want to get involved in anything bad."

Donald Ordóñez, 19, was sentenced to five years in prison when he was 14 but now participates in a programme for youth run by the Nicaraguan Red Cross

📍 This workshop, part of a programme run by the Nicaraguan Red Cross along with local authorities, seeks to help adolescents serving sentences for a variety of crimes but who have not been incarcerated.

Photo: Vladimir Rodas/IFRC

If funding can be sustained and the programme continues to take root in the community, organizers hope to create a school at the centre "to help young people learn a trade and to promote microenterprises", says Monterroso.

Integration of adolescents in high risk

In Nicaragua, the Red Cross takes a somewhat different approach, by working with teenagers who are already involved in the justice system. Consider the case of 19-year-old Donald Ordóñez: when he was just 14 years old, he was sentenced to five years in prison. "I had nothing, he says, "and one day I decided to take something that wasn't mine."

Today, Ordóñez is one of 60 young people attending workshops held at the central judicial complex in Managua, the country's capital, as part of a programme called Transforming Leadership for adolescents and young people in high-risk situations.

This programme is part of a larger project 'Human Rights of Childhood, Adolescence and Youth,' which aligns with the Nicaraguan Red Cross's strategic aim of protecting young people through defense of their human rights and by fighting against discrimination.

During the workshops, psychologists and social workers guide groups of 15 teenagers through activ-



ities and exercises that help them “to develop tools for coexistence and, above all, to stop resolving conflicts using violence,” explains Moisés Cordero, one of the programme’s psychologist.

“Our activities also aim to help them understand the power relations that exist in society in order to avoid them,” he adds. “For example, the power that many times they have had on women, or the power and violence of gangs to which some of them belonged in their neighbourhoods.”

The workshops are part of a programme run by the Nicaraguan Red Cross with funding from the Spanish Red Cross and the European Union and implemented in collaboration with the Nicaraguan judiciary.

“Judges decide when adolescents should participate in the programme to assist with their social rehabilitation and reintegration,” says Ericka Blandino, director of the section of the Nicaraguan judiciary that deals with enforcement and monitoring of penal sanctions imposed on adolescents accused of breaking the law.

The young people who have participated so far are offenders convicted of theft or drug trafficking. “Most of these children come from very troubled family situations,” says María José Blanco, the project coordinator.

With problems so deeply rooted, and the solutions required so comprehensive, most National Societies in the region say partnership with other organizations is critical. National Societies cannot take on the role of schools, justice systems, tackle the drug problem or reform national economies. But they can contribute towards helping positive community practices take root, especially among youth such as Donald Ordóñez whose lives are literally at stake.

“Now I am just thinking about my future. I don’t want to get involved in anything bad,” says Ordóñez. “I just want to go back to my village, León, become a bricklayer and get married.” ■

By **Manuel Ruiz Rico**

Manuel Ruiz Rico is a freelance journalist based in Brussels, Belgium.

First aid, a step towards peace

In a school playground in the Colombian city of Medellín, laughter and shouting can be heard where a group of young people re-create the scene of an emergency, with made-up injuries, stretchers and dressings. Suddenly, another group swings into action to help the injured and put into practice their knowledge of first aid. Wearing red shirts emblazoned with Red Cross emblems, these young people belong to the Educational Brigades, a Colombian Red Cross Society programme that has been running in the country for more than 65 years.

Now the brigades are also part of a project to prevent and reduce violence in schools called ‘More humanitarian spaces, more alternatives’, implemented jointly with the ICRC and the Antioquia branch of the Colombian Red Cross in Medellín.

The idea behind the brigades is to generate informal, participatory educational processes that involve the young people’s own life experiences and that help form them as fully-rounded people, with discipline, vocational skills and an ethic of service and concern for others. Ideally, they will also become leaders in the schools and act as guardians and mediators who promote a culture of coexistence and peace.

“The impact we are looking for is that the children say, ‘We do not want violence, we have other ways and alternatives to move forwards; drug addiction, arms and violence are not for me,’” says Valentina, a volunteer teacher in the Educational Brigades.

The experience with the brigades gives the young people an opportunity to develop their skills and creativity and allows them to go forwards more confidently in the difficult environment of the city’s most vulnerable districts. “We have seen many cases of drug addiction and threats in school because many students are already involved in the armed conflict,” says one of the students involved in the programme. “They bring violence into school with the aim of spreading their ideas. The goal of the brigades is to prevent this and show the way to a better world.”

The Educational Brigades are also a learning process for the ICRC and the Colombian Red Cross Society, as they seek to re-create and design activities that reflect the reality that young people face in Medellín today. The greatest challenge, according to organizers, is how to instil in the students the value of helping neighbours, love of life, respect for what is different and care for the environment and milieu in which they live. While the impact of the programme is difficult to quantify, there have been some concrete results: during the three years the brigades worked in Medellín’s educational institutions, they inspired 42 students to become active Colombian Red Cross volunteers.



Students at a school in a difficult area of Medellín, where violence from armed gangs and criminal groups is frequent, take part in an Educational Brigades Project, in which students learn to live together without violence in a very uncertain environment.

Photo: Didier Revol/ICRC

A way to safety



Living through an earthquake or flood is terrifying enough. Imagine what it's like for a city dweller who is visually impaired or confined to a wheelchair.

AT THE CENTRE for blind and partially sighted people operated by the Marisela Toledo association in Managua, Nicaragua, two people lean over a three-dimensional map, running their hands over carved lines, ridges and bumps that represent the riverbeds, fault lines, flood zones, landslide areas, roadways and neighbourhoods that make up Managua's District II.

The map is helping these two people better understand how to avoid key risks, particularly during natural disasters such as earthquakes or floods. Both are participants in a unique programme run by the Nicaraguan Red Cross that helps people who are visually impaired find their way to safety when natural disaster strikes. "This mock-up is a very helpful tool; it could help save our lives if disaster strikes," says María Cristina Aguilar, a blind woman participating in the project.

Living through a flood, storm or earthquake can be a terrifying and dangerous ordeal for anyone. For those who cannot see, yet live in a crowded, urban environment, the prospect is even scarier. The visual cues that many people take for granted are absent and, if the urban landscape is damaged or changed, there are likely to be unexpected obstacles and chaos all around.

The project aims to strengthen capacities for preparedness and response to earthquakes in urban areas of Managua's district II, this kind of preparation helps people avoid potential obstacles and risky areas and reach safer grounds.

➦ The Nicaraguan Red Cross engages in preparedness actions aimed at reducing inner-city risks. Here, two people from a centre for the blind in Managua explore a 3-D model of the city that shows areas where they can find safety and how to avoid potential danger zones. Photo: Vladimir Rodas/IFRC

Reducing urban risk

Funded by the European Commission's Humanitarian Aid and Civil Protection Department (ECHO) and a consortium of the Nicaraguan, Netherlands and Spanish Red Cross societies, the project is just one of many activities offered by the Nicaraguan Red Cross and other partners in Managua specifically for those with disabilities.

In Latin America, reducing urban risk is critical as countries in the region have some of the highest rates of urban growth among low- and middle-income countries. From a predominantly rural landscape with economies focused on agricultural and agro-industrial production, the region is now undergoing a fundamental shift in economic and social activities defined by irregular settlement patterns, limited access to land ownership, poverty and a range of other social and economic issues.

To prepare vulnerable communities effectively in these difficult and complex environments, organizers of the Nicaraguan project say the critical challenge is to make sure people with disabilities are themselves directly involved in developing preparedness plans, identifying potential architectural barriers and mapping local risks and resources.

Preparedness and response plans, meanwhile, detail the number of people with disabilities and those responsible for helping them during an evacuation, while drills and simulations serve to both test the plans and promote involvement of people with various types of disabilities. All training sessions should also be regular and adapted so as to be accessible to everyone. ■

A question of culture

The IFRC's *World Disasters Report 2014* makes the case that it is short-sighted, dangerous and ultimately costly for aid and development organizations to ignore the role of local culture in disaster risk reduction. Case studies show how understanding local culture can lead to breakthroughs and greater involvement among important local institutions. For more, see www.ifrc.org/world-disasters-report-2014.

Internal records from the ICRC's archives concerning the conflicts of the 1960s and 1970s shed light on a decisive era for humanitarian action.

History in the making

IN A SMALL ROOM in the basement of ICRC headquarters in Geneva, Switzerland, historian Andrew Thompson methodically pours through folders full of documents — typewritten mission reports, confidential telegrams and hand-written letters — never before seen by people outside the ICRC.

“It is a process of discovery,” says Thompson, a professor of history at Exeter University in the United Kingdom. “There is a sense of expectation and anticipation not knowing what is going to be there. For a historian, it’s a bit like opening a birthday present, or like going into a candy shop.”

The ‘candy shop’ in this case is the ICRC archives, where Thompson is exploring 40- to 50-year-old records to be released to the public in January 2015 under the ICRC’s policy of making internal documents public in blocks of ten years once 40 years have passed since the events they describe.

Aside from exciting Thompson’s intellectual curiosity, these records offer a deeper understanding of conflicts going on between 1965 and 1975. In particular, they give insight into an area of great interest to Thompson, who took an early look at the records in order to pursue research on the evolution of international humanitarian law and human rights law as they pertain to the treatment of political detainees in non-international conflicts.

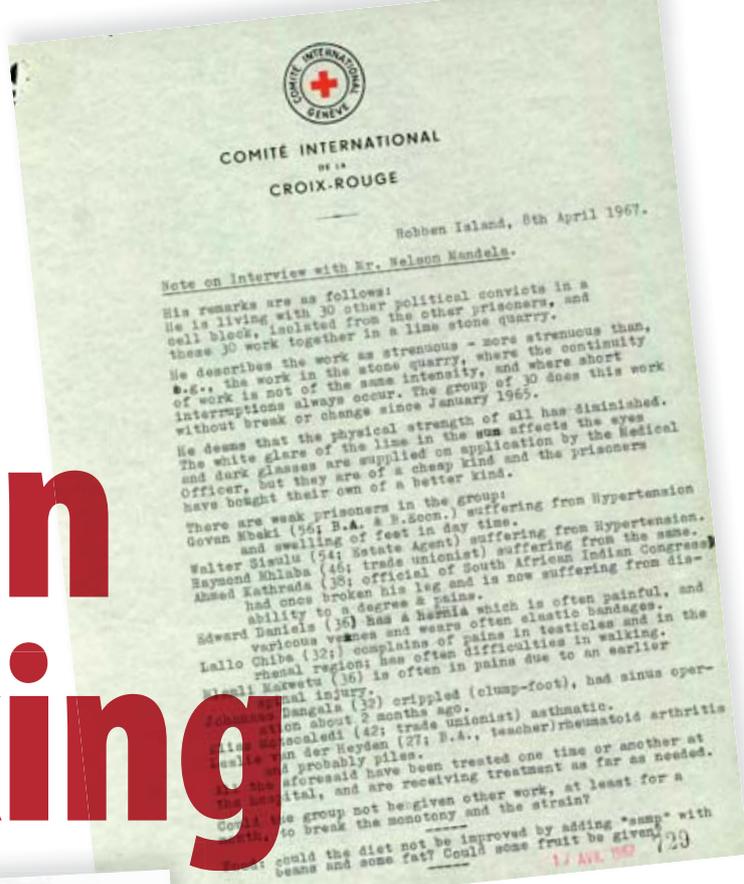
“I see the ICRC archive as hugely important for people thinking and writing about the past and present of humanitarian aid and human rights,” he says. “But it’s also much more than that. It’s an archive that allows for studying conflict in all its different dimensions.”



Newly-released documents shed light on all the major conflicts during the years from 1965 to 1975. One of those was the Biafran war, a watershed moment for the humanitarian sector. Here, an ICRC delegate visits detainees held by Biafran forces.

Photo: Adrien Porchet/ICRC

A typewritten report of a delegate’s visit with Nelson Mandela at the infamous Robben Island prison in 1967. This document is one of thousands to be released by the ICRC archives in January. Photo: ICRC archives



The archives are a treasure trove for historians as they contain first-hand accounts from delegates on the ground, as well as internal and external correspondence, for every major conflict during the period in question. According to Thompson, they offer a perspective not always found in diplomatic or military archives because

in addition to political analysis, they show how conflict affects the lives of ordinary people on the ground.

Watershed moments

In this case, the records offer considerable insight into the Biafran war in Nigeria, a watershed moment for the humanitarian sector, as well as the conflict between Israel and its Arab neighbours, the United States war in Viet Nam, the civil war in Yemen and the struggle against apartheid in South Africa, among many others.

They also show how important principles and precedents in the implementation of international humanitarian law and human rights law evolved in the post-Second World War and Cold War eras, as many colonies engaged in wars of independence and the stalemate between global superpowers resulted in a proliferation of proxy wars around the world.

One area of particular interest to Thompson is how the ICRC’s experiences in places such as South Africa and Yemen (including what was until 1967 the British-controlled State of Aden) helped shape the way human rights and humanitarian groups responded to political detainees. Among the records are first-hand accounts of then-ICRC delegate André Rochat making his first visit to wary and sceptical political detainees in Yemeni prisons.



There is also the very matter-of-fact description of a delegate's interview in 1967 with a political detainee in South Africa named Nelson Mandela who, along with 30 other detainees, was working in a limestone quarry on Robben Island, one of the more notorious prisons operated by South Africa's then apartheid government.

The ICRC began visiting 'security convicted prisoners' in South Africa in 1963. After that, the ICRC regularly met Mandela on Robben Island and later in Polsmoor prison, until his liberation in February 1990. Mandela mentions these visits in his biography *A Long Walk to Freedom*.

Notable in the report is Mandela's frank and even-handed description of prison conditions and a detailed account of the medical conditions of his fellow inmates. But when discussing his own case, he replies simply: "I personally have no complaints."

Transparency and reflection

Not all the records, however, have been completely sealed until now. Researchers can ask for permission to review unreleased portions of ICRC archives for particular research projects and those involved in events described in the records can ask to look over relevant files.

But the records are not just interesting to historians. They are also a resource for the Movement, as they contain considerable information about National Society actions, and for anyone who might want to appraise humanitarian action and its impact.

"The archives ensure the organization's ability to take stock of the actions called for by its mandate," says Jean-Luc Blondel, head of the ICRC archives.

📍 A distribution of medicine during the Biafran war.

Photo: H.D. Finck/ICRC

"They play an important role in the duty of an organization to be transparent. As part of this duty and in order to benefit from outside perspectives and approaches, the ICRC encourages research and independent critique of its history and the fulfilment of its mandate," Blondel adds.

"Such an attitude doesn't come without risks," he notes. "The examination of dossiers can put into evidence the mistakes in negotiation, the misuse of language or a lack of diplomacy." In some cases, it reveals certain prevailing cultural attitudes of the time — a lack of cultural sensitivity and even racist undertones in the way some people expressed themselves, Blondel notes.

"In other cases, for example in the Middle East or the Indian subcontinent, some events that occurred more than 40 years ago are still very present in people's minds today and the analyses or the course of events described then could affect present actions and negotiations."

Nonetheless, the illumination offered by the past, Blondel suggests, also allows a better understanding of the roots of conflicts and a potential insight into how to facilitate resolution to conflicts or at least engage parties in a positive dynamic towards that end.

The Movement also recognizes the importance of the memories contained in these archives, one reason the Council of Delegates in 2011 adopted a resolution that calls for the preservation of its historic and cultural heritage. This issue will be revisited during the Council of Delegates in 2015. ■

By **Malcolm Lucard**

Malcolm Lucard is the editor of *Red Cross Red Crescent* magazine.

My Red Cross Red Crescent story

Professor Tha Hla Shwe

President of the Myanmar Red Cross Society

MY FIRST CONTACT with the Red Cross came way back in 1966 when I was a young medical graduate in Yangon. I went out to volunteer in a suburban township called Mingaladon, where the Ministry of Health and the Red Cross were working together in the health clinics. When I started my volunteer work, I never imagined that more than 50 years later, the Red Cross would still play such a central part in my life.

Back then, Myanmar was in the early phase of independence from the British and poverty rates were very high. I will always remember the desperate faces of people, including nuns, monks and beggars, lining up to be treated for illnesses like diarrhoea, dysentery and malaria, and the commitment of the local volunteers who had been trained by the Red Cross to give vaccinations and basic first aid.



Photo: Nick Jones/IFRC

In 1967, I went overseas to pursue an academic career in tropical medicine and it wasn't until almost 40 years later, in 2006, that I was asked to take on the role of president of the Myanmar Red Cross. Time may have moved on, travel may be easier and the technological advances have been enormous, but the fundamental principles and dedication of the staff and volunteers thankfully remain exactly the same as I remember from the 1960s.

I was reminded of this special spirit in 2008 when Cyclone Nargis devastated Myanmar. At least 130,000 people were killed and tens of thousands injured and unaccounted for in the densely populated Irrawaddy delta. The sight of young volunteers, many of whom lost their own homes in the cyclone, working their hearts out to help others was an immensely moving and unforgettable moment in my life.

MyStory

Launched on World Red Cross and Red Crescent Day on 8 May, the year-long MyStory project shares personal experiences with the Movement.



Photo: Singapore Red Cross

"She had lost a lot of blood and was going to need a blood transfusion to save her life. I was terrified and could not imagine my life without her."

Jeremy Ngee, speaking about how blood donations from the Singapore Red Cross Society blood bank saved his wife Liang's life. To read the full story, see www.redcross.int/mystory.



Photo: IFRC

Patrick Couteau

Long-time Red Cross Red Crescent health worker and former senior office, HIV/AIDS global programme

AS I PREPARE to retire after more than 30 years of service with the Red Cross Red Crescent, it still makes me smile to think it all started with *Paris Match* magazine in 1978. I was working as a nurse and one day was leafing through the magazine when I came across some powerful pictures of the unfolding refugee crisis in Cambodia.

The brutal Khmer Rouge had seized the country and people were fleeing for their lives. Desperate to help, I went to the head office of the French Red Cross to offer my services. But back in 1978, I was told that a male nurse in an exclusively female team would be too much of a 'distraction' and I was turned away. By chance, two of the nurses dropped out and I was soon on a plane to my first war zone as the first-ever male nurse to be sent on an international mission by the French Red Cross.

The situation in the refugee camp on the border with Thailand was chaotic and we worked day and night treating all kinds of illnesses, war wounds, landmine injuries and victims of rape. The Vietnamese would often bomb the area, forcing us to run for shelter.

One day, in the midst of an air-raid panic, a pregnant refugee approached me for help and I ended up delivering her beautiful twin babies despite, as a man, never having been allowed to train in childbirth. That was the moment I knew I wanted to work for the Red Cross Red Crescent for the rest of my career.

Many more missions followed including Uganda, Angola, Lebanon, Chad and Romania during the overthrow of Ceaucescu. Helping the many hundreds of abandoned children in the orphanages is something that will stay with me forever. Many of the orphans were HIV-positive due to the infected blood transfusions they were given to compensate for lack of food.

In the 1980s, AIDS killed many of my friends and I was, and remain, determined to fight against the stigma and fear created around people living with HIV. Training a team of Romanian university students as volunteers to touch, cuddle and play with the HIV-infected orphans contributed in a small way, I hope, to the enormous battle against HIV and discrimination and deprivation of love and care. Years later, while stationed in southern Africa, HIV and AIDS again reared its ugly head and I was horrified by the devastation the virus was causing to communities. Even after all these years, I am still overwhelmed by the outreach work of Red Cross Red Crescent volunteers in the field and the bravery, kindness and compassion they display.

My memories of young Kenya Red Cross Society volunteers paying — with their own money — for the funerals of their home-based care patients, so they could be buried with dignity, still reduces me to tears. I hope their work will continue until we finally eradicate the virus forever.

My Red Cross Red Crescent story

Estanislau Guterres

Founding member of the Timor-Leste Red Cross Society

AFTER INDONESIAN TROOPS seized control of the country, I, along with thousands of others, fled to safety in the surrounding mountains. We hid there for almost three years, sleeping in the open air and finding food and water wherever we could. I quickly learnt basic survival

skills. One day my luck ran out and I was spotted and fired on by a unit of Indonesian soldiers. I lost three of my fingers and was taken away to a detention centre to be interrogated.

Eventually I was released and it was when I made it back to Dili that I became aware of the ICRC and the work they were doing with political prisoners and others affected by the occupation and the conflict. The ICRC team hired me to help translate from Portuguese into our local language, Tetum, and before long I was given more responsibilities with detention visits, tracing and reuniting families.

Twenty years later, I was still part of the ICRC team, seeing communities struggle and try to pick up the pieces of their lives. In 1999, our country experienced more violence with the vote for a referendum on independence. With the prospect of independence looking more real than ever before and the huge workload on the shoulders of the ICRC, a group of us sat together and set the wheels in motion to set up our National Society.

In 2002, the Timor-Leste Red Cross Society was officially recognized by the government and in 2009, our logo was recognized by the parliament. A lot of my friends ask me why I have stayed with Red Cross since 1979. I tell them that in my heart, I love the Red Cross. That's why all my life, I have been happy to work with the Red Cross.



Photo: Kate Jean Smith/IFRC

Álex Martínez

24-year-old lawyer at the municipal judicial complex in Managua, Nicaragua

IN 2009, A NICARAGUAN RED CROSS violence-prevention programme came to Walter Ferreti, a violence-prone neighbourhood where I lived in Managua. I wasn't particularly keen or interested in studying, but I joined the programme as a volunteer and ended up studying law. I have been employed at the judicial complex since 2012 and, appropriately enough, my job involves providing conciliation services for young offenders.

In Walter Ferreti, conflicts between gangs were a part of daily life, so it's strange that I should end up involved in the Red Cross project as a facilitator and not as a member of one of these gangs that I saw every day.

Everyone deserves an opportunity and when one comes along, we must make the most of it. Still, I will continue to live in my old neighbourhood. I want to get married, have a family and carry on living in Walter Ferreti.

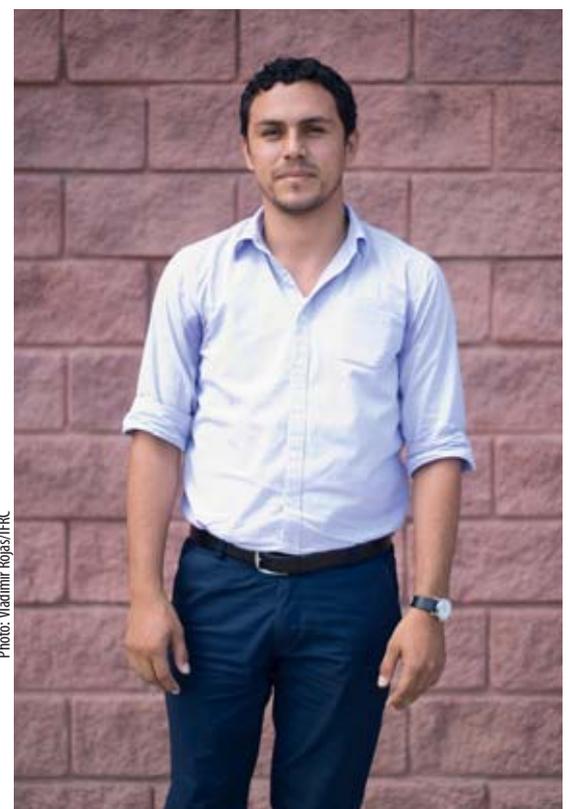
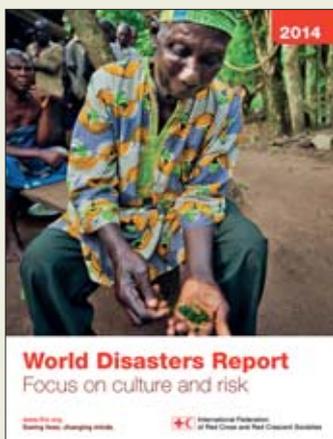


Photo: Vladimir Rojas/IFRC

PUBLICATIONS



World Disasters Report 2014 IFRC 2014

This year, the IFRC's *World Disasters Report* looks at how culture affects disaster risk reduction and how disasters and risk influence culture. The report asks, for example, what should be done when people blame a flood on an angry goddess or a volcanic eruption on the mountain god? There is increasing evidence that the international approach to disaster risk reduction is compromised if it does not take into account the influence of culture on people's attitude towards risk. This report makes the case that it is short-sighted, often dangerous and ultimately costly for aid and development organizations not to take into account the role of local culture in disaster risk reduction efforts.

Available in English; summaries available in Arabic, French and Spanish

Integrating climate change and urban risks into the VCA IFRC 2014

As part of its work with communities to increase their resilience to hazards, the IFRC has developed the vulnerability and capacity assessment (VCA), a process of participatory investigation designed to assess, analyse and address major risks affecting communities in a timely manner. It aims to determine the level of people's vulnerability to those risks and their capacity to

cope with and recover from them. This booklet supplements the four main VCA books (*What is VCA?*, *How to do a VCA*, *VCA training module* and the *VCA toolbox*) that were published between 2006 and 2008. Available in Arabic, English, French and Spanish

Living with absence: Helping the families of the missing ICRC 2014

Many people go missing as a result of conflict, natural and man-made disasters, other humanitarian crises and migration. Dreadful enough for the individuals concerned, disappearance means anguish for their families, left in limbo over their loved one's fate. As if their pain were not enough, family members of the missing are often plunged into economic and social hardship. This publication aims to raise awareness about the issue and describes the ICRC's holistic response worldwide. Available in English

Promoting military operational practice that ensures safe access to and delivery of health care ICRC 2014

This Health Care in Danger report compiles a complete set of practical measures to be adopted when planning and conducting military operations with a view to avoiding the negative impact of such operations on the delivery of health care in armed conflict. The report is the result of a broad consultation process with military personnel around the world. Many of the practical measures identified can be incorporated into military orders, rules of engagement standard operating procedures, and other relevant documents and training. Available in English

Children and detention ICRC 2014

Detention can be stressful and dangerous; it entails physical, emotional and intellectual deprivation and even resilient

adults often find it hard to cope. For children, detention is likely to have a particularly severe effect. This 20-page in-brief publication details the ways ICRC seeks to help children in detention and outlines the key reasons why children are detained and the protections for children under international law. Available in English

IFRC Annual Report 2013 IFRC 2014

The IFRC *Annual Report 2013* includes financial results, highlights the impact of programmes through statistics and contains other quantitative and qualitative information to highlight achievements and demonstrate the IFRC's value and impact. It represents the IFRC secretariat including zone and regional offices and while it may highlight impact of programmes in National Societies, its scope does not include National Societies. Available online in English, French and Spanish

RMNCH Today — A snapshot of selected RMNCH programmes and implementation analysis IFRC 2014

As this publication explains, the IFRC has supported and promoted reproductive, maternal, newborn and

child health (RMNCH) for more than 20 years. IFRC's RMNCH programming has evolved in response to the medium- and long-term needs of communities and programmes to include comprehensive efforts on both the demand and the supply sides of primary health care including community-based activities that promote appropriate health practices and care-seeking behaviour. Available in English, French and Spanish

IFRC Framework for Community Resilience IFRC 2014

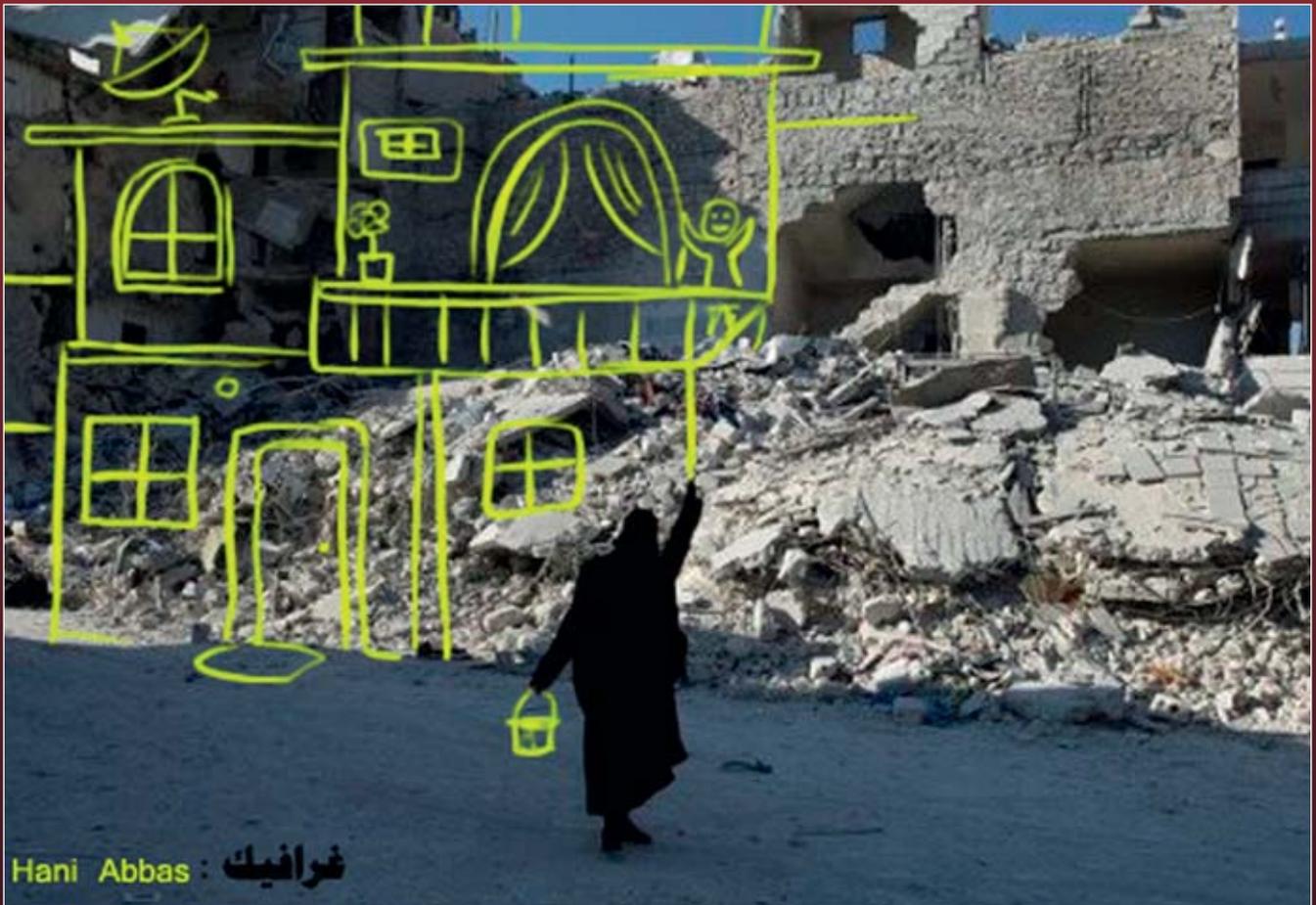
For the IFRC, the concept of community resilience in many ways captures the totality of what the IFRC is working to achieve, according to this newly released publication. Although their efforts may not have been characterized as 'strengthening community resilience', this is in fact what many National Societies have been doing over the course of many decades by supporting their local communities. This publication shows how IFRC's understanding of community resilience has grown to recognize the ever-evolving and dynamic nature of communities and the underlying vulnerabilities that challenge them. Available in Arabic, English, French and Spanish

VIDEO

Rules of war (in a nutshell) ICRC 2014

Many people within the Movement are familiar with the basic tenets of international humanitarian law: even during war, rules protect those who are not participating in the conflict, as well as prisoners and the wounded. Conveying these concepts in clear and concise terms is not always easy however. This is one reason that the ICRC released *Rules of War (in a nutshell)*, a short, animated video that explains the basic protections contained in IHL. For a link to the video, see www.redcross.int. Available in Arabic, Dutch, English, French, German, Portuguese and Spanish





In many of today's ongoing conflicts, the front lines are city streets where crowds of people once shopped at open-air markets, drove to work or walked to school. This editorial cartoon-photo, by Palestinian cartoonist Hani Abbas and based on an image from Syria, hints at both the life that once thrived in this urban landscape and the daunting challenge of rebuilding from the rubble. To learn more about the consequences of urban warfare, see pages 12–17.