

Swiss Red Cross

Our Worldwide Commitment



International Cooperation

Swiss Red Cross



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Editorial

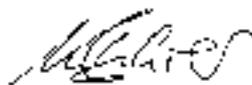
Extreme climate events have become more frequent in the past few years. Vulnerable regions and population groups were hit the hardest by floods and droughts. Conventional disaster relief that alleviates the victims' suffering is therefore still important. A Swiss Red Cross team of logistics and medical experts are on permanent stand-by ready to be deployed in emergency response units. In the light of the new challenges, we are also investing our resources heavily in Disaster Risk Reduction DRR. For example, in Honduras and Nepal, as you will see from this activity report. In addition, this report gives you some insight into our commitment in the disaster relief sector and in long-term health work.

Well trained volunteers are not just the core of our disaster preparedness and relief efforts. They are also the main components in providing healthcare for the poorest sectors of the population. The Swiss Red Cross is working in 30 countries to establish primary healthcare and combat poverty-induced epidemics. To do this it invests in volunteers and in the resources of the population themselves (community mobilization). This enables us to reach as many as 3.2 million people every year in regions suffering from a lack of medical treatment and disease prevention. Fighting poverty-induced blindness and water-borne diseases is particularly important.

For example, in South Sudan and other regions of Africa our health work is a real pioneering achievement. Whenever utter poverty, mismanagement, the effects of war, and climate change coincide, it is more urgent than ever for the Red Cross to be actively involved. As an active partner of the International Movement of Red Cross & Red Crescent Societies, the Swiss Red Cross adheres every day to the principle of Universality.



Markus Mader
Director General



Martin Fuhrer
Director International Cooperation

Relieving the burden on Syrian refugees

Jordan

In Jordan, the Swiss Red Cross is supporting particularly vulnerable refugee families with cash payments. The families can use a bank card to withdraw the equivalent of CHF 220 per month. This is a vital contribution towards their rent and essential living expenses.



This grandmother fled Syria, bringing her granddaughter to safety.

By mid-2013 more than 5 million people in Syria had fled from violence and oppression. The majority of them are now living as displaced persons in their own country while a million people have found their way into neighbouring countries. Support for Syrian refugees is therefore the focus of the SRC's disaster relief programme. The priority is to set up a cash programme for refugees in Jordan.

The majority of the over 500,000 Syrian refugees in Jordan are living in rented accommodations or with host families. Their situation is frequently precarious. The proportion of women and children is high, because in many cases the men have remained in Syria. In addition to the daily expenditure for food, the refugees must pay a lot for water and electricity. For this reason, the SRC and

the International Federation of Red Cross & Red Crescent Societies are supporting 2,000 particularly vulnerable families with a cash payment of the equivalent of CHF 220 a month. This direct financial support is provided, above all, in the border towns of Ajilou and Jerash. Single mothers, the elderly and large families are given priority. SRC professionals have trained local staff from the Jordan Red Crescent to implement this cash programme.

In Jordan the SRC has deployed several logistics experts for the relief programme and delegates for the cash programme. The relief is provided in close collaboration with the Jordan Red Crescent, which has more than 100 volunteers working for it.



SRC relief supplies make refugees' daily lives a little easier.



READY FOR THE EMERGENCY

The Swiss Red Cross runs a logistics centre in Wabern, near Bern, with an extensive stock of relief supplies. Additional stocks are held in warehouses in Kuala Lumpur, Accra and Panama. In the last few years, logistics and medical emergency relief units have been set up staffed by a pool of 60 specialists.

Syrian refugee children briefly forget their uncertain future.

With a cash donation of CHF 650,000 to the Federation, the SRC is supporting the winter programme for Syrian refugees in 13 camps in Turkey. The local Red Crescent distributes thermal blankets, heaters, mattresses and clothing to the refugees. In Syria itself, the SRC has funded the distribution of food parcels through the ICRC and made an ambulance available to the Red Crescent.

In all, with the support of Swiss Solidarity, the SRC is donating CHF 2 million for aid to the Syrian victims of war

TYPHOON IN THE PHILIPPINES...

In the wake of the typhoon that hit the Philippine island of Mindanao in December 2012, the Swiss Red Cross delivered tents and family kits to the homeless. Logistics experts from its Emergency Response Unit organized the distribution of these relief supplies in close cooperation with local volunteers of the Philippine Red Cross.

... AND CONFLICT IN MALI

In mid-2012, during the armed conflict in northern Mali, the Swiss Red

Cross distributed food rations, blankets and mosquito nets to 3,000 displaced families in the town of Mopti. Once the population had returned to the region of Timbuktu, the SRC undertook to build the water supply system and primary healthcare facilities for remote villages in the district of Goundam. In recent years the SRC had built solar-powered wells and a healthcare centre that were partly destroyed in the conflict and are now being rebuilt.

Prepared for the worst

Nepal

In western Nepal, the Red Cross is helping 10 villages with disaster preparedness. During flooding in August 2012, the newly trained Samaritans saved the lives of 49 people.

On 2 August, the villagers of Rampurwa were in the fields when suddenly the floodgates of heaven opened and torrential rains came down. Within no time, the waters of the River Rapti rose and flooded huge areas in the Banke plains. The farming families were only just able to run to safety on higher ground. There they had to stay – cut off from the rest of the world, without drinking water or food – constantly afraid that the water might continue to rise.

district of Banke where the Red Cross has been establishing disaster preparedness over the past few years. Men and women have been trained as Samaritans, lifeguards or rescue coordinators and provided with the necessary equipment.

In cooperation with the local police force, the volunteers managed to bring the 32 women and 17 men trapped by the current, to safety. «It was a huge sense of achievement for the people of Rampurwa. They were able to apply their newly acquired knowledge and save lives,» says Monika Christofori-Khadka, SRC head of operations in Nepal.



Young Red Cross volunteers attending a first-aid course.

Unpredictable monsoon

Nepal is often hit by extreme weather conditions and natural disasters. The monsoon rains are becoming more and more unpredictable. In the Banke plains, along the Indian border, the situation is especially precarious. The simple villages are defenceless against the weather. The River Rapti is both a lifeline and a threat. Thanks to the river's water, they can grow vitally important rice, yet when the river turns into a raging monster, it can destroy whole villages.

The regional rescue crews were mobilized. But the helicopter could do nothing to help: visibility was too bad and the wind too strong. This is when the Red Cross volunteers stepped in. Rampurwas is one of the 10 villages in the

Since 2009 the Nepal Red Cross Society has been receiving support from the SRC to help the most vulnerable villages with disaster preparedness. This includes not only training for the vari-



The raised water point provides clean drinking water even in times of flooding.

ous rescue crews but also reinforcing the dams or building raised wells so that drinking water is still available during floods. The villagers also pool emergency supplies into safe containers, with each family setting part of its harvest aside for times of crisis.

Timely warning

The early warning system is essential. When a flood wave builds up further upstream, the villages under threat are warned by radio. «Roughly eight hours before the river rises, we receive a warning and have enough time to pro-

tect ourselves from the flood,» says Babulal Pandey, the disaster auxiliary coordinator in the village of Khalla. He operates the siren with a crank handle. The villagers know just what to do. «First of all they take the children to safety, then the grain, then finally themselves,» explains Babulal Pandey. In preparation for a disaster, a sort of mezzanine floor has been built under the roofs of the houses; that's where the families take refuge until the waters recede.

Babulal Pandey is proud and relieved that his village is now so well organized. «We used to live in constant fear of the next flood. Now we can do something concrete and not feel as helpless.»



Each family contributes part of its harvest – so the village can set aside emergency supplies.

«Extreme weather events occur more and more often»

Honduras

The Swiss agronomist Claudio Stauffer has been living in Honduras for 30 years and has been running the Swiss Red Cross programme with its team of 30 specialists since Hurricane Mitch hit the country in 1998.



Is climate change noticeable in your region, Central America?

If we look back over the past 20 years: Yes. The dry season and rainy season have shifted, extreme weather events such as torrential rainfall and long periods of drought occur more and more often. They are often highly local, yet no less drastic in the consequences for the population affected by them. They result in soil erosion, lost harvests and a shortage of drinking water. As recently as October 2011, the south of Honduras and the neighbouring area in El Salvador were hit by heavy flooding. Since then, this very same region has been suffering from drought. We will have to be prepared to deal with phenomena such as this in the long term.

How does this influence the work of the Red Cross?

Disaster preparedness has become increasingly important in recent years. In Honduras we now have 1,600 volunteers trained by the Red Cross to work

in disaster preparedness and health-care. The smallholder communities have organized themselves into emergency committees. These have, for example, drawn up risk maps which show the places that are particularly exposed to natural disasters. Besides disaster preparedness, measures have also been taken to mitigate risk (disaster prevention). This includes setting up tree nurseries throughout the region to replant woodland on the hillsides suffering from erosion. Under the farmers' own initiative, stream beds were consolidated as a protection measure and drainage channels built.

The French writer and philosopher Albert Camus wrote, «one must imagine Sisyphus to be happy». Is that also true for you?

Even though the effect of our work remains modest, compared to the enormity of the challenge, it is nevertheless important and motivating. So, I'm thinking of the roughly 10,000 people severely affected by drought in the district of Valle in southern Honduras. On their own initiative and with our support, they now have a safe drinking water supply. By planting bushes and shrubs in the area around the dried-up water sources and creating the necessary humidity, they brought water back to the region. Bringing water sources back to life - this is also a wonderful symbol of our commitment – despite the Sisyphian task.

DISASTER PREPAREDNESS AND RISK REDUCTION – A CHALLENGE

Extreme weather events such as flooding and droughts are becoming more frequent. The poorest sectors of the population are the most vulnerable to the consequences of climate change. Disaster preparedness and disaster risk reduction are more and more of a priority for the Swiss Red Cross. This is especially the case in the most exposed regions, not only in Central American countries such as Honduras and El Salvador, but also in Nepal and Vietnam.

Training rural midwives

Ecuador

The Swiss Red Cross has been working since the 1990s in the Amazon lowlands of Ecuador to improve the health of mothers and their children. The rural midwives have a key role to play in this.

The plant is shaped like a cat's foot, hence its Spanish name, uña de gato, literally translated as 'cat's claw'. When brewed like tea and drunk, it relieves the pain in rheumatic joints. The 'Cruzcaspi' as it is known in Quechua, is recommended as a remedy for other illnesses. The 32 traditional midwives in Loreto district of Ecuador's lowlands are taught about the right dosage and application of medicinal plants at their monthly meeting in April 2012. Health promoter Mario Tanguila has acquired a great deal of knowledge about medicinal plants and he now passes that know-how to the midwives. The older women among them especially already have a certain amount of experience in this field.

Once a month the midwives travel in for the meeting from the remote villages and hamlets in Loreto district. They work in a catchment area of more than 25,000 people, and seeing as they live in the comunidades, they know all about their patients' living conditions. Together with the traditional healers – pajuyos – they are the population's first or even the only healthcare resource in the event of illness or pregnancy. This is why the SRC and its partner organization RIOS is investing in them, in a bid to improve the healthcare in the region.

The traditional midwives are not only important in providing care for mothers and infants. Thanks to their many years



Thanks to check-ups by the traditional midwife, this mother and her baby in the Amazon lowlands are healthy.

of training they are now also essential in helping to prevent illnesses. Clean drinking water and good hygiene are the key to preventing the diarrhoea and epidemics that previously led to a high level of infant mortality. They also teach teenagers about how to avoid early pregnancies. The oldest of the midwives, 60-year-old Joaquina, explains, «We also encourage the women to limit the number of children they have and advise them so that they do not become pregnant every year.»

COMMUNITY BASED HEALTH

In Latin America the SRC is working in particular to improve the state of health and access to health care among mothers and their children in deprived regions. The emphasis is placed on strengthening the population's self reliance, whether in Ecuador, Bolivia, Paraguay, Honduras or El Salvador.

From the darkness and into the light

Ghana

In northern Ghana even younger people are affected by cataracts. The Swiss Red Cross has been successfully combating poverty-induced blindness here and in other countries for many years.



For five years Jilma Chati (right) was blind. Now, he can see again.

With a steady hand, Dr Wanye makes the decisive cut. He removes the cloudy lens from Jilma Chati's eye. Then the ophthalmologist replaces it with a clear plastic lens. Tomorrow, when the 70-year-old patient removes the dressing, he will be able to see again – after five years of blindness.

Malnutrition and a lack of hygiene are major causes of blindness, but so is the lack of medical care. Most of them are blinded by cataracts and do not even know that a simple operation could restore their sight.

The SRC has been working with the Ghana Red Cross and the government for the past 10 years to fight poverty-induced blindness. Last year saw the

opening of the 16th eye care clinic in northern Ghana. In the villages, Red Cross volunteers carry out eye tests and teach the villagers about prevention and treatment opportunities. Teachers are given special training to diagnose defective eyesight so that they can carry out sight tests on their pupils. Children with eyesight problems are given suitable spectacles enabling them to follow in class.

Dr Wanye's medical team drives a mobile clinic from one remote village to another. They carry out eye examinations, treat eye disorders and conduct cataract operations under the most primitive conditions.

Children as constant companions

In 2012 alone, this campaign enabled



Dr Wayne travels from village to village with his mobile operating equipment.



The SRC carries out eye tests in schools and gives any children with poor eyesight corrective spectacles.

1,880 people in Ghana to regain their eyesight – and often also a new lease on life. Whenever someone in Africa goes blind, they become a burden on their families and lead sad lives. As there are no facilities for blind people

in the villages, most of the time a child must stay home from school to look after the handicapped person. «In the last few years my father often just sat sadly in a corner and my 10-year-old daughter looked after him around the

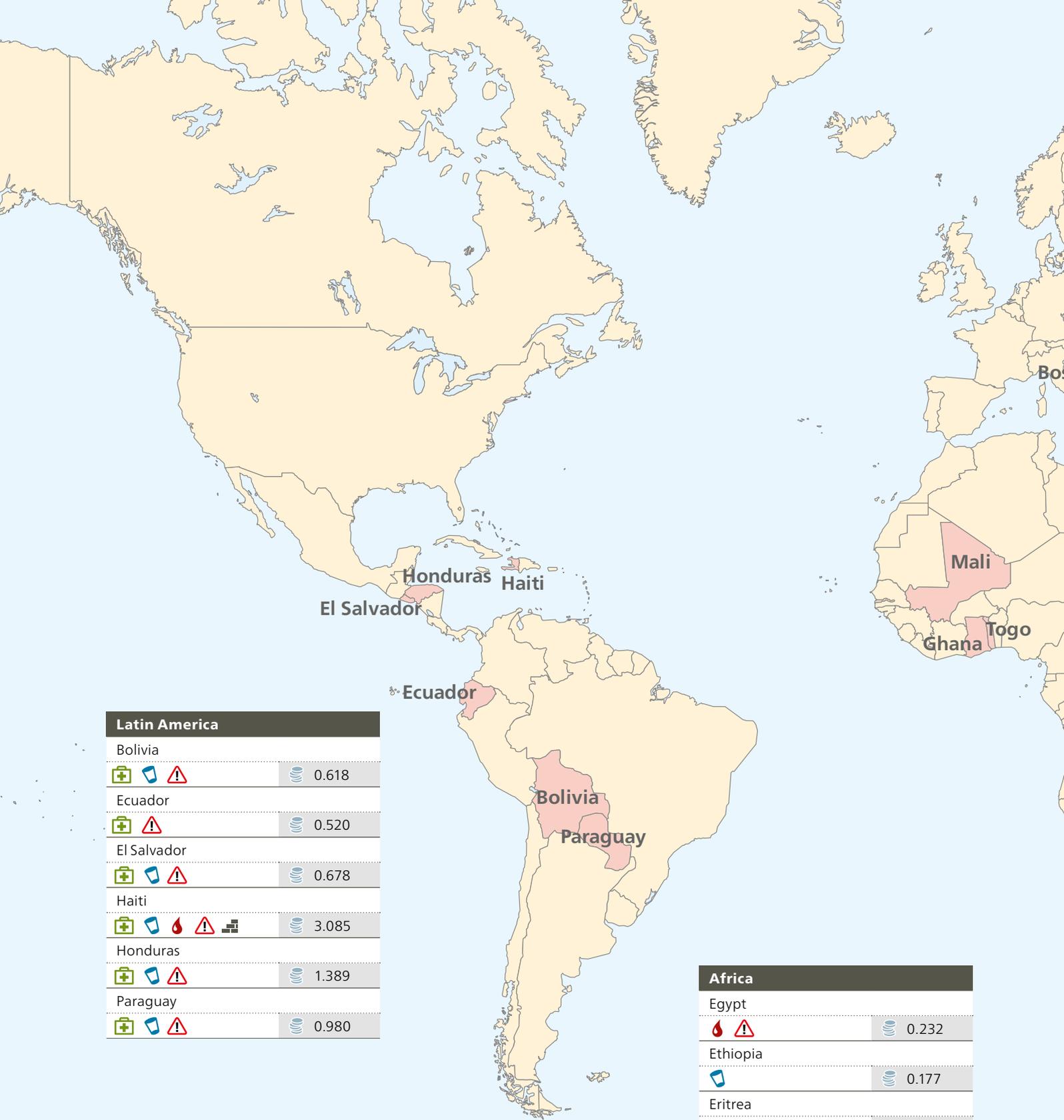
clock. Now he can take part in family life again and my daughter can finally go back to school, says Jilma Chati's son Tikpabaya.



After the operation, Jilma Chati's son brings him home on his moped.

TO FIGHT POVERTY-INDUCED BLINDNESS

The lack of eye care is one of the reasons why an above-average number of people in deprived regions of Africa and Asia lose their eyesight. The SRC is setting up eye care services in deprived regions of Ghana, Togo, Tibet and Nepal. Every year nearly 6,000 people have regained their eyesight thanks to cataract operations and about 300,000 people get eye care treatments.



Latin America	
Bolivia	0.618
Ecuador	0.520
El Salvador	0.678
Haiti	3.085
Honduras	1.389
Paraguay	0.980

Africa	
Egypt	0.232
Ethiopia	0.177
Eritrea	0.361
Ghana	1.108
Mali	0.594
Sudan	0.879
South Sudan	0.975
Swaziland	0.933
Togo	0.879

-  Health care
-  Drinking water
-  Eye care
-  Blood transfusion service
-  Disaster Risk Reduction
-  Reconstruction
-  Financial volume 2012 in Mio. CHF



Eastern Europe	
Bosnia-Herzegovina	0.357
Bulgaria	0.515
Moldova	0.257
Romania	0.523
Belarus	0.748

Asia	
Bangladesh	1,353
China/Tibet	0.531
Japan	8.883
Cambodia	0.603
Kyrgyzstan	3.743
Laos	1.954
Lebanon	0.193
Nepal	0.917
Pakistan	2.667
Vietnam	0.379

Disaster Response	
Displaced people in Syria and Syrian refugees in Jordan and Turkey	1.200
Typhoon in Mindanao/Philippines	0.500
Displaced people in Mali	0.350
Floods in Western Africa	0.620

Healthcare at grass roots level

South Sudan

South Sudan has been an independent State since 2011. Building up the healthcare system is a high priority in this war-torn country. For the past four years the SRC has been working to provide 90,000 people in remote villages in Unity State with drinking water and to protect them from disease.



Mosquito nets provide effective protection from malaria.

More than half of the 600,000 people living in Unity State in the northern part of South Sudan have no access to clean drinking water. Malaria and other tropical diseases are the cause of a high mortality rate, especially among women and children. The political situation is still unstable. Although many refugees are returning to their homes, new outbreaks of violence have displaced others. However, there are encouraging signs for the start to a new future. Thanks to the commitment of volunteers from the local Red Cross section, 50 traditional midwives have been trained and a network of health auxiliaries set up in the villages of Mayendit County. The fight against malaria includes the widespread distribution of mosquito nets and drying out stagnant pools.

Besides training and health promotion, the Swiss Red Cross also invests in healthcare infrastructure. By the end of 2012 we had set up six primary healthcare units and dug 36 drinking-water wells fitted with pumps. This gave 90,000 people access to healthcare services and clean drinking water. There is a constant hive of activity around the 36 wells. Mostly the women and older children come from the surrounding villages to fetch drinking water in plastic containers, either on foot or, for longer distances, using donkeys.

Water committees keep the pumps working

Pumping water to the surface from 50 metres underground is a straightforward technical measure. The real challenge, however, is keeping the pumps running in the longer term. If, for example, the pump breaks down it can take weeks until spare parts can be brought from town to this remote region. As a result, a spare-parts store was built. A water technician has trained 145 men and women to be community pump technicians and they have all received a tool box. They are members of the village water committees and are in charge of repairing the pumps. «This sense of responsibility helps to ensure that there is a continuous supply of clean drinking water to prevent the spread of water-borne diseases,» explains SRC coordinator James Mwanza.

Sustainable volunteer network

In deprived South Sudan, traditional midwives have for generations, been the first and only healthcare resource for women and sometimes even for men. In Mayendit County, the Swiss Red Cross mission zone, we started improving the healthcare service by training the midwives. They are now equipped with medical instruments and, alongside birthing skills, they play an important role in preventing disease. A total of 330 mostly younger women and men have also been trained as community volunteers. They distribute mosquito nets and relief



Fetching water is a heavy burden. Having a water supply in the village shortens the distance and makes women's lives easier.

supplies, take part in vaccination campaigns and teach the villagers about hygiene issues.

The six new primary healthcare units also provide the villagers with general medical care. Each unit supplies a broad catchment area of 15,000 people. So it is understandable just how important the network of traditional midwives and community volunteers is in the villages.

The Swiss Red Cross is extending the healthcare programme to the neighbouring region of Malakal in the South Sudanese Upper Nile State. As many as 15,000 people living in this isolated region rely on healthcare provided by the Red Cross.

780 mio people are still without access to improved sources of drinking water and 2.5 bio lack improved sanitation



Volunteer seniors visit the aged

Belarus

The number of elderly people living alone and requiring care is particularly high in Belarus. Over the past few years the level of poverty has increased under the authoritarian regime. In addition to the home care programme, the Red Cross also mobilizes senior citizens for its volunteer home visit service.



Active seniors work as volunteers visiting the sick and elderly in their homes to lend them a helping hand.

SOCIAL ASSISTANCE IN EASTERN EUROPE

In the eastern European countries, few people are wealthy and the majority are poor. During the winter months the situation for destitute elderly people, large families and those marginalized by society is often dramatic. The SRC therefore helps the local Red Cross Societies provide food aid in those countries most affected by the crisis, such as Moldova, Belarus and Bosnia-Herzegovina. During the winter, soup kitchens distribute hot meals and food parcels to those most vulnerable.

They are between 60 and 78 years old, mentally alert and physically fit. And they are motivated to help fellow human beings more vulnerable than themselves, in the spirit of the Red Cross. The network of 700 elderly ladies and a few elderly men in the Belarus capital Minsk and the towns in the provinces have volunteered to regularly visit isolated sick elderly people in their homes and give them advice and assistance. They work in close cooperation with the nurses in the home care service who are responsible for administering medical care. Over the past 20 years the Swiss Red Cross has helped fund both the volunteer service and the home care service run by the Belarus Red Cross Society and has provided professional support.

For example, every week the six volunteer babushki (grandmothers), as they humorously call themselves, meet at the Red Cross offices in the town of Oshmyany. They exchange their experiences and receive practical advice from Ludmila Borovskaya, the nurse working for the local Red Cross section. The volunteers' regular home visits to the sick elderly also relieves the workload on the home-care nurses. Oshmyany on the Lithuanian border has a high unemployment rate and the population is poor and aged, which gives rise to particular social problems. «Our volunteers help relieve the isolation of the often very old citizens, help them around the house and make sure that these sick elderly people can keep on living in their own homes,» says Ludmila Borovskaya.

Nearly 10'000 volunteer blood donors

Eritrea

Safe blood is the foundation of any reliable healthcare system. In Eritrea, the blood products centre meet international quality standards. This is particularly the case for poorer countries.



Thanks to the modern blood transfusion centre, this Eritrean baby has a chance of survival.

NO HEALTH WITHOUT SAFE BLOOD

Owing to the spread of HIV/Aids and other infectious diseases such as hepatitis B and C, safe blood supplies have become a matter of life or death, especially in poorer countries. The large-scale loss of blood during childbirth is also the most common cause of maternal mortality. The Swiss Red Cross is therefore helping to build up the national blood transfusion service in Eritrea, Egypt, Lebanon and Haiti.

There has been a national blood transfusion centre (NBTC) in Asmara, the capital of Eritrea, for more than 10 years. Another six blood banks have been set up in regional hospitals throughout the country. In addition to helping fund these facilities, the Swiss Red Cross has focused on training staff and quality management. The NBTC is one of the first blood banks in the whole of Africa to have earned an internationally recognized ISO certificate. «Thanks to the ISO criteria, it is guaranteed that all blood products meet international quality standards and in future even the regional blood banks can supply safe blood throughout the country,» says SRC delegate Sylvia Froelicher, who has been working in Eritrea for six years.

Mobile teams now carry out blood donor campaigns above all in high schools and in companies in and around Asmara. In 2012, these campaigns attracted 9,300 volunteer donors. As the traditional family donations lead to medical complications, regular anonymous blood donations are very important. So the Red Cross joins forces with the healthcare authorities to carry out regular donor-recruitment campaigns. The dramatic crisis into which Eritrea has plunged is also affecting the blood donor sector in an alarming way. As donors must have a minimum body weight in order to give blood, and more and more people are acutely undernourished, the number of blood units collected has been dropping for the past two years.

Prevention despite the taboo

Bangladesh

The Swiss Red Cross has been a pioneer in doing prevention and antiretroviral treatment in Bangladesh as well as in other countries of Asia and Africa.

In this southern Asian country, 0.1 to 0.2% of the 160 million population are officially HIV positive. However, a large number of cases go unreported, because Aids is still very much taboo. One of the various consequences of this is that many people do not get tested even though they suspect they may be infected, and people with HIV do not get treatment.

Throughout the country only 700 Aids patients are receiving antiretroviral treatment (ART), over one quarter of them at the clinic that the SRC has been

cial assistance to HIV-positive mothers and their children and to patients that have been shunned by their families and friends because of their illness.

The most important aspect of the fight against HIV-Aids remains education. Information campaigns are carried out in the slums of Dhaka three or four days a week. Special attention is paid to risk groups such as prostitutes and drug addicts. In 2012, more than 1,860 people were reached with these information campaigns and 820 decided to come for a voluntary HIV test. «These tests are the first step towards halting the spread of AIDS,» says Jürg Frei, SRC head of operation in Bangladesh. «Only when someone knows his status can he behave responsibly and start treatment if necessary.»



Teaching people about AIDS is based on trust.

Aids is still a major threat

In spite of progress in prevention and treatment, HIV-Aids is still a major threat worldwide. It is therefore still a priority for the SRC healthcare programmes to stem the spread of this insidious disease. In Africa, Asia, or Latin America, wherever Red Cross volunteers teach healthcare topics in villages and neighbourhoods, they always talk about how people can protect themselves from HIV and what treatments are available. In some countries like Swaziland, the SRC is working directly in Aids therapy, by giving sufferers access to treatment or by dispensing medication.

running since 2005 in cooperation with the local partner organization CAAP. At that time, it was the first clinic in the whole of Bangladesh to offer treatment for Aids. Now, 180 patients regularly obtain their medication at the clinic and receive counselling and follow-up treatment. This includes providing so-

«It is an advantage to be a woman working here»

Pakistan

In the summer of 2010 severe flooding hit large parts of Pakistan leaving hundreds of thousands of people homeless. The SRC is rebuilding three villages in the south of the country. Interview with delegate Heike Kemper.



Ms Kemper, what has been achieved in the last three years?

The three villages that were completely destroyed by the floods have been largely rebuilt. Unlike the previous homes, the 700-odd houses are flood and earthquake resistant and have been built with a durable, stable support structure. And latrines and wells have also been built.

How is the reconstruction work carried out?

The villagers themselves are in charge of the building work, supervised by a Swiss Red Cross specialist. For each construction stage they receive a set payment so that they can buy construction materials. The next instalment is only paid once a particular stage is completed for the whole village.

In addition to the construction assistance, the SRC is also committed to improving the healthcare sector. Why is that?

Stable housing makes the villagers less prone to disasters. But good health is another important aspect of being pre-

pared for hard times. So, from the outset we have been training volunteers to provide first aid in the villages and know what needs to be done in the event of everyday health problems. In addition, all the villagers are regularly informed about health and hygiene.

You have been living and working in Pakistan for more than two years already. Is it difficult as a woman to earn respect in this culture dominated by men?

As a professional I have always been treated with respect by men. In my contacts with the women in the villages it is an advantage to be a woman; they trust me and it is easier for me to have access to them. And I'm also allowed to visit them without supervision, whereas male colleagues can't do that. When it comes to building new homes it is hugely important to know the women's needs and take them into account in the planning.

COMMITMENT IN HAITI

In the wake of the serious earthquake that hit Haiti in January 2010, the Swiss Red Cross rebuilt 600 homes and repaired the water supply in the mountain community of Palmiste-à-Vin above the coastal city of Léogane. The villagers received on-site training for the construction work. The healthcare teams in the remote region were trained in particular to prevent cholera outbreaks. In the long term, the SRC is committed to disaster preparedness and risk reduction. In a catchment area of 10,000 inhabitants, 400 volunteers are taking measures that extend from preparing for the evacuation of the population in the event of a disaster to reforestation to prevent landslides.

RETIREMENT HOME IN JAPAN

In the wake of the serious earthquake in Japan on 11 March 2011, the SRC financed the building of a retirement and care home in the city of Onagawa. The building was inaugurated just one year later. Now 100 elderly people in need of constant care live in the former hospital, which was severely damaged by the earthquake. The institution also has a 20-bed medical ward.

A right to good health

Laos

The poorest families living in Laos cannot afford medical treatment. Many of them do not even have enough money to travel to the nearest health centre. The SRC has developed a way of combating this gross inequality: the Health Equity Fund.

Lay Simom is sad and exhausted. Just 10 days ago, this 32-year-old woman suffered a miscarriage while working hard in the fields. «Fortunately, they took me by motorbike to the hospital in Nambak and I could stay there for four days. Otherwise I think I would have died,» says the delicate woman, while 18-month-old Visay, the youngest of three sons, fidgets in her lap.

The young mother welcomes us to her simple home in the village of Houai Gnong, a bumpy 40-minute drive from Nambak in northern Laos. A rickety staircase leads up to the single room, divided into two by a tattered cloth. In one corner there is the open hearth. The thin mattresses are rolled up during the day, and the mosquito nets are pushed to one side to leave enough

space to receive visitors on the straw matting.

The Simoms are one of more than 20,000 families in six provinces of Laos to have received a health card from the SRC. This card entitles particularly poor families to receive free medical treatment. Transport costs and hospital inpatient treatment are also covered by the Health Equity Fund. «Previously many poor people didn't even go to the doctor's because they couldn't afford the medicines or the cost of getting to the hospital,» says Southone, the Red Cross programme assistant in Laos. This has now changed thanks to the Health Equity Fund.

To establish who should be entitled to free treatment, a Red Cross worker



Lay Simom gets a health card from the Laos Red Cross worker.



The three generation family of Lay Simom profits of the Health Equity Fund.

visits every family at home to fill in a questionnaire. What is the house like? Is the roof made of straw, wood or corrugated iron? How many children do they have to feed? Does the family own chickens or goats? Points are attributed to each question according to a simple system. Families that have a total of fewer than 10 points are con-

sidered poor and receive a health card. In the district of Nambak, this is about 6% of the population.

Lay Simom's family of six had a score of just six points on the welfare scale. It doesn't bear thinking about what would have happened if this mother of three had died from the consequences

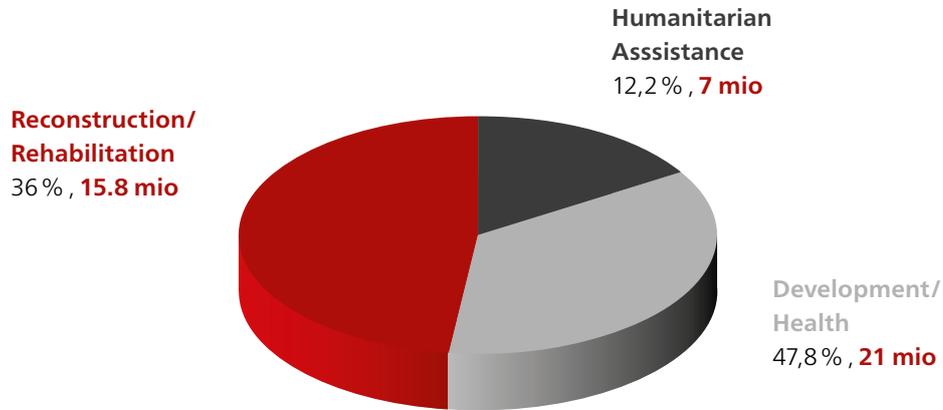
of her miscarriage. Often calamities such as illness or the death of one of the parents cause a family to fall even deeper into poverty out of which they can no longer escape. The Health Equity Fund helps to alleviate these life risks. «This is a great relief for the poverty-stricken,» stresses Southone.



View of Lay Simom family's home.

Expenditures by sector

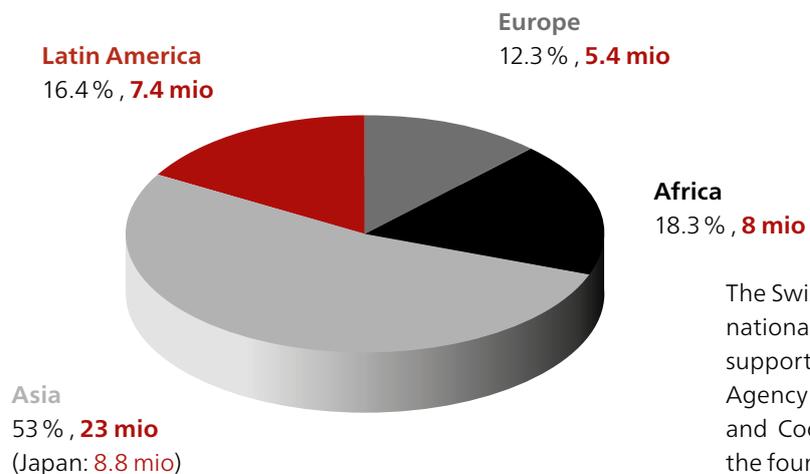
in 2012 (CHF): 43.8 mio



STAFF INTERNATIONAL COOPERATION	
Headquarter	50
Delegates in 30 countries	80
Local staff members	580

Expenditures by continent

in 2012 (CHF): 43.8 mio



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