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31st International Conference of the Red Cross Red Crescent
Geneva, 28 November–1 December – For humanity



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**31st INTERNATIONAL CONFERENCE
OF THE RED CROSS AND RED CRESCENT**

Geneva, Switzerland
28 November – 1 December 2011

Follow-up to Resolution 1 of the 30th International Conference

Together for Humanity

Report on implementation

Document prepared jointly by

**The International Federation of Red Cross and Red Crescent Societies
and the International Committee of the Red Cross**

Geneva, October 2011

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Introduction

At the 30th International Conference of the Red Cross and Red Crescent in 2007, the members of the Conference, in adopting the Declaration "Together for humanity" annexed to Resolution 1, decided to focus on the humanitarian consequences of four great challenges facing the world today:

- environmental degradation and climate change;
- humanitarian concerns generated by international migration;
- violence, in particular in urban settings;
- emergent and recurrent diseases and other public-health challenges, such as access to health care.

The Declaration emphasized that the global scale of each of these challenges required a collective response as they exceeded the coping capacity of individual States and humanitarian organizations. The members of the Conference recognized the need to intensify operational interaction and partnerships among themselves and with other institutions (e.g. intergovernmental, supranational and non-governmental organizations, academic institutions), as well as with the media and the private sector. For the components of the Movement, this must be done in accordance with the Fundamental Principles and policies of the Movement.

Resolution 1 "requests the ICRC and the International Federation to report to the 31st International Conference on the follow-up by Conference members to the resolutions and pledges of this Conference." This report will outline the progress made in the four areas of the Declaration listed above. In order to gather information on progress made by States and National Societies, the ICRC and the International Federation of Red Cross and Red Crescent Societies (International Federation) sent a questionnaire to all Conference members seeking their feedback.

As discussed in greater detail in the general introduction, 114 replies were received (not including input from the ICRC and the International Federation). The table below outlines National Society and State self-evaluations on whether they had made significant progress in each area.

National Societies and States						
	Climate Change	Migration	Violence, especially in Urban Settings	Public Health	Restoring Family Links Strategy	Global Health & Care Strategy ¹
Not Answered (N.A.)	12	15	15	15	14	18
Yes	80	76	69	88	88	78
No	21	22	29	10	11	17
Total-N.A.	101	98	98	98	99	95
Yes	79%	78%	70%	90%	89%	82%
No	21%	22%	30%	10%	11%	18%

"Significant progress" implies "systematic and structured activities in the form of a project or similar"². However, in some cases, a respondent who answered "Yes" to an item on the checklist may not have given written feedback later on in the questionnaire. It is on the basis of these text-based answers that the four chapters of this report were drafted. Consequently, there may be a discrepancy between the numbers above and the information in each chapter. Nevertheless, the table provides a useful snapshot of the status of implementation.

¹ The information on the strategy was incorporated in the relevant sections of the chapter on "emergent and recurrent disease and other public-health challenges, such as access to health care"

² Questionnaire on the follow-up to the 30th International Conference of the Red Cross and Red Crescent, See Annexe 1 to the General Introduction

The chapters were drafted either jointly by the ICRC and the International Federation or solely by the International Federation, and include information from the technical departments of both organizations, the substantive answers from States and National Societies to the questionnaire and feedback on the implementation of the pledges from the last International Conference. In some instances, information from National Societies that did not complete the questionnaire has been included where relevant, on the basis of previous reporting or cooperation with the ICRC or the International Federation on relevant projects.

This report follows the structure of the Declaration and is divided into four chapters corresponding to the four challenges highlighted in the Declaration that are mentioned above.

Chapter 1 “Humanitarian consequences of environmental degradation and climate change”

Document prepared by the International Federation of Red Cross and Red Crescent Societies

Humanitarian consequences of environmental degradation and climate change

“We are deeply concerned that people everywhere, especially the poorest of the poor, face an increased burden due to the rise in disasters and the scarcity of resources induced by multiple factors, such as environmental degradation and climate change, which contribute to poverty, migration, health risks and an aggravated risk of violence and conflict.

We are resolved to work with partners to raise awareness of these serious humanitarian concerns, including their causes, and to provide humanitarian assistance to the most vulnerable people, in particular those in affected developing countries.

We will capitalize on the community base of National Societies to decrease the vulnerability of communities where environmental hazards and degradation are severe and adaptive capacity is low.

We reaffirm that preparedness for disaster is a key element in the management of response, and we will seek to improve individual and collective capacity to respond swiftly to humanitarian challenges induced by environmental degradation and climate change.

We are resolved to ensure that environmental degradation and adaptation to climate change are integrated, where relevant, in disaster-risk reduction and disaster-management policies and plans. We will seek to mobilize the necessary human and financial resources to implement them, giving priority to actions for the most vulnerable people.

We acknowledge the commitment of States to the United Nations Framework Convention on Climate Change (UNFCCC) as the core mechanism for addressing climate change at the global level, and we affirm that aspects of the Movement’s work support and complement elements of the UNFCCC.”

(excerpt from the Declaration: Together for Humanity)

1. Introduction

Climate change and environmental degradation affect us all. The issues raised by National Societies and States in their answers to the questionnaire are many and varied but so, too, are the actions they are undertaking to reduce the humanitarian consequences for the most vulnerable. The scale of the problem is huge, the transnational nature undeniable and the vulnerabilities are in many circumstances acute. From the effects of desertification on food security to the widespread devastation of floods and the effects of heat waves on the frailer members of society, governments and National Societies are taking action.

As stated in the Declaration, climate change has effects on other areas of humanitarian concern such as migration and health. In its report, the Government of Madagascar highlights how climate change and environmental degradation affect the health of their citizens:

“Environmental degradation, climate change and global warming are amongst the major threats to health in Madagascar. In 2007, according to WHO, 66,000 deaths were caused by environmental factors. In 2008, according to the yearly figures published in the “annuaire statistique”, the top ten reasons for consultation at the basic health-care centres were illnesses caused by environmental factors (...) Drought and flooding caused by climate change can lead to an increase in cases of malnutrition, diarrhoeal diseases, malaria, influenza, and dengue and *chikungunya* fever. In addition, air, water and soil pollution can exacerbate the incidence of respiratory illnesses, diarrhoea, dermatological complaints and several types of cancer.”³

³ “La dégradation de l’environnement, le Changement climatique et le réchauffement planétaire figurent parmi les causes majeurs des problèmes de santé à Madagascar. En 2007, d’après L’OMS, 66000 décès ont été causés par des problèmes liés à l’environnement. En 2008, selon les résultats de l’annuaire statistique, les dix principales causes des consultations externes au

A total of 49 National Societies⁴ and 14 States⁵ gave substantive replies to the questionnaire on this issue. A further nine⁶ gave feedback on how they had implemented their pledges. These reports, combined with interviews with the climate change adaptation officer of the International Federation and input from the Red Cross/Red Crescent Climate Centre (Climate Centre), form the basis of this chapter of the report. It is important to note that while we have tried to include as much information from all the questionnaires as possible, some questionnaires were received too late for the information contained in them to be included in some of the sections.

The Declaration calls on all components of the Movement to take several specific actions in relation to environmental degradation and climate change. This chapter follows a structure similar to that of other chapters in this report. It begins with changes made by the International Federation, the Climate Centre and the ICRC and then explores the key actions outlined in the Declaration: advocacy and cooperation, community involvement, national planning, the incorporation of climate change adaptation in disaster risk reduction (DRR) and disaster management (DM), the incorporation of climate-related information in planning and links with partner organizations in this area.

2. Developments at the International Federation, the Climate Centre and the ICRC

a. The International Federation

From June 2008 until July 2011, the Secretariat of the International Federation chaired the Inter-Agency Standing Committee (IASC) Working Group / Task Force on Climate Change. The task force was set up at the initiative of the International Federation, to facilitate coordinated input into the UNFCCC's negotiations towards a new climate-change agreement, originally to be signed in Copenhagen in 2009, and to act as a forum to exchange lessons learnt amongst IASC member organizations. The IASC taskforce, working in close cooperation with the UN International Strategy for Disaster Reduction, was successful in raising awareness of the humanitarian consequences of climate change. Its input is reflected in the text adopted at the UNFCCC climate summit in Cancun in December 2010. Owing to the successful completion of its mandate, the taskforce was officially closed down in summer 2011.

In order to address the cross-cutting nature of climate-change-related risks, the Secretariat of the International Federation established, in 2009, an internal and inter-departmental climate-change task force to mainstream climate change throughout the International Federation, bringing together different departments. It has also opened two new positions at the Secretariat: one for a Senior Officer on Climate Change Adaptation that has recently been filled and one, due to be filled in autumn, for a Senior Officer on Climate Change Mitigation. Given the strong links between climate change and the increase in natural disasters, these two positions will be in the Community Preparedness and Risk Reduction Department. In addition, the strengthening of the team working on food security, livelihoods and nutrition issues will support efforts aimed at building resilience to the impact of climate change.

During the last four years, the International Federation has focused on bridging the gap between disaster risk reduction and climate change adaptation, both within its own programmes and externally,

sein des Centres de Santé de base (CSB) ont été des maladies causées par la dégradation de l'environnement...les sécheresses et les inondations causées par ces changements du climat prévoient d'entraîner la recrudescence des malnutritions, des maladies diarrhéiques, du paludisme, des syndromes grippaux, des dengues des chikungunyas. Par ailleurs, les pollutions de l'air, de l'eau, et du sol qui accompagnent ces activités anthropiques, ont un potentiel non négligeable de catalyser des maladies des voies respiratoires, des diarrhées, des maladies de la peau et des cancers de différents sortes."

⁴ Armenia, Australia, Belgium, Bolivia, Bosnia and Herzegovina, Brunei, Bulgaria, Cambodia, Canada, China, Colombia, Croatia, Ecuador, El Salvador, Georgia, Germany, Guinea, Honduras, Italy, Japan, Kyrgyzstan, Latvia, Lesotho, Liberia, Malawi, Mauritius, Monaco, Mexico, Mongolia, Montenegro, Nepal, the Netherlands, New Zealand, Norway, Peru, Portugal, Serbia, Sierra Leone, Spain, Sweden, Switzerland, Thailand, Trinidad and Tobago, Turkey, Turkmenistan, Ukraine, the United States, the United Kingdom and Uzbekistan

⁵ Australia, Azerbaijan, Belgium, Canada, Chad, Colombia, Cyprus, Ireland, Italy, Madagascar, Norway, Portugal, Switzerland and Thailand

⁶ The Australian Government and the Australian Red Cross, the Canadian Red Cross Society, the Red Cross Society of China, the Honduran Red Cross, the Mexican Red Cross, the Netherlands Red Cross, the New Zealand Government and the Government of Thailand.

by creating links between the separate supranational institutions that are mandated to address these issues, and in terms of bridging the gap in accessing funds. The International Federation has also continued its advocacy with the general public and taken on an increasingly significant role at the annual conferences of States party to the UNFCCC. Its simple message about the links between climate change and the increase in natural disasters and concurrent rise in vulnerability is gaining traction. At the regional level, the International Federation's zonal offices have been increasing their support to National Societies for building capacity and for developing programmes.

b. The Climate Centre⁷

The Climate Centre, which was set up in 2002, has intensified its activities over the last four years. It continues to act as a reference centre for National Societies and the International Federation.

The Climate Centre recently concluded its support programme 'Preparedness for climate change' which reached 64 National Societies in developing countries⁸. Of the 49 National Societies that submitted substantial replies to the questionnaire, 14 had taken part in the programme⁹. An evaluation of the two phases of the programme demonstrated that most of the National Societies that participated had a better understanding of the climate-related risks in their countries and had developed programmes to address them. In fact, some had strengthened their cooperation with pertinent knowledge centres and government institutions to address these risks.

The Climate Centre is actively involved in cooperating with other international organizations: the staff of the Climate Centre participated as coordinating lead author in the upcoming *Special Report on Extreme Events* prepared by the Intergovernmental Panel on Climate Change; and the Centre's presence, with the Secretariat of the International Federation, at the annual conference of States party to the UNFCCC, coupled with its work on academic studies, raises awareness of the Movement's ability to address critical challenges from a humanitarian perspective. The Climate Centre also began a new programme in 2009 on climate change and health that was expanded, in 2010, in cooperation with the International Federation.

In answer to National Society requests for support and advice, especially in terms of accessing funding, the Climate Centre developed a number of tools and guidelines and documented success stories and approaches¹⁰.

c. The ICRC

The ICRC believes that it has a particular responsibility to contribute to environmental protection: it recognizes that environmental issues can be a cause and a consequence of conflict and that as a large international organization working to assist conflict-affected people, sometimes in devastated landscapes; it has the potential both to exacerbate and to reduce environmental degradation.

Consequently, the ICRC has been working in the past few years to identify ways of reducing the adverse impact of its presence and activities in any given region without hindering its primary objective of delivering an effective and high-quality response to the needs of victims of armed conflict and other situations of violence.

An environmental adviser has been appointed to provide guidance and advice on the ICRC's environmental policy. The environmental adviser works with the support of a multidisciplinary working group composed of representatives of all ICRC units with an influence on the organization's environmental impact (e.g. Economic Security, Finance and Administration, Information Technology, Logistics, Water and Habitat).

⁷ www.climatecentre.org

⁸ http://www.climatecentre.org/downloads/File/programs/PFCC/CC_PfCC_version%20web.pdf

⁹ Armenia, Bolivia, Colombia, El Salvador, Honduras, Malawi, Mauritius, Mexico, Mongolia, Nepal, Thailand, Trinidad and Tobago, Turkey, and Turkmenistan

¹⁰ These are available on the Climate Centre website (www.climatecentre.org)

Several environmental-impact studies have been commissioned to analyse how ICRC resources are used and consumed and to identify best practices and areas for improvement. The results of these studies are being shared throughout the organization in order to improve energy efficiency and waste management in ICRC's offices worldwide while enhancing the quality and sustainability of ICRC operations. Tools are being developed to support staff in meeting their environmental responsibilities, including an ethical purchasing policy and a Framework for Environmental Management in Assistance Programmes.

In the legal field, the ICRC, jointly with the United Nations Environment Programme (UNEP), organized an experts meeting in 2009 that led to a report published by the UNEP in November 2009 under the title *Protecting the Environment during Armed Conflict: An Inventory and Analysis of International Law*. The report made various recommendations to strengthen the protection of the environment during armed conflicts. It also invited the ICRC to update its 1994 *Environmental Guidelines for Military Manuals and Instructions on the Protection of the Environment in Times of Armed Conflict*. This work has been undertaken and a new version of the *Guidelines* should be issued in 2012. Lastly, the *International Review of the Red Cross* – a quarterly published by the ICRC and Cambridge University Press – published a special issue on the environment in 2010.¹¹

3. Advocacy and cooperation

Almost all of the respondents stated that they had worked on raising awareness of the humanitarian consequences of climate change through public advocacy campaigns, bilateral lobbying, educational programmes in schools and in the wider community and within their National Society or civil service. The International Federation, in cooperation with the Climate Centre, has produced a number of publications – aimed at the general public, National Societies and governments – in the areas of hunger and climate change and climate risk management, and case studies on disaster preparedness specific to climate-related disasters, on working in partnership to reduce the effects of such disasters and on incorporating climate-change-specific information in disaster risk reduction.

Advocacy is an area where cooperation between States and their National Societies can lead to greater gains. The Bolivian Red Cross works with the Ministry of Land and Water in Bolivia to raise awareness. The Peruvian Red Cross takes part in national inter-institutional platforms for disaster risk reduction and disaster management and has regular meetings with the Ministry of Environment and participates in their regional programme, which aims to increase the capacity of volunteers in the area of climate change.

Canada lobbies internationally to increase efforts to prepare for hazards that may become more severe and more frequent because of climate change and has created links between the natural-disaster and climate-change communities.

a. Public education

A number of National Societies, often with the support of the International Federation, the Climate Centre and partner National Societies, engage in public education campaigns. These vary in content and method and are adapted to the local conditions. The Armenian Red Cross developed and printed educational booklets and posters to spread information on climate change. It also used these tools during training sessions, information campaigns and other awareness-raising events. The Japanese Red Cross raised awareness about the increased risk and severity of typhoons among local residents in every region in Japan. The Kyrgyzstani Red Crescent have also held public-awareness campaigns and incorporated climate-change issues in their disaster-preparedness training modules. The Mongolian Red Cross developed, jointly with the Mongolian Ministry of Nature and Environment, a booklet containing information related to climate change: 12,000 copies were produced. The Montenegro Red Cross organized a climate-change workshop to raise awareness of the humanitarian consequences of climate change in south-eastern Europe.

Adapting how information is presented so that the message of the Red Cross reaches the greatest number of people is indispensable in effecting change. The Colombian Red Cross views the

¹¹ available online: <http://www.icrc.org/eng/resources/international-review/index.jsp>

presentation of key information on the problem in an accessible manner as essential to providing communities with the tools to make informed decisions about addressing climate change and environmental degradation in their own communities. Consequently, they have presented this information through music, conferences, fairs, puppet shows, games and theatre. The Colombian Government has developed a website to keep Colombian citizens informed about climate-change issues and about the government's plans in this area. The complementary of approach between the State and the National Society in Colombia should lead to more people being sensitized to the issue.

The Red Crescent Society of Turkmenistan has revised its existing publications on disaster preparedness and response and included information on climate change; it has also prepared separate materials that draw attention to climate-change issues in simple and easily understandable language, to provide an introduction to the key issues for the general public.

The Azeri Government has developed a system of awareness-raising for decision-makers and also for the wider public. Climate-change issues have been widely reported in the local media and there is a growing awareness about the need to ensure that there are no ecological disasters during the movement of cargo, particularly oil.

Madagascar carries out sensitization activities to make the public aware of the effects of environmental degradation on health. Their Bureau National de Gestion de Risques et de Catastrophes also distributes green kits for environmental protection and provides information on disaster-risk reduction. Following the last International Conference, the Red Cross Society of Guinea organized, in every region of the country, a series of workshops to see how to implement the resolutions of the Conference, especially how to improve assistance to victims of natural disasters. The Chinese and Croatian Red Cross Societies also mentioned that they had taken action.

b. Youth

As with other areas of humanitarian concern, youth engagement is vital. While the humanitarian consequences of climate change are already being felt, the problem will only get bigger and it is likely that the youth of today and future generations will bear an even greater burden. In many countries, youth are already engaged, both within their National Societies and in the wider community. Climate change adaptation generated a lot of interest at the Solferino Youth Camp in 2009¹² and youth made specific commitments to address climate change in the final declaration. A special Climate Change Youth Kit was developed for that event and an advocacy kit was developed to increase Red Cross and Red Crescent youth engagement and to raise greater awareness of the work of the Red Cross and Red Crescent in addressing climate change. The advocacy kit will be launched in 2011.

The youth branch of the Italian Red Cross is in charge of the promotion and implementation of activities related to climate change. They have held training courses for peer educators since 2009 and have trained 62 volunteers to date. They have identified a national focal point for the Climate in Action campaign and the National Guidelines on Climate in Action developed by them have been approved. They have held sensitisation activities with the public and in schools on the occasion of national and international climate-related days. They also organized prevention and information campaigns about protecting oneself during a heat wave or how to save electricity were also organised.

The International Federation has been providing increasing amounts of support for greater youth engagement in climate-change issues. In addition to the Youth as Agents of Behavioural Change programme, which is described in more detail in the chapter on violence in urban settings, it engaged youth in preparation for the UNFCCC COP 16 (the United Nations Climate Change Conference, 16th Conference of Parties), held in Cancun in 2010 where it launched the youth and humanitarian diplomacy initiative. The initiative included a part highlighting youth action that identified key youth representatives. During the event in Cancun youth volunteers provided internal communication support to the Movement delegations, raised awareness through regular communication with National Societies and engaged with participants.

¹² For more information on the Solferino Youth Camp, see chapter 3.

The Climate Centre set up a 'young scholar' programme in partnership with more than 10 universities for an average of 20 scholars a year, to facilitate internships and increased cooperation between knowledge centres and Red Cross/Red Crescent practitioners. An overview of activities can be found on the 'Youth' page of the Climate Centre.¹³

The Colombian Government particularly targets youth in its awareness-raising and educational campaigns about the consequences of climate change both in Colombia and throughout the rest of the world. It has developed an interactive CD that educates through play. The Thai, Latvian, Portuguese, Mexican and Serbian National Societies have also engaged youth on the issue.

c. Within National Societies and government departments

The first step in raising awareness is to brief the staff of National Societies, the International Federation and government departments about the scale of the humanitarian consequences and the solutions proposed. It is important for educational and sensitization programmes to be carried out first within each organization so that staff members can carry the message outside their organizations. Several National Societies reported in this area: the staff of the headquarters of the Armenian Red Cross Headquarters was introduced to the issue of climate change so that they could incorporate that knowledge in their day-to-day work and in promoting whichever project they were working on. The Cambodian Red Cross has conducted, in conjunction with partners, several workshops on climate-change sensitization for staff and volunteers.

The Mongolian Red Cross conducted a national climate change workshop to inform staff and colleagues from partner organisations, such as the National Emergency Management Agency, the United Nations Development Programme's climate-change programme, the Meteorological Department of Mongolia and the Ministry of Health, of the general and local implications of climate change. This was followed by a discussion on how the Mongolian Red Cross could and would contribute towards climate-change mitigation and adaptation.

The Mexican Red Cross has raised awareness within the organization, about energy conservation, recycling and the mainstreaming of climate change adaptation in all areas of work, through a programme called *El Cambio climático nos afecta a todos*. The Uzbek Red Crescent organized a seminar for staff to raise awareness of the risk reduction of possible emergencies and other consequences of climate change. Delegates from the Ministry of Emergency, the State Committee of Environment, UNICEF, and a number of NGOs attended.

A couple of National Societies stressed the fact that they included staff at all levels in their training programmes. The Nepalese Red Cross has been active in ensuring that climate-change issues are understood throughout the organization, from the highest levels to district and sub-district staff and volunteers. The Red Crescent Society of Turkmenistan has raised the awareness of personnel at all levels on the issue of climate change. Other National Societies have concentrated their efforts in certain key areas: the German Red Cross trained desk officers in its international cooperation department in incorporating climate-change-adaptation components in ongoing and future programmes during a two day training course given in cooperation with the Climate Centre.

d. Interaction with partners outside the Movement, especially the UNFCCC

Cooperation with actors outside the Movement can also be of use: the American and German Red Cross have engaged with national actors to convince them of the importance of seeing the humanitarian consequences of climate change. The Swiss Red Cross is an active member of the Swiss NGO platform for Disaster Risk Reduction and Climate Change. Awareness raising is also included in the Swiss Red Cross' disaster management policies and forms part of its humanitarian aid and recovery projects in the aftermath of natural disasters.

¹³ <http://www.climatecentre.org/site/young-scholars>

In Belgium, the "Service Fédéral Belge en charge de la problématique du changement climatique" took a lead role in coordinating the European Union's position in the lead up to Cancun, as the Belgian Government held the presidency of the Union at that time. Their nuanced position helped incorporate the particular humanitarian concerns of developing countries in the discussions that led to the creation of the Cancun Adaptation Framework:
http://unfccc.int/adaptation/cancun_adaptation_framework/items/5852.php.

The Bulgarian Red Cross actively participated in the efforts of the International Federation to draw attention to humanitarian concerns during discussions at the UN climate-change conferences in Copenhagen and Cancun. It supported the Movement's positions and shared materials related to these discussions with the Bulgarian ministries of foreign affairs, health, the interior and the environment. The Swedish Red Cross met with the Swedish Government's negotiating team for the Copenhagen and Cancun climate conferences and advocated the need for climate change adaptation. It also provided support to the Climate Centre and the International Federation in the lead-up to these conferences. The Mexican Red Cross participated in the Cancun conference and operated information booths to disseminate the Movement's message on climate change and the importance of social action to prevent global warming.

4. Community involvement

One of the strengths of the Movement is its extensive coverage, reaching, through regional and local National Society branches, some of the most isolated communities. This local knowledge leads to programmes that are adapted to specific community needs.

National Societies are active not only in their own countries but also in partnership with other National Societies abroad. For instance, the British Red Cross has developed materials on community resilience in partnership with the British Government and has also run projects in parts of the UK that are at high risk of flooding, to reduce the vulnerability of local communities to these weather-based disasters. It also supports a number of community-based disaster risk reduction programmes in Bangladesh, Nepal, Syria and Uganda. Depending on the context and capacity, these have moved beyond disaster risk to address wider community priorities that are related to health, food security and water and sanitation.

The community based risk reduction programmes run by the Netherlands Red Cross (NLRC) take into account the effects of climate change and, in several cases, incorporate measures to strengthen livelihoods by introducing risk-transfer schemes in partnership with specialised institutions. Over the last two years the NLRC, together with three other organizations based in the Netherlands, has formed a partnership ('Partners for Resilience') in which the scope of disaster risk reduction and climate change adaptation is widened to include a focus on ecosystem management and restoration. This partnership is led by the NLRC, and is supported by a government grant of over 35 million Euros for carrying out a programme in nine countries (seven of which involve Red Cross participation) over a period of five years. The NLRC has supported programmes in Colombia, Ethiopia and Indonesia in disaster risk reduction and climate change. Assessments in the three countries indicate that the targeted local communities' knowledge of climate-induced had clearly grown and that their ability to address climate-related risks had been strengthened. In Kyrgyzstan, Tajikistan and Turkmenistan they have successfully implemented branch development programmes to reduce the impact of natural and man-made hazards on vulnerable communities.

The Mongolian Red Cross held a regional workshop in the Gobi region, which is most exposed to desertification and other consequences of global warming. The workshop focused on improving and adapting preparedness and the response capacity of the province. One of the key outcomes of the workshop was a set of recommendations for communities and relevant stakeholders to increase participation in reducing vulnerability.

The Nepalese Red Cross is addressing climate-related vulnerability through, for example, water and sanitation projects that are enabling access to and improving water sources in communities where water has become scarce. At the same time, livelihood projects are encouraging communities to adapt or change their agricultural or income generating methods in response to changes in the environment and environmental degradation.

Both the Thai National Society and the Thai Government are engaged at community level. The Thai Red Cross has recently begun a project on community preparedness and on building capacity for

response. The project focuses on community ownership and engagement of community leaders and members, in cooperation with local government. Key activities include joint situational assessments, standard setting, awareness raising, training, joint planning, monitoring and evaluation. The target is to reach 48 communities in three years, from 2011 to 2013. Thailand has implemented training in community-based disaster risk management in 7,000 risk-prone communities throughout the country. To reduce the vulnerability of communities, adaptation plans have been implemented through a number of initiatives nationwide, including royal development projects, such as the construction of dams and water reservoirs and the planting of vetiver grass to prevent soil erosion.

a. Adaptation

In addition to the programmes mentioned above under the section on community involvement, a number of respondents focused on adaptation programmes. The Georgian Red Cross runs a disaster risk reduction project called Regional Programme for Building Safer Local Communities in the South Caucasus with the support of the European Commission, the Danish Red Cross and the Icelandic Red Cross together with the International Federation. The project aims to raise awareness of climate change adaptation among local communities and local government. Small-scale tree planting projects were implemented in the target area. Local people were actively involved in the planting process; they will also participate, with local government, in protecting the trees. In total, 3100 trees were planted in the target region.

The Norwegian Government stressed that: "Adaptation to climate change is an important priority area for the Norwegian Red Cross and Norwegian Government. Environmental issues and vulnerability to climate change are to be taken into consideration in all Norwegian aid through climate proofing and a stronger environmental dimension. This means identifying any negative effects of the project or programme and taking steps to prevent them. Environmental and climate elements should be integrated into all projects or included as an additional component."

The Lesotho Red Cross runs a series of campaigns in relation to land degradation jointly with the Ministry of Agriculture and Food Security and the Ministry of Forestry and Land Reclamation. The campaign aims to promote crop rotation, alternating farming and grazing, and also to study rain patterns that influence the planting season and seed selection.

b. Mitigation

National Societies and governments not only want to address the humanitarian consequences of climate change, but also the cause of the problem: the emission of greenhouse gases. This has become an International Federation-wide policy in Strategy 2020. A successful example of a programme that set out to address disaster risk reduction but was also beneficial from a mitigation perspective is that involving mangrove plantation or reforestation in Vietnam.

The Japanese Red Cross is promoting medium and long-term plans aiming to decrease their energy consumption by 1%. The Monaco Red Cross runs a programme with the Mali Red Cross to provide remote communities with lamps that run on photovoltaic cells. The Board of the Norwegian Red Cross decided to offset the National Society's CO₂ emissions, generated through their daily activities, in order to become carbon-neutral. The Trinidad and Tobago Red Cross has run several projects aimed at mitigating the effects of climate change and environmental degradation, such as: the Grande Riviere nursery and reforestation project, the restoration of wells in Biche and beach clean-up efforts along the coastline of Matura Trinidad. The Thai Red Cross decided to use roof tiles made of recycled paper for houses during reconstruction after disasters.

5. National planning

As with other areas, the Declaration calls for the incorporation for climate change in national policies and plans. A number of National Societies and governments are in the process of structuring their activities by drafting and implementing plans either as part of their work in disaster risk reduction or disaster management (see next section) or independently of these. The Armenian Red Cross implemented a pilot project on climate change that allowed it to develop a climate-change assessment report. The Australian Red Cross endorsed a policy on climate change. The Canadian Red Cross

initiated a project to determine what actions it could undertake in response to the humanitarian impact of climate change. It was completed in 2009 and the recommendations made in the report were included in the Canadian Red Cross Society Disaster Management 2015 plan.

The Red Crescent Society of Kyrgyzstan has incorporated a climate-change component in its regular disaster preparedness programmes and activities and has developed climate-change guidelines that include research on climate change to influence government strategies in various areas. The Nepalese Red Cross mainstreamed climate change in its Disaster Management Strategic Framework 2010-2015 and ensured that all its disaster management programmes were “climate-change sensitive.”

The Sierra Leone Red Cross is engaged with the Government of Sierra Leone in reviewing the national disaster management policy and plan, with climate change being given serious consideration. The Belgian Government produced a policy paper on climate change and development and has started a programme that incorporates financing for disaster response in its development budget.

The Norwegian Red Cross has contributed to the 2011 Norwegian Official Report on Climate Change Adaptation. The Board of the Norwegian Red Cross adopted a policy platform on climate change that outlines its priorities in future efforts towards developing a more coordinated approach to tackling the consequences, in humanitarian terms, of climate change.

The Malawi Red Cross has developed a Disaster Management Policy that has led to the implementation of a climate change adaptation programme as well as a disaster risk reduction programme that focuses on strengthening preparedness to reduce vulnerability to disasters. The Peruvian Red Cross has developed a National Disaster Management and Disaster Risk Reduction plan that draws on its network of volunteers.

The Spanish Red Cross instituted a special plan for the environment that informs the public of the link between environmental degradation and poverty and a lower quality of life. It promotes environmental conservation projects such as tree planting and the cleaning of rivers and coastline; it also incorporates climate change and DRR as key concepts in all project planning.

The Colombian Government is in the process of drafting a national plan for climate change adaptation that focuses on incorporating the issue in national development projects. It has created seven regional ‘nodes’ that promote sharing of information and expertise. Thailand has put in place a National Strategy on Climate Change (2008-2012) that provides a framework for domestic implementation of policies and measures on this subject and raises awareness among the public. The board of the Australian Red Cross has endorsed a policy on climate change and developed and launched its Environmental Sustainability Strategy 2010-2013.

6. Disaster risk reduction, disaster management and climate change

As mentioned earlier in this chapter, the approach taken by the International Federation, many National Societies and several States is to incorporate climate change adaptation in disaster risk reduction, disaster management and health programmes to reduce the impact of climate change and environmental degradation on vulnerable people. The natural overlap between these four areas is backed up by research that shows the increasing frequency and severity of natural disasters, which lead to a greater number of people being affected. The Australian Red Cross receives funding from the Australian Aid Department to build capacity among Pacific National Societies to integrate climate change adaptation in disaster management and preparedness programmes. The Australian Government notes that “Integrating disaster risk reduction, climate change and environmental considerations is cost effective in the long term, will result in more sustainable development outcomes and will aid progress towards the MDGs [Millennium Development Goals].”

The German Red Cross conducted an assessment, in cooperation with the German Committee for Disaster Reduction on the impact of climate change on the international activities of the German Red Cross. On the basis of this assessment, the German Red Cross developed a sector concept on disaster risk reduction that takes into account humanitarian concerns linked to climate change and reinforces the need to strengthen adaptation. Since 2009, the German Red Cross has strengthened the mainstreaming of climate change adaptation into disaster risk reduction projects: for example, in its disaster risk reduction projects in Peru, Bangladesh, Somalia, Sri Lanka, the Philippines and Indonesia. "In these projects climate change became a topic within the Vulnerability and Capacity Assessments (VCAs) and/or was integrated into the awareness sessions with the target communities. Furthermore, small-scale mitigation activities were identified and carried out with a special focus on extreme weather events related to climate change, and the community-based disaster preparedness and early warning components were strengthened in the project implementation. In the early recovery planning of the German Red Cross for Haiti (in February 2010) and Pakistan (in October 2010), climate change was mentioned as a major future threat."

Incorporating climate change adaptation in programming is a prominent feature of numerous programmes run by National Societies abroad. The New Zealand Red Cross funds a delegate who is based in the Pacific region (Cook Islands) to build capacity in disaster risk reduction, which includes climate change adaptation initiatives. The New Zealand Red Cross also provides satellite phones and training in the use of the phones to Pacific partners in remote communities so that they can be better prepared and able to respond to disasters. The New Zealand Government maintains that a new focus on disaster risk reduction will lead to enhanced funding opportunities.

This is also the case for a number of governmental aid programmes, such as that of Switzerland, which, through its humanitarian aid section, runs programmes in Morocco, Georgia and Peru. In Peru, the Swiss humanitarian aid section have run several activities aimed supporting the Peruvian Government in incorporating protection against natural disasters in national policies, especially by updating domestic legislation, and sourcing funding. In Morocco, the Swiss humanitarian aid section has with the World Bank, supported the Ministry of the Interior in establishing a national risk management strategy. They also run a programme in Morocco that reaches eight regions of the country and sensitizes the local population to the humanitarian consequences of environmental degradation and climate change. Another example is that of the Australian Government: in June 2009, AusAID launched Investing in a Safer Future, a disaster risk reduction policy for the Australian aid programme. As only the third international donor to develop a disaster risk reduction policy, Australia is taking a lead role, both in the region and globally.

7. Climate-related information and cooperation with knowledge centres

The provision of climate-related information plays a central and increasingly important role in supporting preparedness for and adaptation to increased climate variability. Cooperating with other institutions in this area is particularly vital. In 2009, the International Federation signed a Memorandum of Understanding with the African Centre of Meteorological Application for Development. The Climate Centre brokered the Partnership to Save Lives between the International Federation and the International Research Institute for Climate and Society, which led to improved use of seasonal climate forecasts, like the monthly La Niña updates in 2010. With other members of the Inter-Agency Standing Committee's task force, the Climate Centre co-authored the International Research Institute's *Climate and Society No. 3: A Better Climate for Disaster Risk Management*.¹⁴

Through the Partnerships to Save Lives, the International Federation has been collaborating with the International Research Institute on the development and incorporation of new tools for more informed disaster preparedness and response. In addition, in 2011, the International Federation and the International Research Institute signed a Memorandum of Understanding to enable cooperative efforts between the two institutions in mutually agreed areas of research, training and project implementation. Specific areas of common interest include climate research to support the development of climate-related information designed to meet the needs of decision-makers in climate-sensitive sectors and capacity building for the International Federation in the areas of climate forecasting and analysis.

¹⁴ http://portal.iri.columbia.edu/portal/server.pt/gateway/PTARGS_0_5643_7757_0_0_18/CSP3_Final.pdf

National Societies and States also reported on their work in this area. The British Red Cross encourages contacts between National Societies and scientific bodies to improve and refine contingency planning in the short, medium and long term. The Lesotho Red Cross is part of the Early Warning System, with the Disaster Management Authority and other relevant stakeholders like the Lesotho Meteorology Services. The system provides information which covers Lesotho and neighbouring countries so as to minimize the impact of climate related phenomena by giving detailed information in a timely manner.

The Colombian Government reported that the administrative unit of its parks service takes account of up-to-date information about climate change in order to plan its adaptation activities and increase resilience. The National Hydrology, Meteorology and Environmental Studies Institute, which provides data on climate change, has the dual purpose of issuing up-to-date and long-term warnings and developing knowledge about the effects of climate change. Thailand established a National Disaster Warning Centre in 2004. The Belgian Government monitors air pollution levels and has instituted an emergency plan to deal with peaks in pollution that exceed the safety limits set by the European Union.

Chapter 2 "Humanitarian Concerns generated by International migration"

Document prepared jointly by the International Federation of Red Cross Red and Crescent Societies and International Committee of the Red Cross

Humanitarian concerns generated by international migration

“While acknowledging the many benefits of international migration as well as its complex and multifaceted nature, we recognize that migration may generate issues of humanitarian concern in all regions of the world. We are particularly concerned that migrants, irrespective of their status, may live outside conventional health, social and legal systems and for a variety of reasons may not have access to processes which guarantee respect for their fundamental rights.

We reaffirm the importance of examining ways and means to reinforce international cooperation at all levels to address the humanitarian concerns generated by international migration.

We acknowledge the role of governments, within the framework of national laws and international law, especially international human rights law, refugee law and international humanitarian law, to address the humanitarian needs of persons negatively affected by migration, including families and communities, and to take effective measures. We are deeply concerned by all forms of human trafficking and exploitation, in particular those involving children and women, and we acknowledge the role of governments in preventing such practices, in providing protection and assistance to all victims of such practices and in ensuring respect for the national and international instruments prohibiting them. We also acknowledge the role of the International Red Cross and Red Crescent Movement in this respect.

When addressing the humanitarian needs of persons negatively affected by migration, particularly migrants and members of their families, in their countries of origin, transit and destination, we take into account, where relevant, the considerable experience of the Red Cross and Red Crescent with respect to:

- a Humanitarian assistance: e.g., providing food, shelter, clothing, health care, first aid, psycho-social support, etc.
- b Protection: e.g., restoring family links, legal and administrative advice, acting against exploitation and deception, providing information on the risks of irregular migration, visiting migrants in detention with a view to helping improve their detention conditions and their treatment when necessary.
- c Advocacy: bringing a humanitarian perspective to policy decisions, combating racism, xenophobia and discrimination, promoting international norms in that respect.
- d Integration and reintegration: e.g., reception services, fostering social participation and solidarity (e.g., as Red Cross and Red Crescent volunteers).
- e Human dignity: promoting respect for human dignity.

Taking into account the negative consequences of large-scale influxes resulting from humanitarian crises, international actors should consider the needs of host-country communities.

We acknowledge the role of National Societies, based on the principles of humanity and impartiality, and in consultation with public authorities, in providing humanitarian assistance to vulnerable migrants, irrespective of their legal status.”

(Excerpt from the Declaration: Together for Humanity)

Introduction

The year 2007 was a turning point for the Movement: in its statutory body meetings, including the 30th International Conference of the Red Cross and Red Crescent,¹⁵ it was acknowledged for the first time that migration was one of the greatest challenges faced by the world today, that it could generate positive effects while also causing substantial vulnerability and suffering that raise serious humanitarian concerns.¹⁶

Accordingly, Resolution 1 of the 30th International Conference called for “international cooperation at all levels to address the humanitarian concerns generated by international migration.” Spelling out a number of specific areas of concern, the resolution further underlines the “role of the International Red Cross and Red Crescent Movement” and concludes by recognizing, in particular, the role of National Societies “in providing humanitarian assistance to vulnerable migrants, irrespective of their legal status”¹⁷.

This chapter reports on the implementation of the second section of Resolution 1 – “Together for humanity” – relating to humanitarian concerns generated by international migration. It is based on responses received to the questionnaire on the follow-up to the 30th International Conference. A total of 42 National Societies¹⁸ and 14 Governments¹⁹ reported on migration issues. Other sources on which this chapter draws include contributions from the International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (International Federation) concerning assessments of activities over the past four years, as well as information collected while preparing background documents for the 31st Conference.

As with other areas covered by the Declaration, there is a significant overlap in reporting on the different issues. A substantial amount has been achieved over the four years since the adoption of the Declaration, but this chapter does not provide a comprehensive account of it because of the breadth of programmes and changes put in place. Migrants²⁰ access to health is one such cross-cutting issue that demonstrates how knowledge in one area of humanitarian concern is linked to knowledge in others. This illustrates how certain aspects of one area of humanitarian concern can be common to other areas of humanitarian concern. Nevertheless, this section will focus on providing a description of activities implemented in relation to humanitarian concerns generated by migration.

This chapter is divided into two parts. The first provides an overview of policy and strategic developments at the International Federation, the ICRC, National Societies and governments. The second examines the work undertaken in the last four years by the Movement to benefit vulnerable migrants, such as: providing assistance to and protection for migrants in the areas of health and restoring family links and for particular categories of migrants such as those in detention centres or who are victims of trafficking; advocacy and cooperation; and integration and re-integration activities. It also addresses issues related to human dignity.

¹⁵ Moreover, the recommendation issued in 2007 to the Council of Delegates was that, in addressing the humanitarian dimension of migration, the Movement should take an inclusive approach, irrespective of the status of the migrants of concern. Therefore, the needs and vulnerabilities of migrants should prevail over the legal (or other) category to which they belong.

¹⁶ 30th International Conference of the Red Cross and the Red Crescent, Geneva, November 2007, Resolution 1: “Declaration: Together for humanity,” available at: <http://www.ifrc.org/Docs/pubs/events/intconf07/adopted/declaration-en.pdf>

¹⁷ *Ibid.*

¹⁸ Armenia, Australia, Azerbaijan, Belgium, Bosnia and Herzegovina, Brunei, Bulgaria, Cambodia, Canada, China, Colombia, Croatia, the Czech Republic, Ecuador, El Salvador, Germany, Greece, Italy, Japan, Kyrgyzstan, Latvia, Lesotho, Malawi, Mexico, Monaco, Nepal, Netherlands, New Zealand, Norway, Peru, Portugal, Serbia, Sierra Leone, Spain, Sweden, Switzerland, Turkey, Ukraine, the United Kingdom, the United States and Uzbekistan.

¹⁹ Australia, Belgium, Bulgaria, Canada, Cyprus, Finland, Ireland, Italy, Mexico, Portugal, Romania, Switzerland, Thailand and Ukraine.

²⁰ Our definition of migrants is deliberately broad: Migrants are persons who leave or flee their habitual residence to go to new places – usually abroad – to seek opportunities or safer and better prospects. Migration can be voluntary or involuntary, but most of the time a combination of choices and constraints is involved. Please note also that internal displacement and international migration are different but often interrelated phenomena. A distinction is made in the approach taken by the Movement when helping these vulnerable groups. The distinct policy documents on migration and internal displacement were adopted in 2009 and developed in parallel and complementarily. See also “Report to [Council of Delegates] COD on the implementation of the Movement’s policy on internal displacement.”

1. Development at policy and strategic level

a. The International Federation's Policy on Migration

The needs and vulnerabilities of persons adversely affected by migration have long been a focus of attention of the International Red Cross and Red Crescent Movement. The humanitarian consequences of international migration have been extensively debated at regional Red Cross and Red Crescent conferences, at meetings and sessions held within the framework of the Restoring Family Links Strategy (2008–2018) and at the 2007 International Conference and 2009 Council of Delegates.

Further to a request from the General Assembly, the Governing Board of the International Federation established the Migration Reference Group in May 2008. The Group, which is chaired by the Secretariat of the International Federation, is composed of 14 National Societies,²¹ thus ensuring a geographical balance across all regions. Its initial mandate was to draft the International Federation Policy on Migration in partnership with the Secretariat and subsequently to review its implementation. The policy was drafted in consultation with the ICRC owing to its expertise or lead role in restoring family links, detention and other protection matters.

The Council of Delegates adopted the Policy in 2009,²² in Nairobi, with the aim of addressing the humanitarian needs of vulnerable migrants regardless of their legal status. The last paragraph of the excerpt from the Declaration at the beginning of this chapter makes reference to this. The components of the Movement pledged to work together to contribute to the humanitarian response to the needs of vulnerable migrants and their families.

Since the adoption of the policy, the International Federation has undertaken to promote its implementation closely with National Societies and has drafted three guidance notes to assist implementation in these areas: ensuring humanitarian access, reducing the risks of migration and assisting migrants in return.

b. The ICRC's Reference Framework on Migration

Taking into account the Policy on Migration, the ICRC adopted a Reference Framework on Migration (June 2010), in order to offer guidance for ICRC action – in the field of migration – that is undertaken in the context of its operational activities, as well as to provide support for other components of the Movement. The Framework provides guidance for the ICRC in all matters related to migration.²³

c. National Societies

While National Societies have a long history of supporting vulnerable migrants, particularly in relation to the provision of food, shelter, clothing, health care, first aid and psychosocial support, the last decade has seen an expansion of their role, which now encompasses activities such as advocacy, training in non-discrimination and forging closer links with their governments to implement and assess services to asylum seekers. This has required greater cooperation at the regional and international levels and is typified by National Societies' engagement in platforms such as the Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants (PERCO).

PERCO was launched in 1997 and is composed of 28 National Societies²⁴, with the Secretariat of the International Federation, the ICRC and the Red Cross/European Union Office as observers. The platform, which brings together practitioners, aims at strengthening Red Cross activities in the field of

²¹ Australia, Austria, Canada, Cote d'Ivoire, France, Ghana, Norway, Philippines, Spain, Somalia, Sudan, Sweden, Switzerland, and the United Kingdom.

²² The policy is available at: <http://www.ifrc.org/PageFiles/49631/migration-policy-en.pdf>.

²³ For more information on the activities of the ICRC to benefit vulnerable migrants, please see the section on Protection in "3. Activities and work".

²⁴ Armenia, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, the Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Romania, Serbia, Spain, Sweden, Switzerland, the United Kingdom.

migration and asylum on the national and international levels and promotes cooperation amongst European National Societies so as to improve the situation of refugees, asylum seekers and migrants in Europe. Working groups have been established within PERCO on particular issues of concern, such as human trafficking, return/Dublin II Regulation, denial of asylum and family reunion.

Through PERCO, National Societies share experiences and promote good practice, undertake joint actions that address the needs of vulnerable migrants, asylum seekers and refugees, provide recommendations and organize seminars and workshops. PERCO and the National Societies work with migrants themselves as well as with governments, committed non-governmental organizations and international organizations in the areas of migration and asylum.

A number of regional forums between National Societies have also considered the issue of migration and adopted commitments, which further strengthened the provisions of the Declaration at the 30th International Conference. These included the 8th Asia-Pacific Conference in Amman, Jordan in 2010, which unanimously endorsed the Amman Commitment, the 7th Pan African Conference of 2008, which adopted the Johannesburg Commitments, and the European Regional Conference of 2010, which adopted the Vienna Commitments.

Many National Societies have evaluated the needs of migrant communities and of migrants in situations of vulnerability. For instance, in September 2010, in response to increasing numbers of asylum seekers being placed in hotels in Belgium, the Belgian Red Cross conducted daily visits to 17 hotels in order to identify the number of people in need of assistance and show them how to obtain access to local services. The Belgian Red Cross also distributed personal hygiene kits and information in seven languages on what State support asylum seekers were entitled to in terms of health care and legal and social assistance. More information about assistance activities can be found below.

d. States

Despite an approach that centres on the control of migration flows and border security, there is growing recognition by governments of the importance of incorporating humanitarian concerns in their legal frameworks and policies related to migration. Several governments pointed out their efforts to update the legal framework for immigration in their countries: Portugal brought in a new law regulating the conditions and procedures for granting asylum in 2008. Thailand and Ukraine are revising immigration statutes and Finland, following a recent review of its legislation, has enacted two new pieces of legislation on the reception and integration of asylum seekers, which will enter into force in September 2011.

Nevertheless, while there are a number of international legal instruments regulating the treatment of particular groups, such as refugees, asylum seekers, victims of human trafficking and migrant labourers, and a host of different national legal frameworks regulating immigration, there is still a lack of ratification and implementation of these instruments. However, it is clear that what was once seen as an exclusively domestic concern is now being recognized as an issue that requires international cooperation and standard setting.²⁵ The reports received from governments in answer to the questionnaire, though few in number, speak of a deepening relationship between them and their National Societies in two key areas. National Societies are increasingly seen as, first, preferred partners in ensuring that migrants are provided with basic amenities and, second, as competent partners in the provision of advice on the humanitarian implications of migration.

2. Activities to benefit vulnerable migrants

²⁵ For instance, the "Global Forum on Migration and Development (GFMD) is a recent initiative of the United Nations Member States to address the migration and development interconnections in practical and action-oriented ways. It is an informal, non-binding, voluntary and government-led process that marks the culmination of more than a decade of international dialogue on the growing importance of the linkages between migration and development. It reflects the progressive acknowledgement of the limits of a strictly national approach to migration questions and implications at global level in an intergovernmental framework." For more information: <http://www.gfmd.org/>.

A number of evolving factors (armed conflicts and generalized violence, organized crime, including human trafficking and smuggling, tightened border controls, security policies, etc.) are exacerbating the vulnerability of migrants around the globe. The Movement plays an important role in assisting and protecting migrants since it works along the entire migratory trail, in countries of origin, transit and destination. The Movement is committed to relieving the suffering of migrants, being guided solely by their needs, irrespective of their legal status. In order to help migrants at risk of serious harm, the Movement is engaged in a wide range of activities, such as humanitarian assistance, protection activities, advocacy and cooperation activities, and integration and re-integration programmes; it also addresses issues relating to human dignity. The Movement is also committed to working with both migrant and host communities affected by migration in order to promote respect for diversity and social inclusion.

a. Assistance

Migrants may have serious need of assistance in order to cope with low incomes, health problems, poor housing, educational barriers and other problems they encounter as they migrate. The exposure of migrants to tuberculosis, HIV/AIDS and other diseases makes it particularly important to ensure appropriate screening and treatment in reception facilities and detention centres as well as in communities. The majority of National Societies and governments who responded to the section dealing with migration stated that they provided assistance in the form of food, shelter, clothing, psycho-social support, information about the immigration system of their countries, first aid and health care.²⁶

Assisting migrants in the framework of internal conflict or instability: The case of Côte d'Ivoire
 During the recent political instability in Côte d'Ivoire, the **National Societies of Burkina Faso, Ghana, Guinea-Conakry, and Mali** provided assistance to migrants fleeing to Liberia. The **International Federation** pre-positioned emergency relief stocks and is carrying out water and sanitation activities - repairing and constructing water points and latrines. Volunteers were also trained to provide instruction in good hygiene and sanitation in the host communities in Liberia.

Governments' initiatives to assist migrants:
 The **Government of Lesotho**, which employs a needs-based approach to humanitarian assistance, provides food, temporary shelter and clothing. The **Government of Malawi** is implementing a refugee programme that supports between 12'000 and 15'000 refugees and provides food, first aid, community services and promotes human dignity. The **Government of Romania** has instituted a programme to improve the quality of counselling and legal assistance to asylum applicants. And the **Mexican Government** runs several programmes whose priorities are to cut waiting time and reduce difficulties for migrants in accessing services.

i. Health²⁷

There are two aspects related to migrant health that are dealt with by National Societies and governments. The first is ensuring or expanding access to local services and ensuring also that migrants are informed about such services. In this regard, countries such as Ukraine have been extending the provision of health-care services to migrants in recognition of their right to health and Switzerland delivered on its pledge to improve the knowledge of health-care professionals in the particular healthcare needs of migrants and make their services more inclusive.

The second aspect is related to an increasing understanding of the particular health-related vulnerabilities of migrants and is addressed in specific or targeted campaigns aimed at raising awareness of HIV/AIDS, tuberculosis (TB) and other communicable diseases. The Red Crescent

²⁶ National Societies from the following countries reported on activities for providing assistance to migrants: Armenia, Australia , Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, , the Czech Republic, Ecuador, El Salvador, Germany, Greece, Italy (including rapid-response unit), Kyrgyzstan (two information centres opened), Latvia (social support centre for asylum seekers and other migrants), Lesotho, Mexico, Spain, Monaco, New Zealand, Portugal, Sweden, Switzerland, Turkey (most recently on the boarder with Syria), the United Kingdom, and the United States.

²⁷ This is a brief overview of programmes offered in this area. For more information on migrant access to health care, please see the section in the chapter on health-

Society of Uzbekistan provides information on preventive measures to halt the transmission of HIV and TB. The Nepalese Red Cross runs HIV-prevention programmes that directly target workers and their families who are at high risk of becoming infected with HIV. Canada has supported the Governments of Cambodia, the Lao People's Democratic Republic, Thailand and Vietnam to reduce the vulnerability of mobile populations to HIV/AIDS. The Bulgarian Red Cross has been implementing, since 2008, a project for reducing the risk of TB among refugees and asylum seekers in Bulgaria funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Chinese Red Cross cooperated with the relevant government departments to train 9000 migrants in nine provinces in preventing the transmission of HIV.

ii. Management plans for large-scale population movements

Several respondents reported on their incorporation, in their national disaster management plans, of scenarios involving large-scale population movement. The Finnish Government has a national action plan for receiving asylum seekers (especially in case of mass influx). Following a review at its seminar, it was decided to update these plans by the end of 2011. The Armenian Red Cross is working on the establishment of an early warning system to cope with any massive influx of refugees that might take place. The Nepalese Red Cross' Disaster Management Strategic Framework incorporates activities to respond to and recover from population movements as well as disasters; the Sierra Leone Red Cross has done the same. The New Zealand Red Cross is currently developing its plan in partnership with State authorities.

b. Protection

During the last four years, the components of the Movement have worked along migration routes to address important protection needs of migrants and their families at all stages of their migratory journeys by, for instance, restoring family links, visiting those who are in detention, providing migrants with psychosocial counselling and supporting the families of missing migrants. During armed conflict, migrants are protected by international humanitarian law as civilians. In other situations of violence, National Societies and the International Federation play the primary role with regard to meeting the needs of vulnerable migrants, and the ICRC may offer its services to help migrants.

The ICRC also has a specific role and expertise in the area of protection. In particular, in its role as coordinator and technical adviser in the areas of restoring family links and detention, it has offered technical support and has developed tools to help the components of the Movement carry out activities to benefit vulnerable migrants. The ICRC is also working along the main migratory routes and offering operational support or acting directly, with a clear focus on the protection needs of the vulnerable migrants. To support its action, the ICRC has also recruited a migration adviser for its headquarters in Geneva and several regional migration focal points are working in delegations in the field, in order to develop the ICRC's expertise in this issue.

i. Restoring family links (RFL) / Missing migrants²⁸

The role of the ICRC and National Societies in reuniting dispersed families, organizing the exchange of family news and tracing missing persons was underlined in resolutions adopted at previous International Conferences²⁹. Together, the tracing services of National Societies, tracing agencies in

²⁸ Please refer also to the more comprehensive report on this area of activity prepared for the International Conference: "Progress Report (2008-2011) on the implementation of the Restoring Family Links (RFL) Strategy for the International Red Cross and Red Crescent Movement (2008-2018)."

²⁹ At the last International Conference, the components of the Movement and States welcomed the adoption by the Movement of its Restoring Family Links Strategy (2008-2018) in Resolution 4 of the 2007 Council of Delegates. Resolution 11 of the 24th International Conference specifically supported the role of the ICRC and National Societies, as did Resolution 15 of the 25th International Conference, which also called upon all governments to support the efforts of National Societies dealing with the problems of conducting searches and reuniting families. This is reiterated in Resolution 16 of the 25th International Conference, which notes the steady increase in mass movement of people and the loss of any contact between family members.

ICRC delegations and the Central Tracing Agency at the ICRC's headquarters form the Family Links Network.

Nevertheless, properly addressing the RFL needs of persons separated by migration requires a certain expansion of activity. For instance, the development of new migratory trails in recent times and the risks that individuals are taking to follow them has led to increased concern over the separations that result from the process of migration. Traditional destination countries increased their legal barriers and tightened border controls dramatically in the mid-1990s, to stem illegal immigration. As a result, migrants are now taking ever more dangerous and remote routes to these countries, leading to an increase in the numbers of people dying on the way and making it even more difficult to confirm the identities of deceased persons.

The 2008-2018 RFL Strategy reiterates the commitment of the Movement's components to undertake RFL activities whenever required and for as long as needed, to help people whose loved ones are

Underlining the relevance of the Movement's Family Links Network during the Libyan crisis

The relevance of the **Movement's Family Links network** was demonstrated at the outset during the crisis in Libya in 2011, when tens of thousands of foreigners, mainly migrant workers and unregistered migrants, fled. RFL services were put in place to help migrants restore and maintain family contacts, as well as to facilitate voluntary return, and combined with other humanitarian services offered to migrants, such as shelter, health care, transportation, food, and water and sanitation. The National societies of **Tunisia, Egypt, Algeria, Chad and Niger** and the **ICRC** enabled 100.000 telephones calls to be made by persons arriving at the borders.

unaccounted for or who are separated from their families as a consequence of specific situations such as those involving population movements, including international migration. Additionally, National Societies and the ICRC have come to see the need for a more uniform and systematic way of carrying out migration-related RFL activities in the countries of origin, transit and destination. This has led to the development of new guidelines on the matter (Guidelines on Providing RFL Services to Persons Separated as a Result of Migration (2010)).

The Movement highlights the importance not only of physical access to migrants, but also of access to their personal data that may be held by authorities, as these can assist the Movement to trace individuals and restore family contacts. This cooperation, based on mutual understanding of governments' responsibilities, the role of National Societies in supporting their governments to exercise these responsibilities, and the independent humanitarian action of the Movement as a whole, is crucial to provide vulnerable migrants this crucial service.

RFL activities linked to migration include:

- i. tracing relatives;
- ii. facilitating family reunifications;
- iii. issuing travel documents;
- iv. enabling contact between family members (telephones, Red Cross Messages (RCM), providing internet access);
- v. facilitating proper management of migrants' remains;
- vi. establishing identities of migrants who died along the migratory route.

Restoring family links: Activities of the Bangladesh Red Crescent Society and the Indian Red Cross

In April 2009, a number of migrants from Bangladesh, hoping to reach Thailand and a better life, were found stranded on small boats in the Bay of Bengal. They were taken by the Indian Navy to the Andaman Islands in India. During the long period spent at sea, they could not contact their families who had remained in Bangladesh. The Bangladesh Red Crescent Society collected Red Cross messages from the migrants' families. These were then passed to the Indian Red Cross Society, which, together with the ICRC, managed to visit the migrants and distribute the messages. With the assistance of the Family Links

ii. Migrants deprived of their liberty

Detention is a very sensitive subject for the Movement in general and for the ICRC in particular. The ICRC has a clear mandate in this field, which is at the core of its protection activities, as well as expertise that is recognized also by partners external to the Movement.

Concerns have been raised by National Societies specifically about the situation of migrants, refugees and asylum seekers who have been deprived of their liberty. While the needs of migrants and the legal regimes applicable to different categories of migrant vary greatly according to their location (country of transit and of destination) and their particular situation (whether they are refugees, asylum seekers, asylum seekers whose claims have been rejected, irregular migrants, or belong to some other category), their needs are likely to be more acute if they are kept in detention. This is particularly the

Visiting migrants in detention in Israel and the Occupied Territories

About 26,000 migrants live in Israel. Some of them have lost contact with their families; the ICRC helps them re-establish family links, especially needed in order to obtain documents for their voluntary repatriation. The ICRC regularly visits people held in two migrant detention centres: the Saharonim detention centre, located in the Negev desert, where adult migrants are detained; and the Matan juvenile centre, located in Hadera, where migrant minors are held. The ICRC is providing them with clothes, hygiene and recreational items, phone cards enabling them to contact their families, and official documents to facilitate their release and/or voluntary repatriation.

case where there are unsatisfactory conditions of detention, little or no assistance, an absence of monitoring and/or limited respect for judicial guarantees.

Consequently, some National Societies were considering whether to initiate activities for the benefit of detained migrants and were seeking guidance, in case they decided to do so, on how to proceed. To help National Societies, the ICRC has provided technical support in this area by drafting a set of guidelines – *Activities for the Benefit of Detained Migrants, Refugees and Asylum Seekers: Basic and Practical Guidelines for National Societies* (October 2009) – and by organizing two workshops on the topic of migrants in detention (2008 and 2009) with a group of National Societies already working in this area. With the input of participating National Societies, the ICRC drafted and adopted these guidelines for visiting migrants in detention. The ICRC works closely with National Societies in resolving issues that are not covered by these guidelines.

Examples of National Societies' activities in support of migrants deprived of liberty

The Armenian Red Cross has, with the support of UNHCR, upgraded the services offered in the local reception centre so that the conditions are now in line with international standards. The Australian Red Cross continues its visits to immigration detention centres under their humanitarian observer programme and assists the government in placing many migrants in the local community rather than in detention centres. The Canadian Red Cross, Swedish Red Cross, and Ecuadorian Red Cross also visit migrants in detention, migrants' detention centres or reception centres. The Croatian Red Cross visits and provides psychosocial support, the Italian Red Cross provides medical services in reception centres, and the Norwegian Red Cross runs social activities at asylum centres.

iii. Anti-trafficking measures

The Bulgarian Government has established a new national legal framework to combat trafficking. This had the dual function of conducting activities aimed at preventing trafficking and also of prosecuting cases of trafficking in line with the provisions of the UN Convention against Transnational Organized Crime and its Protocol on trafficking. Several State respondents mentioned that they have recently adopted new laws in line with this Protocol and provided assistance to victims of trafficking (Cyprus in 2007, Ireland in 2008, Thailand in 2008 and Bulgaria and Mexico). The Australian Red Cross, the Australian Government, the Dutch Red Cross and the Canadian Red Cross provide support to victims of trafficking. The Governments of Cyprus and Ukraine have developed a national action plan against trafficking and an information network on counter-trafficking respectively. The youth branch of the Nepalese Red Cross is active in raising awareness of the risks of trafficking and the Cambodian Red Cross has developed a programme in response to human trafficking that is aimed at increasing knowledge and awareness in local communities.

The Belgian Government and the Spanish Red Cross reported on their activities against trafficking in countries of origin. The Belgian Government operates two projects through its Ministry of Foreign Affairs: the first, in partnership with the International Organization for Migration and the Office of the United Nations High Commissioner for Refugees, in Serbia to fight against trafficking, and the second with UNICEF in West Africa to protect children from being exposed to the risk of trafficking. The Spanish Red Cross runs programmes to fight against trafficking in countries of origin such as Togo, Burkina Faso, Niger and Côte d'Ivoire.

Moreover, in order to contribute to the fight against human trafficking, the Danish Red Cross, in cooperation with the Secretariat of the International Federation established in 2004 a European Red Cross/Red Crescent cooperation programme to combat human trafficking. This is a network whose objective is to respond to the exposure and vulnerability of some people to human trafficking.

Many National Societies in Europe have started cooperating actively in this network by implementing programmes assisting human trafficking victims in their countries and/or through capacity building programmes supporting other National Societies. For instance, the National Societies in Serbia, Bulgaria, Croatia and Belarus are implementing extensive prevention programmes; the Croatian Red Cross is also running a shelter for victims of human trafficking.

Within PERCO, a working group on anti-trafficking activities has been established and is in the process of mapping the activities of National Societies in the European Union on trafficking. The working group aims to distribute a paper that will list anti-trafficking activities in each country, as well as working materials, to enable National Societies to initiate similar projects in their countries.

iv. Other protection needs of migrants during their journey

Aside from the specific protection activities listed above, other programmes were developed, mainly by National Societies and often supported by the ICRC and the International Federation.

The Cadena Humanitarian: A cross-border initiative to protect migrants

A number of National Societies, under the coordination and with the support of ICRC, developed the *cadena humanitarian* ("humanitarian chain"), an ambulance service for transporting sick or injured migrants stranded in border regions back to their homes.

For instance, the Mexican, Guatemalan and Honduran National Societies, in cooperation with the ICRC, are working on various small-scale projects in order to help migrants. Migrants in the region are particularly vulnerable and every year, hundreds of Mexican and other Central American migrants lose their lives or suffer injuries through

robbery, kidnapping or exploitation by criminal groups .

As a result of injuries sustained during illegal train rides or while making dangerous border crossings, a significant number of migrants undergo amputations. The scale of the problem is such that their needs cannot be met by the authorities alone, and there is little chance of access to physical

rehabilitation. In 2010, the ICRC launched a regional assistance programme for amputee migrants, which supplies equipment and raw materials for prosthetic/orthotic devices and provides expert training to ortho-prosthetists. The ICRC is thus helping to ensure that migrants injured or disabled during their journey receive appropriate care and have access to proper prosthetic devices and rehabilitation.

c. Advocacy and cooperation

i. Advocacy

National Societies see advocacy as an extension of their privileged relationship with their governments, which gives them the opportunity to influence government policy. National Societies also engaged with the public to promote non-discrimination and combat negative stereotypes (see Section 'e.'). The German Red Cross produced a policy paper on migrants without legal status and a handbook on their rights and how to assist them.³⁰

Recently, the Red Crescent Society of Kyrgyzstan ran an advocacy campaign, jointly organized with the Migration and Women Programmes, which resulted in the Kyrgyz parliament amending the law on "employment of citizens of the Kyrgyz Republic" and allowed internal migrants to register with the unemployment services of their area of residence without a residence permit.

The Swedish Red Cross gave the following example: "We influenced our Government and authorities to stop the transfers of asylum seekers to [certain countries] where they face poor reception facilities (...) within a European context we have tried to influence European policies and practice with regards to access to Europe, access to effective protection and a fair and humane asylum procedure." These are just two examples of successful advocacy on behalf of migrants.

The Canadian Government encourages other States to incorporate humanitarian concerns in their migration policies. Mexico promotes a new understanding or vision of migration that considers both the causes and effects of migration, promotes the positive contributions of migrants, places the migrant as a person at the centre of all policy and programme decisions and advocates this approach to other States.

Including a humanitarian perspective during domestic law-making to regulate immigration and asylum seeking in Norway

The Norwegian Red Cross lobbied for a change in domestic legislation that eventually decriminalized humanitarian assistance to all migrants regardless of legal status. The Norwegian Red Cross also examined border control policies and raised issues related to the subject with Norwegian authorities. A central issue has been the government's requirement that asylum seekers must present documents upon arrival. The Norwegian Red Cross has argued that asylum seekers and refugees must not face the same requirements in this regard as other migrants.

The ICRC and the International Federation are also contributing to the advocacy efforts of the Movement, notably through their participation in PERCO and by employing migration-related staff in Brussels. The Movement is also initiating and enhancing dialogue with various regional organizations like the European Council, the European Union, the Asian Development Bank and ASEAN.

ii. Cooperation between States and National Societies

A National Society's activities to benefit migrants are often carried out in support of the pertinent government authorities as part of the National Society's auxiliary role in the humanitarian field, based on formal agreements and the delegation of responsibilities to that National Society, often with the government making a financial contribution to such activities.

³⁰ The National Societies of the following countries also conducted advocacy campaigns: Azerbaijan, Bulgaria, Canada, Croatia, Italy, Switzerland, Portugal, Sierra Leone, Ukraine (on trafficking), and Mexico.

In assigning roles and responsibilities to a National Society a State allows the National Society to act autonomously. Likewise, in accepting responsibilities conferred by a State, a National Society must act in accordance with the Fundamental Principles and Movement policies and decline any responsibilities which conflict with the latter. It is necessary to be mindful of the balance between States interests and providing assistance according to the principles and policies of the Movement.

Partnerships between States and National Societies

The **Swiss** Red Cross is an important implementation partner in the Migration and Public Health Strategy of the Swiss Confederation. The Swiss Government and the Swiss Red Cross also work in partnership on the issue of migrants' return. The **Australian** government and the Australian Red Cross signed a Memorandum of Understanding on the latter's role as a humanitarian observer and on access to people in detention. The **British Red Cross** signed a Memorandum of Understanding with the **UK Border Agency** to provide RFL services in immigration removal centres.

National Societies, when acting in cooperation with and in support of their governments, must be particularly attentive to preserving their independence of action and decision-making – especially in contexts affected by armed conflict and other situations of violence – and to preventing tensions within the community. National Societies have a responsibility to always act impartially to meet the urgent needs of vulnerable people in migrant communities.

The relationship between State authorities and their National Societies has contributed to a greater number of joint projects involving National Societies and to a more open dialogue about the incorporation of humanitarian concerns in government planning and legislation on migration.

iii. Cooperation with other actors

Cooperation between Governments, National Societies and other actors

The **Belgian Government** has signed a partnership agreement with the International Organization for Migration (IOM). In addition, the **Canadian** and **Irish Governments** funded IOM activities aimed at repatriating foreigners from Libya in April 2011 and also worked, through the Canadian Red Cross, with other partners within the Movement to assist displaced people throughout the region affected by the popular uprisings in the Arab world. The **Azerbaijani Red Crescent** has held regular meetings with IOM to discuss cooperation; it also met with other European National Societies in February 2009 to discuss how the International Federation's migration policy could be implemented jointly by European National Societies.

A number of States have worked in partnership with their National Societies and with international organizations, especially the International Organization for Migration and the Office of the United Nations High Commissioner for Refugees, to ensure that migrants have access to food, shelter and health care, both on their territory and during humanitarian crises abroad.

A united and consistent approach to engaging with external actors will contribute to preserving the Movement's unity and independence. Therefore, when negotiating or reviewing operational agreements between components of the Movement and external organizations such as UN agencies, intergovernmental organizations, and international and national non-governmental organizations, it is important that Movement components uphold the Fundamental Principles and the relevant Movement policies such as the "Minimum Elements to be Included in Operational Agreements between the Movement Components and their External Operational Partners" (Resolution 10, Council of Delegates 2003).

Moreover, the identity of a Movement component must not be compromised at any time while conducting its responsibilities under an agreement with an external partner. The agreement must reflect that the National Society or other Movement component will at all times clearly display its own

Partnerships to assist migrants during the events in Libya
While a great number of migrants fled the violence and were trying to return to their countries of origin during the Libyan crisis, numerous National Societies in countries of repatriation (Gambia, Guinea, Niger, Turkey, Philippines, Indonesia, Bangladesh, among others), often supported by ICRC delegations, were involved in and offered various assistance and protection services for migrants who had been chartered back home by their authorities or the International Organization for Migration. The approach of the various components of the Movement was one of cooperation and provided a good example of a trans-regional action to assist returnees upon arrival.

identity and be clearly associated with the Movement.

The International Federation and the ICRC are currently working on a specific agreement template called "Model Format for Cooperation on Asylum Seekers, Refugees and Mixed Migratory Movements between Red Cross and Red Crescent National Societies and the UNHCR." This draft template is still in negotiation within the Movement and subsequently with UNHCR.

d. Integration and reintegration

i. Reception and integration

Many National Societies with deep roots in local communities have also developed a large number of programmes to sensitize local communities to the humanitarian needs of vulnerable migrants, assist migrants in integrating into the host societies and promote social inclusion and positive interactions between migrant and host communities. The number and types of programmes undertaken by governments and National Societies, and aimed at integration of migrants in their countries of destination, vary.

The Spanish Red Cross' Integration Plan for Immigrants
This plan includes different programmes and projects that share the same objective of promoting access to and maintenance in the job market of immigrants both self-employed and employed. All the projects share a common methodology: integral work plans, in which Red Cross specialists work with participants in three large areas: labour orientation, training and preparation, and mediation with firms and employers. Some programmes are directed specifically at immigrant women.

National Society initiatives to support migrants' integration
The Swiss Red Cross runs programmes aimed at integrating migrants, including in schools. The German Red Cross is part of a steering group on enhancing inclusion. In 2010, the Canadian Red Cross operated a first contact programme which included information on how to find affordable housing, process a refugee claim, secure employment and apply for legal aid or social assistance. The Norwegian Red Cross has a programme that it has run for the past 11 years called the Refugee Guide programme; it matches local volunteers with new arrivals. The Armenian, Croatian, Greek, and Colombian National Societies are also active in this area. The pilot project of the German Red Cross is another such programme: it was aimed at including migrants in the voluntary work of the German Red Cross. Bulgaria has adopted the National Strategy on Migration, Asylum and Integration 2011-2020. The strategy aims at establishing an effective coordination mechanism for better management of the migration processes, improvement of domestic migration legislation and improvement of the cooperation between State authorities and the non-governmental organizations. The Bulgaria Red Cross is a partner of the State Agency for Refugees at the Council of Ministers in implementing the national programmes for the integration of refugees for 2008-2010 and 2011-2013.

ii. Return and reintegration

It is important to note the difficulty in differentiating between "forced" and "voluntary" return with regard to migrants. The question of return in general is one that is very sensitive. As National Societies play

the role of auxiliaries in the humanitarian services of their governments, they may be requested to assist migrants in returning. Therefore, they need to carefully assess their involvement in these activities in order to be able to respect Movement's Fundamental Principles. This is particularly true when it comes to forced return.

In 2009, the International Federation and the ICRC took a clear stand on the participation of components of the Movement in the forced removal of migrants, advising that, "[a]s a rule, National Societies shall avoid participation in expulsions or deportations of migrants". There is, however, no opposition to the humanitarian work that is done before and after the return process; in this regard, there is a broad range of assistance and protection activities that can be provided to returnees. The International Federation's advisory note on assisting migrants before, during and after return provides a framework for National Societies to address this sensitive issue.

A number of National Societies are engaged in activities like the following:

- Before departure (to facilitate return and prepare reintegration)

Counselling on return and reintegration, providing up-to-date information on conditions and assistance in the country of return, restoring family links, social and psychological support, vocational training, assistance in finding employment establishing contacts with the National Society and other relevant organizations in the country of return, etc.

- Upon arrival (to support reintegration)

Reception services, referrals to relevant institutions and organizations for assistance, additional support in emergency cases (e.g. food, shelter, clothing, medical assistance), restoring family links, social and psychological support, assistance to support self-reliance, advice and assistance on services, monitoring of reintegration, etc.

From the Movement's perspective, when working with and for returnees, the National Societies must ensure that the following general programming principles are respected:

- § National Societies in host countries and countries of return agree to cooperate and work together to ensure effective and durable support to returnees, taking due account of the humanitarian needs of the receiving community;
- § No action must be undertaken without the agreement of the returnee(s) concerned. All activities are clearly specified, and understood by all stakeholders, in particular the returning migrants and the relevant authorities;
- § While informing migrants about their options, National Societies must not be part of or act as if they were part of governmental or other schemes to promote or encourage return as a preferred solution;
- National Societies must not be associated with, and must not be perceived to be associated with, the enforcement of a State's decision to forcibly remove a migrant.

The European Red Cross Return Initiative (ERCRI) was a joint project of the British Red Cross, the Bulgarian Red Cross, the Danish Red Cross, the German Red Cross, the Swedish Red Cross, the Swiss Red Cross and the Red Cross/EU Office, and co-financed by the European Union. The overall objective of the ERCRI project was to contribute to sustainable return in safety and dignity through effective cooperation and coordination among the components of Movement as well as with external stakeholders.

National Society initiatives to raise awareness and to support returning migrants

The Belgian Red Cross conducted many projects in this area, including the production, jointly with the Congolese Red Cross, of a comic book raising awareness of the potential risks and, more widely, on the humanitarian consequences of migration. The Colombian Government provides consular assistance to Colombian migrants abroad who face deportation; it has also implemented a national plan, "Plan de Retorno Positivo". The Czech Red Cross, in partnership with the Swedish Red Cross, has been involved, since early 2011, in a voluntary repatriation project as has the Serbian Red Cross.

e. Human dignity

Xenophobia and stigmatization of migrants render it difficult for migrants to gain access to needed assistance and for National Societies to take action on their behalf. In a report from Amnesty International on the disparity between anti-discrimination norms and actual practice in Europe, it was noted that “discrimination on the grounds of ethnic origin remains widespread in the fields of housing, employment and access to services, particularly in the private sector.”³¹

Violence, discrimination, stigmatization, intolerance and exclusion are often a refusal to accept the other's difference based on fear, ignorance, bias or prejudice. The key to creating social inclusion is to develop the abilities of communities and individuals to deal with these differences, to respect and appreciate diversity rather than reject it, and, most importantly, to find solutions together to the challenges. Local communities and migrants need to approach differences with an open mind, i.e. seek to understand where others come from and respect the right to think differently.

The youth sections of National Societies have been particularly active in efforts to promote integration domestically and

reintegration in countries of origin, and to reduce xenophobia and discrimination: The Portuguese Red Cross and the British Red Cross reported on their youth engagement with the EU-funded Positive Images project. The Latvian and Spanish National Societies also emphasized that the majority of projects aimed at combating discrimination were undertaken by their youth branches. For more information on youth activities under Pledge 129, please see the chapter on violence. The Japanese Red Cross reported on exchange programmes for youth to learn about other cultures.

The Armenian Red Cross, the Belgian Red Cross and the Bulgarian Red Cross also ran programmes aimed at combating stereotypes. The Colombian Government reported on the inclusion in their national development plan of provisions, in the section on non-discrimination that related specifically to migrants. The Australian Government recently adopted a multicultural policy and the Cypriot Government spoke of the work of its Equality Authority in ensuring respect for migrant's rights.

Working with youth on combating xenophobia and stigmatisation

Many National Societies are now implementing the Youth as Agents of Behavioural Change (YABC) initiative, which empowers youth to work towards non-discrimination and respect for diversity; violence prevention, mitigation and response; inter-cultural dialogue, gender and social inclusiveness. Youth do this by: developing skills such as active listening, empathy, critical thinking; dropping bias and judgemental attitudes; and learning non-violent communication techniques. The YABC initiative has recently been used by several National Societies in North Africa in their programmes on migration.

The Bulgarian Red Cross also targets children, providing lessons in Sofia schools by which Bulgarian children can meet migrant children and discuss what it means to be a migrant, what difficulties migrant children and their parents face in the host country, and the rights of children.

³¹ Amnesty International “Dealing with Difference,” (London Amnesty International 2007, p. 7). states that “The rise of far-right political parties (to positions of power in many countries), and the ubiquity of xenophobic discourse is just the visible tip of the prejudice affecting the daily lives of both long-established ethnic minorities and recent migrants “.

Chapter 3 "Violence, in particular in urban settings"

Document prepared jointly by the International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies

Violence, in particular in urban settings

We recognize that violence is a leading cause of preventable death, injury and human suffering worldwide. Violence in urban areas poses a particular challenge, where problems are often aggravated by rapidly growing populations, poverty and economic inequalities, unemployment, social exclusion and marginalization, insufficient public security and services, and the easy availability of drugs and weapons.

We acknowledge that States are responsible for providing safety and ensuring adequate care and support for the victims of violence, to the extent feasible, and for the creation of policies and legal frameworks which aim to prevent and mitigate violence. Such policies and frameworks may also need to address cases of urban armed violence between organized groups.

We are resolved to work together to develop at all levels comprehensive violence-prevention and reduction programmes in order to build safer communities through practical measures that take into account social and economic development objectives, and to facilitate the rehabilitation of youth affected by violence in order to reduce their alienation and radicalization and reduce their vulnerability to drugs and crime. We will intensify efforts to mobilize community respect for diversity and action against racism, discrimination, xenophobia, marginalization and other forms of exclusion, faced by all vulnerable groups, also empowering volunteers and youth in humanitarian activities to prevent, defuse or mitigate violence, particularly in urban settings, basing ourselves on the considerable experience of National Societies."

(excerpt from the Declaration: "Together for Humanity")

Introduction

As the world grows increasingly urban, violence in many cities is reaching epidemic proportions. Urban centres are undergoing unprecedented growth owing to natural increases in population and migration from the countryside. Living in cities permits individuals and families to take advantage of the opportunities of proximity, diversity, and marketplace competition. But this is often accompanied by a decrease in adequate social, health and economic services, which can result in demonstrations demanding change, food riots, clashes between territorial gangs, political groups or ethnic communities, and acts of xenophobic violence directed against migrants or other groups. This combination of factors creates new challenges for those giving aid and working to protect and assist victims of violence in urban settings.

The International Red Cross and Red Crescent Movement works in many different situations of violence in urban settings around the world, and has to constantly adapt its actions in response to these situations. The nature of violence varies greatly from context to context. Amongst the characteristic features of contemporary situations of violence that fall below the threshold of armed conflict, one can highlight the following: the diversity of actors, which makes it even more difficult for State institutions and services to cover all of their national territory. This is often coupled with the inability of the central and legitimate authorities to maintain law and order throughout their territory or to have a monopoly on the use of force. Social and economic inequalities, demographic pressures, migration and urbanization are also important factors that contribute to creating conditions conducive to the occurrence of violence; this is particularly true in urban settings. Many of those who cannot meet their most basic needs opt for migration; the majority end up in urban centres in their own countries or in neighbouring countries, in already overcrowded shanty towns. This results in social pressures that escalate or can easily escalate into violence.

Recognizing the growing need to assist victims of violence in urban settings, the components of the Movement and States raised the issue in the Declaration "Together for humanity" at the 30th International Conference of the Red Cross and Red Crescent. The Declaration highlighted five different issues: violence-prevention and reduction programmes; support for victims; reducing the vulnerability to drugs and crimes of people affected by violence; mobilization community respect for

diversity and action to include minorities and vulnerable groups; empowering volunteers and youth in humanitarian activities to prevent violence.

The expression "violence in urban settings" covers a number of different situations:

1. Armed conflict in urban settings: This covers armed conflicts that take place in urban settings, e.g. Gaza, Baghdad, Misrata, Abidjan, and Tripoli. Such situations are covered by international humanitarian law.
2. Other Situations of Violence (OSV), in particular in urban settings: The term 'other situations of violence' is used to describe situations of violence that do not reach the threshold of armed conflict, as defined by international humanitarian law. These situations may be isolated, sporadic, chronic, recurrent, expected or unexpected and may involve both State and non-State actors. OSV may refer to internal disturbances³² and tensions such as civil unrest, riots, State repression, election violence, communal violence, organized violence (such as between gangs) or demonstrations as well as other acts of a similar nature. It may also refer to interpersonal violence and self directed violence.

The report will focus on situations other than armed conflict, particularly on two categories of situations of violence that take place in urban settings and that can be summarized as follows:

- a. Situations of organized (and often armed) violence: While they do not reach the threshold of armed conflict in terms of intensity, they have consequences in humanitarian terms that can be as serious as (or sometimes more serious than) those stemming from armed conflict. The International Committee of the Red Cross (ICRC) and National Red Cross and Red Crescent Societies (National Societies), in partnership, engage to respond to humanitarian needs arising in these kinds of situation, in accordance with the Statutes of the Movement and the Fundamental Principles, and in light of their added value. Recent examples of such situations include the violence in Kyrgyzstan and the events in various countries of the Middle East, such as Tunisia, Egypt and Syria. The ICRC and the National Societies also work together to address the consequences in humanitarian terms of the violence in various towns in Latin America.
- b. Interpersonal violence in urban settings: This covers interpersonal violence and self-directed violence in urban settings, but which is not the result of confrontations between groups and therefore not organized and not necessarily involving arms. It refers to violence that occurs behind closed doors of homes, schools, workplaces or institutions between people who may or may not know each other. Examples include suicide, substance abuse and misuse, child abuse, bullying, harassment, family violence, abuse of the elderly, gang violence, or sporadic crime.³³ The International Federation supports National Societies in programmes aimed at reducing the effects of and preventing interpersonal violence.

This section of the follow-up report will present some of the actions taken by the various components of the Movement and by States during the last four years in order to implement the Declaration and various pledges in relation to violence in urban settings made at the 30th International conference.

The report is based on the responses to follow-up questionnaires from 39 National Societies³⁴ and 19 States³⁵, and reports on pledges other than Pledge 129 (see Section 2) from the Canadian Red Cross and the Government of Canada, the Colombian Red Cross and the Spanish Red Cross. The report is

³² 'Internal disturbance' is synonymous with 'internal strife' which is the terminology used in the Statutes of the International Red Cross and Red Crescent Movement and in the Seville Agreement and its Supplementary Measures.

³³ The IFRC International Federation's Strategy on Violence Prevention, Mitigation and Response provides definitions of different categories and types of interpersonal violence and self-directed of violence.

³⁴ Australia, Azerbaijan, Belgium, Bolivia, Bosnia-Herzegovina, Brunei, Bulgaria, Cambodia, Canada, Colombia, the Czech Republic, Ecuador, Egypt, El Salvador, France Germany, Honduras, Ireland, Italy, Japan, Kyrgyzstan, Latvia, Lesotho, Mexico, Monaco, Nepal, Netherlands, New Zealand, Norway, Peru, Portugal, Serbia, Sierra Leone, Spain, Sweden, Switzerland, Turkmenistan, the United Kingdom and the United States.

³⁵ Azerbaijan, Belgium, Canada, Cyprus, France, Guatemala, Ireland, Italy, Japan, Lesotho, Madagascar, Malawi, Mexico, Norway, Portugal, Romania, Switzerland, Thailand and, Ukraine.

divided into two sections. The first, on other situations of violence (including organized armed violence in urban settings), contains information on ICRC activities as well as those undertaken by National Societies and States in that area. The second, on self-directed and inter-personal violence, contains information on the activities of the International Federation of Red Cross and Red Crescent Societies (International Federation) and of National Societies and States in that area.

1. Organized armed violence in urban settings

A number of States face the challenge of ensuring the harmonious development of rapidly expanding cities and of offering a growing population public services in the areas of security, health, and education. In some contexts, this challenge is made more daunting by various kinds of violence that do not amount to armed conflict (food riots, clashes between territorial gangs or ethnic communities, acts of xenophobic violence directed against migrants, etc.).

This growing phenomenon of violence, often involving armed confrontations, while not reach the threshold of armed conflict in terms of intensity, often has humanitarian consequences that can be as serious as, and sometimes even more serious than, those stemming from armed conflicts.

National Societies and the ICRC step in when such violence has unmistakable humanitarian consequences and where their expertise and mandate, together with their ability to act in accordance with the Fundamental Principles of neutrality, impartiality, and independence represent an added value in assisting and protecting vulnerable people.

a. The ICRC’s strategy on National Societies preparing and responding to armed conflict and other situations of violence

During the 2009 Council of Delegates, the ICRC was requested by National Societies to develop guidelines for such of them as were working in armed conflict and other situations of violence. In 2010, the ICRC, together with the Canadian and the Colombian National Societies, launched a project titled "Strengthening National Societies’ Capacity to Respond to Armed Conflict and other Situations of Violence". This project will, amongst other things, result in the development of a Practical Guide that is expected to enhance the capacity of National Societies, and ultimately, those of the Movement. The guide will enhance the capacity of National Societies to position themselves for increased acceptance in a way that emphasizes their real and perceived neutrality, impartiality and independence. It is also expected to increase National Societies' ability to gain safer access to those affected by armed conflict and other situations of violence in order to provide assistance and protection.

b. Reducing the vulnerability of youth to violence³⁶

Children and young people in urban settings are particularly vulnerable to violence; they represent potential victims but can also be agents of violence, for instance, when they join armed groups and gangs. Many National Societies are creating initiatives focused on children and young people in urban settings. These youth programmes take various forms, from rehabilitating former child soldiers to giving children in Central America an alternative to joining gangs.

South Africa The ICRC's partnership with the South African Red Cross Society includes responding to OSV, with a focus, in selected communities, on prevention among youth under 21 years of age; The ICRC set up a sport-based programme to curb youth violence.

In some countries young people do not participate in the life of their community and feel estranged from it. They are easy prey for organized armed groups and gangs, which give them a sense of belonging. In order to prevent young people under 18 years of age from enlisting in armed groups, some National Societies and States are creating initiatives focused on children and young people, with

³⁶ Please refer to section 2 of the report for more information on youth violence prevention.

To mitigate the role of urban environments in the formation of youth gangs, the **Department of Foreign Affairs and International Trade of Canada** provided support for four projects: for instance, it provided support for Accountable Development Works, to expand the Songo Youth Training Centre in Sierra Leone, which provides skills training for former child combatants and access to start-up resources for programme graduates. The **Sierra Leone Red Cross Society** is also engaged in promoting a culture of non-violence for young people in three urban districts in the south of the country and one in the north: it does so through a structured project called "Community Animation and Peace Support".

the aim of building up their self-esteem, teaching them new skills and showing them peaceful ways of resolving conflicts. These strategies aim to prevent youth from joining armed groups and to reduce violence in urban settings in a lasting way. The ICRC's Civil Society Relations Unit is analysing the individual and environmental factors that cause children or adolescents to join such gangs or groups, either voluntarily or under coercion. The research on children at risk shows that, far from being vulnerable and passive victims, they are creative and resilient players who are

trying to protect themselves and to improve the quality of their lives.

The ICRC's Exploring Humanitarian Law programme has been adapted in several Latin American countries as "Abrindo Espaços Humanitários" (AEH), or Creating Humanitarian Spaces- In **Brazil** in 2008, the program was initiated in seven schools in and around seven shantytowns in Rio de Janeiro in partnership with the State Secretariat of Education of Rio de Janeiro. In **Honduras** the AEH pilot was launched in August 2010, with the signing of a Memorandum of Understanding between the Ministry of Education of Honduras and the ICRC.

c. Addressing armed violence in urban settings

Many states and different humanitarian organizations are becoming more and more concerned about the growing violence in particular in urban settings. In May 2010, the Government of **Norway** and the United Nations Development Program (UNDP) co-hosted the "Oslo Conference on Armed Violence" in Geneva. During the Conference, more than 60 States agreed to endorse 'the Oslo Commitments on Armed Violence' – a set of concrete steps towards measurable reductions in armed violence, including support for the inclusion of armed violence in the Millennium Development Goals Review Summit.

During these last 4 years the Movement has implemented activities to help civilians caught up in the armed violence in cities around the world, but especially in Latin America, with a focus on the most vulnerable categories of the population. It aims to respond to the most urgent needs of people affected by the violence and contribute to alleviating their plight.

The Haitian Red Cross, with the support of the ICRC, developed activities for assisting victims of armed violence in urban settings: for instance, it helped evacuate wounded and sick people from Cité Soleil, and, since the end of March 2008, from Martissant. The ICRC provided the Haitian Red Cross with equipment, staff and vehicles that were used as ambulances. The ICRC, which helped the Haitian Red Cross to establish four first-aid posts in Cité Soleil and Martissant, places, also trained ambulance drivers and volunteers recruited among the residents of Martissant.

During the popular uprisings in the Arab world, the riots usually took place in urban centres. For the Movement it often remained difficult to gain access to victims of the violence. National Societies

The **Yemen Red Crescent Society** and the **ICRC**, with the financial backing of the **Danish Red Cross**, conducted integrated first aid-training for 40 volunteers in Hodeida, Mahweet and Ibb in Yemen.

played an important role in obtaining such access. For example, since the beginning of the crisis in Syria, the Syrian Arab Red Crescent has been able to reach the protest areas, provided first aid and evaluated the condition of some of the injured. Cooperation and coordination between the Movement's components

have been strengthened to ensure the most effective response to humanitarian needs. In Egypt, Syria and Yemen, the ICRC, the International Federation, the National Society of the country in question and other National Societies on the scene have met regularly since the beginning of the crisis, to prepare emergency response plans and to discuss how to address the rise of violence, particularly in urban settings.

In **Guatemala**, the ICRC, the Spanish Red Cross and the Guatemalan Red Cross have signed a trilateral agreement related on a violence-prevention project in Guatemala City. In **Honduras**, the Italian Red Cross, the Swiss Red Cross and Honduran Red Cross signed an agreement with the ICRC for the continuation of the PAO Project (ampliando oportunidades/violence prevention) in San Francisco/Tegucigalpa.

In Latin America, the ICRC, the International Federation and National Societies have also developed tripartite agreements in order to strengthen the operational capacity of the National Societies to ensure better protection for victims of violence in urban settings. These agreements entail training and the provision by the ICRC of materials and financial support to National Societies, in coordination with the International Federation. To alleviate the

consequences of violence for vulnerable urban residents and contribute to their safety and access to basic services, the ICRC, which has also developed activities of its own, supports local partners, civil society and the programmes and initiatives.

Case study: Rio de Janeiro program

The project, begun in 2008, addresses the following target populations: shantytowns resident; (including children and young people), weapon bearers and teachers.

In partnership with the Rio de Janeiro municipality, the local branch of the Brazilian Red Cross and other local bodies, the ICRC is running a multidisciplinary project in 7 shantytowns to help address the consequences of violence. This comprises activities to meet community health needs covering first aid, mental health, support to teenage mothers and access to primary healthcare, as well as dialogue with weapon bearers and a school project. By involving weapon bearers, community leaders, residents, the Brazilian Red Cross and other civil society actors, the ICRC builds the trust with these communities in order to better meet the needs, particularly health needs as well as facilitate safe access to appropriate care.

The Movement, through various preventive activities designed to educate, train and empower key actors (authorities, police, academics and students), aims at limiting the excessive use of force and thus ensuring respect for the international human rights norms applicable and protection for civilians in other situations of violence in urban settings. The growth of organized crime prompted governments to opt for increasingly preventive policies in an attempt to curb the resulting violence. These policies may result in social unrest that can lead to clashes between demonstrators and law enforcement agents and result in excessive use of force.

In **Colombia**, the ICRC organised two seminars on the legal use of force, to respond to the challenge that public forces faced as they attempted to tackle rising urban violence. Acting on an ICRC/Colombian Red Cross assessment based on visits to 10 police schools, the director of police training shared recommendations with the schools and scheduled follow-up visits to ensure that international humanitarian law was fully incorporated in police training and education.

After the earthquake in **Haiti**, the ICRC continued its dialogue with weapon-bearers in slums, including the heads of armed groups, the national police and the United Nations Stabilization Mission in Haiti, with a special focus on showing respect for the medical mission of the volunteers of the Haitian Red Cross.

In **Mexico, El Salvador, Guatemala, Honduras, Nicaragua and Dominican Republic**, the ICRC maintains contacts with the armed forces directly through the senior officers or via the Director of Human Rights and International Humanitarian Law. A Memorandum of Understanding is in preparation for signature between the Mexican Navy (SEMAR) and the ICRC to facilitate cooperation in addressing the topic of Use of Force in Other Situations of Violence.

Furthermore, in order to reduce the risk of violence in urban settings, the Movement, whenever possible, establishes direct contact with weapon-bearers (State and non-State). This serves a twofold purpose: to inform them about the Movement's activities and its neutrality and independence so that humanitarian workers can work safely and without hindrance; and to engage them in a sustained dialogue on respect for civilians, drawing their attention to abuses and the need to end such practices. For example, in Egypt during the crisis of early 2011, the ICRC reminded the Egyptian authorities that all law enforcement measures must be taken in conformity with applicable domestic and international law.

The ICRC also draws the attention of political and security authorities in Latin American countries to the necessity of regulating the use of force by law-enforcement officials engaged in other situations of violence, especially in urban settings, in line with existing international standards, while offering its expertise and support, both in legal and in operational terms.

In **Guatemala**, the ICRC advises the headquarters staff of the Guatemalan armed forces in drawing up rules of Engagement for the use of force in operations in support of police activities.
In **El Salvador**, the ICRC participated in seminars on human rights law and international humanitarian law organized by the United States Southern Command; it also took part in similar seminars at the Inter-American Defence College in Washington, D.C.
In **Mexico**, the ICRC provided courses and workshops on international humanitarian law and on the use of force, and carried out dissemination activities relating to international humanitarian law, for some 2150 members of the armed forces in Mexico City and in various states. Of these activities, 17 took place during the first five months of 2011; they ranged in length from half a day to five days.

2. Interpersonal and self-directed violence

a. Developments at policy level within the International Federation

Since the adoption of the Declaration, the International Federation has sought to determine how it can best effect change in this area. During a high-level meeting on violence in 2008, it shifted its focus from urban violence to interpersonal and self-directed violence, including urban violence. It was also agreed that it was not appropriate for the International Federation to address collective violence (or OSV including organized armed violence) as that falls within the ICRC's mandate.

i. Strategy 2020, Strategic aim 3: Building a culture of non-violence and peace

In the third 'strategic aim' of its ten-year plan, Strategy 2020, the International Federation shifts its emphasis to a holistic view that aims to promote a culture of non-violence and peace. This encompasses activities related to violence prevention, mitigation and response as well as to those addressing the root causes of violence, which include discrimination, racism and xenophobia. In connection with this, additional emphasis has been placed on youth engagement (see sub-section below) and a gender equality strategy is being developed. In this regard, the International Federation is also actively involved with its partners: its engagement with the WHO's violence prevention alliance was formalized in May 2011, when it became an official member of the WHO's Violence Prevention Network. The Canadian Red Cross was also involved in this process.

The shift in the International Federation's position, its focusing on promoting a culture of non-violence and peace, is consistent with both its core programme of promoting its Fundamental Principles and the recent activities of some National Societies. For instance, the Serbian Red Cross aims to achieve violence reduction by promoting its humanitarian values, the German Red Cross aims to increase diversity within its organization and the Nepalese Red Cross uses its regular radio broadcasts to promote humanitarian principles and address some of the underlying causes of tension and conflict in communities. The Sierra Leone Red Cross Society is also engaged in promoting a culture of non-violence for young people in three urban districts in the south of the country and one in the north: it does so through a structured project called Community Animation and Peace Support

Example: Italian Red Cross

Public authorities, both at national and local levels, are cooperating with the Italian Red Cross in connection with violence in metropolitan areas. Activities in this regard, aimed at promoting a culture of non-violence and peace, are also carried out by the Italian Red Cross Youth in schools, in cooperation with both the Ministry of Child Policy and that of Education. Call centres for specific vulnerable groups – dealing in particular with drugs abuse - have been set up by the Italian Red Cross.

ii. Global Strategy on Violence Prevention, Mitigation and Response 2010-2020

The International Federation developed its Global Strategy on Violence Prevention, Mitigation and Response in cooperation with a network of 22 National Societies,³⁷ this involved an in-depth consultation process, during which additional input was provided by key external partners including the ICRC. The Canadian Red Cross offered technical support for drafting the strategy and implementation documents such as the guidelines for the development, implementation and evaluation of violence prevention projects; the Spanish Red Cross provided a person as “staff on loan” to the International Federation. At the General Assembly in 2009, the draft global strategy on violence prevention, mitigation and response was presented during a side event. All National Societies were invited to give feedback. A consultation process was opened from January to March 2010 for National Societies, the ICRC and the staff of the Secretariat of the International Federation in zonal offices and Geneva to provide their feedback on the draft strategy. The strategy was adopted by the Governing Board in April 2011. It is aligned with the provisions of Strategy 2020, as both documents were developed simultaneously and serves as a practical strategic tool to implement Strategic aim 3.

b. Violence prevention programmes

In this subject, more than any other, the lines between the various issues are blurred and the causes or occurrence of one type of violence are often related to another. Interestingly, a number of programmes that set out to assist one category of vulnerable people or deal with one type of violence often broaden their scope or change focus. The adaptability of these programmes – such as Cambodia’s anti-trafficking measures, which are now more concerned with gender-based violence – is their strength and indicates a good grasp of shifting patterns of vulnerability and the ability of programme managers to identify new groups or problems and address them. Another example is that of the British Red Cross, which takes lessons learnt from a programme run in Sierra Leone to reintegrate child soldiers and applies these to domestic programmes targeting youth.

i. Incorporation of violence prevention in other areas of work

A number of respondents drew attention to how violence prevention had been included in other areas of work. For instance, Nepal has incorporated violence prevention in its National Development Plan 2011-2015, Mexico in its National Security Plan and Portugal in its Equality, Gender and Citizenship Plan. Colombia has a National Strategy on Violence Prevention and the Honduran Red Cross is updating its 2003 violence prevention strategy.

The Canadian Red Cross has developed courses on the prevention of violence and helped in their incorporation in several key global International Federation programmes such as: Youth as Agents of Behavioural Change; and Community Based Health and First Aid as well as mainstreaming it in the work of the Psychosocial Reference Centre. In addition, they developed a checklist on preventing violence in shelter design within emergencies and helped include content on violence prevention and response within HIV programmes. Within the National Society, they have integrated violence prevention strategies in IMPACT trainings and are now starting to include them in Emergency Response Unit training.

ii. Regional networks and peer support

In October 2010, a regional violence prevention workshop was organized by the Norwegian Red Cross, the Spanish Red Cross and the International Federation’s Americas zone office, in Panama. It was attended by representatives from the ICRC and the International Federation, violence prevention coordinators from the National Societies in the region, the Colombian Red Cross, and programme coordinators from partner National Societies in the region – the Spanish Red Cross, the Canadian Red Cross, the Norwegian Red Cross, and the Italian Red Cross – providing support for the implementation of their various violence prevention programmes. Since then the partner National Societies in the region – including the Swiss Red Cross and the American Red Cross – have been actively cooperating with one another in the Americas zone, with a particular focus on children and youth.

³⁷ Argentina, Cameroon, Canada, Colombia, Guyana, Honduras, India, Ireland, Italy, Jamaica, Kenya, Liberia, Mongolia, Norway, the Democratic Republic of Congo, El Salvador, Samoa, Serbia, Sierra Leone, South Africa, Spain and Sri Lanka.

The Canadian Red Cross', award-winning, domestic programme RespectED has reached approximately five million people in 28 years. Its activities cover ill-treatment of children, violence among youth in connection with their personal relationships, bullying and harassment, and it provides support to organizations to develop safe environments free of violence. RespectED works with many different communities and adapts its activities for unique groups, such as indigenous populations and immigrants. The Australian Red Cross has re-designed the RespectEd programme with a focus on Aboriginal and Torres Strait Islander people in Australia. The programme is currently being tried in a number of vulnerable communities.

iii. Stand-alone programmes dealing with specific areas

- **Anti-trafficking**

Several respondents addressed this issue in their responses to the migration section of the questionnaire. Only the Cambodian Red Cross, the Greek Red Cross and Government of the Republic of Cyprus included information in the context of violence prevention. The Greek Red Cross noted that it is part of the European National Societies Network against trafficking and Government of the Republic of Cyprus outlined the special immigration provisions it made for victims of trafficking. The programme run by the Cambodian Red Cross is outlined in the box below:

Example: The Cambodian Red Cross

The [Response to Human Trafficking] (RHT) programme is a continuation of a 33-month pilot phase, which was initiated in July 2006 (and lasted until March 2009). The Development Objective of the pilot phase was to contribute to the prevention of trafficking in women and children in Cambodia by reducing vulnerabilities through community preparedness and prevention. The RHT programme's Immediate Objective was to increase knowledge and awareness on human trafficking among targeted communities, local authorities and Cambodian Red Cross staff through grassroots workshops and awareness-raising campaigns as well as peer education.

The RHT programme aims at dealing with a total of 500 cases over four years (2009-2012) in Banteay Meanchey, Svay Rieng and Koh Kong provinces. Cases dealt with are seen as a proxy indicator for awareness raising in other activities: if someone is assisted, it means that awareness raising about the services that RHT offers was effective. In total, 12 Red Cross Volunteer networks will be in place by the end of the phase. The programme will have special focus on people vulnerable to trafficking and victims and survivors of trafficking, rape and domestic violence.

In recent months the emphasis of programme implementation has shifted towards assisting beneficiaries who have been subjected to domestic violence or sexual abuse.

iv. Gender-based violence³⁸

As a follow-up to Strategy 2020, the International Federation has been working together with its National Society gender network on the development of a Federation-wide Gender Strategy (with a focus on gender-based violence) aligned with Strategy 2020's strategic aims and enabling actions.

Gender-based violence is a cross-cutting issue within the area of interpersonal violence. A number of National Societies run programmes in this area, especially within the sub-area of domestic violence. The Malawi Red Cross Society is implementing a programme in refugee camps aimed at reducing gender-based violence. The Government of Australia has made a substantial commitment to reducing

³⁸ **Gender-based violence** is a term that embraces a range of concepts that incorporate an analysis of gender inequality as the root cause of gender-based violence. Essentially it means any act that results in, or is likely to result in physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It can encompass sexual violence, domestic violence, sex trafficking, harmful practices such as female genital mutilation, forced or early marriage, forced prostitution, sexual harassment, and sexual exploitation, to name but a few. Gender-based violence is more often than not used as a synonym to violence against women. Such confusion and misuse of terminology is a barrier to acknowledging the existence of violence against men. While gender-based violence primarily and disproportionately affects women and girls, men and boys are also subject to it. Male-on-male interpersonal violence, sexual abuse of men and boys, and rape of male inmates while in prison represent several possible examples.

gender- based violence, in particular by investing in programmes in partner countries such as Fiji, Papua New Guinea, Vanuatu and Timor-Leste. The Government of Ireland has set up the Irish Joint Consortium on Gender-Based Violence, of which the Irish Red Cross is a member, and has co-sponsored UN General Assembly resolutions on the subject. Following the Haitian earthquake, the International Federation opened its first PSEXA/GBV (Prevention of Sexual Abuse and Exploitation/Gender-Based Violence) delegate position for an emergency operation.

Several States mentioned new laws on domestic violence and a number of National Societies highlighted their work in prevention and assistance in this area. Azerbaijan enacted a law on domestic violence; Japan reviewed and amended its act on the prevention of spousal abuse/ intimate partner violence; Portugal developed a national plan against domestic violence; and Romania trains its police officers specifically to deal with incidents of domestic violence.

The Swedish Red Cross runs a project in cooperation with an organization for former victims of domestic violence as well as violence between close relatives with an aim to prevent such violence by changing attitudes. Japan also holds an education campaign in November every year to eliminate violence against women.

Example: The Red Crescent Society of Kyrgyzstan

Research conducted in 2006 by the Red Crescent Society of Kyrgyzstan (RCSK) in Bishkek, Osh, and Jalal-Abad showed that inequality between women and men and discrimination towards women made the latter particularly vulnerable in society. Furthermore, women also face restrictions within a family setting. Poverty in the family often means that girls are at a high risk of: being married off early; being kidnapped; receiving minimal or no education; and being subject to domestic violence. According to the crisis centres in the country, statistics reveal that 80 to 90 per cent of victims of domestic violence are women.

The RCSK research also illustrated that domestic violence has a number of adverse consequences. For example, tolerance of aggression and violence can foster the acceptance of negative norms in society that may get passed on from one generation to another. In order to reduce all forms of discrimination against women, the RCSK developed a strategy and implemented a project - "Strengthening the role, Socio-Economic Conditions, and Health Status of Vulnerable Women in Kyrgyz society", -through financial support from the European Union (2007–2009) and the British Red Cross Society (2007–2012).

Since 2008, the RCSK has significantly strengthened its capacity and lobbied for strengthening women's position in society. An advocacy campaign has been developed and successfully implemented to address these issues with the two aims of: reducing cases of unregistered and early marriages in Osh and Jalal-Abad provinces; and; ensuring access to basic social services (health, education, social benefits, employment) for internal migrants in Bishkek.

The project mobilised the beneficiaries themselves and involved external stakeholders. The RCSK also organised meetings with decision-makers (Ministry of Health, MPs, representatives of the mayor's office in Osh and Jalal-Abad and other local authorities). These meetings revealed an acute need for coordination with all stakeholders to discuss common strategies, share action plans, and join forces on various activities.

The meetings also led to amendments to the domestic legislation. In May 2011, MPs involved in the RCSK awareness campaign called a first hearing to (i) amend the Civil Code and the Family Code and raise the minimum age for marriage, from 16 to 17, and (ii) introduce an obligation to register marriages at the Civil Registrar's Office.

- **Drug abuse**

As with the previous section on trafficking, this is an issue that has also been reported on in the context of harm reduction activities in the chapter on health. Substance abuse and misuse is one of the two types of violence addressed by the IFRC's global strategy on violence prevention, mitigation and response under the category of self-directed violence, together with suicide³⁹. The respondents that submitted information related to violence prevention are: the Canadian Red Cross, the Iraqi Red Crescent, the Italian Red Cross, the Red Crescent Society of Turkmenistan, the Ecuadorian Red

³⁹ A survey conducted in 2009 with 16 National Societies, revealed that with respect to self-directed violence, whereas 75 per cent of the 16 National Societies confirmed addressing substance abuse, only 19 per cent (three out of 16) were dealing with suicide. In their answer to the questionnaire, the Swedish Red Cross reported on their programme in this area.

Cross, and the Governments of the Republic of Cyprus, Portugal and Thailand. Activities include: drug prevention programmes focused on people who are socially excluded; lectures and courses on drug addiction and its effects;; and early intervention programmes aimed at preventing the cycle of abuse in young people, such as that run by the Villa Maraini Therapeutic community in Italy, which helps former drug addicts reintegrate into society. A number of States have seen the benefits of incorporating treatment and rehabilitation efforts in national drugs policies.

c. Assistance

Assistance to victims is for the most part incorporated in other programmes in National Societies, in the sense that victims of violence are provided with health and social services along with other vulnerable people – but with a special focus on psychosocial support. The Government of Mexico and the Greek Red Cross outlined a number of way in which they provide support, from food, clothes, helter and medical assistance to sensitive treatment of victims during judicial proceedings.

Run by the Portuguese Red Cross (PRC), the National Social Emergency Line 144 assists, among others, victims of violence. The PRC also has five centres that support victims and one shelter house specifically for victims of domestic violence. It has also conducted interventions with the aggressors. The PRC’s “Tele-assistance” services established a partnership with the National Commission for Citizenship and Gender Equality (a governmental commission) to support victims of domestic violence (a pilot project involving 24-hour phone assistance in case of emergency/threats to security).

d. Youth

This is an area where States, National Societies, the ICRC and the International Federation are particularly active. Information on ICRC programmes can be found in Section 1 of this report. This section will outline activities such as the International Federation’s flagship initiative promoting a culture of non-violence and peace, Youth as Agents of Behavioural Change (YABC), the implementation of pledge 129 on youth and volunteering and the Youth Declaration signed at the 150th commemoration of the Battle of Solferino in 2009.

i. Violence prevention programmes

The Australian Red Cross, the British Red Cross, the Canadian Red Cross, the Colombian Red Cross, the Ecuadorian Red Cross, the Greek Red Cross, the Italian Red Cross, the Japanese Red Cross, the Latvian Red Cross, the Nepalese Red Cross, the New Zealand Red Cross, the Norwegian Red Cross, the Serbian Red Cross, the Sierra Leone Red Cross Society, the Spanish Red Cross, and the Governments of Canada and Portugal all described various programmes that they run in this area. Some are school-based programmes, such as the ‘safe schools’ and ‘inclusive schools’ projects run by the Government of Portugal, while others focus on peer education and combating bullying (Save a Mate in Australia and New Zealand, Street Skills in Britain and the Nelson Project in Italy).

Street mediation is a program of the Norwegian Red Cross for educating young people in conflict management. It is based on a three-step educational mode that requires participants to (1) explore conflict and various tools for dealing with it (2) develop skills in mediation in order to help others in conflict, and (3) develop instructional skills in order to facilitate workshops for other youths (together with adult instructors). This process empowers the participants by taking their personal experiences ‘from the street’ and applying a restorative approach, thus reinforcing their sense of identity. The model has proved useful in a wide range of youth and community work. Street mediation is also a network of youth and adults in both voluntary and professional positions (crime prevention, child welfare services, etc.) who can be called on to assist in defusing specific conflicts. Street mediation is an ongoing programme in Oslo and Tromso, but in 2011 it will be implemented in three or four other communities.

ii. Youth as Agents of Behavioural Change

In April 2008, the Secretariat of the International Federation created the Youth as Agents of Behavioural Change (YABC) initiative in response to the firm commitment of the Declaration to include youth programmes in violence prevention and response. The initiative aims to empower youth to take the lead in inspiring a positive transformation of mindsets, attitudes and behaviour within themselves and their community through non-formal skills-based and values-based peer education. The YABC educational approach is rooted in a non-cognitive and participant-centred experiential learning methodology, with a view to giving youth the opportunity to make a journey “from their hearts to their minds”.

The Egyptian Red Crescent's staff and volunteer trainees in first aid reported that after the integration of YABC activities on empathy, active listening and critical thinking in training sessions, they consider first aid not merely as the application of techniques but as a service with the heart, at the core of our Fundamental Principles and Values; and they deliver first aid services in this spirit.

After several consultations and pilot-testing phases, the International Federation, along with 45 National Society Youth leaders, produced a YABC toolkit. The toolkit gathers together: 25 background documents (i.e. concept papers, presentations and manuals); 80 interactive activities (i.e. games, simulations, visualization exercises, role-playing exercises, etc.); a manual for peer educators; and guidelines on community engagement activities.

The Pakistan Red Crescent's staff and volunteer trainees in disaster response reported a striking difference in their awareness and understanding of what vulnerable groups such as refugees and IDPs go through and how they are affected as human beings.

So far, around 2000 youth (staff and volunteers) from 140 National Societies worldwide have been sensitized to the YABC initiative, with a view to strengthening their capacity as agents of behavioural change within their communities. The YABC network has continuously expanded and now counts 280 youths from 75 National Societies who have been trained as peer educators as well as 15 youths from 13 National Societies who have been trained as trainers of peer educators.

Finally, in terms of the impact at the individual level that this programme has had to date, youth participating in YABC have reported that it has strengthened their ethical leadership skills (enhanced ability for teamwork and cooperation and increased open-mindedness, mutual understanding, trust, humility, integrity, etc.) and increased their self-reliance (increased self-confidence, enhanced ability to manage stress and tiredness, to resist peer pressure and to control personal emotions, etc.). They also testified that it has led them see the value of engaging in a lifelong process of learning, self-questioning and inner change.

In the Sri Lanka Red Cross, YABC has been incorporated in the Volunteer in Action” project, which seeks to build the capacity of volunteers to address not only the physical needs, but also the emotional needs of beneficiaries of the post-conflict recovery programme.

iii. Youth Declaration of Solferino:

Based on the commitment made by the International Federation at the International Conference 2007 to “Strengthening the base of youth volunteers and organize a world Red Cross and Red Crescent youth meeting in 2009”, the world youth meeting took place from 23 to 28 June, 2009 in Solferino, Italy (as part of the 150th Anniversary of the birth of the Movement by Henri Dunant) thanks to the cooperation of the Italian Red Cross. There were several external partners who contributed to the organising of the worldwide youth meeting by means of providing funding, in-kind support and technical assistance toward the contents of the workshops and the Humanitarian Village exhibition area.

The world youth meeting, “*Youth on the move*” gave the opportunity for about 500 young people from 150 National Societies (80% of National Societies which had signed pledge 129⁴⁰) to take part in 35 workshops focusing on current humanitarian challenges such as climate change, disaster risk reduction, psychosocial support, HIV and AIDS, tuberculosis, use of drugs, blood donation, water and

⁴⁰ Please see next section for more detail.

sanitation, food security, road safety, youth leadership, resource mobilization, volunteer management and branch development, non-discrimination and respect for diversity and international humanitarian law.

Based on the outcomes of each discussion the youth prepared a call to action, the Youth Declaration⁴¹, Solferino 2009 where the youth committed themselves to stand up, act and advocate in the areas of Principles & Values, building stronger National Societies, health, and climate change and disaster risk reduction. They also requested National Societies, governments and the international community to take action to:

1. promote knowledge and respect for diversity and non-discrimination;
2. ensure that education is applied in order to prevent violence and abuse affecting children and young people;
3. respect international humanitarian law in armed conflict and during peace, and ensure all cases of violation are properly investigated;
4. include international humanitarian law in formal education curricula;
5. improve the control of weapons with a special focus on small firearms; and
6. seriously address the issue of children involved in armed conflict, including their reintegration into society in post-conflict areas.

iv. Pledge 129 on Youth:

Pledge 129 on youth was one of the most widely adopted at the 2007 International Conference; by September 2011 altogether 72 National Societies signed it which represents 39% of National Societies. This is over the target of 30%. 18 National Societies⁴² provided feedback on their implementation of the pledge for this report and 104 National Societies took part in the global youth consultation survey and interviews in order to report on the situation of youth in the Movement⁴³.

Pledge 129 calls on its signatories to: increase the youth volunteer base; strengthen youth engagement in service development and in decision making at all levels; and to organize the 3rd World Red Cross and Red Crescent Youth Meeting in 2009 in Solferino. The evaluation criteria on the implementation of the pledge measures: the number of youth volunteers; number of National Societies signing pledge 129; youth engagement in service planning and delivery (including initiation of innovative approaches to addressing humanitarian challenges); results of the World Youth Meeting; and the quality and quantity of National Societies' youth programmes.

Thanks to more than 100 National Societies that replied to the questionnaire and interviews held as part of the global youth consultation process, we are able to report on the implementation of pledge 129. According to the consultation more than 80 % of National Societies have adopted a youth policy or other similar commitments to youth development. Feedback from the global survey as well as regional meetings reinforce that such documents are useful and important in building an enabling environment for youth to engage and contribute meaningfully.

More than half of the National Societies reported that more than 50% percent of its volunteers are youth. Based on data from IFRC, the situation of youth engagement in regional and global plans, and appeals has improved. Regional youth networks have also strengthened through peer support and coaching; sharing of inspirational practices and lessons learned; use of social media; and expanding networking with other youth organisations and groups, and civil society.

In summary, there is an increase in youth engagement in Red Cross and Red Crescent; greater space for youth to contribute in meeting current and emerging humanitarian needs; youth are more engaged in intergenerational dialogue; youth are engaged in regional youth networks to further knowledge sharing and capacity building, etc. Although much progress has been made especially in the past five years, youth still feel the need to be recognized for their contribution in addressing humanitarian needs

⁴¹ Available on the IFRC website: www.ifrc.org

⁴² Armenia, Australia, Bulgaria, Bolivia, China, Honduras, Italy, Japan, Liberia, Monaco, Namibia, New Zealand, Palestine, Portugal, Spain, Sweden, Switzerland and United Kingdom.

⁴³ More information on the situation of youth in the Movement and inspiring practices can be found in the global youth consultation report that will be shared with National Societies electronically.

at the local level, be empowered to introduce innovative approaches to increase access and quality of services for vulnerable people, be involved in decision making at all levels, and be seen as agents of change.

Chapter 4: “Emergent and recurrent diseases and other public health challenges”

Document prepared by the International Federation of Red Cross and Red Crescent Societies

Emergent and recurrent diseases and other public health challenges

“We recognize that HIV, pandemic influenza, tuberculosis, malaria and other communicable diseases as well as other public-health threats endanger individuals and communities everywhere in the world, and particularly women and children. We also note the disproportionate impact of HIV, tuberculosis and malaria on communities in Sub-Saharan Africa. The decline in capacity of the public-health infrastructure in many countries and in its ability to cope, as well as demographic change, water and sanitation shortcomings, food insecurity and poor nutrition and their consequences for increased morbidity and mortality have also exacerbated these threats, with a particular impact on the poorest of the poor.

We stress the need to strengthen health systems and develop national health plans with the involvement of National Societies, and to include the empowerment of volunteers and affected groups to ensure that programming and its implementation reach all affected and vulnerable populations – such as people living with HIV, drug users, communities exposed to the threat of emergent and recurrent diseases, victims of sexual exploitation and human trafficking and other forms of violence, prisoners and former prisoners and orphaned children.

We acknowledge the need for these vulnerable people to have access, without discrimination, to prevention, health promotion and curative care as well as to essential medicines, vaccines and other health-care products. Access to safe blood through voluntary non-remunerated blood donation is and will remain an essential public-health objective.

We also stress the importance for medical services to have access to any individual in need, on the basis of accepted domestic and international norms and regardless of his/her legal status, and the importance for such services to enjoy the necessary protection.

We are resolved to include public health as an integral part of effective disaster management (comprising public health, water and sanitation, epidemic control and public-health emergencies).

We recognize that a comprehensive public-health approach must address the issue of tuberculosis, HIV and other health threats in prisons, including the necessary follow up of former prisoners.”

(excerpt from the Declaration: Together for Humanity)

Introduction

The four areas identified by the Declaration as presenting humanitarian challenges are, to a certain degree, interlinked in the programming of the International Federation and National Societies. For example, migrants are a vulnerable group to whom health care is provided by some National Societies, violence is seen as a public health challenge and environmental degradation poses additional problems for water and sanitation projects. Climate change can lead to an increase in natural disasters and therefore population movement, which places strains on existing health-care provisions. Climate fluctuations also change the patterns of disease risk for some illnesses, such as malaria.

On the whole, National Societies are working well with their national authorities and take on a more or less integral role in the functioning of the health-care system, depending on their capacity and the national situation. The Japanese Red Cross operates over 100 hospitals on the basis of a legal agreement dating back more than sixty years and a number of other National Societies operate ambulance services that complement those of the national health services. In other countries, National Societies use their presence in the community to provide additional, often home-based, care.

This chapter is based on 57 replies from National Societies,⁴⁴ 18 from States⁴⁵ and additional information from six National Societies and States⁴⁶ on their implementation of pledges. Input was also sought from the Health Department of the International Federation; this chapter includes input from the International Federation's water and sanitation, malaria and first-aid specialists. This section is based on information from the technical departments of both organizations, the substantive answers from States and National Societies to the questionnaire and feedback on the implementation of the pledges from the last International Conference. The examples in the boxes are often quoted from the questionnaires.

While National Societies, States and the International Federation engage in a wide variety of health-care initiatives, some of which go beyond the scope of the Declaration, this chapter will concentrate on reporting on the following areas, which are specifically mentioned in the Declaration. Its structure mirrors, as far as possible, that of the Declaration text. The first section covers developments in prevention and treatment of communicable diseases, the second is concerned with structural matters relating to national health-care systems and plans, the third with vulnerable groups (including information on health in detention supplied by the ICRC), the fourth with access and the fifth with traditional programmes of National Societies, such as first aid and blood donation.

1. Communicable diseases

a. HIV/AIDS

Example: The Netherlands Red Cross

The Netherlands Red Cross (NLRC) has supported a successful implementation of capacity building programmes, related to HIV/Aids prevention, in Sierra Leone, Cote d'Ivoire and Liberia. The Programme Monitoring and Evaluation Reporting Units of these National Societies and the NLRC indicated an increased knowledge among targeted local communities of maternal and child health and HIV/AIDS. Home visits are performed by highly motivated volunteers and these activities seem to be appreciated and to have a positive impact. This has not yet been evaluated in an assessment. The People Living with HIV (PLHIV) groups are well motivated and committed to project implementation. In the coming months further attention has to be given to supporting management at headquarters of the National Society, as well as to scaling up the volume of the activities. Some technical aspects, for example, Peer Education, will also receive more intensive attention.

In June 2010, 12 different National Societies, supported by the NLRC on HIV/AIDS projects, and including the three National Societies in this programme, met in Khartoum (Sudan) to discuss key lessons learnt from the various country programmes. In addition, experiences amongst the participants were shared, especially in the area of setting up a well-functioning Peer Education system, based on the Peer Education guidelines of the International Federation.

A sizable number of the respondents⁴⁷ mentioned their ongoing work in the area of HIV/AIDS, ranging from information campaigns targeted at high-risk groups and advocacy centred on reducing stigma to home-based care for people living with HIV/AIDS (PLHIV) and provision of Anti-Retroviral Treatment

⁴⁴ Afghanistan, Armenia, Australia, Azerbaijan, Belgium, Bolivia, Bosnia and Herzegovina, Brunei Darussalam, Bulgaria, Cambodia, Canada, China, Colombia, Croatia, the Czech Republic, Ecuador, El Salvador, Estonia, Georgia, Germany, Greece, Honduras, Iraq, Italy, Japan, Kyrgyzstan, Latvia, Lesotho, Liberia, Lithuania, Mexico, Monaco, Mongolia, Montenegro, Morocco, Myanmar, Namibia, Nepal, the Netherlands, New Zealand, Norway, Palestine, Peru, Portugal, Serbia, Sierra Leone, Spain, Sweden, Switzerland, Thailand, Trinidad and Tobago, Turkey, Turkmenistan, Ukraine, the United Kingdom, United States, and Uzbekistan.

⁴⁵ Australia, Belgium, Canada, Colombia, Cyprus, Ireland, Italy, Japan, Madagascar, Mauritius, Mexico, the Netherlands, Poland, Portugal, Romania, Switzerland, Thailand, and Ukraine.

⁴⁶ Australia, the Belgian Red Cross, the Greek Red Cross, the Honduran Red Cross, the Netherlands, and the Netherlands Red Cross.

⁴⁷ The Afghan Red Crescent, the Red Crescent Society of Azerbaijan, the Bulgarian Red Cross, the Croatian Red Cross, the Georgian Red Cross, the Estonian Red Cross, the Iraqi Red Crescent, the Italian Red Cross, the Japanese Red Cross, the Red Crescent Society of Kyrgyzstan, the Latvian Red Cross, the Lesotho Red Cross, the Liberian Red Cross, the Monaco Red Cross, the Mongolian Red Cross, the Montenegrin Red Cross, the Moroccan Red Crescent, the Myanmar Red Cross, the Nepal Red Cross, the Netherlands Red Cross, the Namibian Red Cross, the Norwegian Red Cross, the Serbian Red Cross, the Sierra Leone Red Cross, the Trinidad and Tobago Red Cross, the Red Crescent of Turkmenistan, the Ukrainian Red Cross, the Colombian Red Cross, El Salvadoran Red Cross, the Honduran Red Cross, the Swiss Red Cross, the Thai Red Cross, the Peruvian Red Cross, the Malawi Red Cross, the Germanan Red Cross, the Chinese Red Cross and the following States: Australia, Belgium, Colombia, Mexico, the Netherlands, Portugal, Switzerland, Thailand, and Ukraine

(ART). Some National Societies and States operate domestically in this area; others have made it a part of their international development work. The Australian Red Cross supports programmes in Cambodia, China, Mongolia and the Pacific addressing prevention, care and reduction of stigma and discrimination. Many others, like the Cambodian Red Cross, reported on the successful coverage of their programmes. The Cambodian Red Cross states that through joint action with their government, more than 92% of PLHIV are currently covered by ART and other health services.

i. **Harm reduction**

Several National Societies specifically mentioned their work on harm reduction programmes. As described in the example below, harm reduction is aimed at reducing the risk of contracting certain diseases, such as HIV, hepatitis and TB. The Canadian Red Cross works in China with intravenous drug users and the Croatian Red Cross operates four needle-exchange programmes; the Georgian Red Cross, the Serbian Red Cross, and the Ukrainian Red Cross are also active in this area.

The Croatian Red Cross

"The main goal of the harm reduction is to reduce harm of drug abuse and to minimize the future risks of Hepatitis C and AIDS infections among population with unsafe behaviour associated with injection drug use. Other aims of Needle Exchange (NX) Programme are: to establish the first contact with hidden drug users population; to make available sterile injecting equipment, condoms and informational material; to raise awareness of the whole community on the necessity of harm reduction programme; to protect local community from used needles and syringes on the streets; epidemiological and research issues (collect data on local level on hidden drug using population (NX clients) to assess the current level of risky behaviour in order to design the most appropriate and effective interventions for them in the future.

The Croatian Red Cross provides: scientific research, for instance, in 2011 a doctoral dissertation in Biomedical Science and Public Health: "Influence of Harm Reduction to Intravenous Drug Users Health Behaviour Changes"); anonymous and free of charge hepatitis B, hepatitis C and HIV testing for intravenous drug users in cooperation with Croatian Institute for Public Health and Voluntary Testing Centre in Croatia and harm reduction education and dissemination of harm reduction.

The Croatian Red Cross is one of the trainers in Fondazione "Villa Maraini", Rome, Italy of the Italian Red Cross. It has participated in more than 20 training courses which were held in "Villa Maraini". Croatian Red Cross was active provider of EU project "Improving Harm Reduction, a Red Cross approach in Europe", in cooperation with Bulgarian Red Cross, French Red Cross, Italian Red Cross, Latvian Red Cross, Macedonian Red Cross and Portuguese Red Cross.

General impact and achievement of the project are: confirmation of harm reduction as the most efficient activity for work with active intravenous drug users; education of clients about hepatitis B, hepatitis C and HIV/AIDS (risks, ways of transmission, self-protection); decrease of stigmatisation of intravenous drug users; decrease of sharing injecting equipment for drug injection among intravenous drug users; securing anonymous and non-remunerated testing on hepatitis B, hepatitis C and HIV/AIDS in the system of Voluntary Testing Centre; acceptance of harm reduction from institutional level in Croatia (Ministry of Health and Social Welfare, Office for Combating Drug Abuse of the Government of the Republic of Croatia, Croatian National Institute of Public Health - with all these institutions Croatian Red Cross has active cooperation and is an official partner in providing national Public Health programmes related to drug abuse, hepatitis C and HIV/AIDS problems)."

b. **Pandemic influenza and H1N1**

The International Federation, through its Influenza Unit, assisted National Societies in designing advocacy campaigns and planning preparedness for influenza pandemics. In 2009, at the height of the H1N1 outbreak, it ran a global awareness campaign called 'The Best Defence is You' that provided basic guidance to all National Societies. It also created the Humanitarian Pandemic Preparedness programme (H2P), which was cited by several National Societies in their responses to the questionnaire.

H2P covered 26 countries with preparedness and response activities and, during the H1N1 pandemic, an additional 47 countries with response activities; in addition, 22 countries were provided with small

grants to finance awareness campaigns. As H2P was a cross-sectoral programme that also dealt with other aspects of health, food security and livelihoods, its impact was felt far beyond the area of pandemic-influenza prevention.

It was a good example of how addressing more than one narrowly defined problem can have lasting positive results. Since the closure of the Influenza Unit earlier this year, efforts have been made to incorporate the lessons learned and best practices from H2P in more comprehensive training, such as the module on Epidemic Control for Volunteers.

Other examples of successful programmes being run by States include an example from Australia, which reported on its new Pandemics and Emerging Infectious Diseases Framework for 2010-2015 (PEID): "Australia will assist partner countries in the Asia Pacific region to consolidate achievements over the last four years under the previous strategy and to translate gains in prevention, detection and control of diseases such as H5N1 avian influenza into stronger systems for and stronger responses to EIDs generally."

A number of National Societies⁴⁸ and States reported on how they work together to prevent outbreaks. In 2009, at the request of the Japanese Government, the Japanese Red Cross sent doctors to international airports in the country to support the quarantine section; the Mexican Red Cross worked closely with their State authorities during the outbreak in Mexico, also in 2009. Several others also cited the work that they do on seasonal influenza risks and how preparedness for influenza pandemics was an extension of their programming in this area.

Example: The Mongolian Red Cross

"From November 2009 through April 2010, the Mongolian Red Cross Society (MRCS) implemented six-month project which focused on the 2009 H1N1 pandemic mitigation and response, but also looked ahead for better organizational preparedness for influenza pandemics by developing National Society preparedness and response plan, including a continuity plan. The project was built on the tools and experiences from the Federation's global Humanitarian Pandemic Preparedness programme, as well as the National Society's experience in avian influenza prevention, mitigation and response.

The project goal was to ensure community preparedness in Mongolia in order to mitigate the impacts of influenza pandemic on excess morbidity and mortality. The MRCS has successfully carried out the communication campaign targeting youth and children in schools in nine locations nationwide (six districts in the capital city of Ulaanbaatar and three provinces). It is estimated that the communication campaign reached some 84,500 children and youth in schools in those locations using peer education approaches. In addition, the communication campaign message was broadcast through national TV channels and reached hundreds of thousands of general public members. The planning workshops for influenza pandemic were conducted at provincial and district levels with the participation of relevant government officials and health authorities. The finalization of NS pandemic plans was delayed due to the lack of government pandemic coordination plan which should be an umbrella for all its departments and agencies as well as related NGO, INGO plans.

The project has also supported strengthening of the NS's blood donor recruitment activities through communication campaigns as due to the influenza outbreak number of blood donors has dropped to dangerously low level."

c. Tuberculosis (TB)

Reporting on this area, more than on any other in this chapter, was geographically confined mainly to National Societies⁴⁹ in the European -one, particularly in Eastern Europe and Central Asia, where the

⁴⁸ The Red Crescent Society of Azerbaijan, the Belgian Red Cross, the British Red Cross, the Brunei Darussalam Red Crescent, the Canadian Red Cross, the Croatian Red Cross, the Georgian Red Cross, the Iraqi Red Crescent, the Italian Red Cross, the Red Crescent Society of Kyrgyzstan, the Moroccan Red Crescent, the Nepalese Red Cross, the Netherlands Red Cross, the New Zealand Red Cross, the Portuguese Red Cross, the Sierra Leone Red Cross, the Swedish Red Cross, the Trinidad and Tobago Red Cross, the Ukrainian Red Cross, the Colombian Red Cross, El Salvadoran Red Cross, the Honduran Red Cross, the Spanish Red Cross, the Afghan Red Crescent, the German Red Cross, the Chinese Red Cross and the following states: Australia, Madagascar, Mexico, Switzerland, Thailand, Colombia (reported on joint effort with their National Society) and Japan.

⁴⁹ The Armenian Red Cross, Red Crescent Society of Azerbaijan, the red Cross Society of Bosnia and Herzegovina, the Bulgarian Red Cross, the Georgian Red Cross, the Red Crescent Society of Kyrgyzstan, the Latvian Red Cross, the Liberian

re-emergence of TB is being felt the most. In a number of cases, the response has been to target certain high-risk sectors of the population with information campaigns and testing. [The Government of Switzerland reported on how it incorporated its TB prevention programmes in its HIV prevention programmes. A few of the other respondents have also described how TB was more prevalent in prisons and among ex-prisoners and said that they are offering support to these groups of people. Please see the sub-section on health in detention for more information.

Example: Armenian Red Cross (ARCS)

“One of our priority areas in health care is TB prevention. The National Society is implementing TB prevention programmes within the framework of the National TB Programme funded by the Global Fund for Aids, TB and Malaria (the main recipient is the Ministry of Health and the Armenian Red Cross a sub-recipient). In addition to activities addressing TB prevention, the Armenian Red Cross, in cooperation with Médecins Sans Frontières and through funding from Eli Lilly and Company, is implementing the Stop MDR TB project in Armenia from 2009 to 2011. Within the framework of the project patients receive psychological assistance and social support, including food parcels and hygiene kits as incentives for continuing their treatment. The Armenian Red Cross has trained nurses who work with patients, implementing DOTS Plus (a WHO-recommended strategy for drug-resistant tuberculosis control). Selected MDR TB patients are trained as peer educators who lead monthly support groups that provide assistance to other patients based on peer-to-peer principles. Public awareness campaigns provide the general public with information on the disease, proper treatment and the importance of continuing treatment; they also invite the public to stop stigma and discrimination.”

d. Malaria

A substantial amount of innovative work has been done by the International Federation in this area. Federation-supported programmes have defined much of the global best practice on malaria prevention and led to changes in WHO guidelines and in the malaria-related policies of ministries of health. The International Federation has taken the lead in supporting partnerships at the global level and chairs the Alliance for Malaria Prevention, a working group of the Roll Back Malaria Partnership. The main area of activity has been malaria prevention through the free mass distribution of long-lasting insecticide-treated nets (LLINs) and post distribution, house-to-house visits to ensure that the nets are installed and being used correctly on a nightly basis. The focus of activities has been to build the capacity of National Societies to support ministries of health in achieving the Roll Back Malaria 2010 and 2015 targets and the malaria related Millennium Development Goals.

Example: the Kenyan Red Cross with funding support from the Canadian Government and the Canadian Red Cross

The Kenyan Red Cross is supporting the delivery of Artemisinin-Based Combination Therapy (ACT) for the treatment of malaria in children under five years of age in 113 hard-to-reach vulnerable communities in the Malindi and Lamu regions on Kenya's coast. The program is being implemented in close cooperation with the Division of Malaria Control within the Kenyan Ministry of Health. The programme trained 113 Community health workers to provide free ACT for the treatment of fever in communities with limited access to health-care services. Because malaria in children can lead to death in as little as 24 hours, access to effective treatment must be available at community level. The programme generated some impressive results in the first eighteen months, with 92% of reported fever cases treated within 24 hours of the onset of symptoms. There was a 45% increase in the source of treatment being Red Cross volunteers.

Since 2002, to date 422,565 lives have been saved through the distribution of 19.7 million LLINs. Twenty-nine National Societies have supported malaria prevention activities. Several National Societies, such as the Canadian Red Cross, the Netherlands Red Cross and the Norwegian Red Cross have been particularly active in supporting the work of the International Federation. In late 2009, the Netherlands Red Cross supported the work of a number of National Societies in mass LLIN scale-up in Africa and Asia-Pacific. The Norwegian Red Cross reports that it has “been instrumental in developing the International Federation Global Malaria Programme by providing a staff on loan to the International Federation for three years to further develop the programme as well as contributed with

Red Cross, the Myanmar Red Cross, the Nepalese Red Cross, the Red Crescent Society of Turkmenistan, the Ukrainian Red Cross, the Uzbek Red Crescent, the German Red Cross and the following States: Italy, Switzerland, Thailand, Ukraine and Colombia.

substantial funding to the global programme and to the effort in developing the cell phone-based monitoring and evaluation tool. The Norwegian Red Cross hosted Getting to Zero, a global malaria conference together with the International Federation, the Roll Back Malaria (RBM) and the Norwegian Ministry of Foreign Affairs in April 2011.”

Example: The Myanmar Red Cross

A scale-up malaria prevention project, directed at the most vulnerable people in nine townships: children under the age of five and pregnant women is ongoing. Community based Red Cross Volunteers dispensed instruction in health-related matters following a mass distribution campaign. Trained Red Cross Volunteers gave talks on community health and conducted small-group discussions in the villages, and the malaria prevention committee made regular monitoring trips. Some 5,000 long-lasting insecticide-treated nets were distributed to selected households – those containing children under the age of five - in villages. According to the follow-up reports on two of the nine townships, the rate of prevalence has declined. Knowledge on malaria transmission through mosquito bites was increased from 39.8% in 2006 and 52.9% in 2008 to 98.8%. Sanitation was improved. With these behavioural changes and practices, the rate of prevalence of malaria (clinically suspected) was reduced to 1.7% in both townships, in the last 12 months; the corresponding figures for 2006 and 2008 were 42.6% and 6% respectively.

Other respondents include: the Belgian Red Cross, which assisted partner sub-Saharan National Societies in building capacity, the Liberian Red Cross, the Nepalese Red Cross, the Sierra Leone Red Cross, the Colombian Red Cross, the Spanish Red Cross, the Malawi Red Cross and the Honduran Red Cross.

2. Strengthening of health systems and development of national health plans

a. National health plans

The Declaration calls on all Conference participants to assist in strengthening national health systems as the basis for reducing vulnerability to emergent and recurrent diseases. Capacity building in this area is vital and the unique relationship between National Societies and Governments through the auxiliary role is having results in terms of strengthening health systems. The sheer number of national health plans reported on is an indication of this: the Canadian Red Cross (in the process of developing a domestic strategy; they already have an international one: Canadian Red Cross Strategic Framework for Health 2008-2010), the Croatian Red Cross (implemented since November 2007), the Czech Red Cross (it is a component of the national pandemic plan), the Nepalese Red Cross, the Myanmar Red Cross, the Norwegian Red Cross, the Trinidad and Tobago Red Cross, the Colombian Red Cross (based on the Global Health and Care Strategy GHCS), the Honduran Red Cross (as part of the National Development Plan NDP), the Spanish Red Cross, the Malagasy Red Cross, the Afghan Red Crescent (in development), the Government of Colombia (2007-2010), the Swiss Red Cross (incorporated GHCS in their Strategy 2012 and developing a new domestic health strategy), the Mauritius Red Cross (finalizing Health Sector Strategy 2011-15), the Malawi Red Cross (reviewing strategy) and the German Red Cross (finalizing strategy).

Other National Societies stressed how they had adapted their planning to meet local concerns: the Liberian Red Cross is moving towards a community-based health-care model which goes beyond its traditional focus on first aid; and the Monegasque Red Cross has several contingency health plans for disasters related to nuclear, biological or chemical accidents.

Example: The Cambodian Red Cross

The Cambodian Red Cross has developed a Health and Care Strategic Plan 2008-2012 which is in line with government strategy. It focuses on five strategic objectives that also accord with the Millennium Development Goals related to health:

- 1) Reduce the number of deaths and illnesses, and the impact of disease, by addressing the leading causes of child and maternal morbidity and mortality
- 2) Reduce the number of deaths and illnesses, and their impact, by empowering and increasing communities' capacity to prevent and respond to outbreaks of communicable diseases and improving access to health services
- 3) Reduce the risk of death and illness of those who are most vulnerable during emergencies and disasters by working closely with relevant key stakeholders to address their immediate needs
- 4) Strengthen national/internal and international/external communication, operational alliances and partnerships with key stakeholders in the implementation of the Health and Care strategic plan
- 5) Strengthen the Cambodian Red Cross' capacity to develop and implement health programmes by initiating integrated programme approaches and by mobilizing resources for supporting organizational / branch development activities

b. Water and Sanitation (WatSan)

The International Federation's WatSan programme, which works in partnership with National Societies and States, serves around 1,000,000 people a year at an average cost of 32 Swiss Francs per person. WatSan is fully incorporated in the disaster management structure, but also runs programmes independently of it. It has built a pool of hundreds of WatSan Emergency Response Units, Regional Disaster Response Teams and Field Assessment Coordination Teams, as well as enough Disaster Response Kits to serve 190,000 people in 23 countries around the world.

Example: The Mongolian Red Cross

The Water and Sanitation Improvement Programme to improve the living conditions of approximately 20,000 people living in Ulaanbaatar, by increasing the availability of potable water, improving personal hygiene by means of increasing knowledge and health education, and increasing the ability of the Mongolian Red Cross to implement similar projects, is ongoing. The implementation of the Water and Sanitation Improvement Programme had two components: the actual installation of 18 water kiosks and the delivery of water from the well field (boreholes) by trucks - the hardware aspect, as it were; and health and hygiene education and awareness raising, the software, so to speak.

Training sessions and meetings were organized in the ger areas on various subjects: water and sanitation, health - and - hygiene community training using the PHAST method (participatory hygiene and sanitation transformation), hand-washing practice workshops for children, first aid training and so on.

National Society involvement in WatSan projects includes the Belgian Red Cross' assistance to partner sub-Saharan National Societies in building capacity and the Lesotho Red Cross' response to the floods of December 2010, with WatSan support, to ensure the availability of clean water and hygiene promotion. The Cambodian Red Cross, the Liberian Red Cross, the Nepalese Red Cross, the Sierra Leone Red Cross, the Trinidad and Tobago Red Cross, the Malawi Red Cross, the Colombian Red Cross, the El Salvadoran Red Cross, the Honduran Red Cross and the Afghan Red Crescent have also been active in this area.

3. Vulnerable groups

This refers to the work of National Societies in acting as partners with ministries of health to provide services that complement those of the national system, especially by using the community-based nature of the Red Cross to provide continuity of care for patients after they have left a medical facility – by providing home-based services using volunteers.

The Italian Red Cross makes an interesting point about how there are new and emerging vulnerable groups: during the reporting period, apart from the activities carried out to benefit traditionally vulnerable groups, such as disabled persons and drug users, particular attention was devoted to the newly vulnerable such as the elderly, migrants and those living in nomadic camps.

The Latvian Red Cross operates a system parallel to the national authorities' in order to reach those that the national system does not: the Latvian Red Cross "has 38 health promotion centres, in which inhabitants may receive health promotion consultations, information, measure blood pressure, sugar level and undergo basic testing free of charge. National Society Health care centres are functioning independently from State health care system targeting vulnerable people – elderly, poor, homeless etc. in order to promote public health in Latvia. In Riga health promotion centre drug users can exchange syringes, receive rapid HIV, TB testing."

Also active in this area are: the Mongolian Red Cross, the Netherlands Red Cross, the New Zealand Red Cross (transportation to health-care facilities for vulnerable people), the Portuguese Red Cross, the Swedish Red Cross, the Trinidad and Tobago Red Cross, the Red Crescent Society of Turkmenistan, the Spanish Red Cross, the Thai Red Cross, the Uzbek Red Crescent, and the Governments of Cyprus, Poland, Portugal, Romania (Roma inclusion), and Colombia (aiming for universal health care by 2015).

a. Migrants

A number of National Societies and States have identified migrants as particularly at risk of not enjoying the same access as the local population to health care, either as a result of structural factors that prevent access or through fear, on the part of undocumented migrants, of engaging with State services. Consequently, it is often the case that migrants are in poorer health than the local population. Additionally, a number of migrants use irregular migration routes, which can place them in physical peril or leave them in ill health on arrival. National Societies and State authorities in countries with large numbers of migrants arriving in a short space of time can face difficulties in meeting the health-care needs of these migrants.

A small number of migrants have been victims of torture; the Swedish Red Cross and the Swiss Red Cross both operate specialized clinics for people who have been affected. The Swedish Red Cross reports that "in five hospitals around the country, the Swedish Red Cross provides rehabilitation to victims of torture and war. The aim is to alleviate the suffering after torture and war, therefore is the therapy is the main activity [sic]. Education, knowledge sharing and advocacy are also important components of this work."⁵⁰

Other examples of work in the area of migrant health include: the Belgian Red Cross' supervision and coordination of the medical facilities in centres for asylum seekers and the British Red Cross' advocacy for greater access for refugees and asylum seekers to health services. The Bulgarian Red

Example: Mexico

The Government of Mexico has made progress in the prevention and treatment of infectious diseases in migrant populations through a variety of programmes including: i. the *Vete Sano, Regresa Sano* programme which aims to contribute to reducing risks to migrants' health (be they internal or international migrants) in their place of origin, transit or destination in order to strengthen the resilience of this group and enable them to manage their health-care needs. ii. *Ventanillas de Salud*, which uses a system of contact points at Mexican Embassies to provide information to Mexican nationals on access to local health services in their area. This programme is particularly active in the United States and also provides information on disease prevention. iii. *Trabajadores Agrícolas Temporales a México-Canada* bilateral programme that relies on information sharing between the two countries on the medical needs of Mexican migrants; and iv, the *Senama Binacional de Salud Fronteriza*, a week-long awareness-raising programme that deals with the specific health needs of the population residing along the Mexico-US boarder which includes large number of migrants.

⁵⁰ Original text of box in Spanish: "El Gobierno de México ha avanzado en la prevención y tratamiento de enfermedades infecciosas en los migrantes a través, entre otros, de: (i) Programa *Vete Sano, Regresa Sano*, que tiene por objeto contribuir a la protección de la salud del migrante y su familia (sea migración interna o externa en tránsito) en su lugar de origen, traslado y destino, para lograr que esta población sea resiliente y capaz de manejar los determinantes de su salud y mejorar sus entornos; (ii) Programa de *Ventanillas de Salud*, que, a través de módulos en los Consulados mexicanos, proporciona al migrante mexicano información en salud, y le facilita el acceso a los servicios de salud que se ofrecen en su localidad, particularmente en Estados Unidos, generando también una cultura de prevención; (iii) Programa de *Trabajadores Agrícolas Temporales México-Canadá*, a través del cual las Secretarías de Salud de las entidades federativas realizan el informe médico que requiere la autoridad canadiense para los migrantes temporales; y (iv) *Semana Binacional de Salud Fronteriza*, que tiene por objeto intensificar la promoción de la salud en temas prioritarios a la población fronteriza migrante (connacionales mexicanos) en ciudades fronterizas estadounidenses donde no hay Consulados mexicanos."

Cross, the Chadian Red Cross, the Italian Red Cross, the Nepalese Red Cross, the Mexican Red Cross, the Honduran Red Cross, and the Governments of Italy, Mexico, Portugal and Switzerland are also active in this area. More information can be found in the chapter on the humanitarian consequences of migration.

b. Malnutrition

In Mali, the Belgian Red Cross assisted local health authorities in the district of Ségou in reducing malnutrition and implementing the national protocol on dealing with severe malnutrition within the structure of the health system. The project covered 2143 children suffering from acute or severe malnutrition and 4762 from moderate malnutrition. Almost 60% of all children treated were cured. This extraordinary increase in the number of cases diagnosed, combined with the on-the-job training of health-care staff in this area, has led to an increase in awareness of the scope of the problem and, on the part of national authorities, of the benefits of instituting programmes at the earliest stages. In a matter of months, more than 80% of children suffering from malnutrition were diagnosed and received timely treatment.

While not strictly speaking a vulnerable group, there are those who are more likely to suffer from food insecurity and malnutrition. The International Federation runs several programmes, mainly through the Disaster Risk Reduction Department to alleviate the effects of food insecurity and malnutrition and to prevent future famines. The Belgian Red Cross gives a good example of one of its programmes below. The Chadian Red Cross, the Portuguese Red

Cross and the Colombian Red Cross are also active in this area.⁵¹

c. Maternal and child health

This issue has gained a significant amount of exposure over the past decade because of the emphasis that the Millennium Declaration Goals place on reducing maternal and child mortality and improving basic reproductive-health care. The following members of the 30th Conference reported on this issue: the Moroccan Red Crescent, the Nepalese Red Cross, the Netherlands Red Cross, the Norwegian Red Cross, the Sierra Leone Red Cross, the Trinidad and Tobago Red Cross, the Honduran Red Cross, the Afghan Red Crescent and the Governments of Mexico, Netherlands and Japan.

The Government of Canada is also working to reduce the risk of mortality and morbidity among women and children through the Muskoka Initiative on Maternal, Newborn and Child Health. Announced by Prime Minister Harper in June 2010, Canada's contribution to the Muskoka Initiative, through the Canadian International Development Agency, will address the significant gaps that exist in maternal, newborn, and child health in developing countries. Canada's contribution focuses on three streams, one of which is to reduce the burden of diseases that are killing mothers and children. A portion of Canada's contribution to the Muskoka Initiative will contribute to reducing the impact of malaria – a leading cause of child mortality - among women and children in developing countries.

⁵¹ Au Mali, dans la région de Ségou (district de Barouéli), un projet a été mis en œuvre pour assister les autorités sanitaires dans la gestion de la malnutrition et l'implémentation du Protocole National de prise en charge de la malnutrition aigüe dans les structures de santé de référence. Le projet a permis ainsi la prise en charge de 2143 enfants souffrant de malnutrition sévère et 4762 souffrant de malnutrition modéré ; près de 60% d'entre eux ont pu être guéris. L'augmentation spectaculaire des cas dépistés combinée à la formation continue du personnel de santé a permis aux autorités sanitaires de prendre conscience de l'envergure du problème de la malnutrition et de renforcer la qualité. En quelques mois, plus de 80% des enfants malnutris ont pu être détectés et pris en charge à temps.

Example: The Palestine Red Crescent Society:

The Palestinian Red Crescent has adopted a model community-based health education programme that is being actively supported by women's committees with a view to implementing health education activities, awareness campaigns and home visits in local communities in order to mitigate the deterioration in the health and psycho-social circumstances of women and children. The community health-awareness programme seeks to improve health practices by relying on individual members of the community and attempting to avoid lectures and similar traditional methods of raising awareness.

The programme is based on 75 "safe motherhood" committees in 75 districts of the West Bank and Gaza Strip under the supervision of the National Society's primary-health-care team. Each committee consists of 20 women (i.e. a total of 1,050) whose capabilities and number the Department is constantly endeavouring to increase in order to reach, and raise the awareness of, the maximum number of local communities. Community participation constitutes the cornerstone of the programme and, in one way or another; the local women's committees are playing a major role in all the activities of the Primary Health Care Department, which has provided services for 20,612 persons through these committees. Moreover, far from being confined to health matters, this model has a broad socio-educational dimension.[...]

In 2010, the reproductive health services provided at 11 health-care centres on the West Bank included antenatal and postnatal care, general medicine, family planning and post-menstrual care in addition to raising female awareness of women's and children's health issues. The reproductive health programme has benefited 27,619 women in the fields of antenatal care (46%), postnatal care (5%), female consultations (23%), family planning services (6.5%), medical and family planning interventions (14%), screening for women's diseases (5%), and post-menstrual conditions (0.5%).

Paediatric services continued to be provided at five centres in the West Bank for children under five years of age and, in the first half of 2010, around 5,110 children benefited from these services, which included medical care and the monitoring of growth and psycho-social circumstances.

d. Detention

Prisons everywhere are places of constraint where the risk of contracting tuberculosis, HIV and other infections is high, especially when the facilities are overcrowded with people prone to disease.

Haiti: Since the cholera epidemic of late October 2010, the ICRC has been working closely with the national prison authorities, particularly the national prison service, the Ministry of Justice and Public Security, the national police and the UN Stabilization Mission in Haiti in response to the emergency. Hygiene measures were taken in 11 places of detention, housing 3,500 detainees, to ensure the provision of safe drinking water and regular cleaning and disinfection of the prisons. Treatment (ORS, Doxycycline, iV fluids) was made available in all the facilities and the ICRC set up a cholera-treatment centre within Port-au-Prince Central Prison. Hygiene measures were taken in 11 places of detention and 3500 detainees in the facilities affected are receiving a preventive dose of doxycycline.

Moreover, prison health-care systems in most countries are often under-resourced. The ICRC endeavours – as a neutral organization whose humanitarian work is carried out particularly in time of international and non-international armed conflicts or internal strife – to ensure protection for and assistance to those detained in these contexts. Its objective is to ensure acceptable conditions of detention and safeguard the physical and mental welfare of all prisoners in areas where it works. It aims to advise on improvements to the overall functioning of prison health systems, rather than individual diagnosis and treatment.

However in some countries, it advises on the general treatment of diarrhoeal disease (cholera), tuberculosis, beri beri, typhus, skin diseases (scabies), sexually transmitted diseases, HIV/AIDS and other infections that thrive in prison environments.

Over the last few years, the ICRC has been working to improve health in detention in 52 countries; this includes a permanent health staff presence working with detention authorities in 37 countries. . It was involved in nutritional programmes in eight countries, supported four tuberculosis, HIV and malaria programmes, and has established two mental health support programme to address the consequences of ill treatment / torture and

Georgia: In 2008, the ICRC proposed a new model of service provision based on primary health care to cover the entire detention health-care system. Among its major achievements of the pilot programme are: the creation of a list of essential drugs; the training of 16 medical staff working in the two pilot prison sites; and the introduction of a new computerized medical card with all the medical information (such as treatments and follow-up) relating to the patient. A one-year Memorandum of Understanding was signed in February 2011 by the ICRC, the Ministry of Corrections and Legal Assistance and the Ministry of Health confirming their commitment and responsibilities.

scabies campaigns in three countries. In many different contexts, the ICRC also advises on policies to adopt in order to improve the functioning and management of prison health systems.

Case studies on tuberculosis, HIV and malaria programmes in detention

Azerbaijan: Prison authorities, with ICRC assistance, have been carrying out an anti-TB programme for the past 15 years. Today, all prisoners in the country have access to modern diagnosis methods and high quality drugs, free of charge. As a result, the number of TB-related deaths at the country's Special Treatment Institution for prisoners near Baku plummeted from almost 300 in 1999 to 20 last year. Moreover, regarding multi-drug resistance tuberculosis (MDR-TB), in 2007, the Ministry of Justice of Azerbaijan, with support from the ICRC, implemented a pilot programme to treat MDR-TB patients. Over 220 prisoners enrolled. The Ministry of Health also worked with the ICRC to provide MDR-TB treatment for people who have been released. The ICRC covered the transportation expenses for the patients and provided them with food and hygiene items every month. In March 2011, the ICRC handed over its last tuberculosis-control-in-prison activities to the authorities.

Uganda: In 2007, based on a health system analysis in the Uganda prisons services, a two-year Health Pilot Project (HPP) was conceived to address tuberculosis, malaria and HIV/AIDS in prisons and its implementation started on a pilot basis in three prison units of Luzira Upper, Gulu and Fort Portal. The project aims to improve detainee health by strengthening the capacity of Uganda Prison Medical Services to provide treatment equivalent to that available outside prison walls. The ICRC also provided Prison Medical Services and the Ministry of Health with a tested and cost-effective model for improving HIV, tuberculosis and malaria prevention and treatment that can be implemented across the prison system with the resources available. The Uganda Prisons Services and the ICRC have agreed to the extension of the HPP for the final period of 19 August 2011 – 18 August 2012 with a specific focus on the quality of health-care services in the three sites of the pilot project.

4. Access to healthcare

b. Disasters

Every year, the International Federation's global Emergency Health (EH) team provides hundreds of thousands of the world's most vulnerable people with emergency health services, including clinical case management on both primary and referral levels through the Emergency Response Capacity (ERU) system, social mobilization through community outreach and health promotion. Emergency Health links the relief phase of health interventions to long-term strategies already at an early stage. Every year, the EH team supports dozens of training courses for Health ERU, Regional Disaster Response Teams, and Field Assessment Coordination Teams throughout the world. The Geneva-based EH team has driven the development of some of the most widely used tools and guidelines for health interventions, especially in the area of controlling epidemics.

The American Red Cross provides health-care services in disaster settings to everyone who requires it, regardless of his or her legal status. It works in partnership with the Centres for Disease Control and Prevention (CDC) in the United States to assess disaster-related morbidity and mortality, post-incident, through coordinated surveillance. The American Red Cross is the only organization collecting/coordinating disaster-related data on a nationwide basis with CDC.

In 2009, the Australian Red Cross, in partnership with the Norwegian Red Cross, trained volunteers from the Fiji Red Cross in the area of public health in emergencies. The Belgian Red Cross was also active in promoting first-aid programmes abroad (sub-Saharan Africa). In 2010, the Canadian Red Cross developed an Emergency Response Capacity (ERU), which included

Example: The Spanish Red Cross

The Spanish Red Cross has put into effect the following initiatives dealing with health-care in emergencies:

- Plan and organise the Immediate Response Team specialising in Emergency Health Care and triage and run programmes in Andalusia, Navarra, Murcia and the Basque Country.
- Define the procedures for inter-operability with medical units of the Armed Forces (Army and Air Force) through exercises and simulations (under development).
- Capacity-building work in health care in terms of biosecurity, development of procedures, provision of personal protective equipment, health care and medical transportation in quarantine for those at risk of spreading infectious disease.

one field hospital and two health clinics, and which was immediately deployed to Haiti in response to the cholera epidemic. This was funded by a grant from the Canadian International Development Agency.

The following also reported on their progress in this area over the past four years:⁵² the British Red Cross (in particular through the creation of a psychosocial support team), the Brunei Darussalam Red Crescent, the Czech Red Cross, the Georgian Red Cross, the Greek Red Cross (particularly through the deployment, during forest fires, of first-aid and psychosocial support), the Iraqi Red Crescent, the Italian Red Cross (Abruzzo earthquake – psychosocial support), the Myanmar Red Cross, the Netherlands Red Cross, the Norwegian Red Cross, the Palestine Red Crescent Society, the Portuguese Red Cross, the Serbian Red Cross, the Swedish Red Cross, the Trinidad and Tobago Red Cross, the Red Crescent Society of Turkmenistan, the Bolivian Red Cross, the Colombian Red Cross, the Ecuadorian Red Cross, the Honduran Red Cross, the Thai Red Cross, the Peruvian Red Cross, the German Red Cross (ERUs to Haiti and China), and the Governments of Italy, Madagascar, Poland, Thailand, Ukraine (H2P – humanitarian response to pandemics), Australia (jointly with National Society) and Japan.

c. Home-based care

Several National Societies raised issues in the areas of health care in emergencies, for difficult-to-reach populations and in prisons, but only a few addressed how health care in rural areas should be a priority. For people living in rural areas, the Thai Government is carrying out a plan to upgrade health-care centres at the sub-district level to Health Promotion Hospitals throughout the country, to ensure access to a higher quality of health care and services for rural people. Village Health Volunteers trained by the Ministry of Public Health also play an important role in providing on-site primary health care to villagers countrywide.⁵³

Example: The Red Cross Society of Bosnia and Herzegovina (RCSBiH)

The RCSBiH's Home Care Program (HCP) was based on a genuine need to provide home-care services to the most vulnerable categories of the population: the elderly, the sick, the infirm and persons with special needs who live in isolation without close relatives. The assistance to HCP beneficiaries comprised personal support, conversation and referral to medical institutions, as well as distribution of humanitarian assistance, such as items for personal hygiene, food parcels and seed parcels. The HCP also included training of volunteers for provision of services and cooperation with the Ministry of Social Welfare (cooperation with the Social Welfare Centres is currently limited to the local level and it differs from municipality to municipality). The HCP was implemented from 2007 until 2010, it aimed at strengthening the methodology for introducing elements of self-sustainability, in order to enable selected Red Cross branches (18 in total) to be self-sustaining to the maximum extent in implementing at the local level, and to promote and expand the methodology in other RCSBiH local branches.

5. Quality – first aid and blood

The provision of first aid (including training) and management of blood donation are seen as the traditional activities of the health departments of many National Societies and acknowledged as such by many States. Often, saving lives is a matter of being able to respond quickly and confidently with

⁵² **Original text of box in Spanish:** En relación a la intervención de Cruz Roja Española en el campo de la salud en emergencias, las iniciativas puestas en marcha son las siguientes:

- Definición mediante documento de organización de los Equipos de Respuesta Inmediata en Emergencias especializados en Asistencia Sanitaria y Clasificación de Víctimas con implantación de los mismos en el ámbito de Andalucía, Navarra, Murcia y el País Vasco.
- Definición de los procedimientos de interoperabilidad con los unidades sanitarias de las Fuerzas Armadas (Ejército de Tierra y del Aire), en fase de elaboración, a través de la realización de ejercicios y simulaciones.
- Desarrollo de capacidades de trabajo en materia de asistencia sanitaria en condiciones de bioseguridad, elaboración de procedimientos, dotación de equipos de protección personal, asistencia sanitaria y transporte sanitario en régimen de aislamiento ante riesgo biológicos infecto - contagiosos

⁵³ Also active: the Greek Red Cross, the Lesotho Red Cross (home-based care kits are provided to care facilitators who provide home based-care to PHIV amongst others), the Lithuanian Red Cross (visiting nurses programme financed by the Ministry of Health), the Namibian Red Cross (home-based care to 80% of PLHIV), the Palestinian Red Cross (home visits programme), the German Red Cross, and the Ukrainian Red Cross (visiting nurses programme).

the proper first-aid measures and to ensure that any follow-up treatment involving access to blood transfusion is possible and safe.

The International Federation's Community-Based Health and First Aid (CBHFA) section is one of the core elements of the Health Department. In the past four years it has produced CBHFA materials like the *Implementation Guide*, the *Facilitator Guide*, the *Volunteer Manual* and the *Community Toolkit*. These were developed, piloted, adapted and translated into more than 30 languages. To meet the need for appropriate planning, monitoring, evaluation and reporting tools, the CBHFA Planning Monitoring, Evaluation and Reporting (PMER) toolkit was developed; it was based on the existing Monitoring & Evaluation tools used by CBHFA staff and volunteers from various National Societies and revised after testing them during 2010. The International Federation also supports National Societies by offering training. Over 300 staff and volunteers from 104 National Societies participated in CBHFA Master Facilitator workshops during 2007-2010.

In all, 72 National Societies are implementing community-health programmes using the CBHFA approach; the International Federation and 14 participating National Societies are supporting community-health implementation using the CBHFA approach; and 55,352 CBHFA volunteers at the community level reached 2,290,973 beneficiaries during 2010. The aim is to reach over 3 million beneficiaries during 2011 while retaining the low average annual cost of 4.67 Swiss francs per beneficiary.

a. First aid

The International Federation's first International First-Aid and Resuscitation Guidelines were developed and finalized in early 2011. These evidence-based guidelines and recommendations will help and guide National Societies to improve their first-aid education, training, practices and services. More than 17 million people received first-aid courses of less than six hours duration from National Societies in the 52 countries that responded to the International Federation's 2010 mapping. First-aid and preventive messages reached an additional 46 million persons. Worldwide, there are more than 36,000 active first-aid trainers and 770,000 active volunteers serving their communities in first-aid education and services, thus providing first aid for all. The total number of voluntary hours in first aid given globally is at least 3,224,880 per year.

The American Red Cross has convened a group of experts called the American Red Cross Scientific Advisory Council, which consists of doctors and scientists who regularly review first-aid procedures. They also collaborated with the International Federation and other National Societies to create global guidelines for first aid that have been shared with and adopted by the Federation. The Azerbaijani Red Crescent is heavily involved in community-based first aid programmes. (32 people trained in 2008). The Estonian Red Cross runs 12 different programmes in this area that train about 6500 people each year (between 2007 and 2010).⁵⁴ Typical activities include: first-aid training for members of the traffic police, lessons in road safety to children, training in first aid for all candidate for drivers' licences, and providing a European certificate for first-aid training courses to teachers, parents, babysitters and company employees.

b. Blood

The International Federation has promoted the use by National Societies of the "Club 25" model, which rewards a lasting commitment to blood donation, especially amongst young people. It also advocates safe, voluntary, and non-remunerated blood donation.

⁵⁴ The following were also active in this area: the British Red Cross, the Brunei Darussalam Red Crescent, the Bulgarian Red Cross, the Canadian Red Cross, the Croatian Red Cross, the Czech Republic Red Cross, the Georgian Red Cross, the Iraqi Red Crescent, the Italian Red Cross (mainly ambulance and organ transfer services), the Red Crescent Society of Kyrgyzstan (especially CBHFA), the Lesotho Red Cross, the Monaco Red Cross (lutte contre la morte subite – defibrillators placed across principality), the Netherlands Red Cross, the New Zealand Red Cross, the Norwegian Red Cross, the Palestinian Red Crescent, the Serbian Red Cross, the Trinidad and Tobago Red Cross, the Red Crescent Society of Turkmenistan, the Ukrainian Red Cross, the Mexican Red Cross, the Afghan Red Crescent, the Uzbek Red Crescent, the Thai Red Cross, the Moroccan Red Crescent, the Belgian Red Cross, and the Governments of Ireland (first-aid programmes in West and Central Africa in partnership with the International Federation), Poland (also reported on the activities of their National Society), Mongolia (especially CBHFA), and Ukraine,.

A large number of respondents spoke of the work that they do in this area.⁵⁵ The Australian Red Cross is active in the voluntary donation, collection and processing of blood in Indonesia, the Solomon Islands, Vietnam, Samoa, Tibet and Nepal. The Azerbaijani Red Crescent described how youth engagement through Club 25 activities work: "During the year [2008], the members of "Club-25" conducted a large-scale health promotion activities on blood donation in different educational institutions such as medical schools N1 and N2, "Youth Forward" agency, University of Languages, "AMERICAN COUNCILS" FLEX agencies and other organizations in order to involve non-remunerated volunteer blood donors. The members of "Club-25" distributed promotion materials among young people. The Azerbaijan Red Crescent Society organized blood donation campaigns in various organizations and educational institutions such as Baku Telephone Communication Unit, Gafgaz University, medical school N2, Nasimi Police department and etc. According to statistics received from Blood Bank, during the year, 1933 people gave blood through the AzRed Crescent."

Example: The Serbian Red Cross

During 2008, more than 3000 activities related to the voluntary and non remunerated donation of blood took place in Serbia, involving 2000 volunteers of the Serbian Red Cross. In total, 244.516 units of blood were collected in blood drives in 2008. The role of the Serbian Red Cross was to: promote blood donation, motivate citizens to become blood donors, recruit citizens and blood donors and retain blood donors.

The main documents that drive activities in this field are: the Law on Red Cross - Public Powers, Law on Transfusion and Strategy for Providing Sufficient Quantities of Safe Blood Supplies and Blood Components. The Serbian Red Cross took an active part in public discussion related to the drafting of a new law on blood transfusions; it successfully lobbied for the basic principles related to the voluntary and non remunerated donation of blood to be reflected in the law.

Poland concentrated on voluntary blood donations, "with particular focus on specific target groups, such as "Firemen as blood donors – hot blooded lifeguards," "Young blood saves lives – events directed to young people (junior schools and high schools) and special programme for university students – presentations and teaching of blood donation, meetings with blood donors, mobile blood stations etc." The Colombian Red Cross developed its blood donation system in partnership with the Ministry of Social Protection (Ministerio de la Protección Social (Salud) and expanded opportunities for people to give and receive blood safely and equitably, especially in areas of the country most affected by instability. The Mongolian Red Cross is mandated by the Mongolian Government to assist in the recruitment, retention and motivation of voluntary and non-remunerated blood donors. Approximately 84% of all blood donors are recruited by the National Society.

⁵⁵ In addition to those mentioned in the text, the following also responded: the Belgian Red Cross (in the Democratic Republic of the Congo), the Bulgarian Red Cross, the Croatian Red Cross, the Georgian Red Cross, the Italian Red Cross, the Moroccan Red Crescent, the Trinidad and Tobago Red Cross, the Colombian Red Cross, the Ecuadorian Red Cross, the Mexican Red Cross, the Uzbek Red Crescent, the Swiss Red Cross, the Thai Red Cross (Club 25), the Peruvian Red Cross, the Germany Red Cross (over 80% of domestic blood needs), the Honduran Red Cross, and the Government of Belgium (from 2008-2010 in international financed cooperation programmes aimed at making blood donations made through the Belgian Red Cross safer),