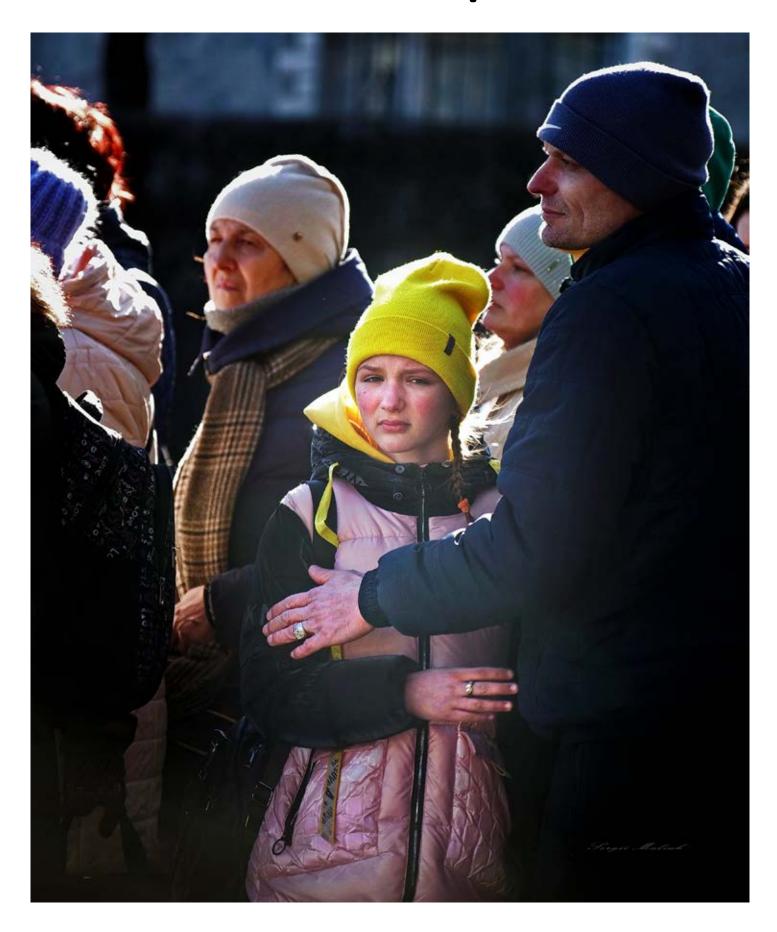
International Results Report 2022



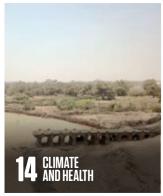
CONTENTS WHO WE ARE

































THE INTERNATIONAL RESULTS REPORT 2022

EDITOR Carina Wint, carina.wint@redcross.no | CONTRIBUTORS National society partners, international department and communications department.

DESIGN Speed, Spoonagency.no | COVER PICTURE Civilians are given safe passage out of the city by the Red Cross. @Malyuk Serhiy, Volodymyrovych (ICRC)

WHO WE ARE

The Norwegian Red Cross is one of 192 Red Cross and Red Crescent (RCRC) national societies across the globe. In 2022 the Norwegian Red Cross worked directly with 16 sister national societies, and we supported the International Committee of the Red Cross and the International Federation of the Red Cross. We have been part of the RCRC Movement since 1865.



OUR VISION:

Those in need should have access to quality healthcare and clean water. That health care providers should be able to support their communities free from abuse.



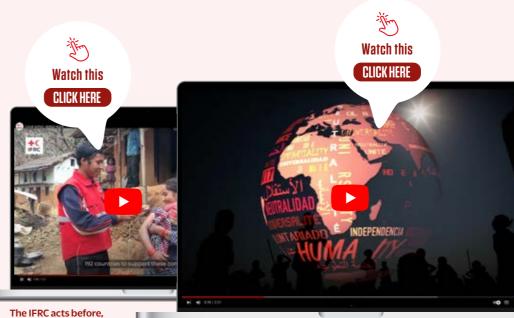
OUR MISSION:

health without discrimination or to improve health and protection of the most vulnerable people in conflict and crises, and climate change.



OUR VALUES

Red Cross values stem directly from The mission to protect life and the fundamental principles of the Movement: humanity, impartiality, neutrality, independence, voluntary service, unity and universality.



during and after disasters and health emergencies. They are the umbrella organisation that unites 192 Red Cross and Red Crescent Societies.

The Red Cross Red Crescent Movement encompasses all 192 National Societies, the ICRC and the IFRC.

The Norwegian Red Cross and our RCRC partners responded to drought affected communities in Kenya and across east Africa.

Watch this

CLICK HERE



Secretary General of the Norwegian Red Cross visits Ukraine

© Nora Alette Sandberg/Norwegian Red Cross

Anne Bergl

MESSAGE FROM THE SECRETARY GENERAL

In November 2022, Anne Bergh became the new Secretary General. A former Red Cross employee and international public health specialist, her return reaffirms the Norwegian Red Cross' commitment to global health.

nne Bergh, a renowned global health expert, returned to the Norwegian Red Cross after almost 15 years at the Norwegian Institute of Public Health.

— It is good to be back. I can see how the Norwegian Red Cross has changed. It's grown, it's more professional. But at its core it remains a vast humanitarian organisation powered by volunteers committed to supporting their communities, said the former global health director.

– 2022 presented many challenges. The war in Ukraine, the hunger crisis in Africa, and global warming – which threatens to impact the health of millions of people worldwide – are just some of the major issues we faced.

The future is uncertain, but the Norwegian Red Cross and its partners make a difference to people's lives every day. Together with our partners we reached over 2.8 million people with health services in 2022. From maternal care in Somaliland, to the emergency flood response in Pakistan, the Norwegian Red Cross is committed to helping people in need.

Anne Berah

Generalsekretær i Røde Kors

Une Bergh

WHERE WE WORK

The Norwegian Red Cross works in countries affected by conflict. We support health projects in most of the major humanitarian hotspots including: Burkina Faso, Myanmar, Afghanistan, Yemen and Ukraine.

The Norwegian Red Cross country offices in red





people gained improved access

to health

health and hygiene

information

access to water and

sanitation in homes, clinics and schools



Ukrainian IDPs arrive at Lviv train station.

THE RUSSIA-UKRAINE INTERNATIONAL ARMED CONFLICT

Since the escalation of the international armed conflict between Russia and Ukraine, millions of people have endured devastating impacts. Many have endured hostilities since 2014.

round <u>5.5 million people</u> are internally displaced in Ukraine and over <u>8 million</u> have fled to other countries. In addition to wide-scale displacement, the armed conflict has caused many civilian deaths and injuries, unimaginable suffering, and devastating damage to homes, schools, healthcare facilities, and other essential infrastructure.

The international armed conflict has caused displacement the scale of which Europe has not seen in decades. About one third of Ukraine's population is displaced, and while movements to neighbouring countries have largely declined since the initial surge in early 2021, the unpredictability of the armed conflict means some people are still being forced to flee their homes, while others may be able to return, at least temporarily.

The effects on effects on global humanitarian aid are both indirect and direct. In terms

of <u>indirect effects</u>, food and fuel inflation resulting from the crisis (coupled with COVID-19 and climate change) is increasing extreme poverty; straining formal and informal social protection programs in many already highly indebted low- and middle-income economies; and exacerbating famine, conflict and fragility in countries such as Somalia, Yemen and Afghanistan.

The Norwegian Red Cross' response has been significant. We support mobile clinics to the conflict in Ukraine, we have supported Movement wide global appeals inside Ukraine and the surrounding impacted countries with financial support and in Norway local Red Cross branches are supporting Ukrainians to adapt and integrate.

For more information on how we and the wider Movement have helped Ukrainians click here.



HUNGER CRISIS IN AFRICA

War in Europe may have dominated the news agenda in 2022, however, there were also several other major humanitarian challenges. The Hunger Crisis in Africa, described by the Red Cross as the 'most alarming food crisis in decades' failed to generate significant media attention, but its human impact was and is immense.

he UN estimated that around 146 million people on the continent would be affected – with around 50 million severely impacted in Ethiopia, Kenya and Somalia: and a further 30 million in the Sahel region. Approximately 4.9 million children were acutely malnourished in drought areas: severely underweight children are more prone to disease and less able to fight infection. The situation was so critical that in June UN observers predicted 'an explosion of child deaths in the Horn of Africa'[1].

The underlying causes of the hunger crises vary between regions. However, research shows that poverty, social exclusion, conflict and climate change have reduced people's ability to grow and buy food.

Droughts and floods cause forced displacement. Established traditional pastoral land becomes unusable, riverbeds either dry up from a lack of rain, or flood waters inundate people's homes. These climate shocks destroy crops and decimate livestock.

UN research shows "Three million livestock died since mid-2021 from drought and disease" - the effect on subsistence farmers was catastrophic. Climate change poses a significant threat to many pastoral communities. The threat of climate change on food production is not new commentators observed the phenomena over a decade ago. What is new is the sheer scale of the problem

Two further global factors which impacted people's lives in 2022 were lost income, and inflation fuelled by the COVID 19 pandemic and the Russia Ukraine international armed conflict. In 2019, Russia and Ukraine exported 56% of the world's sunflower oil, 18% of all barley crops and 13% of the world's wheat. Just weeks after

the invasion cereal prices rose by 12% which negatively impacted countries such as Kenya who purchase 40% of their wheat from Russia and Ukraine. Every country has been affected; Norway imported 10% of its wheat from Ukraine and Russia (2019). But developing countries face greater risks; not just in terms of import ratios, but also their government's ability to mitigate the economic storm and subsequent cost of

> Some humanitarians argue that earmarked food aid has consistently been too low. Others highlight the huge humanitarian budgets for Ukraine and the detrimental effect it has had on "forgotten humanitarian crises" outside of Europe. Many observers fear increased military spending by major donors may lead to a further reduction in development budgets.

> > The Norwegian Red Cross and its RCRC partners across the globe responded to the Horn

of Africa hunger crises with technical expertise and financial support to emergency appeals. The Norwegian Red Cross works closely with the Somali Red Crescent – one of the biggest health care providers in some of the most affected areas. Two Norwegian Red Cross funded mobile health teams monitored and treated thousands of sick women and children. They provided feeding services, immunisations and important advice on

In September, the Norwegian Red Cross and its partners launched a cash voucher response for over 5,000 families affected by the hunger crisis. The Kenya Red Cross and Somali Red Crescent prioritised vulnerable people such as pregnant women, single parents, and families affected by illness and disability - for whom healthcare is often an unaffordable luxury.

[1] Horn of Africa braces for 'explosion of child deaths' as hunger crisis



Video: Watch this video and find out more about how the **Norwegian Red Cross** has partnered with Kenya Red Cross.



STORY Kabale Marsabit participated in a cash voucher pilot project in Kenya

The 30-year-old mother of four lived a comfortable life in Kenya. Her family had a large herd of camels and goats. However, a severe storm in January which bought torrential rain and cold temperatures killed many of their animals and wiped out approximately 20,000 goats and sheep in the wider region.

Kabale's family were able to weather the storm, but a lack of rain over the following months saw almost all their remaining animals starve to death. Tragedy struck again when her youngest child was rushed to hospital and later diagnosed with a spinal condition. Extended family and friends helped pay for the expensive hospital bills, but Kabale's family were left without enough money to buy food. The Kenya Red Cross were on hand to support the family.

"My child had severe acute malnutrition (SAM) prior but now he benefits from the feeding program. I bring him to the clinic regularly, and they provide me with health advice and information. I have been able to buy my children food. I also have the means to access a health facility, and am able to purchase medicines with the remaining money, thanks to this program... I share the little support I receive from the program with four widows and other families because we were altogether hit by the disastrous drought, and I believe it is our responsibility to look out for one another."

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CLIMATE AND HEALTH

Red Cross volunteers and staff have experienced first-hand how climate change affects people's health. In 2022, heat waves in Europe killed over 16,000 people, and floods in Pakistan killed nearly 1500 people

cientists predict that vector borne diseases such as dengue, malaria and zika are set to increase as the planet overheats. And it's not just physical health – the trauma of losing loved ones, livelihoods and possessions has huge mental health impacts.

A joint report by the Danish and Dutch Red Cross found that "(climate event) survivors... report ongoing anxiety during heavy rain, and panic attacks, nightmares, and difficulty concentrating on everyday tasks years later." And there is now an increasing body of evidence which shows that the effects of climate change contribute to increased mortality, sickness, and significant financial loss.

A bridge that once spanned the Musengezi river lies in ruins on the dry riverbed in the Muzarabani district of northern Zimbabwe. The region is one of the most marginalized in the country and suffers from increasingly severe droughts and floods.

© Victor Lacken / IFRC

In 2020, the Norwegian Red Cross planned to prioritise communities affected by climate change.

Since then, we have actively supported climate-related health crises with funds and expert staff. In addition to targeted services, The Norwegian Red Cross also funds climate research to better understand the links between health and climate change.

The research informs how and where we work; and contributes to climate advocacy globally.

In 2022, we supported the Red Cross Heat Action Day. The climate campaign engaged staff and volunteers in 19 countries. The Norwegian Red Cross also implemented carbon accounting activities in Norway. It is hoped that this and other 'greening' solutions will be replicated across the RCRC Movement.

An important contribution to global climate action was support to disaster reelief emergency fund (DREF) – a Red Cross funding mechanism which supports local emergency response. In 2022, DREF provided grants and loans for 157 different emergencies in 91 countries. Floods accounted for one third of all responses, a startling statistic which illustrates the relationship between climate change and disasters. In terms of operational 'climate and health' highlights, the Norwegian Red Cross responded directly to the hunger crisis across Africa, Tropical Storm Ana in Malawi, and the floods in Pakistan.

The Norwegian Red Cross public health delegate Anne Signe Hørstad travelled to Malawi in February to support communities affected by the disaster. Hundreds of thousands of people were displaced in Malawi, Mozambique and Madagascar as winds of up to 95km/h made landfall. In Malawi alone, over 185,000 people were affected, close to twelve thousand homes were damaged; and health clinics and water supply systems were badly affected.

"The people here have lost everything – their homes, all their belongings, livestock and crops.
This is the worst flood they have ever experienced in this area."

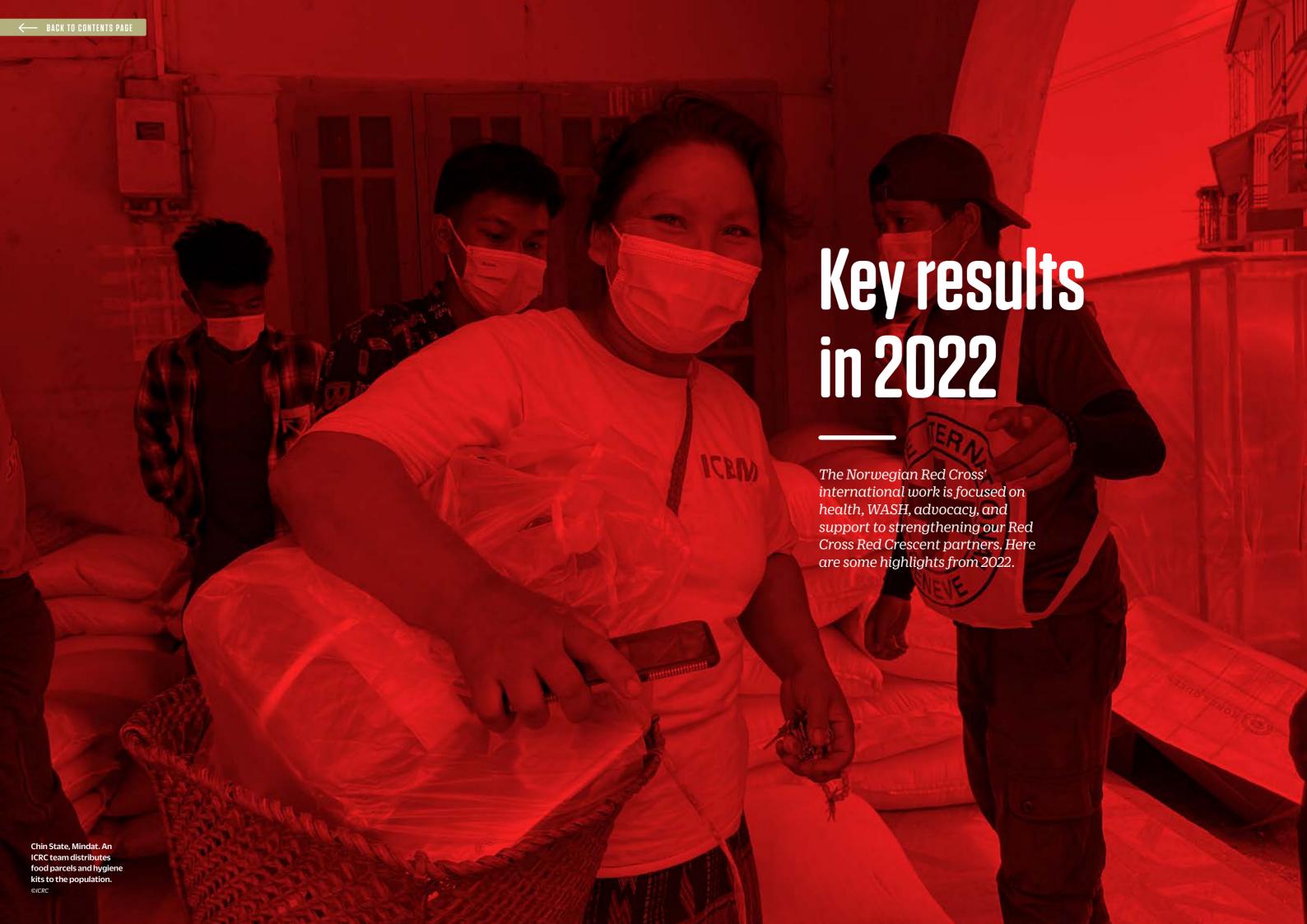
Anne Signe Hørstad



Public health specialist, Anne Signe Hørstad, worked closley with communities in Malawi after the cyclone.

© The Norwegian Red Cros





UKRAINE

SUPPORT TO PEOPLE INSIDE UKRAINE

The Russia Ukraine armed conflict led to the migration of more than 8 million people.*

ews reports of crowded stations and heart-wrenching farewells were beamed across the world as Ukrainian refugees made their way to the neighbouring countries of Slovakia, Hungary, Moldova, Poland and Romania. Seven million were displaced and a further 13 million people are stranded in conflict zones without heating and basic services. Just months after the invasion, staff and volunteers were treating patients and running first aid training courses.

Rapid assessments to ensure strategic action

In the first weeks and months after the invasion, the internally displaced sought temporary shelter in hotels, monasteries, and synagogues. In some areas the local population increased by over ten per cent with hundreds of new arrivals daily. Initial Red Cross assessments and fact-finding missions in transit sites and public health centres showed a dire need for health professionals, medical equipment, and medicines. People spoke of the need for beds, first aid kits, nappies, and health care – especially mental health. Full-time psychologists treated children at select transit points, however, there was no formal psychosocial support for adults. The full picture of health needs was unclear, in part due to the rapid movement of people, but it was clear to the Norwegian Red Cross assessment teams on the ground that more medical assistance was needed. A similar picture emerged from local health centres high patient numbers, not enough staff and a lack of medicine were the biggest challenges. Health coverage was particularly limited in rural areas because doctors did not have reliable transport to make house calls. Early assessments showed four out of ten patients attending clinics were over the age of 60. The data highlighted the vulnerability of older people, many of whom were either unable or unwilling to leave their homes.

Over 70,000 people were treated by 20 mobile health units based in Ternopil and Khmelnytsky in the west, and Dnipro in the east.

Mobile health units provide key services

Within two months of the invasion, the Norwegian Red Cross bought and delivered 11 specialised ambulances and 10 other vehicles for emergency patient transport. Over 70,000 people were treated

by 20 mobile health units based in Ternopil and Khmelnytsky in the west, and Dnipro in the east. Each team consists of a doctor, nurse and psychologist. They provide consultations, medical prescriptions and - where necessary - referrals for further specialist care. 74% of patients were women; and around 1 in 4 of all patients were over 60.

The Norwegian Red Cross mobile health units employed psychologists to tackle the increase in mental health issues such as stress and anxiety. In total over 8,000 people received counselling.

Medical teams continually adapted to the health needs on the ground. In June, the medical team focused on specialised obstetric and gynaecological services. A total of seven specialist OBGYN doctors provided over 6,000 consultations to women across three locations. One hundred and thirty-three women received pregnancy related care; and thousands of women received reproductive and sexual health services such as smear tests, examinations and additional breast screening.

Strengthening the Ukraine Red Cross

The Norwegian Red Cross finance experts supported the finance unit with internal audits, compliance, and procurement of enterprise resource planning software. This strategic support helped the national society manage the large amount of donor funds given to the Red Cross after the conflict began.

*UNHCR data portal March 2023



Over 7,000 people receive counselling in Ternopil 15.000 first aid trauma kits sent to Ukraine



Video: Anton Shashsa, a former intensive care department specialist, now works for the Red Cross.



Video (in Norwegian): Norwegian delegate Åge Bøyum at one of the six ICRC supported hospitals.

People reached in Ukraine

orovided with basic assistance

have access to adequate heating

receive cash assistance

reached with mental health

supported with medical equipment and medicines

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UKRAINE

SUPPORT TO REFUGEES

In addition to direct support to the Ukraine Red Cross, the Norwegian Red Cross contributed to emergency appeals launched by its RCRC Movement partners, IFRC and ICRC.

he IFRC – an umbrella organization which supports all 192 Red Cross Red Crescent Societies – strengthened the Red Cross in neighbouring countries to help them effectively respond to the migration crisis.

An estimated 3 million Ukrainians fled West to Poland in the days and weeks after the invasion. The Polish Red Cross mobilized quickly to support refugees: 20 rescue teams provided health care, psychological support, food, water, and basic items to people at the main border crossings and entry points.

On 28 February IFRC launched an appeal for Ukraine and impacted countries which aimed to reached 3.6 million people with health care, cash support, shelter, protection and provision of basic items.

Cash support provides a lifeline for Ukrainian refugees in Poland

The IFRC response in Poland was predominantly cash aid. An international taskforce of Red Cross experts and volunteers worked hard to roll out the debit-card based cash assistance, first in Warsaw, and then in Krakow and other major cities across the country. In six months, close to 48,000 people were reached with cash assistance. Cash support enabled Ukrainian refugees to pay for accommodation, food and other necessities.

Taiisia was one of the first women to receive cash assistance as part of the IFRC's largest emergency cash programme. Taiisia and her daughter travelled for four days to reach Poland. "The train was packed. There were so many people. You couldn't sleep. You



Taiisa and her daughter received cash support as part of IFRC's largest ever cash response. ©Carina Wint IFRC

couldn't move at all. At the border we took the final train in to Poland. Finally, my daughter could relax and walk around...This is the second time I have been displaced. First in 2014 and now eight years later...My only expectation from the beginning was to save my daughter from danger. We lived in a very dangerous area where there was a lot of fighting. This cash will allow me to buy food", Taiisaia said.

Polish Red Cross branches across the country provided much needed support to families and children. In Krakow, a Red Cross lodge formerly used as a holiday retreat for children became a safe haven for Ukrainian families and pensioners (see video on page 21).

Surrounding countries

Red Cross volunteers in Moldova, Hungary, Romania and other surrounding countries were stationed at border crossings. They welcomed refugees with hot tea, warm food and basic supplies such as nappies. And they provided face masks and antibacterial sanitizer to limit the spread of Covid-19. One of the main challenges for refugees in the days



Hungarian Red Crosser Kateryna plays with a child at a Red Cross shelter in Szeged, Hungary.

© Brad Zerivitz/IFRC

and months after the conflict began was shelter. The Red Cross staffed reception centres and provided temporary accommodation.

Summer school for refugee children

In Romania, the Red Cross ran a summer school for Ukrainian refugees. Nataliia Hochakakova, herself a refugee, taught English at the school. "The school is important for the children. Until now they only had online classes. Many of the children don't speak Romanian and don't have friends. Ivan Dichirenko (left) was very lonely and did not leave his house. Now he plays football with other pupils."



Nataliia Hochakakova and Ivan Dichirenko at the Red Cross summer school. © Merlijn Stoffels IFRC





Video: Shelter for older Ukrainian refugees in Poland.



Video: More than 433,000 people have crossed the border into neighbouring Moldova.

Ukrainian refugees reached

1.1 million peopl reached with 1.2

1.2 million cople reached with cash 1.8

1.8 million cople reached 412

Over 412,000 received cash

182

Over 182,000 eople trained i 106

Over 106,00 volunteers involved **497** 97,000 receive

197,000 receive psychosocial support

NORWEGIAN RED CROSS 20 INTERNATIONAL RESULT REPORT 2022

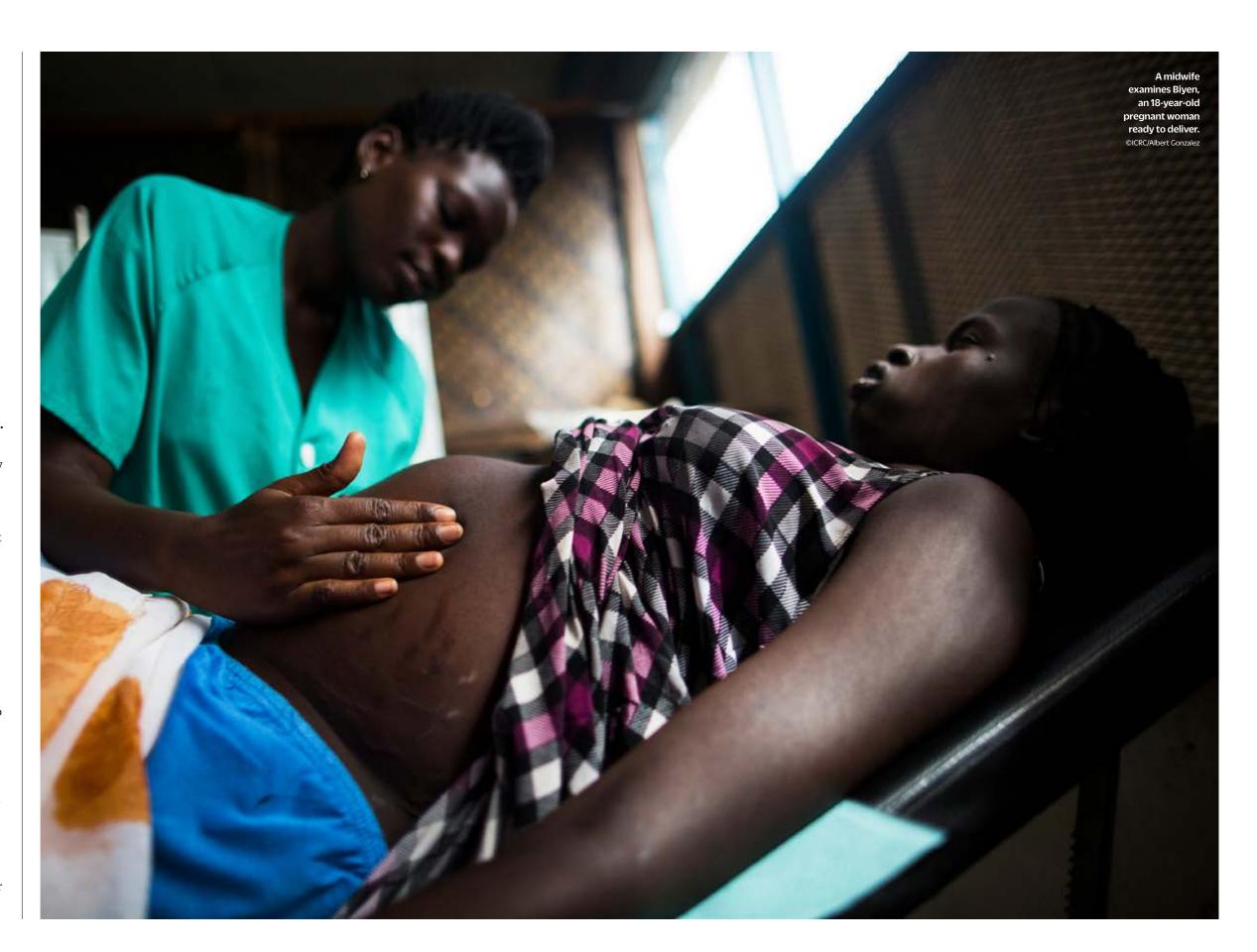
MATERNAL HEALTH SAVING WOMENS LIVES

Maternal and child health has been an essential pillar of the Norwegian Red Cross' international work for decades.

espite a reduction in maternal mortality rates over the last two decades, it is estimated that 810 women die every day from pregnancy related issues (WHO, 2017). There has been a decrease in maternal deaths, however the impact of COVID-19, climate change and conflict have led to a reversal in development generally and women and children's health specifically. Last year UN analysts identified a "Staggering backsliding across women's and children's health".

The Red Cross continues to work towards Sustainable Development Goal 3.1 to reduce maternal deaths to less than 70 per 100,000 births. Death in pregnancy is a socio-economic lottery underpinned by inequality and access to reproductive health – a woman in Sub Saharan Africa is 50 times more likely to die than a woman who lives in a higher income country. And even in places such as the United States, Black and Native American women are more likely to die of pregnancy related complications.

The Norwegian Red Cross supports maternal health services in more than 15 countries, including South Sudan - the most dangerous place in the world to give birth. Recent figures show 1,150 South Sudanese women and girls per 100,000 die in childbirth; in Norway 2.7 women per 100,000 lose their lives.



In June 2022 the Norwegian Red Cross and the Myanmar Red Cross launched a Mothers' Club in North Shan State. This region of Myanmar has a high number of IDPs and very few health services. Mother's clubs are safe spaces for women to talk about female health issues. Staff and volunteers share information on topics such as ante-natal care, vital immunisations and breastfeeding. In some cases woman are referred for further treatment.

In 2022, the Mother's Clubs expanded to two further villages. Eighteen women attended the first meeting – just two months later over 120 women had joined. In a country where an average of eight women die every day as a result of pregnancy complications (UNICEF), the potential impact of Red Cross Mother's clubs is significant.

In terms of sheer numbers, Nigeria and India rank highest in pregnancy related deaths (Maternal mortality: Levels and trends 2000 to 2017 (who.int)). The Norwegian Red Cross supports clinics and community health programs in North-eastern Nigeria, an area which has seen ongoing conflict and 2.1 million people displaced. Access to care is limited and the medical staff who provide it face huge dangers. Only 4 out of 10 health centres are fully functional in Borno state. And in 2019, two midwives were kidnapped and killed. A year earlier a health centre was burnt to the ground. Nigerian Red Cross volunteers, supported by the Norwegian Red Cross and ICRC, are making a difference to their communities. In 2022, over 60 volunteers took to their communities with important advice on health and hygiene. They teach people how to recognise common symptoms, how to prevent sickness and when to seek help. The combination of community health and the availability of clinical health services is vital for pregnant women.

In Pakistan, the number of female patients and safe births increased after the introduction of maternal and child health activities in eight basic health units in isolated areas of the tribal districts. And 366 pregnant women received safe delivery kits in Khyber Pakhtunkhwa.

In Somalia, the Red Crescent continues to improve obstetric services and neo-natal care. In 2022, more women attended prenatal appointments, more women gave birth with trained midwives and attendants, and more staff learnt how to effectively treat fistula – a debilitating condition that if left untreated leaves pregnant women incontinent and disabled.

These impressive maternal health wins stem from a number of factors: community



Local women attend mother's clubs in North Shan State, Myanmar.

©Edwin Guillergan/The Norwe-

health volunteers have actively reached out to pregnant women, obstetric services were provided in clinics, and several external partners helped train and upskill medical staff. The Norwegian company Laerdal has donated medical mannequins and provided online obstetric training workshops. And the Hamlin Hospital in Ethiopia delivered a month longfistula training course for Somali Red Crescent medics. These collaborative partnerships have contributed to the growth of a skilled team of staff and volunteers.

Maternal and child health is a key component of the Norwegian Red Cross funded activities

in Afghanistan. Support to mobile clinics and permanent health facilities is vital to hundreds of thousands of Afghan women and their families. The pandemic and the political consequences of regime change sparked an economic collapse which disproportionately affected women and other marginalised groups. The Afghan Red Crescent was not directly affected by Taliban rulings forbidding female employment in non-governmental organizations. However, the legitimisation of female exclusion and discrimination negatively impacted the wider humanitarian response.

Despite the political turmoil, the Red Cross and

"Today we are saved, and I was not expecting this. I am very grateful to you, doctor saheb. You gave us a new life... My child is lucky. He is safe..."

Sherin Gul Ahmed

Red Crescent continued to be the one of the key main health care providers for ordinary Afghans. In 2022, the Norwegian Red Cross supported medical teams delivered 1.6 million health consultations, over 171, 000 pregnant women were vaccinated and over 181,000 children were immunised.

An average of 7 babies a day were born in the Norwegian Red Cross supported clinics - with no reported maternal deaths in the first half of the year.

On 15th March a mobile health team in the Herat province came across Sherin Gul Ahmed, a woman in the last trimester of her pregnancy. Sherin had suffered from extreme pelvic pain for three days, but her family could not afford to take her to the local health centre over 20 kilometres away. A Red Crescent midwife helped deliver the baby safely. Sherin said: "Today we are saved, and I was not expecting this. I am very grateful to you, doctor saheb. You gave us a new life...My child is lucky. He is safe... The whole family is happy, and I don't have words to expressing my feelings and happiness. We are thankful to you all..."

Sherin Gul is one of millions of women worldwide who face unexpected complications in pregnancy. Red Cross and Red Crescent doctors, midwives and volunteers work together to reduce the number of avoidable maternal deaths, without their support more women and children would die in childbirth.

We know that maternal delivery kits, better trained midwives and access to care saves women and children's lives, however more innovation is needed. In 2022, the Norwegian Red Cross supported the expansion of a digital health information tool called DHIS2. Developed in collaboration with the University of Oslo and the Norwegian Agency for Development Cooperation (Norad), DHIS2 was adopted by RCRC mobile health teams and static clinics in Afghanistan, Pakistan, Somalia and Ukraine. The tool provides a more detailed health overview. Data analysis from thousands of consultations enabled public health specialists and medical staff to pinpoint gaps in health care, regional differences, and common illnesses. Afghan Red Crescent clinical data showed only 25% of women attended all four antenatal appointments. Thanks to DHIS2, mobile health teams can provide targeted services to these women. And in Somalia, the Red Crescent has reported clinic data on DHIS-2 directly to the federal health ministries. The tool has standardised data collection and reduced the likelihood of double reporting.

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COMMUNITY HEALTH

ACCESS TO HEALTHCARE

The Red Cross Red Crescent
Movement has a unique
mandate to provide
humanitarian support. This
special relationship with
governments across the globe
makes it a key health provider
in hundreds of countries.

El Salvador

In El Salvador Red Cross volunteers and medics treated patients in former 'no-go' areas controlled by violent groups in the capital San Salvador. Community health events promoted by Red Cross and community volunteers and clinics bring healthcare to people who struggle to access health services. In the area of Buenavista, doctors, nurses and volunteers set up tented health stations on a local football field. Together they provide health checks ups, eye tests, dental services, smear tests, vaccinations, and important advice on diseases such as diabetes to people from low-income communities.

Libya

In Libya the Red Crescent delivers healthcare in an environment of extreme political turmoil. It's estimated that 72% of deaths in the country are related to heart disease and diabetes (NAPI 2021). The Norwegian Red Cross sponsored community health project has tackled this public health crisis through widescale awareness campaigns delivered by volunteers.

Over 11,000 people have received health services related to non-communicable disease. People living with diabetes received treatment and advice on how to manage their symptoms. And volunteers reached out to their communities with advice on healthy lifestyle changes that can prevent NCDs. On



It's estimated that 72% of deaths in Libya are related to heart disease and diabetes.

international diabetic day volunteers hosted an event for 100 children living with the disease. It was an opportunity for parents and children to discuss the challenges face and find ways to support one another.

Pakistan

In Pakistan basic health units in the Khyber region reached more people than ever. The Pakistan Red Crescent provided health care to over 209, 000 people across the country.

child health, to ambulance services and flood response – volunteers and staff helped those in dire need. Over 11,000 people received psychosocial counselling, and an estimated 17,000 were vaccinated against COVID-19 in a joint immunisation campaign with the local health authority. An important win was the large number of women being treated at the Norwegian Red Cross sponsored clinics thanks to an increase in female health workers.

From COVID-19 vaccinations to mother and

Red Cross volunteer and public health student, Rodrigo, shares important advice on dengue prevention at a community health event in San Salvador ©Carina Wint/The Norwegian "I have volunteered with the Red Cross for over 10 years. And now I study public health at university. Education and health promotion is key to preventing disease"

Rodrigo, Red Cross volunteer and public health student

Burkina Fas

In Burkina Faso, a country which has seen over two million people displaced by fundamentalist insurgency and political instability, the Norwegian Red Cross supported healthcare for IDPs. The project funded the procurement and maintenance of innovative tricycle ambulances – the adapted three wheeled vehicles are a practical alternative to $4\,x\,4s$ which were often stolen by rebel groups.

Afghanistan

In Afghanistan, where hard fought human rights and development gains are being eroded, the Afghan Red Crescent has worked with the Ministry of Health to support the recruitment of female doctors in rural health facilities. Without these doctors women would not receive the care they need.

Somalia

In Somalia, Red Crescent health outreach has been so successful that the Ministry of Health asked the Red Crescent health team to support in the creation of the Somaliland National Community Health strategy.

Honduras

In Honduras, the Red Cross has been pivotal to the provision of health services in high crime areas. They have facilitated access for health workers. Their extensive network of volunteers and staff worked closely with local councils to deliver a COVID-19 prevention campaign which saw hundreds of thousands of Hondurans vaccinated.

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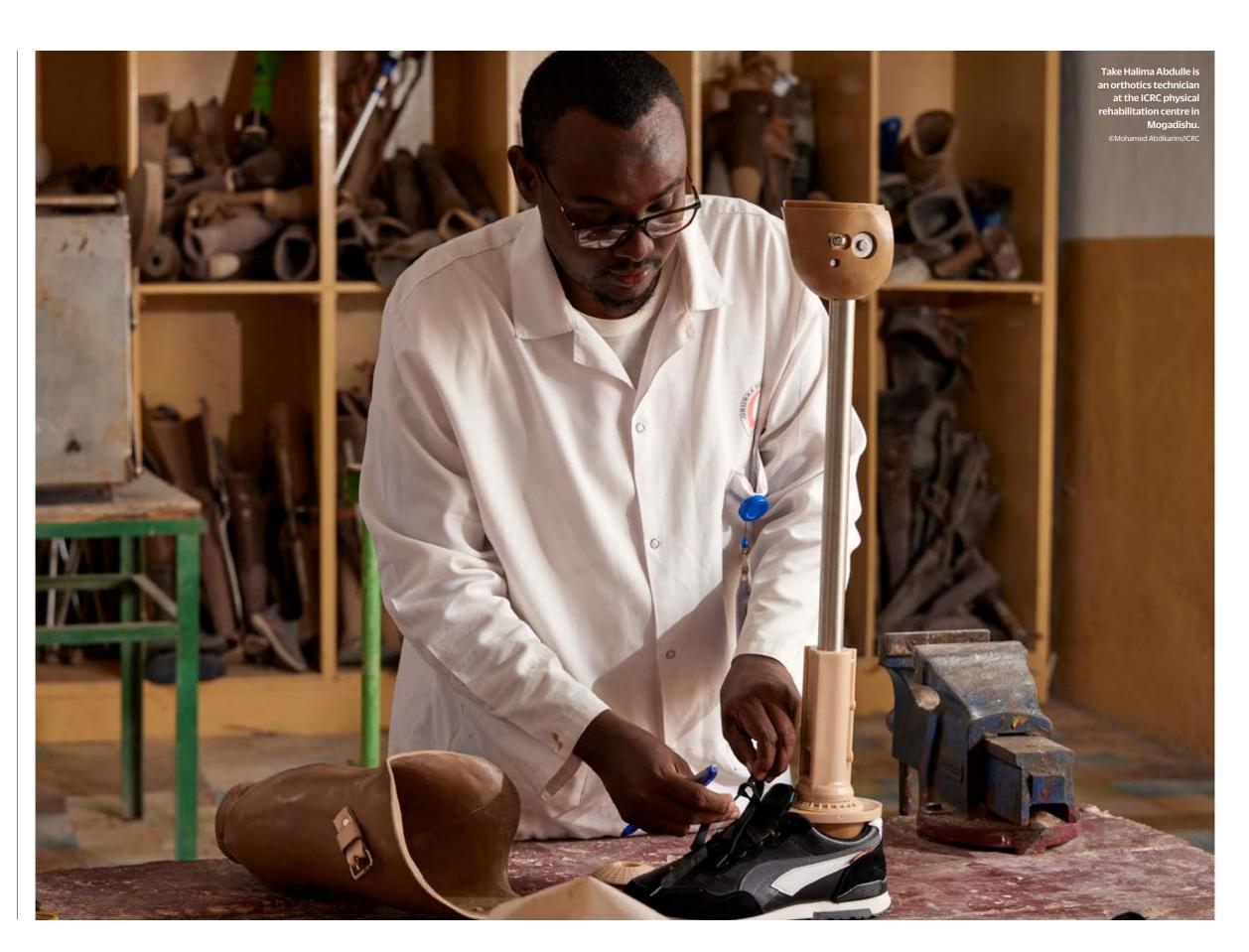
SUPPORT TO PEOPLE LIVING WITH DISABILITIES

Over the last three years the Norwegian Red Cross and ICRC have helped create physical rehabilitation services for tens of thousands of people living with disability in Benin, Cote D'Ivoire, Tanzania, Togo, and Zambia.

ith the vital support of disability groups in each country they have improved healthcare services, tackled disability employment and increased the number of disabled sportsmen and women. In short, the Red Cross Movement has helped place disability rights firmly on the political agenda and in the public domain.

In collaboration with government health authorities, private health providers and hospitals ICRC has delivered sustainable targeted health care.

Physiotherapists were trained to provide quality care to amputees and patients with orthopedic needs e.g., significant improvements were made in cerebral palsy care. Trained technicians produced leg splints, prosthetic limbs, wheelchairs, and other vital equipment necessary for improved mobility. This clinical and technical knowledge has been shared across all five countries, helping to support and expand the physical rehabilitation sector across Africa. Another 2022 highlight was the growth of paralympic sport which has helped hundreds of people regain their fitness and confidence.



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GLOBAL SURGE TEAM

HUMANITARIAN EXPERTISE

Doctors, nurses, public health specialists and other experts support the collective effort of the Movement in times of crisis. Tine Halvas-Svendsen is part of the Norwegian Red Cross' Global Surge Team (GTS).

- n October 2022, Tine travelled to South Sudan to support the Akobo community health project. Here she describes her experience.
- Akobo is a remote region in eastern South Sudan close to the border with Ethiopia. Travel in and out is by air or boat, and in the rainy season it's not uncommon to see planes stuck in the mud on the local landing strip. When we left in October we had to fly by helicopter, says Tine.
- I first worked in Akobo back in 2019 at the ICRC supported hospital. ICRC's traditional focus is surgery and treatment of weapon wounded. However, the Akobo hospital also provides general medical services such as maternal and child health.
- I was greeted warmly by former colleagues when I returned in October 2022. The hospital has gone from strength to strength: thousands of people from across the region have received medical treatment, and many local nurses and medical staff have been trained, she says.
- Most people in Akobo are subsistence farmers. They live in traditional circular mud homes with intricate thatched roofs called Tukuls. There is no running water, no electricity and few latrines.
- Limited access to clean water and the absence of public health information causes sickness. Children

- in Akobo suffer from preventable diseases such as respiratory infections, diarrhoea, malaria and malnutrition. The local river is the main water source. But safe drinking water has to be collected from water points which are often far away from where people live.
- Clean water is at a premium and used sparingly. It is not always used in food preparation, to wash hands, or even to clean babies' bottles: this is what increases the likelihood of infectious disease. And the lack of sanitation and open defecation increases people's chances of getting sick.
- My role as health delegate was to help the South Sudan Red Cross implement their community health project. I trained local volunteers in preventative health and hygiene. I supported a six-person South Sudanese team led by James, a well-respected former local teacher. The team had confidence and trust of the community. They understood the practical challenges people face and where able to communicate health and hygiene measures in a meaningful way.
- In 2022, we trained 140 volunteers. We highlighted the importance of maternal and reproductive health, disease prevention and immunisation. After the workshops, volunteers went out into their communities as health promotors. They visited hundreds of











- 1. Tine Halvas Svendsen in Akobo.
- **2.** Red Cross staff and volunteers travel by boat to reach isolated villages.
- 3. A tradional homestead in Akobo.
- 4. Red Cross staff and volunteers in Akobo.
- **5.** South Sudanese Red Cross Protection officer visits local communities.
- **6.** Community health volunteer training session in Akobo.

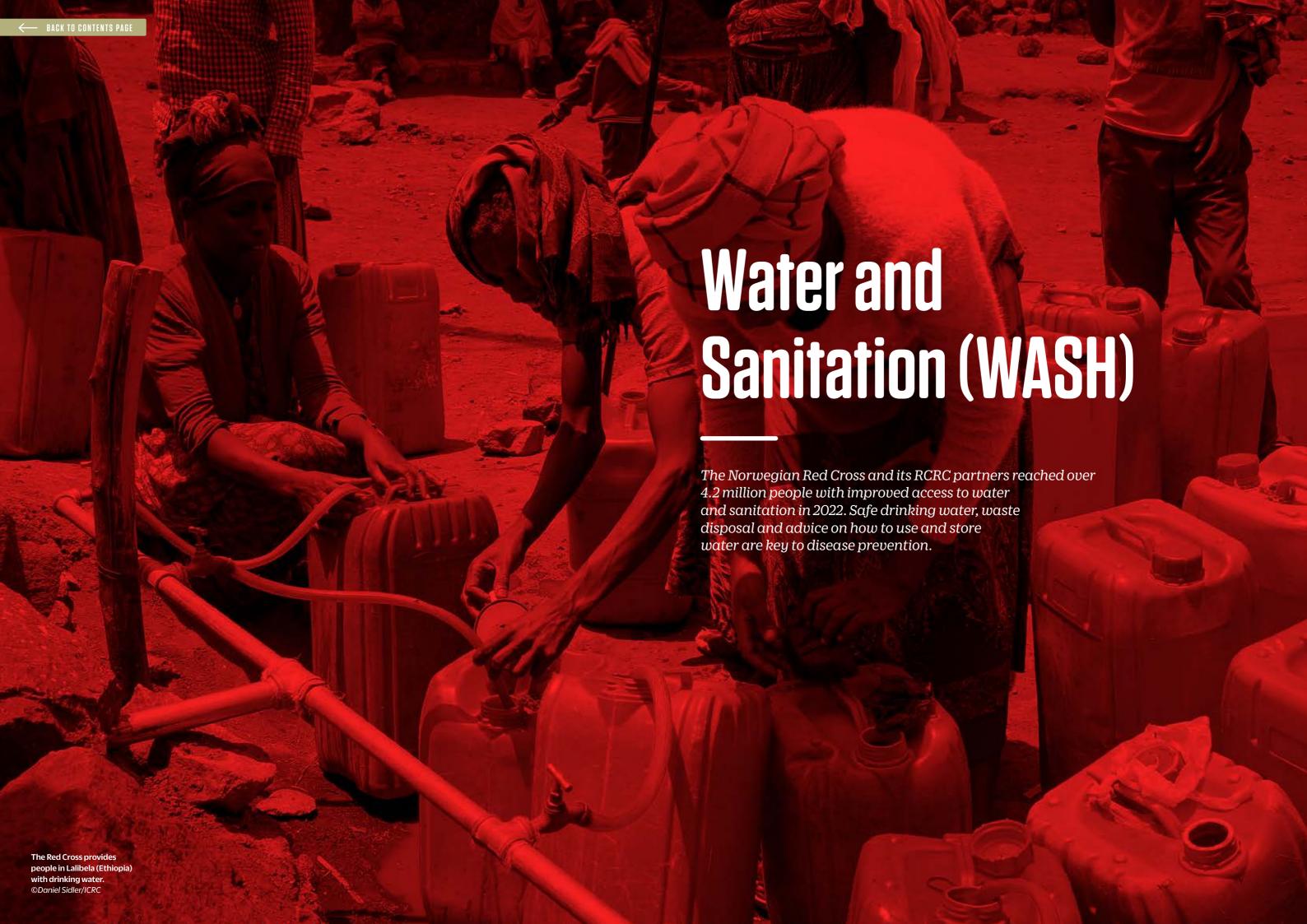
© All photos: South Sudanese Red Cross

homes and arranged public meetings. They created Mothers' Clubs, urging women to attend antenatal checkups, to give birth in hospitals, and to leave sufficient time for their bodies to recover in between pregnancies. They encouraged women to seek medical help if needed. Given the fact South Sudan has one of the highest maternal and child mortality rates in the world these activities save lives.

- They also helped women and families create vegetable patches so they could grow nutritious food. Red Cross volunteers ran health clubs in schools to teach children about hygiene and handwashing. They spoke to local people about the symptoms of common diseases such as diarrhoea, malaria and pneumonia. And when someone in the community is sick, volunteers are often the ones to provide advice on how and where to get help.

– I think this type of community health project is very effective. Delegate medical missions are often facility based in hospitals or clinics: you are flown in, treat patients, and fly out. This collaborative, knowledge-sharing community approach gives local people the skills and information they need to stay healthy throughout their lives. Volunteers are the bridge between health needs and clinical services.

The Akobo project is relatively new and there is still a lot of work to be done. Over the next couple of years, the team will cover an area with a population of around 160,000 people. They have the trust and confidence of their community; and they really want to make a difference to people's lives.





Water pump repairs at the Allouk water station in Syria.

©Diman Ameen/ICRC

ACTION IN THE FIELD

WATER SYSTEMS AND INFRASTRUCTURE

Contaminated water is a breeding ground for the bacteria which causes cholera, dysentery and diarrheal – diseases which kill more people than the world's conflicts combined.

ccording to the World Health
Organisation over 800,000 a
year die as result of inadequate
sanitation. The Norwegian Red
Cross prioritises clean water
and sanitation because it is
fundamental to good health. The
importance of access to water was clearly
illustrated when COVID-19 hit – without
water handwashing and good hygiene
was almost impossible.

From large scale municipal infrastructure projects to sanitation in schools and health clinics, the Norwegian

Red Cross provided clean drinking water and safe waste disposal to over 300,000 people in 2022. Our RCRC partners on the ground installed toilet blocks and sinks in schools and health clinics. Volunteers and staff delivered hygiene and health workshops to over 180, 000 people teaching children and adults how to reduce the spread of infection.

The Norwegian Red Cross also supports WASH activities in the aftermath of a disaster. Along with our Movement partners we supported over 186,000 people affected by climate related

emergencies such as the floods in Pakistan and South Sudan and Tropical Storm Ana in Malawi. In the immediate aftermath of a disaster, survivors are often forced to live in cramp conditions with little or no access to clean water and toilets. The role of the Norwegian Red Cross engineers and public health specialists is to fix water systems and share key advice on hygiene to affected communities so that diseases such as cholera, malaria and dengue do not take hold.



 $Children\ in\ Buenaventura\ have\ benefitted\ from\ Red\ Cross\ sanitation\ projects.$

©Camilla Thommessen/The Norwegian Red Cro

BASIC AMENITIES IN SCHOOLS

Access to clean water in kindergartens and schools is key to childhood development.

n Colombia, the Norwegian Red Cross supports people in the city of Buenaventura and the surrounding Nariño region.

The area is home to mainly Afro-Colombian and Indigenous Colombian communities. Buenaventura is the country's largest port, and the

the country's largest port, and the surrounding area has been affected by decades of civil unrest associated with armed groups and the drug trade.

The violence has devastated local communities. Thousands of civilians have been wounded, killed or

disappeared in the ongoing conflict.
Entire areas have been confined or
displaced, and young children recruited
in to armed groups. Unsurprisingly,
Colombia's Pacific coast has some of
the highest poverty rates in the country.
The infrastructure is inadequate and
amentities are severly lacking after years
of neglect and marginalisation.

In 2022, the Colombia Red Cross embarked on a programme of extensive WASH renovations in schools. Over 400 pupils now have toilets and running water. These basic improvements have contributed to improved health and hygiene in schools and the wider community.

Lebanon

In Lebanon, five schools were renovated. Over 1,800 students now have access to toilet blocks, sinks and clean drinking water. In line with commitments on green technology and sustainability, three out of the five new bathrooms are powered by solar energy, and simple measures such as push taps have reduced water wastage.

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ACTION IN THE FIELD

SAFE DRINKING WATER

Access to clean water is essential for individual health and for the delivery of clinical based health services. The Norwegian Red Cross funds WASH projects in homes and medical centres to ensure that more people have access to safe drinking water.

South Sudan

In South Sudan borehole repairs provided 9,000 people with safe drinking water and over 360 people had basic latrines built in their homes.

In Myanmar hospitals and clinics were refurbished with water systems and bathrooms benefitting close to 30,000 people.

Over 300,000 people benefitted from WASH improvements in eight public health clinics. The Red Crescent works in Mosul, Iraq's second largest city, which until 2017 was an ISIS stronghold. The Norwegian Red Cross funded WASH projects have had a big impact on conflict affected communities. Access to clean water in clinics means medical staff can treat patients in sanitary conditions. And WASH infrastructure projects in schools means children, many of whom grew up under the terror of war, are now able to study in schools that are fit for purpose.

Lebanon

In Lebanon, the Norwegian Red Cross sponsored WASH activities supported Syrian refugees living in informal tented settlements. The installation of a 1,000-litre water tank enabled people to maintain good hygiene in densely packed living conditions. Furthermore, the construction of basic latrines for 950 people reduced the contamination of groundwater, a major cause of disease.

Honduras

Red Cross volunteers in Honduras worked hard to bring about real WASH improvements to their local communities. Armed with empirical evidence they lobbied water authorities to

improve municipal services. The Norwegian Red Cross-funded assessments revealed how communities were left for up to six days without water. People were forced to store water in unsanitary tanks which led to an increase in mosquito numbers and the threat of disease. Volunteers organised local meetings to discuss the dangers of vector borne diseases and how to prevent them. Given the severity of the 2019 dengue outbreak - the worst in Honduran history with over 28,000 cases reported - the preventative hygiene and health campaigns delivered by Red Cross helped to save lives.

Dengue – a potentially fatal illness described as a "climate sensitive disease" by experts - is on the rise across Central and South America.

As the planet gets hotter and extreme weather events increase in frequency and force, the number of mosquitoes is expected to multiply, which in turn will lead to more outbreaks of dengue, zika and other vector bourne diseases..

In addition to lobbying local councils, Honduran Red Cross volunteers improved WASH facilities in five health clinics and five schools, improving access to safe drinking water for over 2,700 people.

In Pakistan, the Norwegian Red Cross provided technical advice for the construction of new health clinics in the Orkazai and Waziristan regions. Located in the tribal district of Pakistan, it is one of the most deprived areas of the country with poverty rates of more than 70%. Many communities are displaced due to continued fighting between the Pakistani army and the Taliban. There is a severe lack of basic services and amenities. Only 1 in 6 people have access to safe drinking water and 60% of people



A local woman at a Red Cross built water point

© Tine Halvas-Svendsen/Red

do not have access to a toilet.

The new clinics, built by Pakistani Red Crescent volunteers, have access to water, quality medical equipment and latrines. Doctors and patients are able to wash their hands, there is adequate sanitation, and medical waste can be disposed of safely. An estimated 35 communities with a population of over 30,000 people will benefit from the clinics.

In addition to WASH in clinics, there were also improvements at the community level. Ten water supply schemes were fixed, and several household latrines built.

Only 4 out of 10 people have access to safe water in South Sudan.

UNICEF

The Norwegian Red Cross and the Syrian Arab Red Crescent have played a key role in the country's ongoing reconstruction. In 2022, the Syrian Arab Red Crescent installed a replacement pump at the Bab Al Nayrab water treatment plant and reconstructed a bombdamaged reservoir. These large engineering projects plus rehabilitation projects in 43 schools benefitted over three million people across Syria.

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EMERGENCY RESPONSE ACROSS THE GLOBE

When disaster strikes the Norwegian Red Cross provides technical expertise and funding to Red Cross Red Crescent emergency responses.

War in Europe

The geopolitical significance of the Ukraine invasion shifted global humanitarian priorities overnight with major humanitarian aid donors funding relief efforts to war in Europe. The Movement mobilized quickly both in Ukraine and the surrounding countries. Volunteers and staff were on hand to support the over four million people that fled mainly westward after the conflict began. In 2022, the Norwegian Red Cross sent 17 delegates to Ukraine, Moldova, Hungary, Romania and Poland. We supported the Federation's largest ever cash relief response with personnel and financial backing. We also supported ICRC missions in hard hit conflict areas in eastern Ukraine; the Norwegian Red Cross delegates, medical equipment and medicines supported 40 hospitals. And direct bilateral support to the Ukrainian Red Cross consisted of 20 mobile clinics that treated an estimated 56,000 people. In Norway, the Red Cross has supported many of the 33, 500 Ukrainian refugees who now live in the country. Local Norwegian Red Cross branches have been a valuable support to families and children.



Pakistan flood survivor. © Fatih İşci/Turkish Red Cross. Cash for health: the Norwegian Red Cross promotes cash aid in disaster response

The Norwegian Red Cross made significant progress in its cash for health programme. Cash voucher assistance gives people affected by conflict and disaster the ability to buy the services or products they need, when they need them.

In 2022, the Norwegian Red Cross

strengthened its cash for health portfolio. It published important guidelines which set out recommendations for cash relief in emergencies. The document introduces the concept of cash and how it can be woven into disaster response. The Norwegian Red Cross piloted cash for health projects in Somalia, Kenya and Syria. Earlier in the report we highlighted Kabale's story and

how cash vouchers helped her family and other women in Kenya. Families like Kabale's received between 20-60 US dollars a month. The lifesaving funds covered the cost of medicines, nutritional top-ups, water and in some cases transport to clinics.

Red Cross engineers fixed and built water points to ensure access to clean water

Climate related disaster response

Unprecedented monsoon rains triggered one of Pakistan's worst floods in decades affecting around 33 million people. The Norwegian Red Cross and the Pakistani Red Crescent responded within days of the devastating flood. As a trusted health provider, Pakistani Red Crescent staff and volunteers worked alongside local health authorities to reach some of the worst affected communities in the KP Province and Sindh. They treated people living along the Pakistan/Afghan border, an area blighted by violent incursions from both the Afghan and Pakistani Taliban. Red Crescent staff distributed thousands of hygiene kits to stranded families. Two mobile health teams were deployed to communities where flood waters had damaged or destroyed health centres - areas the Pakistani Red Crescent had not worked in previously.

Dedicated water and sanitation emergency

As part of IFRCs flood response programme, the Norwegian Red Cross deployed the Water Supply Rehabilitation (WSR) emergency team. The two-person rapid response team works with local communities and local authorities to identify and fix damaged water supply systems. WASH engineers have technical expertise in water system design. They know how to take and treat water from ground sources. They also have experience in hygiene promotion campaigns and procurement. So, when disaster strikes the Norwegian Red Cross can provide communities with clean water and public health advice.



Video: Making "contaminated water" potable is the "specialty" of the Red Crescent. State-of-the-art 2 water filtration plant Kirk.

HUNGER **CRISIS APPEAL**

By the end of 2022 over 1 million people were reached

Over 140,000 people received food

374, 000 received cash to help their families cope with the crisis

21,000 children were enrolled in feeding programs to ensure they reached a safe weight

Over 18.000 families who lost precious livestock were given tools to produce food.



The Norwegian Red Cross Supports Ifro **Hunger Crisis Appeal**

The Sub-Saharan hunger crisis, mentioned in the introduction to this report, affected an estimated 146 million people. Despite the sheer scale of the disaster it was massively underreported in the media - overshadowed by war in Europe. The IFRC responded to 14 countries affected by drought, food shortages and increased food prices.

In the Democratic Republic of Congo, the Red Cross trained 50 volunteers on hygiene practices to reduce infections, and how to conserve and purify water. Volunteers and local health authority staff in **Ethiopia** conducted door to door surveys on the impact of the

drought. In one area alone, 98% of people lost livestock; and extremely low water levels led to crop failures. In response to the drought, the Red Cross encouraged volunteers to identify and refer cases of malnutrition, and families in severe need were provided with food and healthcare. In Niger, the Red Crescent provided Moringa seeds to Mother's clubs. The "drought resistant" plant has been dubbed a potential superfood by experts due to its high levels of vitamins and minerals.

The drought displaced an estimated 340,000 people in **Somalia**. The Federation appeal covered health care costs for many of the nomadic families who were forced to move into more urban areas. And the Somali Red Crescent

Hashi Bihi Jama (88) had 100 animals, now he has lost all of them. Drought has contributed to the hunger crisis in Somalia

©Olav Saltbones/The Norwegian

together with the Puntland Ministry of Health launched a health response to combat disease outbreaks in IDP camps. The appeal also funded mobile clinics which screened over 51,000 children for malnutrition.

Disaster Relief Emergency Fund (DREF): cash dispersed within days of a disaster

The Norwegian Red Cross amplifies its impact on emergency and climate crisis response through support to a Movement wide initiative called DREF. In 2022, the Norwegian government was the 4th biggest donor with a pledge of 45 million kroner (4.5 million US dollars). In just 12 months, DREF supported 154 different responses in 91 countries - 70% of

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which were climate and weather-related. One of DREF's advantages is the speed at which it disperses cash – a successful request can be turned around in 24 hours enabling volunteers and staff to respond more effectively in those critical first days.

DREF also works as a forecast-based financing model. In the context of climate change where meteorological data can predict when and where climate shocks are likely to occur, preemptive financing allows the Red Cross to plan more effectively.

The Norwegian Red Cross is committed to climate and disaster response funding because it understands the fiscal challenges that developing countries face – with poor debt ratings countries simply cannot access the money needed to fund climate mitigation and response.

When Mongolia experienced a cold wave with temperatures of up to -47 degrees thousands of animals froze to death. The extreme weather devastated the lives of many of the country's nomadic goat herders who rely on their animals for survival. In response to the emergency, the Mongolia Red Cross applied for DREF funds.

A goat herder who received support from the Mongolian Red Cross stands next to one of his animals killed by the extreme cold. ©Benjamin Suomela/Finnish Red Cross

They received a 163,000 dollar grant which provided cash for 4,000 of the most vulnerable

Extreme weather is not a new phenomenon. Mongolians call the dry summers followed by freezing temperatures Dzud. What's new is the frequency of the Dzud. A once in a decade phenomenon has now become more frequent.

Reducing the environmental impact of the humanitarian sector

Almost every humanitarian has seen the negative impact of climate change on the health of the communities they work in. More frequent extreme weather events and shifting seasonal patterns present a huge threat to the planet's biodiversity, including human beings. Current projections present a frightening picture, but experts agree that we can adapt to a more sustainable future and reduce global warming. For decades, scientists and climate activists have encouraged governments and individuals to act. As the world's largest humanitarian organisation, the Red Cross and Red Crescent Movement has a key role to play. But how sustainable is the Movement? And how can

the Norwegian Red Cross - as part of the wider RCRC family - green its response both at home and abroad?

The Movement spearheaded a climate charter which brought together hundreds of organisations with the express aim of affirmative action on sustainability targets. The charter "provides a set of principles to guide humanitarian action in response to the climate and environmental crises"

In its 2020 international strategy process the Norwegian Red Cross declared: "All our actions shall be carried out in a sustainable and accountable manner with an active consideration of their negative impact on the climate and the environment. We commit to reducing our emission level and will dedicate resources to map our carbon footprint to understand sources of emission. We also commit to set an emission reduction target for our international work towards 2030, and to develop a concrete plan to achieve this target"

Environmental sustainability is now a key component of the IMPACT onboarding program for personnel to be deployed overseas. The 90-minute session highlights the Red Cross' commitments and ambitions around the green agenda.

An important focus area has been the Sustainable Supply Chain Alliance – a project funded by the Norwegian Red Cross with support from the Norwegian government. In 2022, the Alliance led by ICRC, conducted a sustainability review with a specific focus on reduction of greenhouse gas emissions. They created a tool called the Humanitarian Carbon Calculator (HCC) to help humanitarian organisations quantify their carbon footprint and identify where reductions could be made. The detailed spreadsheet-based tool logs the carbon emissions of every product and service associated with humanitarian operations. It measures travel related emissions, electricity consumption, medicines and a host of activities associated with the sector. It is not the first time a humanitarian organisation has calculated its carbon footprint - Acted and Médecins Sans Frontiers were pioneers, but this is the first CO2 tool to be shared across the wider humanitarian sector. So far, 200 organisations - including the Norwegian Red Cross - have shown an interest or piloted the tool.

The Norwegian Red Cross has used the tool to assess both its national and international work. Initial results showed the three most carbon intensive activities were: the purchase and distribution of humanitarian relief items and goods such as blankets, hygiene kits



Borosonkhola, near the Bangladesh-Myanmar border. Solar lamps are charging. They were distributed by the ICRC to the communities arriving from Rakhine and residing near the border.

©SIRCAR, Rufas Rafi

and medicines; capital assets such as office furniture, equipment and buildings, and lastly, travel.

The tool is important because it provides a baseline from which the Norwegian Red Cross can measure and track progress on emission reduction. It is a solid evidence base for a strategic action plan towards carbon neutrality. Results showed an annual reduction of 10% CO2 equivalents from Red Cross flights (compared to 2019). The results are linked to COVID-19 restrictions, however climate friendly policy changes within the Norwegian Red Cross have also played a role e.g. if travel time by train, bus or boat is less than 5 hours, staff must use public transport rather than take a flight.

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STRENGTHENING NATIONAL SOCIETIES

Malaysia Red Cross staff meeting.

The Norwegian Red Cross is one of 192 RCRC national Societies across the globe. Together with the ICRC and IFRC the national societies make up the wider RCRC Movement – a global family committed to principled humanitarian action.

n 2022 the Norwegian Red Cross helped 15 national societies improve their finance departments and organisational structures. The Norwegian Red Cross finance staff are accounting experts trained in business development. They conduct assessments to better understand the financial challenges individual national societies face. In 2022, the Norwegian Red Cross worked with the Malian Red Cross to help them improve financial management and regain donor confidence. Assessments pinpointed ways to improve the team structure, how to improve governance, and how to strengthen internal controls.

In Libya, the Norwegian Red Cross helped the Red Crescent develop financial policies and launch an enterprise resource planning system for greater accountability and efficiency. And in Myanmar 99 members of staff at both HQ and local branch level were trained in finance procedures. This extensive capacity building has enabled the national society to better consolidate financial information. In Nigeria, Pakistan and

South Sudan, the Norwegian Red Cross provided skills training on core costs, audit planning and anti-fraud policies. They also



Video: Nigeria integrity line. Taking on fraud stereotypes.

helped procure lbasic necessaties such laptops and software licenses.

In 2022, the Norwegian Red Cross sponsored an online community of practice called the Finance Development Competency Network (FDCN). The community consists of over 600 staff worldwide who share knowledge and skills on a wide range of finance related topics. The website is full of resources that all 192 National Societies can use. In 2022, the Nigerian Red Cross showcased its "Integrity Line" – an anonymous phone line set up to combat fraud and corruption. The digital whistleblowing and case management system is a multi-channel, toll-free, service – pioneered by IFRC – to make it easier to report allegations.

The **Lebanese Red Cross** hosted a lessons learned webinar on how to create effective finance departments in the face of outdated practices. FDCN ran online training courses on GDPR compliance, procurement and effective budgeting. The Norwegian Red Cross also supports a funding mechanism which provides development grants – the National Society Investment Alliance awarded funds to 20 different National Societies, including the **Benin**, **Panamanian** and **Congolese** Red Cross Societies.



Video: Watch this video and see how NSIA helped the international aid become less dependent on International aid funding



PROTECTION

UPHOLDING HUMAN RIGHTS& INFLUENCING POLICY

In 2022, the Norwegian Red Cross provided key information to the UN Security Council through its support to the Norwegian government delegation.

he Security Council is the UN body charged with international peace and security and has a key function in addressing humanitarian needs and access to conflict areas. The Norwegian Red Cross highlighted the plight of missing people, the devastating effects of urban warfare, and the importance of international humanitarian law.

The Norwegian Red Cross co-organized several events for UN Member States and civil society organizations in New York, in cooperation with ICRC and the Permanent Mission of Norway to the UN. They included a high-level meeting on child protection in urban conflict – with a focus on the practical measures and steps that states and organizations can take to improve the protection of civilians.

Missing persons in war and disaster

For over 150 years the ICRC and its RCRC partners has helped reunite families separated by war and disaster. Red Cross archives in Poland dating back to the 1940s were and are a vital resource for families of World War Two survivors. Hundreds of steel index-card cabinets line the walls of the Polish Red Cross. Each pull out draw contains handwritten information on Polish people (mainly Jews) affected by the war - many of whom were killed in concentration camps or lost their lives in the communist dictatorship which followed the war.

In 2022, ICRC urged the European Union to do more to trace and identify people who have died on known migration routes. According to the International Organisation for Migration, over 20,000 people went missing in Europe between 2014-2019, and thousands continue to make the hazardous journey in search of safety and a better future. Red Cross figures show over 2,600

migrants and refugees are buried in southern Europe. However, tens of thousands of people are unaccounted for. And behind each missing person is a grieving family with unanswered questions. Red Cross tracing services are a lifeline for those desperate to uncover what happened to their loved ones. Specialist Red Cross staff provide a message service where individuals can contact their families by phone, by letter or online.

ICRC forensic teams play a vital role in the identification of those killed in conflicts and disasters.

ICRC's 2022 report, <u>Counting the Dead</u>, urged governments to prioritise and facilitate information across borders. Their forensic staff argue that: "DNA, personal belongings, photos and geolocations provide information about a person's identity" and authorities "need to systematically interview shipwreck survivors so as to identify the victims as well as those who have gone missing."

Migrant deaths have become normalized in the public consciousness. News stories of people killed in overcrowded boats or airless lorries punctuate the headlines. The Red Cross is working hard to ensure these people are not forgotten and that governments do more to protect vulnerable people and prevent tragedies from happening in the first place.

High level advocacy on climate change

The Norwegian Red Cross also helped raise awareness on the humanitarian consequences of climate change and environmental degradation. In April 2022 we co-organized an exhibition and debate for the launch of the climate report <u>Turning the Tide</u>. And in December a report on climate and environmental destruction in conflict situations in the Middle East (2023) was pre-launched at the UN headquarters in New York.



The ICRC donates toys and educational materials to children at a local kindergarten. ©Ingy Sedky/ICRC

Protecting children and education

In Armenia, Azerbaijan and Ukraine the Red Cross provided learning opportunities for children caught up in conflict. The Nagorno-Karabakh conflict between Armenia and Azerbaijan rarely makes it into the headlines. However, an estimated 35,000 people have been killed and 4,500 disappeared since the conflict began in the 1990s. In 2022, several hundred people lost their lives, including Red Cross Red Crescent volunteers. Decades of conflict has caused extensive damage to homes and schools. Local staff in both Armenia and Azerbaijan reported "People... on both sides are terrified for themselves and their families and wonder

The creation of ten Child Friendly Spaces or "Smiley Clubs" helped over 500 children. where to go..." The Red Cross has reconstructed schools close to the contentious border area to ensure that displaced children have a safe space to learn and play. The creation of ten Child Friendly Spaces or "Smiley Clubs" helped over 500 children. And in Ukraine, cash for education programming and school-based first aid has helped children continue with their education and improve their life-saving skills.

Communities in Pakistan's Orakzai region have lived with sectarianism and militancy for over a decade. The introduction of psychosocial support alongside standard Red Crescent health services has helped local people deal with mental health issues related to the ongoing violence. The

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Red Crescent also created child-friendly spaces to promote positive child development.

Protection for health workers and patients

Attacks on healthcare professionals and clinics are often conscious attempts to strike fear into communities and to reduce access to medical care. According to the report "Destruction and Devastation: One Year of Russia's Assault on Ukraine's Health Care System" more than a third of all reported attacks globally on health care in 2022 were perpetrated in Ukraine. The World Health Organisation "verified 761 attacks on health care... and 101 reported deaths of health-care personnel and patients" in the 11 months since the conflict began (WHO).

The Norwegian Red Cross has supported the protection of health workers for over a decade. In 2022, we launched an essential training guide

You can find out more about the **Health Care in Danger initiative** to help ambulance staff and first responders protect themselves from violence at work. Developed by Karen Anne Joval, a former emergency nurse with extensive humanitarian experience, the guide - "Training Manual for Ambulance and Pre-Hospital Response in Risk situations (TARRS), highlights the scale of violence health staff face, the legal framework which exists to protect them, and a risk assessment tool packed with information and case studies on how to deal with violent

Joval argues: "The main focus for ambulance providers is always to save lives (however) many staff may feel a sense of contradiction between this duty and putting their own safety first...Preparing for situations where your team is under threat or attack should be a priority" The invaluable guide is a user-friendly resource to improve people's skills and knowledge. The guide will be piloted by Red Crescent societies in Iraq and Syria in 2023.

The Norwegian Red Cross – in collaboration with ICRC - supports the protection of health workers in eight countries: Colombia, El Salvador, Honduras, Iraq, Somalia, South Sudan, Syria and Yemen.

We cover the cost of safety measures such as security barriers at clinics. And our colleagues in the field reach out to armed groups to negotiate access for health staff to rebel held areas.

However, violence is not limited to armed groups or patients. Sometimes the unequal power balance between doctor and patient can lead to the abuse of those seeking treatment. So a key part of health care in danger projects is to improve the interpersonal skills of medics themselves.

Three patients were pulled out of their beds when the Al-Thawra hospital in Yemen was bombed.

©AL ABSI. Wael

Advocacy within the Red Cross Red Crescent Movement

The Norwegian Red Cross staff promote the role of Protection at the highest levels both within the wider Red Cross Red Crescent Movement and at the UN Security Council. The Norwegian Red Cross has worked to ensure a specific Protection resolution will be passed at the RCRC Council of Delegates meeting in 2024. If successful, issues such as urban conflict, SGBV and access to education will become a priority for the entire Movement. Each of the 192 National Societies will lobby their governments for change, and progress against Protection targets will be measured and reported on – with both the RCRC Movement and government decision makers being held to account.

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