

# RCRC

Red Cross Red Crescent

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## House calls

Volunteers make home visits to fight a pernicious disease

## Standing up to stigma

Stigma can kill when it sidelines the vulnerable and the sick

## 150 years and running

The Movement celebrates 150 years of humanitarian action

# The last drop

Wiping polio  
off the face  
of the planet



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.



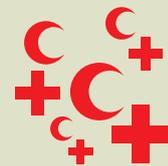
ICRC

**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 187 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 188 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.**

# Building trust and wiping out polio, door by door, drop by drop

**T**HE VOLUNTEERS WHO WALK in pairs as they go door-to-door with polio vaccine in remote parts of Afghanistan usually have two things in their minds: one, to protect children under 5 years old against a deadly and crippling disease; and two, to protect themselves from possible security incidents. A couple of months ago, a young polio field worker was caught in the crossfire and lost his life while doing just this type of door-to-door vaccinations. Another polio volunteer, a 19-year old, was killed in a separate incident while returning from a security-compromised area after completing his daily tasks.

These youngsters have lost their lives playing their part in a neutral and impartial campaign aimed at saving the lives of hundreds of thousands of children. The Polio Eradication Initiative in Afghanistan has made it clear from the outset that it is neutral and impartial. It doesn't support any political interests, nor side with any party to the conflict. The programme's sole interest is children, no matter where they are or who they are.

The programme's guiding principle is to engage communities, accomplish essential activities and achieve milestones. The results are fruitful. By the end of May this year, the number of polio cases countrywide has been only two, down from 80 in 2011.

Part of this success is based on the fact that the polio programme has introduced innovative approaches that pair the vaccination efforts with other health benefits. For example, de-worming tablets have been provided along with vaccination. In places where communities are far from health facilities and lack transport, community health centres have been set up to meet numerous community needs, including the oral polio vaccine (OPV).

***The Afghanistan Red Crescent's 20,000 volunteers hold the key as gatekeepers to finish the business of getting rid of this crippling and fatal disease once and for all.***

The result has been the building of trust, buy-in and acceptance of OPV among the most marginalized and vulnerable communities. The widespread networking of surveillance systems for the detection and analysis of polio cases has also been integrated with surveillance for other communicable diseases. Thus, the ability to make inaccessible areas accessible has built a polio legacy, which is mainstreaming essential functions of eradication into other ongoing public health programmes.

Afghanistan's eastern region still remains a challenge. For some time this area has not been a transmission zone. But cases of wild polio have again started appearing in some inaccessible areas where only small numbers of children remain unvaccinated. No matter how small the number of unvaccinated children is, it is big enough for the virus to infect them. In such cases, community elders and religious leaders are key 'influencers' who help health workers gain access to hard-to-reach settlements and children. These influencers are the game changers in the fight against polio.

All we need is the gatekeepers — those with connections and roots in the communities — to engage these people of influence. No doubt the Afghanistan Red Crescent has a key role to play. With its widespread network in 33 provinces, the Red Crescent is carrying out activities



Photo: REUTERS/Denis Balibouse

through 47 fixed centres and 17 mobile health teams, especially addressing the needs of vulnerable people in emergency-affected areas.

With their presence at grass roots and their neutrality vis-à-vis any political interest, the Afghanistan Red Crescent's 20,000 volunteers can play a very concrete role: vaccinating children; monitoring campaign performance; and creating demand by parents in the most insecure and inaccessible areas. Their reputation for conducting community-based activities is a promising basis for engaging the National Society even more actively. They hold the key as gatekeepers to advance what has been achieved so far and finish the business of getting rid of this crippling and fatal disease once and for all.

Our experience in Afghanistan shows that even in an extremely difficult environment — with mountainous terrain, inadequate infrastructure, remote communities, poverty and areas of insecurity — concerted, long-term effort can lead to the near elimination of a once widespread killer. We still have a way to go, but I firmly believe that innovative strategies aimed at building grass-roots trust and long-term community health will allow us to declare polio a thing of the past — not just in Afghanistan but throughout the entire globe.

**By Dr Suraya Dalil**  
Minister of Public Health  
Islamic Republic of Afghanistan

# In brief...

## Movement condemns attacks in Afghanistan

Two separate events in Afghanistan recently highlighted the fact that health workers and relief workers still face significant dangers when carrying out medical work in this war-torn country.

On 16 April, two Afghanistan Red Crescent staff members were killed in a roadside attack in the Khanaqa district in northern Afghanistan, as their clearly marked Red Crescent mobile clinic was travelling to Shibergan. Two other staff members were injured.

Sayed Hazarat, 32, a vaccination worker, and Mohammad Najibullah, 45, the team's driver, were providing medical assistance to people who live in remote areas with little access to health care.

One month later, on 29 May, ICRC staff member Abdul Bashir Khan, 50, was killed during an attack on ICRC offices in Jalalabad. Three other staff members were wounded. Bashir Khan had worked as an ICRC guard in Jalalabad since 2002 and was the father of eight children.

The attack was the first of its kind in Afghanistan against the ICRC. "We condemn this attack in the strongest possible terms," said Jacques de Maio, the ICRC's head of operations for South Asia.

## IFRC pushes for health-care access

An estimated 1 billion people still do not have the health services they need because the services are either unavailable or unaffordable, according to the World Health Organization. At the 66th World Health Assembly, held in May 2013, the IFRC called on governments, the private sector and civil society partners to work together to fund and promote volunteerism as an

integral part of universal health care. Volunteers play an essential role in bridging the gap between communities and health services, especially in hard-to-reach and underserved populations, according to the IFRC. While governments are primarily responsible for universal health coverage, volunteers can step in when health systems lack adequate infrastructure or human resources.

## Health care under fire

There were at least 921 direct attacks on health-care personnel and facilities in 2012, as well as on wounded or sick patients, according to a recent ICRC report, *Violent Incidents Affecting Health Care*, published as part of the Movement's Health Care in Danger campaign. Such attacks were at the heart of recent discussions in the Mexican city of Toluca, where the Mexican Red Cross, the ICRC, representatives of 19 National Societies and other ambulance-service providers called for greater protection and respect for emergency medical personnel. "The medical community alone cannot guarantee safe delivery of health care," said Karl Mattli, head of the ICRC regional delegation for Mexico. "This responsibility lies in the hands of governments, influential groups and other members of civil society."

## Republic of Korea's windmill of hope responds to social needs

A new Republic of Korea National Red Cross programme known as the *Heemang Poongcha* ('windmill of hope') initiative strives to raise the quality of life for vulnerable youth, seniors, multicultural families and migrants in the four interlinked areas of livelihoods, health, housing and education. One goal is to match 30,000 Red Cross volunteers to members of these vulnerable groups by 2016, so assistance can reach those in need more efficiently and effectively.

As part of this initiative, the Korean Red Cross has opened two medical centres in its hospitals in Seoul and Incheon, which focus on specialized treatment and financial support for vulnerable people.



Photo: REUTERS/Khurshed Rinku

## Bangladesh responds to building collapse

More than 3,000 people were working in an eight-storey building, which housed numerous garment factories, when it collapsed in Savar, an industrial suburb located on the outskirts of the capital Dhaka in April.

Volunteers and staff from the Bangladesh Red Crescent Society rushed to the scene and established a mobile first-aid camp to assist the wounded. The volunteers worked alongside other first responders, cutting through piles of steel, iron and concrete to rescue people buried underneath.

Throughout the entire operation, 205 trained Red Crescent volunteers worked round the clock in two shifts. While some searched for survivors, others provided first aid, tried to reunite separated family members or helped with the management of dead bodies.

Multicultural families and migrants, in particular, often face linguistic and economic disadvantages when they seek medical treatment in the Republic of Korea.

## Floods hit central Europe

As torrential rains ravaged large areas of central Europe, Red Cross societies in the region responded

to some of the worst flooding in decades. At least ten people died in the Czech Republic, while thousands were evacuated from large swathes of Austria, the Czech Republic and south-eastern Germany, where the flood waters damaged infrastructure and caused severe disruption to essential services and transportation.

## Humanitarian index

**3:** Number of countries considered 'endemic' for polio in 2013 (Afghanistan, Nigeria and Pakistan) down from more than 125 in 1988, when the Global Polio Eradication Initiative (GPEI) was launched.

**57:** Number of countries that fell below the critical threshold of 2.3 physicians, nurses and midwives per 1,000 population, considered generally necessary to achieve an acceptable level of coverage of essential health services.

**223:** Number of cases of wild polio virus reported globally in 2012, down from 350,000 in 1988, thanks to GPEI efforts.

**800:** Number of women who die each day during pregnancy and childbirth, mainly due to lack of access to proper health care.

**1,250:** Number of trees planted by youth as part of a project by the Sri Lanka Red Cross Society and students in 130 schools across the country to raise awareness about climate change.

**700,000:** Number of people in and around the Malian towns of Gao, Kidal, Mopti and Timbuktu who received food and other essential supplies from the ICRC and the Mali Red Cross in 2012.

**1.12 million:** The number of animals treated through the ICRC's livestock vaccination programme in Mali during 2012.

**1 billion:** Number of people globally who do not have access to essential medicines.

Sources: World Health Organization, IFRC, ICRC.

## Voices

*"You save one soul, you see the smile of one child, it gives you power for months."*

**Mohammed**, Syrian Arab Red Crescent volunteer, quoted in the *New York Times*, 3 June 2013.

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<b>House calls</b> How Indian Red Cross Society volunteers bring personal, one-on-one care to people fighting a pernicious disease while suffering from the social stigma it brings.		These powerful photos and words highlight the devastating consequences of conflict in which civilians are bearing the brunt of the suffering. They also reflect on the courageous application of neutrality, impartiality and humanity by Syrian Arab Red Crescent volunteers.	
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<b>When stigma kills</b> Stigma takes many forms. Around the world, the Red Cross Red Crescent Movement stands up to stigma, sometimes loudly through public campaigns, sometimes quietly in the privacy of a hospital room or prison cell.		As the Movement celebrates its 150th anniversary, we take a look at the ways people the world over see humanity and other Fundamental Principles through words and images.	
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**On the cover:** Children under 5 are the most vulnerable to polio. Here, vaccinators give an oral polio vaccine to a child in a village near the Nigerian capital of Abuja.

Photo: Heather Murdock/IFRC  
(Photos this page, from top) Heather Murdock/IFRC; Stephen Ryan/IFRC; Lebanon Red Cross; Andrea Bruce/NOOR; Chantal Lebrat.



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# The last drop

Health workers say the world has a unique chance to wipe polio off the face of the planet. It could be the biggest public health victory since the eradication of smallpox.

**H**OPSET MOHAMMAD WASN'T SURPRISED to see polio vaccinators at her doorstep in a village near the Nigerian capital, Abuja, in May 2013. They had come around before and she was prepared to send them away, again.

"I have five children," she said proudly in her native Hausa language. "None of them has been immunized but they have not become sick."

The last time polio vaccinators were in the neighbourhood, Mohammad told her husband the vaccine drops didn't seem to be hurting other children. But her husband refused, saying they may not harm children right away, but 20 years from now they could suffer the consequences.

Because polio tends to attack children under 5, the health workers were most interested in Hopset Mohammad's youngest child. Standing outside her door, the health workers listened to her explanation. Some were surprised. Normally, when parents refuse vaccinations it is because they've been told it will hurt the children immediately.

Frustrated by her refusal, Rilwanu Mohammed, the executive secretary of the regional health-care board and one of the vaccinators, asked Hopset Mohammad for her husband's phone number. He called from his cell-phone and argued his case. Other vaccinators examined the fingers of small children passing by. Children who had been vaccinated in the past week all had a fingernail striped with a magic marker.

"The man actually has never [had] a vaccination," Rilwanu Mohammed says. "We need to immunize the child because he is at risk." He added that, while this risk is small compared to more common deadly diseases such as dysentery, malaria and measles, polio is entirely preventable and it can spread like wildfire. Even one new case could lead to an outbreak in the region.

## The final push

While most people accept the vaccine, the encounter on Hopset Mohammad's doorstep is a good example of the challenges health workers around the world face as they make the final push to eradicate polio.

To achieve group immunity levels in places susceptible to this deadly and crippling disease, polio vaccines must be delivered to at least 90 per cent of children in communities that often have poor sanitation and limited access to health care — and where negative attitudes about medicine and vaccines are sometimes deeply rooted.

This type of direct communication is critical to reaching what health officials sometimes refer to as the 'fifth child' — the last 20 per cent of children in remote regions or in areas that are hard to access due to poor infrastructure, civil unrest or conflict.

Polio is now considered endemic in only three countries — Afghanistan, Nigeria and Pakistan —



## What is polio?

A highly contagious viral infection that tends to attack the young, pregnant women and those with weak immune systems. The virus usually enters the environment in the faeces of an infected person, spreading via contaminated water or food.

## A short history of polio

➔ **Early signs** An Egyptian stone carving from the 14th century BC shows a priest with a walking stick and foot deformities characteristic of polio. In modern times, the first epidemics are fuelled by the growth of cities after the industrial revolution.



### 1905 Contagious nature of polio discovered

Researchers also learned it could be present in people who did not have a severe form of the disease.

### 1908 Polio virus identified

In Vienna, two doctors announce that polio is caused by a virus.

### 1910 Discovery of antibodies

Researchers find substances in monkeys and humans that were neutralizing antibodies to polio, meaning a vaccine might be used to induce antibody production to fight the virus.



and the cases are generally isolated to specific areas where insecurity and armed violence make universal coverage extremely difficult or dangerous.

In Nigeria, for example, fighting in the north-east has rendered many communities off-limits to nearly all health initiatives. The states of Borno and Yobe, two of three states currently under a state of emergency, now account for 69 per cent of Nigeria's cases of wild polio, the strain of polio found in nature as opposed to the one derived from the virus used to produce polio vaccine.

Polio often attacks the young, but the debilitating effects of the disease can last a lifetime. Young people growing up in already dire conditions face a lifetime of hardship and poverty caused by paralysis. Here three young polio victims await therapy at the StandProud (formerly the International Polio Victim Response Committee) compound in the Democratic Republic of Congo's capital Kinshasa.

Photo: REUTERS/Finbarr O'Reilly

At the same time, there is an active campaign in Nigeria against many vaccines, polio in particular, on the part of some prominent community leaders and clerics who claim, among other arguments, that polio vaccination is part of a foreign conspiracy to sterilize young women.

In Nigeria and Pakistan, health workers have increasingly come under direct attack. In February, nine local health workers in the northern Nigerian city of Kano were shot and killed as they prepared to vaccinate against polio. Meanwhile, in Pakistan,

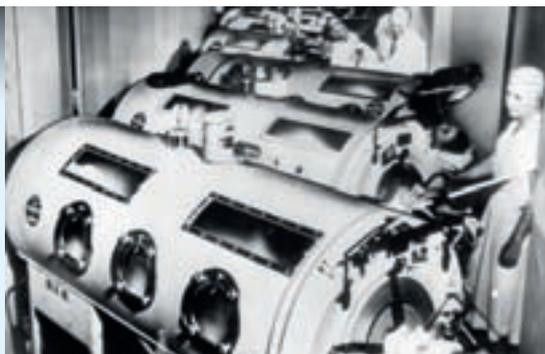
**1916 New York City epidemic**

New York was affected by more than 9,000 cases and 2,343 deaths. The toll across the United States was 27,000 cases and 6,000 deaths.

**1929 The iron lung**

Two doctors pioneer the 'iron

Photo: National Museum of Health and Medicine



lung', an artificial respirator for patients suffering from paralytic polio.

**1935** National Societies help polio victims in different ways. In New Zealand, Red Cross branches join efforts of Rotary Clubs and others to provide

support for victims.

**Polio vaccine trials end in disaster**

A series of vaccine tests on 10,000 children proves to be a disaster. Several children died of polio and many were paralysed, became ill or suffered allergic reactions.

some 20 people have been killed in separate attacks on polio vaccination teams since July 2012.

## The polio paradox

Despite these tragic setbacks, there are reasons for optimism. Since the Global Polio Eradication Initiative (GPEI) was launched in 1988, the number of polio cases has decreased by more than 99 per cent. At the time of the launch, there were an estimated 350,000 cases globally. In 2012, only 223 cases were reported.

During that same period, the number of polio-endemic countries shrunk from 125 to three. No cases have been reported in the Western hemisphere in two decades and Europe was declared polio free in 2002.

But eradication has remained elusive. Key deadlines and milestones have come and gone; political will has waxed and waned. Some wondered why focus on eradicating a disease with a relatively small caseload compared to other big killers such as HIV, tuberculosis, malaria and dengue fever?

But it was during the frustrating period between 2000 and 2010 (when the number of polio cases had flat-lined at an average of about 1,000 cases per year) that the global polio eradication partners learned critical lessons about this disease, says Bruce Aylward, assistant director general for polio, emergencies and country collaboration at the World Health Organization (WHO).

Those lessons have led to significant reductions in the last few years that have reinvigorated the global polio eradication effort. "We are at a watershed moment," he says. "The level of political will and donor support is unprecedented."

Several key developments have helped turn the tables since 2009: improved 'intelligence' and tracking of the disease's spread; the creation of an independent monitoring board that has held WHO and governments accountable; the increasing commitment of the Bill & Melinda Gates Foundation; the declaration of polio as a global health emergency by the World Health Assembly; and important breakthroughs with oral polio vaccines.

Meanwhile, eradication efforts on the ground have also inspired hope. One case in point is Afghanistan. With the help of the Afghanistan Red Crescent,



➦ In areas of conflict, the Movement's neutrality and impartiality are key assets. The Afghanistan Red Crescent, for example, routinely vaccinates in war-torn communities. The ICRC also plays a role in facilitating access for health workers.

Photo: IFRC

the country has reduced polio cases dramatically through mobile and permanent health clinics, and by organizing national immunization days.

India is another example. "The world became aware of the phenomenal effort in India with hundreds of thousands of vaccinators going door-to-door," Aylward says. "And then [in 2011], India stopped transmission of polio. And that was a game changer. There was a sense that this can really be done... because a lot of people thought India would never get there."

Since then, momentum has only grown. In April, world leaders and donors gathered at a Global Vaccine Summit in Abu Dhabi endorsed a new, US\$ 5.5 billion, six-year plan to eradicate polio by 2018. Donors have already pledged to finance three-quarters of the plan with the Bill & Melinda Gates Foundation promising US\$ 1.8 billion. Gates joined others, including the IFRC, in calling for additional donors to commit the remaining US\$ 1.5 billion needed. Michael Bloomberg, media mogul and mayor of New York, has since pledged US\$ 100 million to the cause.

Though the global polio eradication programme is not fully funded, polio eradication is an achievable goal, according to Carol Pandak, director of Rotary International's PolioPlus programme, a long-time

*"If somebody helped me, I would continue with my schooling. I would forget this begging."*

**Umar Mahmoud**, 20, polio victim, who begs for money while pushing himself on a home-made skateboard through a crowded market in Abuja, Nigeria.

### 1949 Three types of polio virus identified

hospitals and community centres.

### 1952 Polio cases surge

Across the United States, 57,628 polio cases were reported in 1952, more than 21,000 of them paralytic. The American Red Cross assists victims at various

### ➦ 1954 Wide-scale vaccine trial begins in US

In all, more than 1.3 million children participate. Here a child is immunized while watching the vaccine's developer, Dr



Photo: AFP/Imagoforum

Jonas Salk, immunize a child on television.

### 1955 Trial results announced

The trial showed that the vaccine was 80 to 90 per cent effective. Widespread distribution and use follow.

leader in the polio eradication effort. But money alone won't finish the job, she says.

"If military operations are taking place in certain areas, it makes it difficult to conduct immunization campaigns," she says. "I think there are also issues of geography: really remote rural communities that have rarely, if ever, been accessed with any sort of health intervention."

And in today's mobile world, polio travels. Within weeks of the Vaccine Summit, two new outbreaks in Kenya and Somalia hit in areas that had been free from polio but where immunization levels were low. The IFRC allocated US\$ 147,000 from its Disaster Relief Emergency Fund to the Kenya Red Cross Society to support emergency polio vaccinations in five districts (including the Dadaab refugee camps). More than 1,000 volunteers fanned out in teams of 20, going from house to house, visiting churches, mosques and community centres, getting the message out and pre-registering children.

This rapid response, says Siddharth Chatterjee, IFRC's chief diplomat and head of strategic partnerships, shows how the Movement's community-based volunteer network can reach out quickly to hard-to-access communities. Chatterjee says the drive to eradicate polio can also help the IFRC and National Societies build up community-based first aid and improve health-care systems for the most vulnerable people.

"By being part of this effort," he says, "we also have the chance to enhance the value of community health systems and increase the uptake of vaccines for other diseases, thus contributing to better health, improved livelihoods and basic human development among the most vulnerable."

### 'Forget this begging'

Just as global philanthropists, health organizations and humanitarians make their call for new funding, young polio victims on the streets of Abuja, Nigeria were also calling for donations, but on a much smaller scale.

Umar Mahmoud, 20, pushes himself through the crowded market on a home-made skateboard, using pink flip-flops to protect his hands from the rough street while asking strangers for spare change. His legs, useless since he was a small child, were

***"Communities say, 'Why is polio so important when my child died of diarrhoea?' It's a sense of indignation ... the community needs need to be taken into account."***

**Javier Barrera**, head of IFRC's Nigeria delegation.



Polio eradication requires persistence. Frustrated by the refusal of a mother to allow her child to be vaccinated, Rilwanu Mohammed, the executive secretary of a regional health board in Nigeria, calls the child's father to plead his case for vaccination.

Photo: Heather Murdock/IFRC

folded underneath him. Like many polio victims, he said begging was the only job he could find. "If somebody helped me, I would continue with my schooling, I would forget this begging."

While some polio victims are given help at orthopaedic centres (some run by the ICRC in places such as Afghanistan, Pakistan and South Sudan), such services are far from universal. For many, polio is a life sentence of poverty, begging and hardship.

While the price tag for eradication is high, many point to cases such as Mahmoud's to suggest that not eradicating polio is much more costly in the long run. In 2010, the journal *Vaccine* reported that eradication would net an economic benefit of between US\$ 40 billion and US\$ 50 billion to 2035, while averting 8 million cases of polio paralysis. "And once we get to zero cases," argues Aylward, "it becomes a permanent benefit."

In his Abuja office, Javier Barrera, head of the IFRC's Nigeria delegation, says humanitarian organizations are galvanized right now in part because a polio-free world — once a far-fetched dream — may actually be within reach. "There is a sense of accomplishment dawning upon us," he says. "It could be one of those milestones in humanitarian history."

### Why polio?

To realize this dream, however, more efforts need to be made to convince people to accept polio vaccinations. The most common reason some communities reject vaccinators, according to Barrera, is because they distrust health workers that provide a vaccination for a rare disease but offer no help for common ailments.

"Communities say, 'Why is polio so important when my child died of diarrhoea?'" he says. "There's a sense of indignation... community needs must be taken into account."

Downstairs in the office of the Nigerian Red Cross Society, health workers agree that if they had the resources to treat other health needs — like malaria, which kills hundreds of thousands of Nigerians every year — it would be easier to address polio.

Still, they say it is possible to convince people to accept vaccinations through educational campaigns. Before polio teams head into towns and villages, Nigerian Red Cross volunteers go in with bullhorns,

### 1957 Oral vaccine tested in the Belgian Congo

The country, now the Democratic Republic of the Congo, then entered a period of political and social unrest, complicating follow-up of vaccinated individuals. After a polio epidemic in Hungary, the

League of Red Cross Societies launches an appeal to loan the Hungarian Red Cross iron lungs and other respiratory aids.

### 1962 Red Cross Red Crescent role increases

As more countries begin vaccination campaigns, the

role of National Societies also increases. The Cuban Red Cross, for example, participated in a vaccination campaign that reached roughly 1.9 million children.

### 1979 Smallpox eradicated

The deadly disease, estimated to have killed some 300 to 500 million people during the 20th century, becomes the first infectious disease eradicated due to massive vaccination campaigns.

### 1985 Goal set for eradication in the Americas by 1990

**“The legacy of polio needs to be about sustaining access to that last 20 per cent of kids.”**

**Bruce Aylward**, assistant director general for polio, emergencies and country collaboration, World Health Organization.

slogans and pictures of children disfigured by polio. “It’s not that [the villagers] are really ignorant,” says Alatta Ogba Uchenna, head of the Nigerian Red Cross’s health and care department. “It’s just that they don’t have that [particular] information.”

Given the distrust in many communities, some vaccination experts argue that the best approach is to integrate polio vaccination with expansion and improvement of wide-ranging community-based health care.

Often, polio eradication campaigns are ‘vertical’ one-time projects in which volunteers or workers go door-to-door or organize large events focusing

exclusively on polio for one or two days in given village. While this has been extremely effective in some areas, the places where polio is still entrenched may require a different approach, says Terhi Heinäsmäki, health coordinator for IFRC’s Asia Pacific Zone, which includes Afghanistan and Pakistan.

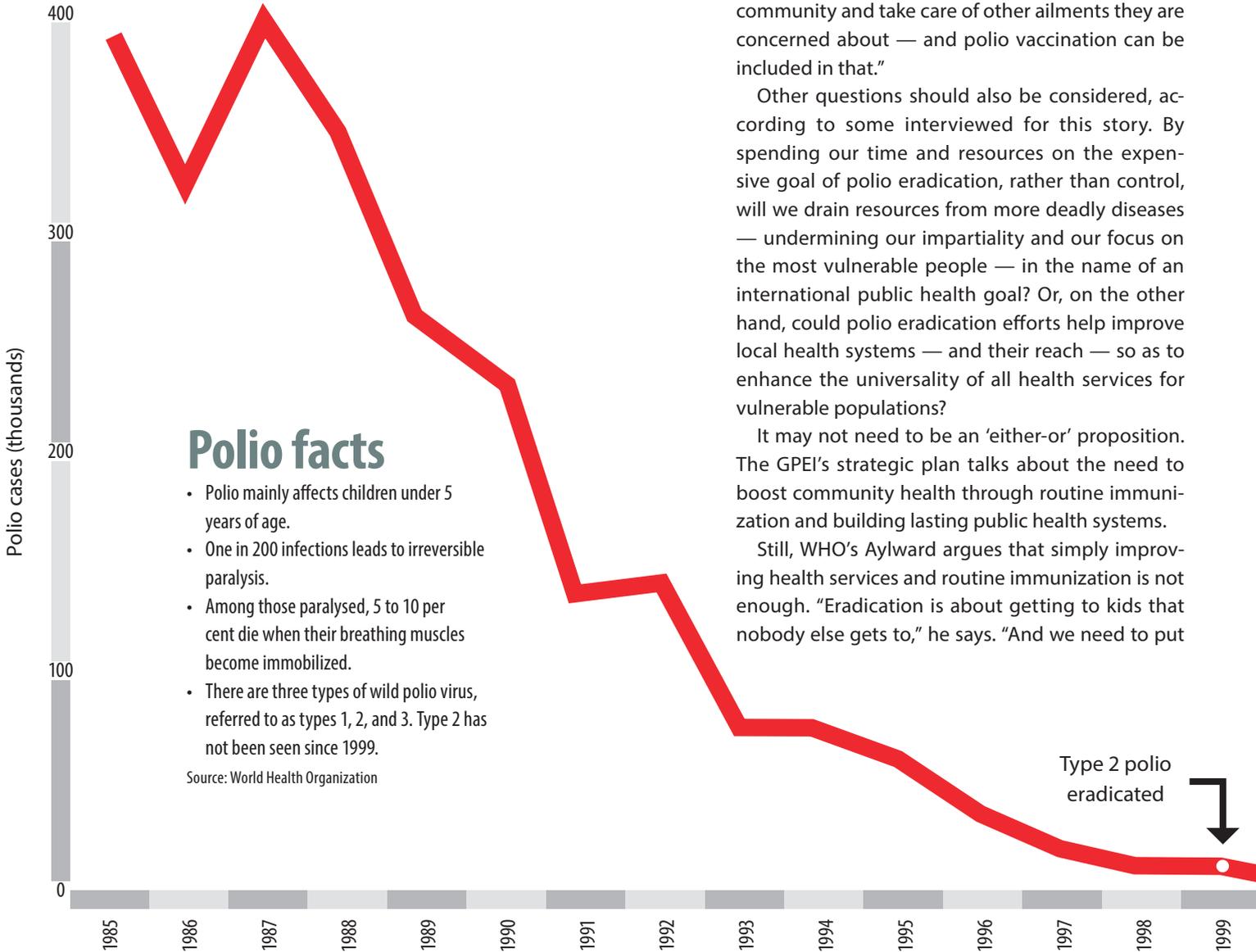
“The vertical programmes can work in a country such as India which is not in conflict,” says Heinäsmäki. “But where there is conflict, or where we cannot get access due to security or community resistance, then I believe we need a more holistic approach.”

“What is needed first is the trust of community,” she suggests. “To get that, we need to listen to the community and take care of other ailments they are concerned about — and polio vaccination can be included in that.”

Other questions should also be considered, according to some interviewed for this story. By spending our time and resources on the expensive goal of polio eradication, rather than control, will we drain resources from more deadly diseases — undermining our impartiality and our focus on the most vulnerable people — in the name of an international public health goal? Or, on the other hand, could polio eradication efforts help improve local health systems — and their reach — so as to enhance the universality of all health services for vulnerable populations?

It may not need to be an ‘either-or’ proposition. The GPEI’s strategic plan talks about the need to boost community health through routine immunization and building lasting public health systems.

Still, WHO’s Aylward argues that simply improving health services and routine immunization is not enough. “Eradication is about getting to kids that nobody else gets to,” he says. “And we need to put



**1988 Global Polio Eradication Initiative launched**  
The initiative called for the eradication of the disease by the year 2000. At the time, polio was endemic in 125 countries but had already disappeared from the US, UK, Australia and much of Europe.

**1994 Polio eliminated from the Americas**  
**2000 99 per cent reduction in cases**  
Down from 350,000 cases in 1988 to 719 in 2000.

**2001** Red Cross Red Crescent involvement continues. The IFRC and the Pakistan Red Crescent Society, for example, work with partners on a target of a polio-free Pakistan by 2005.  
**2002 Polio eradicated in Europe**

**2009** The Nigerian Red Cross Society participates in multiple polio national immunization days, mobilizing more than 1,600 volunteers to vaccinate 70,000 children in 22 high-risk states.

**⇒ 2010 Polio outbreak in the Republic of the Congo**  
A total of 476 cases of paralysis and 179 deaths are reported. A vaccination campaign launched with IFRC assistance reaches more than 2 million people.



When wild polio broke out in Somalia and Kenya in April 2013, more than 1,000 Kenya Red Cross Society volunteers fanned out in teams of 20, going from house to house, visiting churches, mosques and community centres, getting the message out and pre-registering children.

Photo: Kenya Red Cross Society

tools into the hands of communities to vaccinate their own kids.”

“This is where the Red Cross Red Crescent is incredibly valuable,” he says, referring to the community-based nature of the Red Cross Red Crescent volunteer network.

Aylward concedes that the way some campaigns were carried out has contributed to local distrust in some areas. The fact that conspiracy theories have taken root is a failure on the part of the WHO polio programme, he says, adding that he agrees with a recent critique by the GPEI’s Independent Monitoring Board which said WHO is not doing a good enough job communicating with affected communities.

But Aylward also agrees that it’s not enough simply to reach that fifth child with polio vaccination

and then walk away. “When the polio programme is over, it can’t just pack up and go home. It’s got to give birth to something else,” he says. “The legacy of polio needs to be about sustaining access to that last 20 per cent of kids.”

### The last mile

At the Kaduna Nigerian Red Cross office, Bright Charles, the state disaster management coordinator, adds that conflict and natural disasters also take a toll on health initiatives. Health workers cannot wander through villages searching for children in the midst of shoot-outs, bomb blasts or floods.

“When a disaster happens, it interrupts rounds,” he says. Children, he adds, are more likely to get sick when living in unsanitary, crowded displacement camps after they had to flee the disaster. On the other hand, displaced people’s camps are often filled with individuals from remote areas and polio workers have had some luck vaccinating children while they wait out the flood or fighting.

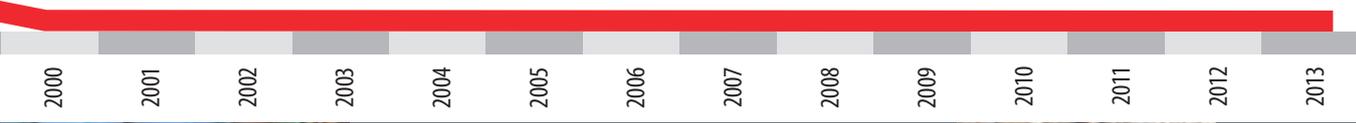
But even in areas of northern Nigeria safe enough to give vaccinations, ideology espoused by opponents of vaccination often increases the number of families refusing the vaccine. “Sometimes they put the children in the room and lock the door,” said a volunteer named Baupme, one of the vaccinators standing outside Hopset Mohammad’s door. “We tell them, ‘I know there are children in there.’”

In the meanwhile, Rilwanu Mohammed had stopped arguing with her husband on the phone and relayed the conversation to Hopset Mohammad, who listened patiently to him and then talked to her husband on the phone.

With his permission, she relented and vaccinators huddled around the smallest boy. One woman held his mouth open while Baupme dropped in the vaccine. A single tear welled in his eyes but he quickly calmed as the taste faded and the adults handed him back to his mother. ■

By **Heather Murdock**

Heather Murdock is a freelance journalist based in Abuja, Nigeria.



**2011 India carries out mass campaign**  
The Indian Red Cross Society participates in two national immunization days during which some 2.5 million polio vaccinators reach 172 million children. That year, India recorded its last case of wild polio virus.

Photo: IFRC

**2012–2013** Five countries reported cases in 2012, compared with 16 in 2011. But the targeted killings of vaccination workers in Pakistan and Nigeria (along with rising number of other violent incidents) present a new threat to progress.

Photo: REUTERS/Faisal Mahmood



**May 2013** The World Health Assembly endorses a new plan to secure a lasting, polio-free world by 2018 and urged its full implementation and financing. At the same time, confirmation came of a new polio outbreak in the Horn of Africa (Somalia and Kenya).

Sources: College of Physicians, Philadelphia; WHO; IFRC and CRC archives.



# House calls

**Indian Red Cross Society volunteers help in the fight against a pernicious disease and the deadly stigma it brings.**

**I**N AN URBAN SLUM in Amritsar, in the north-western state of Punjab, 24-year-old Ram lives in a single room with his parents, sister and her two children. The windowless, brick-faced chamber contains three adjoining beds and a pedestal fan in the corner, small comfort from the sweltering 48° Celsius heat.

"I got TB [tuberculosis] because I was an injecting drug user," says Ram, who was later also diagnosed with HIV. "In addition, I was smoking cigarettes and consuming *bhang* [a drug made out of cannabis]. I was using [the drugs] for a very long time... It has now been six to seven months since I stopped." Ram's father also suffered from TB

Indian Red Cross Society volunteer Gurpreet walks into the urban slums of Amritsar, a city in the state of Punjab, where he visits TB patients such as Ram, who suffers from both TB and HIV, which he contracted through intravenous drug use. Photo: Stephen Ryan/IFRC

a few years ago. But while his father completed his treatment and was cured, Ram didn't finish his first round of treatment.

"I felt the medication was harming me... making me weaker day by day," he explains. But then he became even frailer and the family eventually took him to a state-run TB hospital. After further tests, Ram learned he was HIV positive and so the doctors started him on a new regime of pills, coupled with injections to help fight both HIV and TB.

People suffering from TB stop their treatment for many reasons. Sometimes it's because they begin to feel better and they think it is no longer needed. For others, it is due to the side effects or the difficulty of



***“The magnitude of the problem is colossal. Almost 40 per cent of all Indians are infected with latent tuberculosis — that is, if their immunity goes down or they have some other infection, this will flare up.”***

**S.P. Agarwal**, secretary general,  
Indian Red Cross Society.

maintaining the routine in the midst of other problems — unemployment, addiction, lack of food.

Stopping treatment is extremely risky, however. If the TB bacteria survives through partial treatment, it can develop resistance to TB drugs. This strain (known as multidrug-resistant TB or MDR-TB) takes two years to cure and the treatment is 100 times more expensive.

This is where people like Gurpreet come in. A man in his 30s with a cropped beard and moustache, Gurpreet is one of the many Indian Red Cross volunteers supporting the country’s national TB programme and one of the ten who work in Amritsar. “I normally visit patients at least once a

week. However, in Ram’s case, there are times when I see him up to two or three times a week,” says Gurpreet, who helped Ram find alternative treatments when, due to his frail state, he had difficulty injecting himself with the drugs.

“I had to get injections but I could not take them — I have nothing left on me,” Ram says. “Then I was given pills to eat with instructions on when to take them. I was also given nourishing food to eat. I was taught [by Gurpreet] how to take measures so as not to pass on the disease. I mostly have my mask on but if no one is around me then I take it off.”

While Ram is frail, he is determined to fight the disease. “Ram is sincere,” says Gurpreet. “He takes

his medicines and wants to get better. That in itself gives satisfaction and motivation to devote my time to the cause."

### A house call with Gurpreet

"I never know how long a house visit is going to take," says Gurpreet. "It is only after I have had a chance to find out how they are doing, do I get down to the routine work of checking their cards and medicine strips. We are like friends. If they have a problem, they talk to me."

Gurpreet is from Amritsar and being a part of the community helps — people trust him. Volunteers like Gurpreet provide the 'connect' between vulnerable people and the formal health system, says Naresh Chawla, district TB officer for the Punjab Health Department in Amritsar.

"If you visit a patient in his house and address him by his name, he feels reassured," says Chawla. "These small things help. This is where the Red Cross has an advantage. The patient feels that he is being taken care of, a sense of assurance that he will be okay."

Trust is critical, says Gurpreet. "Some patients do not want anyone to know that they are undergoing treatment due to the stigma attached to the disease," he says. "When I make a house call and the patient is not at home, I cannot ask the neighbours if they know where my patient is, or if he or she will be back home soon. It will raise questions that I cannot answer without breaching confidentiality."

Adherence to treatment is 93 per cent among the cases the Indian Red Cross handles — proof that the Red Cross's actions, such as house calls and arranging transport to access treatment and testing when necessary, yield positive results.

"Another challenge is that, at times, the patients try and pretend that they are regular with their treatment when in fact they are skipping [it]," says Gurpreet. "This is mainly because of the side effects."

***"In Punjab there are three main challenges — poverty, addiction and unemployment. For us, TB is a very major threat. But for a person who has no food today, TB is not a threat. His only concern is where to get food. Unless and until we give that person food security, taking medicine will never be a priority."***

**Naresh Chawla**, district tuberculosis officer, Punjab Health Department, Amritsar, India.



In these cases, we need to motivate the patient and explain the risks they face. Their motivation can be short-lived so we need to talk to them to ensure that they do not default."

### Mahi's secret

"No one in the neighbourhood knows that I have TB," says 23-year-old Mahi, a petite, reserved girl. "We have kept it very quiet."

Mahi's immediate family carefully guards her TB status because if word were to get out, it would ruin her marriage prospects. "Since we found out that she has TB, it has increased my burden," says her father. "She is a daughter. She has to get married."

In a society where marriage can be crucial to individual and family survival, the stigma attached to TB exacts a devastating social cost — each year more than 100,000 women are rejected by their families. The TB status of a girl of marriageable age can have a major impact on her marriage prospects. And for a married woman, it can mean that she is turned out of her home or is treated harshly by her in-laws.

## Preventable and curable

Nearly 2 million people in India contract TB annually; most of them belong to the country's poorest communities. The task of controlling TB, therefore, is monumental. The Indian Red Cross Society has been playing a small but important role in the government's Revised National Tuberculosis Control Programme, by focusing efforts on ensuring treatment adherence among people known as 'category II' patients — those who, for whatever reason, stopped previous treatment before being cured or relapsed after treatment was completed.

TB is one of the most difficult diseases to tackle because the treatment takes a long time, usually six to eight months. Even in the best of circumstances, people are not always diligent and consistent about taking medication. The likelihood of not completing the treatment and developing MDR-TB increases for people living on the edge, struggling to survive from day to day.

This is why community-based volunteers visit patients at home to ensure that they adhere to the treatment. Although the programme is expanding, it is still relatively small. In all, the Indian Red Cross Society supports 1,180 TB patients in seven states (Bihar, Gujarat, Haryana, Karnataka, Odhisa, Punjab and Uttar Pradesh). But scaling-up is a challenge as the individual level of care and attention given by the volunteers takes training, patience and lots of time.

"There is a great need for expansion," says S.P. Agarwal, the secretary general of the Indian Red Cross Society. "It is a question of resources. Volunteers are very enthusiastic — they want to work. The great thing is the people who have been cured through this programme — we motivate them to become volunteers and they assist us."

➤ For many young women, such as 23-year-old Mahi, the stigma associated with TB can ruin any prospects for marriage, even after the person has been fully cured.

➤ This is why confidentiality and discretion of volunteers and health workers are critical. Often, patients come to dispensaries such as this one rather than risk inviting health workers to their homes.

Photos: Stephen Ryan/IFRC

For this reason, we meet Mahi at a tiny dispensary in the district of Jalandhar, Punjab, as her family does not want any home visits. She and her father come here every week to pick up the drugs. "The doctor is discreet, the other patients do not know what illness we are collecting the medication for... It is a question of my daughter's future," says Mahi's father.

Stigma is not an easy enemy to overcome. Alongside media campaigns by government and other health organizations, Indian Red Cross volunteers organize events, such as magic shows, street theatre and community meetings in urban and sub-urban areas to raise awareness.

These efforts have a measurable impact, says Naresh Chawla. Owing to this awareness-raising, attitudes have changed in the past ten years. "But

## Fighting TB and stigma since 1930

The fight against TB is not new to the Indian Red Cross Society. In fact, the National Society has been engaged in anti-TB initiatives since 1930, when a fund, created "to commemorate the recovery of His Majesty the King Emperor from serious illness", was handed over to the Indian Red Cross Society to support educational campaigns against TB, according to Norah Hills, then the society's organising secretary. The first campaign was run through a local committee and a film on TB, emphasizing early treatment, was also produced. The disease was widespread in India as a result of overcrowding and unsanitary housing conditions. There was also a very serious lack of sanatorium accommodation — in 1930, the total number of beds for a population of 350 million people was less than 1,000.

in the case of young, unmarried females, it is still a problem. Families don't want to get treatment at their doorsteps," he says. They don't want the boxes of medication, inscribed with their names, to be taken to the DOT (directly observed treatment) centres, which monitor the patients and certify that they take their medication. "They don't want any DOT provider or doctor to go to their homes because it spoils their marriage prospects," says Chawla.

### Poverty, violence and confidentiality

"We can hardly make ends meet," says Varsha, breaking down as she tells her story. "My daughter is 18 years old. She is working and brings home some money so we eat and pay rent."

No other family member earns any money. Varsha's 21-year-old son was born with one kidney and one lung. He gets tired easily and cannot work.

Her husband, a rickshaw puller, died of TB. But he refused to wear a mask or protect his family in other ways, so he transmitted the disease to Varsha and their daughter. "If I said anything, he would drink and fight with me. He suffered for a year or two and then he died," says Varsha. Her daughter did receive treatment and was cured, but Varsha says poverty makes recovery from TB much harder.

"The medicines I am taking are very strong. You need a good diet with these medicines. There is no one [in my family] earning a proper living, so how am I to eat a nourishing meal?"

She also had to work hard to protect herself and her family from stigma, one reason the confidentiality and professionalism of Red Cross volunteers was paramount. It helps that the Red Cross volunteer pool includes former TB patients who are particularly compassionate when it comes to dispelling myths and reducing stigma among family and neighbours.

"No one in the neighbourhood knew that my daughter [or I] had TB," she says. "If any one asked the volunteers who they were, they would say they had come from the electricity board. Red Cross volunteers maintained confidentiality." ■

By **Aradhna Duggal**

Aradhna Duggal is an editor and writer based in Geneva, Switzerland.



# When stigma kills

Stigma takes many forms. And often it can kill. In some areas, people living with HIV face intense social exclusion that discourages them from seeking care. According to the Stigma Index, 20 per cent of people living with HIV who were surveyed in Rwanda experienced physical violence because of their status. The figure was 25 per cent in Colombia. Elsewhere, people who contract tuberculosis while in prison can be tagged with numerous overlapping stigmas. Upon release, they may be shunned by family, potential employers, even health workers — the very support structures that help people stay on track with medication and keep the disease from spreading. The Red Cross Red Crescent Movement stands up to stigma in different ways: sometimes loudly with public campaigns, sometimes quietly by speaking to community leaders, prison officials or relatives of a sick person. These photos show some of the ways stigma can kill — and how humanitarians are working to save lives by questioning taboos, raising awareness and combatting social exclusion.

🕒 Born into stigma, HIV-positive Ei Ei Phyu, sleeps in a hammock at an HIV/AIDS hospice in the suburbs of Yangon, Myanmar, where he lives with his mother, who also has HIV. Due to a combination of poor education, social stigma and other factors, people suffering from HIV/AIDS are often isolated in clinics, cut off from society. Photo: REUTERS/Damir Sagolj



➡ At the Don Bosco transit centre in Goma, in the Democratic Republic of the Congo, this woman with HIV poses for a photo during an ICRC HIV/AIDS awareness-raising event in December 2011. Photo: Phil Moore/ICRC



➡ Social stigma surrounding drug use often makes a return to society, and a healthy lifestyle, extremely difficult. A former drug user, Him now lives at a rehabilitation centre in Siem Reap, Cambodia. Supported by the Cambodian Red Cross Society, the centre provides psychological support and vocational training such as cutting hair, sports, sculpting, music and handicrafts.

Photo: Benoit Matsha-Carpentier/IFRC

➡ The issue of drug use among women is shrouded in stigma in many cultures. Here, an Afghan doctor explains the use of condoms to a group of women addicts at a counselling session at the Nejat drug rehabilitation centre, an organization funded by the United Nations to provide harm reduction and HIV/AIDS awareness in Kabul. Opiates have long been used as medication in Afghanistan but in recent years have been used increasingly for recreation.

Photo: REUTERS/Ahmad Masood





📍 In many countries affected by conflict, children kidnapped by armed groups to act as soldiers or slaves are often ostracized once they return to their villages. This 14-year-old former child soldier poses for a photo at an orientation and transit centre for children associated with armed groups in North Kivu, Goma, in the Democratic Republic of the Congo. Photo: Phil Moore/ICRC

📍 In the province of South Kivu in the Democratic Republic of the Congo, women present a theatre piece to make people more sensitive to the consequences of rape and sexual violence. In this scene, the parents of a rape victim try to comfort their daughter. Victims of sexual violence are doubly victimized as they are often ostracized by families and community members. Performances such as this one can combat social stigma. Meanwhile, more than 40 'listening houses', where women can express their grief and get help in a stigma-free environment, are supported by the ICRC in the central African country.

Photo: Pedram Yazdi/ICRC





🕒 In addition to needing medical help, people suffering from discrimination and social isolation due to diseases such as HIV/AIDS need various kinds of support to keep them healthy. Khuyen and her husband Do — both HIV-positive — are core members of a group that offers counselling sessions for people with HIV at the hospital in Hai Phong, Viet Nam. Supported financially and technically by the Vietnam Red Cross Society and the American Red Cross, the group also teaches income-generating skills such as gardening, sewing and farming to people living with HIV. Photo: Benoit Matsha-Carpentier/IFRC



🕒 Fighting stigma and discrimination requires the courage of individuals who take a public stand on behalf of victims. Peati Malaki is a good example. The HIV officer for the Samoa Red Cross Society, Malaki is the only person living openly with HIV in Samoa, where she runs awareness campaigns in schools and at community events. Photo: Benoit Matsha-Carpentier/IFRC

🕒 The battle against stigma and disease begins early, with positive messages for young people about HIV prevention and treatment. In May 2013, Kiribati Red Cross Society volunteers performed HIV awareness dramas to educate and inform communities. Photo: Benoit Matsha-Carpentier/IFRC





# Shifting sands

**As the nature of conflict in northern Mali has changed, the ICRC has beefed up operations and adapted to new realities. Persistence will be essential to meet the region's critical humanitarian needs.**

**M**ORE THAN SIX MONTHS after French and Malian forces gained control of key towns and cities in northern Mali, a very fragile sense of stability has returned to many parts of this war- and drought-ravaged country.

Some 7,000 soldiers from a regional African force have joined Malian soldiers in the task of fighting against armed opposition groups while a United Nations (UN) peacekeeping mission was deployed in July.

Still, life here is still far from normal. "Small numbers of the displaced people are starting to return home, without means — and sometimes to homes that have been pillaged," says Attaher Maïga, head of the ICRC sub-delegation in Gao in northern Mali. "Life is returning little by little; certain schools and markets are open. But the banks and many administrative services still don't function."

📍 A girl walks by a building pockmarked with bullet holes caused by intense fighting in the Malian city of Gao in March 2013.

Photo: REUTERS/Joë Penney

📍 In the municipality of Bourem, near Gao in northern Mali, a displaced person receives food from the ICRC in April 2013.

Photo: Douma Mahamadou/ICRC

What little economic activity exists here is moving "as if in slow motion", Maïga adds. "People's buying power is very weak. Naturally, this limits their access to basic services so humanitarian aid remains the principal source of sustenance."

Meanwhile, the situation remains volatile as the nature of the conflict evolves. Violent skirmishes and air strikes are continuing while new threats are also emerging. "There is a new trend of suicide attacks happening in urban areas, as well as the use of roadside explosive devices," says Yasmine Praz Dessimoz, ICRC's head of operations for North and West Africa. "What's taking shape is an asymmetric conflict with guerrilla-style hit-and-run tactics."

This makes life for the people still living in northern Mali extremely rough. In addition to lack of income, food and sanitation, basic health care is still limited. "Access to health care is difficult because many health centres are non-functional," says Maïga. "But it's also because of the absence of qualified suppliers and the distances required to reach the health facilities. All this is happening in a context of precarious security that makes travel perilous."

## Prepare and adapt

To help people in desperate need, the ICRC has had to adapt as the conflict has evolved. "Paradoxically, it's more difficult than it was in 2012, when

the northern cities were controlled by the armed groups," adds Praz Dessimoz. "Back then, they were visible and present and therefore easier to network with. Now that they are scattered, it is much harder to reach out to them."

Considerable time and effort has been spent maintaining connections with all the armed actors, she says. Meanwhile, adds Maïga, the armed groups "have followed our movements on the ground" so humanitarian services have not been blocked. "The commitments made by the armed groups towards the ICRC are still in place," he says. (To see the full interview with Attaher Maïga, visit [www.redcross.int](http://www.redcross.int).)

The explosive remnants of war, along with mines laid along roads, also pose a hidden and persistent threat, while crime and organized violence create other security concerns. In addition, most basic services in many northern towns and cities have been destroyed.

"Public services — water, electricity and health care — ground to a halt when most of the staff qualified to run them left," says Abdoule-Karim Diomande, who coordinates water and habitat activities for the ICRC in the region.

People in the north also lacked another essential item: petrol. "No electricity to power pumping stations means no water," Diomande adds. "So the ICRC decided to provide fuel to keep the infrastructure running."

The fuel was also used to supply electricity to three key cities, allowing for clean drinking water and for small businesses to operate, at least for a few hours a day. The petrol also helped keep key health facilities up and running. In addition to providing medical supplies and other support for the regional hospital in Gao, the ICRC provided fuel and generators so that the hospital could function independently from the outside power grid.

## Beefing up operations

To cope with the immense needs and to assist those who have fled the fighting, the ICRC has doubled the amount it plans to spend for the Mali operation in 2013. In April 2013, the organization launched an appeal and a budget extension of nearly US\$ 43 million in addition to approximately US\$ 40.3 million already budgeted for the year, making the Mali operation one of the three largest ICRC operations worldwide.

It's made a significant difference already, says Maïga. "An operation of this scale requires significant resources, including human resources and logistics," he explains. "But beyond direct assistance to victims, [the budget extension] has also allowed us to indirectly touch other layers of society and other sectors. For example, it has allowed us to pump a little oxygen into the local economy through diverse purchases made locally and via contracts with local suppliers."

***"People's buying power is very weak. Naturally, this limits their access to basic services so humanitarian aid remains the principal source of sustenance."***

**Attaher Maïga**, head of the ICRC sub-delegation in Gao in northern Mali.

Throughout the operation, the Mali Red Cross has also played a critical role. With branches and volunteers in all the affected areas, the National Society's volunteers have been working to distribute food and household items, restocking medicine supplies, warning people about mines and explosive devices, improving water and sanitation and hygiene awareness, supporting income-generating activities and helping to reconnect families split up by the fighting.

For the ICRC, the volunteer network has been a critical asset. "The value of the support of the Mali Red Cross volunteers to ICRC actions is inestimable," says Maïga, adding that "very often, members of the National Society are important people in their local area. This means they can act as an anchor for the Red Cross Red Crescent Movement on the ground."

In the meantime, everyone working in the region is wondering what's next. Many observers worry that the environment of insecurity will continue to spread as members of armed groups who have left Mali begin to launch attacks in neighbouring countries.

Meanwhile, large numbers of displaced people are straining communities in southern Mali and in neighbouring countries, which already face extreme hardship. Of the estimated 168,000 refugees who have fled into neighbouring countries, for example, roughly 50,000 have gone to Niger, a country still recovering from its own non-international conflict, which ended only a few years ago. Niger has also been receiving refugees from northern Nigeria as well as migrant workers expelled from Libya.

Whether or not the UN peacekeeping operation is successful and greater stability is brought back to northern Mali, the humanitarian needs will remain great for some time. "Whatever happens, we believe there is still a need for purely humanitarian action in northern Mali and the region," concludes Jean-Nicolas Marti, ICRC's head of delegation in Niamey, Niger. ■

***"Public services — water, electricity and health care — ground to a halt when most of the staff qualified to run them left."***

**Abdoule-Karim Diomande**, who coordinates water and habitat activities for the ICRC in the region.



**Afraid to return home, displaced people from northern Mali are finding support in communities in the south. But their hosts are stretched thin, often not much better off than the refugees they take in.**

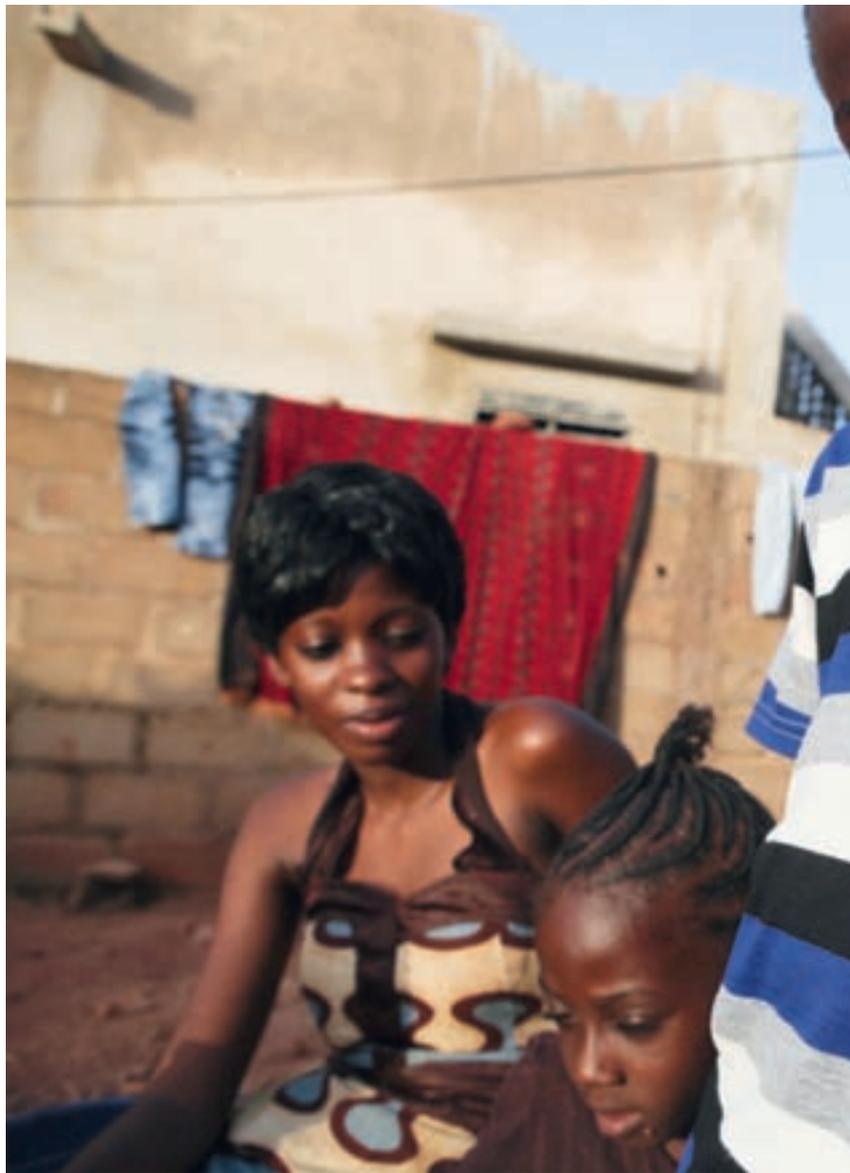


Photo: Moustapha Diallo/Macina Film/IFRC

# Unexpected guests

***“These are people who came here without a penny. I can’t throw them out onto the street.”***

Malick Maiga, a truck driver in Mopti, Mali, who has taken in more than 70 people while struggling to provide for his wife and 13 children.

THE PEOPLE WHO have settled in the Mopti region, in central Mali, after fleeing violence in the north of the country all have their own story to tell. But they share one common thread. They fled homes and lands to which they were deeply attached, leaving with almost nothing. While some are in camps, most have chosen to live with host families scattered across many districts and villages.

Everywhere, the sadness is palpable. People are traumatized by what they’ve been through and what they’ve seen. Completely uprooted, they do not know when or if they will ever be able to return home.

Boubacar Traoré, a qualified technician, was one of the first to settle in Mopti. At 57, he was forced to leave Hombori, his home town, to avoid being forcibly recruited by armed groups. He now lives

in a camp for displaced people in Sévaré, in the neighbourhood of Wailirde, which, when translated, means ‘dump ground’.

Having fled with his wife and ten children, Traoré arrived in Mopti penniless and exhausted. After a few days of wandering, he and his family settled in the camp almost a year ago. Today, he sits, unproductive, unable to put his skills as a mechanic to work. “I do nothing here. Even if I want to restart mechanics, it would be complicated because nobody knows me here,” he insists. “We depend only on help. It is not enough but it’s better than nothing.”

## **‘There isn’t enough’**

As difficult as Traoré’s situation is, he is much better off than those who are living with host families, many of whom are still struggling to recover from



context is difficult and challenging. As a result, many humanitarian organizations have limited their interventions. The Mali Red Cross, through its network of volunteers across the country, is one of the few organizations to continue providing vital assistance to people in need.

At the end of April 2013, the number of displaced people was estimated at more than 300,000, with more than 50 per cent seeking refuge in neighbouring countries. Access to basic services such as food, drinking water, shelter, health care and education remains a priority.

“Every day I have to try to find food for my unexpected guests. If they get sick I pay the consultation fees and medical drugs,” says Sidiki Samaké, who accommodates more than 40 displaced people in a house he rented in Mopti, even though he himself is displaced.

“We want to go back and live in peace. Look what conditions we have here,” he says. Like Samaké, thousands of people from the north want to return. But as it is difficult to see the future with certainty, it is premature to say when that will happen.

“We have mud houses, and during the last rainy season, everything collapsed. When you’re not there, even your neighbour can take your door and wood to build or repair his house. When I got back to my house today, I could not sleep at all because everything was gone,” adds Samaké.

Plans are under way to ensure help is there when people do return to the north. The Mali Red Cross recently conducted an assessment to identify what people will need. Indications are they will need everything: shelter, water, food, health care and support in restarting their livelihoods.

“One of the new areas of focus for our work will be putting in place a programme of assistance and support to returnees in the north,” says Mamadou Traoré, secretary general of the Mali Red Cross. “To achieve this, however, we will need the support of all. The needs are too great for us to do it alone.” ■

By **Moustapha Diallo**

Moustapha Diallo is a reporting and information officer for the IFRC.



📍 Refugees from the Malian town of Hombori pose for a picture at their private accommodation in the capital Bamako in September 2012. According to the United Nations, more than 450,000 people have fled their homes, many of them taking up temporary residence in private homes in southern Mali.

Photo: REUTERS/Simon Akam

🗣️ In March 2013, an IFRC representative speaks with displaced women living with host families in Mopti.

Photo: Moustapha Diallo/Macina Film/IFRC

the effects of the food crisis that hit the country in 2012. The host families are overwhelmed and unable to cope with the needs of their unexpected guests.

In his house in Medina Coura, Malick Maiga has taken in more than 70 people. For this truck driver, who is already struggling to provide for his wife and 13 children, feeding so many is a challenge. But he can’t turn his back on them. “These are relatives who came here without a penny. I can’t throw them out onto the street,” says Maiga. “Today our main problem is food. There just isn’t enough of it.”

According to the government, hunger has reached crisis levels in the northern Kidal region and is critical in the regions of Timbuktu and Gao.

The Mali Red Cross is supporting host families through the provision of items such as food and tents. However, despite the efforts of the Mali Red Cross and other humanitarian actors, the needs of populations affected by the crisis are enormous. Thousands of people remain displaced and live in precarious conditions lacking water, food and latrines.

Security is still volatile due to military operations and mine incidents. Operating in such a

# Humanity first



An everyday test of courage and character. This is how 27-year-old Berna Beyrouthy, a paramedic with the Lebanese Red Cross emergency medical services, describes the daily challenge of bringing neutral and impartial assistance in a country feeling the strains of war just over the border.

**M**Y VERY FIRST EXPERIENCE of war came when I was a little girl growing up in Lebanon in the early 1990s. I still remember the feelings of uncertainty and the cries of fear as my parents and I cowered in underground bomb shelters not knowing what was going on above our heads. But from those dark days, I also vividly remember a strong sense of solidarity and the reassuring kindness of our friends and neighbours. I remember when someone who was injured found shelter in our family car and my father took him to the hospital. This experience no doubt played a part in my decision to join the Lebanese Red Cross as a volunteer over seven years ago.

Back then, in 2006, another of Lebanon's wars brought the cruel realities of conflict to my region. As the south of the country became ablaze with rockets and gunfire, thousands of terrified civilians fled to Mount Lebanon, where I live, and I saw up close what war can do to people and their families. It was impossible to ignore the human suffering on our doorstep. One Sunday afternoon, after church services, I signed up to be a volunteer with the Lebanese Red Cross.

As the main provider of emergency medical services in the country, the Red Cross has a special place in our society. In a volatile country, deeply divided along political and sectarian lines, the Lebanese Red

*"How do you continue to volunteer and help others, when your own family and neighbours bitterly accuse you of 'helping the enemy'?"*

Cross is one of the few organizations that brings all of us together for a single purpose: humanity. The Red Cross is also one of the few organizations in the country which has earned respect and trust from all sides — a very precious asset in a region plagued by suspicion and political agendas.

## **A major test**

Between 2007 and 2010, we experienced a period of relative calm in the country. My main role as a volunteer was to be part of our emergency medical response teams which meant being called out to road crashes, accidents and other medical emergencies. We worked well together in our teams made up of young Lebanese from all walks of life. It was, of course, difficult at times but there is no comparison with the situation we are facing now. Nothing could have prepared us for what was to come.

In 2011, the conflict broke out in neighbouring Syria. As I write now, more than 1.6 million people have fled to neighbouring countries. Around 517,000 refugees have come into Lebanon and are in urgent need of medical assistance, shelter and basic supplies. I am now a staff trainer, responsible for ensuring our volunteers are equipped with the knowledge and skills to deal with this growing emergency in the border areas.



(From left to right) 27-year-old Lebanese Red Cross (LRC) volunteer Berna Beyrouthy during a training exercise; LRC personnel transport a Syrian refugee injured in fighting between Syrian government troops and rebel fighters in June 2013; LRC members inspect the scene of fighting between supporters of rival factions in November 2012; LRC workers carry a wounded woman after a car-bomb explosion in Ashafriyeh, central Beirut, in October 2012.

Photos: Lebanon Red Cross; REUTERS/Stringer; REUTERS/Ali Hashisho; REUTERS/Sharif Karim

Initially, we were treating people with minor injuries such as cuts and shrapnel wounds. As the fighting intensified, we began receiving people with life-threatening gunshot wounds to their chests and heads. It can sometimes take up to four hours for us to transfer these people to the hospitals. With our long experience of war, our teams are technically very skilled in essential actions such as triage, first aid and medical evacuation. But the Syrian crisis has presented us with a new challenge and is testing our courage and even our ability to uphold the Fundamental Principles, perhaps like no other time in our history.

How does a Lebanese Red Cross volunteer from the Shi'ite community feel when the wounded Sunni patient he is carrying to the ambulance, tells him that he hates Shi'ites and wants to see them all killed? How do you remain strong when your ambulance is pulled over and your patient dragged into the road by an angry local? And how do you continue to volunteer and help others, when your own family and neighbours bitterly accuse you of 'helping the enemy'?

### Daily challenges

These are the kinds of daily challenges we are now facing and it's a fundamental test of character to let

### Exploring the Fundamental Principles

This segment in our series about the Fundamental Principles explores how the principle of humanity is intimately linked with our ability to be neutral and impartial in delivering assistance during times of crisis and tension.

neutrality win over the expression and defence of your own opinions.

Neutrality has always been a problematic and puzzling concept in much of our society, but today I believe it is more critical than ever. I am fearful that politics will interfere with our work and erode the compassion and solidarity that we try so hard to foster within the communities we serve.

Unity is another of the Fundamental Principles that can come under serious strain in times of conflict. Our National Society reflects the diverse mix of political and religious groups that make up our country and, since the establishment of the Lebanese Red Cross in 1945, never once have we allowed the conflict dividing our society to drive a wedge between us as humanitarians.

Until now, even in the darkest of days, we have remained united as a neutral and impartial organization. I am confident this will continue and it is the volunteers that will drive it forwards. It is our volunteers — young men and women, from all corners of our country — who are clambering into ambulances, unloading heavy relief goods and masking their own fears with words of comfort. They are the true guardians of our Fundamental Principles and national unity. ■

# Radical neutrality

Critics of the principle of neutrality in humanitarian action sometimes make an unfortunate link between neutrality and a position of passivity, an uncritical or bland stance designed to appease rather than confront. Those critics should read the feature article about the volunteers of the Syrian Arab Red Crescent by *New York Times* reporter Anne Barnard.



Hamza Sabano, 20, an emergency aid worker for the Syrian Arab Red Crescent, surveys the scene of a suicide bombing in central Damascus in April 2013.

Photo: Andrea Bruce/NOOR

Syrian Arab Red Crescent emergency workers celebrate the release of fellow workers who were detained by Syrian security forces. Photo: Andrea Bruce/NOOR



**A**NNE BARNARD'S FEATURE article in the 3 June 2013 *New York Times* follows a cadre of volunteers in the Syrian Arab Red Crescent's Damascus branch through their daily rounds. In a world harshly divided along partisan lines, neutrality and impartiality serve as the fuel for their round-the-clock rescue work.

"Their mission, the volunteers said, is to aid those in need, no matter what their political affiliation," she writes. "In Syria's polarized conflict, that amounts to a radical stance. Across the country volunteers have paid a heavy price."

Even the act of going to work is a dangerous choice. Consider the tragic death of Abdo Darwish, a driver with the Al-Hassakeh branch who was shot on his way to work on 14 May. Darwish was wearing his Red Crescent uniform, clearly indicating his affiliation with the Movement, when he was shot by snipers.

With violence intensifying throughout the country, attacks against health-care workers and relief personnel have been on the rise. The conflict in Syria has now claimed the lives of at least 20 Syrian Arab Red Crescent volunteers. The National Society's property (including cars and premises clearly displaying its emblem) has also come under fire. The shelling of the Red Crescent branch in Homs, on 15 May, is one example.

In response, the Syrian Arab Red Crescent, the ICRC and the IFRC have repeatedly called on warring parties to respect volunteers, all other personnel affiliated with the Movement, and the emblems displayed on their premises, vehicles and clothing.

### Facing risks

In a conflict that has already claimed more than 93,000 lives, according to a United Nations estimate in July, simple acts of everyday life can be extremely dangerous. For those who routinely take action to save others, the danger is even greater. "It's simple. You have to go outside to do your shift," says Raed Altawil, a 19-year veteran volunteer and emergency services coordinator from the Damascus branch.

In addition to bullets and bombs, another danger is arbitrary arrest. Numerous volunteers have been detained while in the course of their humanitarian work, according to the Syrian Arab Red Crescent. Altawil himself was arrested in November 2012 and spent 69 days in a detention facility, during which time he says he was ill-treated and lost a significant amount of weight.



Meanwhile, several similar cases have also attracted the attention of human rights groups and the media. The Syrian Arab Red Crescent's president Abdul Rahman Attar, has spoken of the killings and detention of volunteers regularly during visits with foreign media, donors and dignitaries.

These dangers are the reason 36-year-old Altawil is advocating within the Movement to improve systems for tracking, supporting, protecting and advocating for volunteers and their families who are detained or are working in conflict situations.

"The volunteers are at the front lines because they are the locals and because of that they know how to operate and help the people," Altawil says. "But because they are local they are in greater danger. [The warring parties] know if they kill a local, or arrest a local, there will not be as big a consequence."

Fortunately, he says, the solid capacity and excellent reputation of the Syrian Arab Red Crescent emergency teams allow their services to keep running even after the loss or detention of a colleague. "We have a good reputation. If people see a Red Crescent volunteer, they know the volunteer will help you."

Nearly two years of war have solidified the volunteers' commitment to the Fundamental Principles, he says, and towards making the National Society an effective tool for helping Syria's most vulnerable people. What about the dangers? "It's the price for helping people," he says. "This is something we believe in. Sure it is safer to stay at home and close the door."

"But you see the result of helping the people," he adds. "You see that if you set up a good programme, if you give aid to people, you see that you really are allowing people to live. In some areas in Syria that's really true because there is no medicine, in fact nothing at all. They really need the help that you provide." ■

# Enduring humanity

“There is only one main principle and that main principle is humanity, the idea that we are all equal on the basis of that shared humanity.”

**S**O WRITES HUMANITARIAN analyst and author Fiona Terry in a recent article for the *International Review of the Red Cross*. “After that,” she adds, “independence, neutrality and impartiality are operational postures that we have to adopt in order to meet this principle of humanity.”

Around the Movement, people have been reflecting on the Fundamental Principles as part of a Movement-wide discussion leading up to the statutory meetings in November 2013, and ultimately the International Conference of the Red Cross and Red Crescent in 2015.

To help get the discussion started, *Red Cross Red Crescent* magazine asked readers to share their stories and thoughts about this ‘main principle’ while a new Movement Facebook page dedicated to the Fundamental Principles has also stirred up some interesting reflections. An internal ICRC site called *Share your memories*, created as part of celebrating 150 years of humanitarian action, has also brought up some interesting stories, not to mention art and photos. Here are a few, reprinted with permission.

## A lesson in the ABC’s of humanity

The shower in the prison hadn’t seen water in some years and was serving as a classroom, the 15 detainees sitting on the ground, fixed on one of their own who was writing in big letters in chalk on the wall, repeating after him, “A, B, C...”

We presented ourselves to the group. “We are delegates from the ICRC and we visit prisons. We are going to come back to each sector for a face-to-face interview with those who wish it.” The one holding the chalk translated spontaneously in Kirundi, adding more than a few words of his own to the translation. We noticed a few familiar words repeated: “Genève, Henry Dunant, Solférino.” The translation was generous! Later in the day I saw this mysterious professor again and I asked him where he had learned about the ICRC. “I’ve been in prison for many years, condemned to death, but for now, executions have been suspended. I know I’m not going to leave here alive. I have come to realize that the only thing that will remain of me after I die will be what I have given to others. I don’t have a lot of education, but I can read and write. Before going, I want to teach as many people as possible how to read and write. This is what will remain of me.”

Six months later, it was not a firing squad that took his life, but tuberculosis, the greatest killer in prison. As an ICRC delegate and later a teacher, I often think of him with an infinite appreciation for this fundamental lesson on the link between our life and that which fol-

lows. We must always try to seize each opportunity to do something for another human being. The Red Cross Red Crescent Movement gives us that chance, to do a lot for others and give meaning to our own lives.

**André Picot**, ICRC staff, Africa 1991

Reprinted with permission from a posting on an internal ICRC website called *Share your memories*, dedicated to 150 years of humanitarian action.

## North Africa’s humanitarian pioneer

“Send a priest to my camp. He will lack nothing. I promise that he will be honoured and respected. He will pray each day with the prisoners; he will meet with them and correspond with their families. He will be able to procure for them a means to receive money, clothes, books... One sole condition: from his arrival here, it must be solemnly promised, once and for all, to not make any allusion in his letters as to the placement of my camps or our tactical movements.”

This excerpt from a letter written by Emir Abdelkader in 1845 shows why this Algerian independence fighter is also considered a pioneer in humanitarian law and practice. The letter, written to the bishop of Algiers, was just one example. Many years before international humanitarian law was put into writing, Abdelkader had drawn up a law concerning prisoners of war. They were to be treated humanely, regardless of their religion or nationality.

“In the 19th century, two men — Emir Abdelkader and Henry Dunant — shared a common humanitarian ideal: every soldier who was no longer able to fight, whether through injury or because he had been taken prisoner, should be spared, cared for and protected, without discrimination,” says Bruce Biber, who heads the ICRC’s Algiers delegation.

An international colloquium in May 2013 presented the Emir’s contributions to humanitarian thinking and law. Commemorating the 130th anniversary of his death and the 150th anniversary of the ICRC, the event was organized by the Emir Abdelkader Foundation, in partnership with Algeria’s Justice Ministry, the ICRC and the Algerian Red Crescent.

## They follow me everywhere...

“The Fundamental Principles represent for me a guide that goes beyond professional work... They follow me



🔗 I have always been impressed by the ability of people to endure and adapt to life's changes to the absolute lack of comfort, electricity, heat and water. In Grozny, when people would gather at distribution points, mostly women and children, no one was disruptive. No one tried to cut the line. There was a certain respect and solidarity in the suffering. At these distribution points, we would only provide water, but this water would change people's lives, even if they still were returning to ruined homes, arms loaded with buckets, trying not to lose the least drop. Chantal Lebrat, former ICRC delegate. Her painting is entitled 'Water distribution, Grozny'.

everywhere, even within my own family. I never give favourable treatment to my children to the detriment of other children who live with me.

Respect for the principles also gives me the additional force to represent the institution in the region where I was born, where social pressures are often very strong. Above all, I use the principles of neutrality and impartiality. I remember in 2012 when well-known people from my home town sent a delegation to Gao to solicit ICRC's support for their local health centre. Based on the principle of impartiality, I had to say no, I must support the hospital in Gao and they very much understood that message."

**Attaher Maïga**, head, ICRC sub-delegation in Gao, Mali

For the full interview, see [www.redcross.int](http://www.redcross.int)

### Red Cross "transformed my views"

"Growing up in the war-torn Republic of Korea, I benefited from the life-saving international aid brought into the country by those wearing 'UN blue' and by the men and women bearing the iconic red symbol of the Red Cross Red Crescent Movement. My first travel abroad, as a high school student, was sponsored by the Red Cross and it transformed my views

of the world and my place in it. I was so moved by these expressions of global solidarity that I eventually chose to pursue my own career in international public service."

United Nations (UN) Secretary-General Ban Ki-moon wrote these words in a special edition of the *International Review of the Red Cross* dedicated to 150 years of humanitarian action. In the article, he reflects on issues ranging from the Movement's relationship with the UN, the role of peacekeepers and the problems caused when humanitarian aid is used for political purposes.

"While peacekeeping missions mandated to protect civilians unquestionably provide an important service in enhancing safety and reducing casualties," he writes, "traditional humanitarian actors have valid concerns that their access and security may be undermined if they are perceived by belligerents or segments of the population as aligned to the political objectives of such missions."

For more, visit: [www.icrc.org/eng/resources/documents/article/review-2013/irrc-889-moon.htm](http://www.icrc.org/eng/resources/documents/article/review-2013/irrc-889-moon.htm)



# “At last, I did it!”

**T**HOSE ARE THE WORDS of Lebanese international desert runner Ali Wehbi, as he raised the flag of the Red Cross at the North Pole. Wehbi faced extreme temperatures and dangerous cracks in the ice on the final six hours of the trek before finally arriving at the top of the world. This feat of humanitarian endurance was part of an international race in which 48 professional runners from 20 different countries ran under the banner of ‘150 years and running’ to highlight the history and the work of the Red Cross Red Crescent Movement.

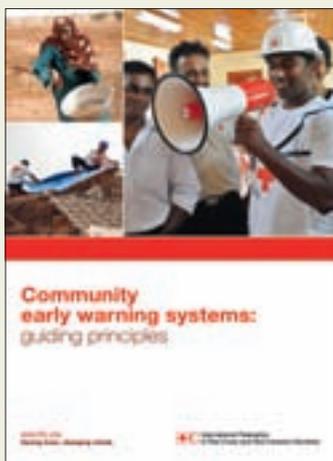
It was just one of dozens of events around the world on 8 May celebrating 150 years of humanitarian action. People laced up their running shoes, rolled out their wheelchairs, even slipped into colourful kayaks in order to celebrate the Movement’s living legacy. Based on some of the photos shown here, humanity can be a lot of fun. ■

(Clockwise from top) Around the world, people celebrated 150 years of humanitarian action in different ways. Lebanese long-distance runner Ali Wehbi held up a Red Cross flag at the North Pole; a Mexican Red Cross marching band took part in 8 May festivities; a runner makes a dash during a Red Crescent sponsored running event in Tehran; the ICRC delegation in Brazil takes to the water in kayaks; and in the Republic of Georgia, people enjoyed some tasty and colourful cupcakes.

Photos: Lebanese Red Cross; ICRC; Abedin Mahdavi/ICRC; ICRC; ICRC.



## PUBLICATIONS

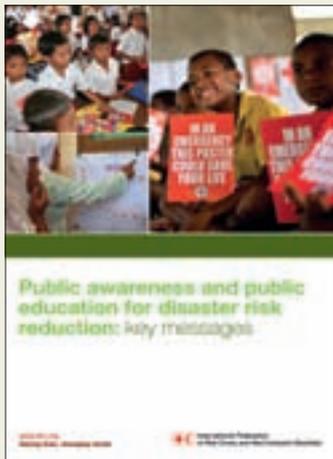


### Community early warning systems: guiding principles IFRC 2013

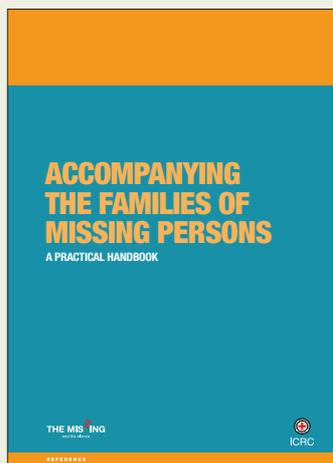
One in a set of guides prepared by the IFRC, this document joins the disaster response and contingency planning guide to provide a solid toolkit for the disaster risk reduction and management practitioner. Other guides in the series take on issues of vulnerability and capacity assessment, as well as public awareness and public education. Available in English

### Public awareness and public education for disaster risk reduction: key messages IFRC 2013

Harmonized messaging is a key goal in disaster risk reduction awareness. It is particularly important when it comes to scaling up efforts to create a culture of safety. This



document is offered as a tool for use in consensus building, ensuring that key messages are consistent, credible and have strong impact. Available in English



### Accompanying the families of missing persons: A practical handbook ICRC 2013

This 158-page handbook brings together the experience and knowledge gained through support programmes for families of people who went missing during conflict. The programme began in 2000 to help the families of the missing deal with their anguish and the resulting psychological and social consequences of conflict in Bosnia and Herzegovina. Projects providing holistic and wide-ranging assistance to the families of the missing soon developed in Serbia and Kosovo. Since 2008, the ICRC has developed similar projects in Armenia, Azerbaijan, Georgia, Nepal, Timor-Leste and elsewhere. Available in English

### Shelter projects 2011–2012 IFRC 2013

This book contains summaries of shelter projects that have been implemented in response to conflicts, complex emergencies and natural disasters. It also contains summaries of significant issues in humanitarian shelter provision, written by shelter practitioners with specific interests and experiences. Available in English

## MEDIA

### Panorama: The ICRC in action worldwide ICRC 2013

In a world wracked by conflict and armed violence, the ICRC brings hope and humanity to millions of people across the globe. This film highlights the organization's work to protect and assist victims of war — treating the wounded, providing shelter and clean water, reuniting families and promoting respect for the rules of war. Neutral and independent, the ICRC is part of the world's largest humanitarian movement, bringing assistance to those in need, regardless of race, religion or politics. Available in English and French

### I know where I'm going ICRC 2013

This powerful, short documentary illustrates the ICRC's neutral, independent and impartial approach to humanitarianism, through the story of Hussein Saleh, an ICRC staffer from Yemen. "We were incredibly lucky and privileged to meet Hussein Saleh, a shy, modest and brilliant man who was initially reluctant to be put on the spotlight but who opened up in surprising ways to tell the story in his own words, and incredibly well," wrote ICRC's Simon Schorno, who directed the video. Sadly, Saleh was hit by shrapnel from an airstrike while working shortly after the coverage was completed. "Saleh's tragic death has added a great sense of responsibility for all involved in the project," said Schorno. Please see: <http://intercrossblog.icrc.org/blog> or

<http://mediastorm.com/clients/i-know-where-im-going-for-icrc>. Available in English

### Community-based health and first aid e-learning IFRC 2013

This online course broadly promotes the community-based health and first aid (CBHFA) approach and trains staff and volunteers to deliver primary health care, first aid and prepare for emergency health at the community level. There are four CBHFA e-modules — Introduction, Volunteer action, Facilitation and Implementation — targeting National Society volunteers, facilitators, programme managers, as well as IFRC and participating National Society delegates. The CBHFA e-learning modules are online and can be found at <https://ifrc.csod.com/client/ifrc/default.aspx>. Available in English

### Beneficiary communications IFRC 2013

Communities need and deserve to have information that affects their future, both before and after a disaster. Sharing useful information with affected populations in languages they understand, through media and technology they trust, can be a life-saving resource. This short, animated video shows how effective communication helps communities and humanitarian organizations to improve service delivery and better understand the needs and concerns of people affected by disaster. Available in English, French and Spanish

### Nuclear, radiological, biological and chemical events ICRC 2013

Exposure to nuclear, radiological, biological or chemical (NRBC) agents may be very damaging to health or even lethal, and persistent agents — those that

linger and remain effective — may be hazardous for both responders and the local population. This brochure aims to raise awareness within the ICRC and the Movement about NRBC events and on basic protection measures in case of imminent or actual exposure. Available in English



## An image of humanity

“When I was in the Pacific, I asked a Fijian painter, Ledua Peni Tuicake, to express his understanding of the Red Cross Red Crescent Fundamental Principles. Each week, he came with a painting expressing his subjective and abstract view of what it means to him. Here is the first painting: humanity.

The painter tried to represent what he considers the first moment of humanity in the life of a human being. For him, this happens at birth through the eyes and the love of the mother.

Ledua Peni Tuicake’s paintings are usually very colourful. But this one is not. Humanity, for him, is everywhere, felt by anybody in one way or another. The women represent the multicultural identity of Fiji with one Indian, one Itaukei (native Fijian) and one Chinese. In the centre, the red colour of the cross emphasizes this first principle of the Red Cross Red Crescent Movement.”

**Nicolas Alexandre Bonvin**

From the Movement’s Facebook page dedicated to the Fundamental Principles. For more, see page 26.