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Programme Services Annual Report 2014

 International Federation
of Red Cross and Red Crescent Societies

30 April 2015

This report covers the
period 01/01/2014 to
31/12/2014.

RCRC volunteers
embracing an iconic
representation of the world
Photo IFRC



Overview

The increasingly complex and challenging humanitarian landscape in 2014 has been characterized by the conflict-related situations in Syria, Iraq and the humanitarian impact on neighbouring countries; ongoing political tensions resulting in humanitarian response needs in Afghanistan, Libya, the occupied Palestinian territories (oPt), Ukraine, and Yemen; health and epidemic outbreaks (most significantly the Ebola Virus Disease - EVD outbreak in West Africa, and food insecurity (the Sahel countries of Africa, the Horn of Africa, plus other countries and regions). While these and other climate-related disaster situations are not considered out of the norm of the recent history and trends of Red Cross and Red Crescent disaster and crises response, the simultaneous nature, number, and severity of the situations and the context-specific dynamics continue to present significant challenges for the entire Movement. To this end, 2014 continued to witness a general deterioration in the security environment in many of IFRC areas of operations, this resulting in IFRC personnel and humanitarian aid workers having to operate increasingly in insecure or potentially dangerous environments.

In addition, new health emergencies have been affecting health-related work, namely the re-emergence of polio in the Middle-East, the already mentioned EVD outbreak in West Africa, the emergence of Middle East Respiratory Syndrome Coronavirus and the spread of *Chikungunya* to the Caribbean and Latin America. The general pattern of the epidemiological transition from communicable disease toward NCDs has occurred in many regions. Since 1990, the number of deaths resulting from communicable, maternal, neonatal and nutritional causes has decreased by more than a quarter, whereas deaths from NCDs and injuries increased by about 41.8 and 10.7% respectively¹. Infectious diseases continue to burden some of the most vulnerable

¹ *The State of Global Health in 2014*, Jaime Sepúlveda and Christopher Murray.

communities, and their impact can be unexpectedly severe, as disease patterns and their geo-locations change. Red Cross and Red Crescent National Societies keep responding to these health emergencies; yet new public health and emergency medical needs keep frequently appearing, e.g. as migrants arrive at the shores of Europe, acts of terror kill hundreds of students in an African university, chronic conditions in fragile states worsen, large scale disasters, complex conflicts and movement of people increase.²

2014 has also been a year of busy consultations for the *post-2015 Global Framework for Disaster Risk Reduction*, sustainable development and climate change; it has also witnessed the increasing challenges and risks humanity faces due to the deteriorating instability in many areas of the world. The process of developing the post-2015 framework for DRR (HFA2) went ahead in tandem with preparations for the *World Conference on DRR (WCDRR)* in Sendai, Japan (in March 2015). The discussion on the zero draft of the Post-2015 Framework for DRR continued till December 2014.

Climate change and *rapid urbanisation* are amongst the most significant phenomena of the 21st century. These factors increase disaster risk for millions of vulnerable people around the world and compromise people's ability to sustain their sources of livelihood, especially in poor and under-developed countries. Many cities and urban areas are at risk of hurricanes, cyclones, flooding, earthquakes and epidemics, as well as crime, fires and industrial accidents. To tackle this issue, the Intergovernmental Panel on Climate Change (IPCC) issued its Working Group II and III new Assessment Reports respectively in March and April 2014. These reports indicate that risks have already increased and tend to be on the rise with greater impact on the most vulnerable and require us to do more to reduce the risks we face today.

Chronic and acute *food insecurity* and *malnutrition* also remain key obstacles to reaching targets in the development agenda. According to the FAO's State of Food Insecurity in the World 2014 report, there are almost 805 million people chronically undernourished, nearly 12% of the world's population, of which nearly 791 million (98.3%) living in developing countries. The IFRC, together with its NS network, have steadily increased DRR programmes³ in terms of spending and number of people reached. In 2014, the total DRR spending by the IFRC and National Societies was approximately CHF 151.7 million; this indicates that the DRR investment is more than double compared to 2009.

The IFRC's *Global Logistics Service (GLS)* continued implementation of development projects that underpin the delivery of *Logistics 2015* and its strategic aims, combining it with ongoing work and regular logistics support to operations. Guided by its five-year strategic *Logistics 2015* plan, GLS has been working toward reinforcing and further developing its global logistics capacity to ensure that the IFRC – as a global network of National Societies – has access to a competent, efficient and effective logistics service, to carry out its humanitarian assistance activities and achieve the goals outlined in *Strategy 2020*.

IFRC work throughout the year has also included maintaining a focus on promoting the development of a culture of security, both within the Secretariat and member National Societies, focusing on security training and education both for IFRC operations and National Societies, conducting security assessments and

² Additional information on number of people affected by conflicts, who fare the worst in conflict (distinction between IDPs, refugees, and conflict-affected residents), health conditions, vaccination coverage, malnutrition and child deaths can be found in CRED 2013 publication on *Humanitarian needs in numbers*.

³ Disaster Risk Reduction (DRR) includes the activities categorized specifically as community-based DRR, including community-based disaster preparedness (CBDP); climate change adaptation and mitigation; food security, nutrition and livelihoods; and National Society disaster preparedness.

providing direction to field managers on actions required to comply with the IFRC Security Framework and the *Minimum Security Requirements* (MSR). Particular attention has been placed on the issue of security for volunteers. During 2014, several serious security incidents involving National Society Staff were reported, including 17 volunteers and staff killed in the line of duty.

Lastly, in 2014, the *Policy and Programme Support* (PPS) Unit took over the responsibility to coordinate the initiative on *Strengthening Movement Coordination and Cooperation* as well as the roll-out of the revised *Principles and Rules for Red Cross and Red Crescent Humanitarian Assistance*. These initiatives are based on decisions and resolutions in the statutory meetings in 2013 and aim to improve the Federation's and the Movement's response to large scale disasters, crises and conflicts (see [output 5.1](#) for further details). In terms of **policy support**, in 2014 initial discussion on mapping of PSD-related policies, strategies, frameworks, guidance and tools has been undertaken and continued in 2015, in preparation of the anticipated policy review and revision (recommended as the IFRC Policy Framework was approved at the GA 2013).

Working in partnership

PSD works integrally with key partners and the respective Annual Plans from each department elaborate in greater detail the delivery of plans and programmes. Global partnerships and inter-agency collaborations necessary for the delivering of our programmes and services (e.g., the EU, FAO, IASC, IFPRI, The World Bank, UNAIDS, UNDP, UNICEF, UNISDR, UNOCHA, UNV, WHO, WMO) have been maintained and strengthened. We have kept close and constant engagement with the **IASC** Secretariat through regular participation to the Working Group meetings, and their weekly meetings. PSD has represented the IFRC several times during the IASC Principals Meeting and in other ad hoc meetings. Key support provided continues to be instrumental in ensuring information-sharing. However, despite the efforts, our engagement with the IASC remains uncoordinated and not always addressed in a holistic way. New emphasis on this area of work will be given in the course of 2015, under a SG-commissioned assignment to scope the policy, strategy and knowledge function for the Secretariat.

In 2014, the **collaboration between Swedish Red Cross (SRC) and IFRC** positively continued. IFRC and SRC actively collaborated to forward the implementation of the *IFRC Accountability and Transparency Plan of Action*. SRC provided critically needed funding to the IFRC to commission a Consultancy of PwC Zürich, made recommendations for the establishment of an Investigation function at the IFRC HQ, SoPs for global recording and management of allegations of breaches against the Code of Conduct as well as suspected fraud and corruption. All efforts in this area had a very positive impact which was confirmed by Sida during the last *IFRC Donor Advisory Group* meeting (November 2014), and during the IFRC SG meeting with Sida and Ministry of Foreign Affairs (MoFA) in Stockholm on 4-5 December 2014. Sida gave written indications to SRC in December 2014 that funding levels from Sida towards IFRC programmes (via SRC) will resume in 2015 to previous levels. The continued implementation of the Plan of Action during 2015 is reported quarterly and posted on the IFRC public website at: <http://www.ifrc.org/en/who-we-are/performance-and-accountability/reporting/>.

Close liaison was maintained with ICRC and UN OCHA, with IFRC's Security Unit acting as global focal point for **civil military relations**, as well as with the focal point in the Asia Pacific and America's Zones and also National Societies. Contributions were made to the *Asia Pacific Zone Civil Military Conference* and the *Annual Consultative Group Meeting on the use of Military and Civil Defence Assets* hosted by UN OCHA. Civil Military Coordination guidance was provided to the Philippines Haiyan and West Africa Ebola operations and an IFRC *Position Paper in Civil Military Relations* was drafted at the request of Humanitarian Values Department.

The **DFID partnership** ended in December 2014, following a very positive annual review conducted in July (IFRC was scored with an “A-Outputs met expectations”) and accompanied by a firm indication of bridge funding for 2015. During the period, and in order to continue to deliver on DFID-related commitments, the *Donor Advisory Group* (DAG) and the Commercial Expertise review of IFRC took place in November, delivering positive outcomes. In mid-December, DFID announced that it wishes to develop a pilot joint agreement (a business case) with both ICRC and IFRC for 2015 funding.

In July, the Federation signed a funding agreement with **DG ECHO**, under the *Enhanced Response Capacity* funding envelope and focusing on “Enhancing disaster preparedness, risk reduction, and response capacity through improved legal frameworks”. DG ECHO contributed with 1 million EUR (in multi-donor context) for a period of 18 months, which started 1st July 2014. The action mainly supports our disaster law work but also includes elements in support of Shelter and DRR. During the last quarter of 2014, a framework to monitor implementation of the ECHO agreement was put in place and it envisages for early 2015, a field monitoring mission and a mid-term review, two important complementary evaluation processes of this grant.

Progress towards outcomes

With a lead responsibility to oversee delivery on Aims 1 and 2 of Strategy 2020, while providing substantive support to achieving Aim 3, in 2014 PSD continued to focus on functions related to **community preparedness and disaster risk reduction, disaster and crisis management, shelter and settlement, logistics, health and security**. It also covered cross-cutting functions such as **migration, policy support, gender and violence prevention, information and knowledge management**, global programmes **grant management** and **supplementary services**. This Annual Report highlights sector and thematic specific achievements which have concurrently contributed to the achievement of the objectives included in the results matrix annexed to the Secretariat *Long-Term Planning Framework 2012-2015*. Sector and/or departmental annual reports are linked to this document and provide an overview of the operating context that has affected their respective work during the period.

Outcome 1: Uplifted thinking that inspires and underpins our services to maintain their relevance in a changing world, along with increased magnitude, quality, and impact.

OUTPUT 1.1: Professional qualifications and competencies of staff and volunteers at all levels through technical guidance, research, learning and use of best practices on disaster management, development, health and policy work are strengthened.

Throughout 2014, PSD continued to provide overall guidance, leadership and tools in line with the strategic direction of *Strategy 2020*. A tremendous amount of work has gone into coordinating regional and global events, developing position papers, advocacy materials, and key messages for enhancing reach and quality of our programmes and services in the various sector and thematic areas. More specifically:

CPRR worked on the preparation for a six-day *Climate Change training of trainers (ToT) workshop*, which was held in the Africa zone at the end of 2014. The objective was to further help National Societies in the Africa Zone to develop their capacity on how to integrate climate change into policies, guidelines, programmes, projects and activities. The training brought together 23 participants from National Societies of Ethiopia, Tanzania, Madagascar, Zimbabwe, Malawi, Mauritius, Uganda, Namibia, Sudan, South Sudan, Gambia. Representatives from the Finnish Red Cross, IFRC Sahel Regional Office, East Africa Regional Office, West Coast Regional Office, Central African Regional Office and Wetlands International Kenya were also present. Together with the Livelihoods Resource Centre and the World Society for the Protection of Animals (WSPA),

CPRR also facilitated a joint *training workshop on livelihoods and livestock management* in Ethiopia, with the participation of 30 trainees from Africa.

In *health*, tools and trainings informed the delivery of the community health initiatives of National Societies. Among others, the [Healthy lifestyle toolkit](#) has been completed, with the NCDs prevention module (CBHFA Module 8). This module builds on the existing CBHFA tools, incorporating behaviour change methods to increase knowledge and equip communities and individuals with the tools to make healthier lifestyle choices. Additionally, the CBHFA e-learning has been launched in EN, FR and SP, with around 6,000 registrations by the end of 2014 (74% increase from 2013). Further learning workshops organised globally have complemented the online learning platform (i.e. CBHFA delegate training, CBHFA in prisons, CBHFA and RMNCH master facilitator workshops, etc.). The new *Community Health* training for emergencies was first piloted in Norway, making use of problem-based learning and linking the learning outcomes to the Competency Matrix for humanitarian health workers.

Shelter risk reduction has been further mainstreamed through the *Participatory Approach for Safe Shelter Awareness (PASSA)* tool by the successful running of the first ToT, which took place in Ethiopia, in March. The training was provided to 9 NSs in the region and included participation by the Ethiopian Government's DRR representative. Several country level PASSA trainings were conducted in the Asia Pacific for the NSs of Indonesia, Philippines and Vietnam. Some new PASSA tools are also being made available in 2015. One of these is a new 'PASSA-light', which is a 3-hour induction training on the tool. In addition, the first PASSA training focusing on urban settings was conducted, in partnership with Habitat for Humanity in Yogyakarta, Indonesia in May 2014.

In June 2014, a *gender, diversity and violence* 'stream' was included in the inaugural pilot *Solferino Academy*, which was organised by the P&V, PSD and the Italian Red Cross. Ideas emerging from this pilot event included: the creation of a sustainable global reference centre for humanitarian studies, research, partnerships and advocacy; and hosting international working groups and delivering high-level training on humanitarian action. In this pilot phase, the objective was to enhance participants' awareness and understanding of issues related to the promotion of social inclusion and a culture of non-violence and peace (Strategic Aim 3, Strategy 2020), in particular the importance of and challenges related to mainstreaming gender, diversity and violence prevention in disasters and emergencies. Work related to outcome 3 (reduced gender inequality, gender discrimination and GBV) is focused on realising the two commitments made at the UK-led high-level meeting on 'protecting women and girls in emergencies' in November 2013, which has been taken up by the US State Department (PRM) in September 2014 when IFRC reported on progress made against the two commitments. Work in this area has also focused on collaboration with ICRC (Women & War Section) and a number of National Societies on the realisation of the three recommendations from the CoD's workshop on Movement response to sexual- and gender-based violence in armed conflict and disaster.

OUTPUT 1.2: Standards for humanitarian response are being promoted and disseminated.

In terms of standards, the **Sphere minimum standards** in humanitarian response are regularly referenced and reflected in key documents. Sphere standards are included on the *Disaster Response Checklist*, and referenced in all Emergency Appeal documents. Federation Secretariat and National Society colleagues responsible for drafting DREF proposals and EA documents are required to consider the inclusion of Sphere training, technical assistance and handbook dissemination in their planning and budgeting.

OUTPUT 1.3: National Societies have increased their capacity to develop and implement integrated climate-proof community-based resilience programmes in disaster preparedness and risk reduction, shelter risk reduction, food security, nutrition and livelihoods.

[The IFRC Framework for Community Resilience](#) stipulates that strengthening community resilience requires a demand-driven people-centred approach. It embraces the complexity of communities and human behaviour, and champions the empowerment of volunteers in their communities as they are the most likely to understand the complexity of their context. The Framework was revised with inputs and active engagement from the Zones and National Societies; it promotes a holistic system approach in line with current thinking in health, i.e. the realization that we need to integrate and strengthen national health systems and community health systems⁴. The health team is promoting the system approach with realist evaluations as a means to understand what works, for whom, in which contexts and why⁵. It is through this approach that the IFRC, with its academic partners, can build the evidence for Red Cross Red Crescent programmes and services⁶.

The Fourth *Global Community Resilience Forum* (GCRF) held in Cali (Colombia), in November 2014, discussed the issues and challenges to scaling up, mobilizing resources, communications and advocacy efforts for effective *community resilience* programming. The forum made a strong call for action, namely the Cali 'One Billion Coalition for Resilience', pursuing the goal of taking active steps towards enhancing community resilience, together with one billion people, by 2025.

Outcome 2: Increased share of consistent and reliable Red Cross Red Crescent action in support of communities affected by disasters and crises.

OUTPUT 2.1: Enhanced Federation-wide Red Cross Red Crescent global disaster management system aimed at ensuring both (a) effectively coordinated and scaled-up Federation-wide mobilization of capacities and resources, to assist risk-informed preparedness, relief and recovery efforts of National Societies in tackling major disasters and crises which require collective international assistance; and (b) better management of transition from relief to recovery, leading to strengthening community resilience in the context of sustainable development, taking the impacts of climate change into consideration or phase put. Relevant standardised tools for supporting response, recovery, and DRR interventions are developed, refined and disseminated.

Overall in 2014, **operations support** was provided for the launch, quality assurance and approval management of 27 EAs and 113 DREFs for a combined total of CHF 222.9 million, reaching a total of 66,309,450 people (directly, and millions more indirectly).⁷ The year has been very much focused on providing coordination and support to operations to cease the spreading of the Ebola virus disease (EVD) in West Africa. The Emergency Health Team dedicated most of its time to the West Africa Ebola outbreak, supporting the operation both in the field through staff deployment, and through technical assistance and inter-agency coordination in Geneva. Close to 250 healthcare staff were trained in a series of two-day Ebola pre-deployment courses in Geneva. **Global surge deployments** in 2014 have included a total of 32 FACT personnel to cover 18 FACT and ERU operations. For the **Head of Operations (HEOps)**: multiple operations, with deployments varied in complexity and size, from the armed conflict in the Central African Republic to

⁴ WHO Systems Thinking for Health Systems Strengthening, Geneva 2009.

⁵ Pawson and Tilley, Realist evaluations, 2004.

⁶ Vareilles G. et al. Understanding the motivation and performance of community health volunteers involved in the delivery of health programmes: a realist evaluation protocol, BMJ online 2004.

⁷ Note: the number of people assisted in 2014 Emergency Appeal and DREF operations is comparatively high due to the specific nature of the West Africa Ebola Virus Disease response.

large-scale operations in the Philippines and Ebola affected countries. Following the HEOps deployed to lead the floods operation in Bosnia and Herzegovina (May-June 2014), all three HEOps were deployed to support the Ebola response operation, including the early response in Sierra Leone and providing regional oversight and strategic guidance (IFRC's regional coordination hub in Guinea).

Within the global surge and HEOp's tools, the **Developing Heads of Emergency Operations (D-HEOps)** initiative made progress with the implementation of the D-HEOps pilot program, launched in early June 2014 has been considerable. The first cohort of D-HEOps included seven participants, two of which are currently employed by the IFRC Secretariat, four by National Societies and one by the ICRC. In 2014, deployments to operations, support missions and other activities (1 person to Bosnia Herzegovina floods, 2 people to South Sudan population movement / complex emergency, and one person as a Deputy HEOps in the West African Ebola outbreak) have been combined with HEOps missions for information-sharing combined with real-time mentoring sessions. Scaled-up use of **Cash Transfer Programming (CTP)** in emergencies continued, in particular leveraging the success of the Philippines Typhoon Haiyan operation that was a "game changer" for IFRC, with cash grants to 60,000 people over a period of 6 months.

The **Global Disaster Response SOPs** consultation and finalization continued in 2014, with the current status at the global senior management team level for decision. Adjustments and improvements continue with the Emergency Appeal, EPOA, and DREF guidance, process, and formats. The IFRC's commitment to lessons learned to strengthen the global disaster response system continued, in the form of RTE's for the Philippines Typhoon Haiyan, Syria Crisis, and West Africa Ebola operations, and systems review for the global tools, HEOps mid-term review, and the DREF review, and a formal DM study and e-learning courses.

In *Global Logistics Services*, key 2014 operational accomplishments included:

- Towards supporting the delivery of objective 2 of *Logistics 2015*, an average of 50 operations per month received logistics support, with a major focus on Ebola affected countries (Sierra Leone, Guinea and Liberia), Syria and neighbouring countries, Iraq (Kurdistan) and the Philippines recovery operations. For the Ebola response, despite operational complexity and limited availability of supplies with manufacturers, GLS managed to establish an uninterrupted supply chain for delivery of protective emergency supplies and vehicles, for a total worth of CHF 17 million.
- Service delivery worth CHF 5 million to 18 external humanitarian partners (NGOs, UN organisations and governments), providing access for wider humanitarian community to the GLS delivery platform, maximizing humanitarian impact and reach.
- Dispatch of relief items from its Zone Logistics Unit's pre-positioned stock to operations globally. Expansion of stock building at country level continued to be implemented in Americas and Africa. The Canadian Government through partnership with the Canadian RC, pre-positioned relief stock for 2000 families in Dubai.
- Compared to the previous 3 years' average, the global procurement value handled by GLS in 2014 increased by 66 %, amounting to CHF 74.5 million. In addition, procurement worth of CHF 28.4 million was reviewed by GLS to ascertain quality assurance and compliance with accountability norms.

OUTPUT 2.2: Programme quality is improved through key technical health-related areas, as well as in cross-sector areas, with tools, guidelines, case studies, mapping and data collection, and conceptual frameworks.

An increasing number of evaluations and research were conducted in the last few years including 21 programme evaluations, 34 baseline and 18 end line surveys using the updated CBHFA Planning, Monitoring, Evaluation and Reporting toolkit. In addition, the CBHFA global mapping showed that 109 NSs, with support from IFRC and different partners including 18 PNSs, used the CBHFA approach in their community health programmes to empower community members to be in charge for their health. 983 active master facilitator and 33,885 active volunteers worked with 5,052,477 community members worldwide on health promotion and behavioural change. The *Global Health mapping* provided essential information about more than a hundred National Society domestic health activities in 2013, including expenditure, staff and volunteers working on health, as well as NS expectations of the health team's role. Not surprisingly, National Societies reported *first aid* and *blood services* as their core health activities, with an implementation of respectively 100% and 79%. Many National Societies reported HIV and psychological support activities, while fewer than half reported malaria and MNCH activities. Responses provided insight on other activities that are not currently supported by the health team, e.g., mental health, facility management and ambulance services. The team also analysed data to evaluate the relevance of the Strategic Operational Framework for Health, as well as health programming in relation to the national burden of disease. Malaria and HIV data were used as examples for further analysis. Findings confirmed the relevance of HIV and malaria programming. However, gaps remain, suggesting outstanding opportunities for National Societies to engage, as long as they are provided with adequate resources. Other data sources related to National Societies health programming included the CBHFA Global Mapping survey, the GSWI project database, and the FDRS database. Unfortunately, there were many variations in figures reported (e.g., number of people reached), suggesting that more guidance is needed regarding reach out of reliable data. Lastly, the health team has throughout the year organised three research seminars on volunteer motivation and performance in community health. The first focused on the realist evaluation approach, the method of inquiry identified to address the complexity of community health interventions and human motivations. The second presented the realist evaluation protocol for the Uganda Red Cross evaluation of volunteer motivation and performance in CBHFA project in Kampala. The third seminar presented findings and recommendations from the Kampala study and other research on volunteer motivation. The Uganda study protocol was published by [BMJ online](#)⁸, and the results should be published in 2015.

Throughout 2014, *Global Logistics Service* continued to apply the NSLCE tool and process in National Societies' logistics capacity development activities. By the end of 2014, 28 NS were engaged in the process globally from the start of the programme.

IFRC and ICRC continued to implement the *Emergency Items Catalogue* (EIC) initiative, with a primary focus to enlarge the scope of commodity items and improve specifications captured by it. By the end of 2015, 100% of the planned EIC software functionality updates were accomplished, allowing the catalogue users to have up-to-date specifications at all times and the offline version of the EIC application is now available through a USB drive.

⁸ Protocol submitted in 2014: Gaëlle Vareilles et al, *Understanding the motivation and performance of community health volunteers involved in the delivery of health programmes in Kampala, Uganda: a realist evaluation protocol*. BMJ online, 2015.

Outcome 3: Appropriate capacities built to address the upheavals created by global economic, social, and demographic transitions that create gaps and vulnerabilities, and challenge the values of our common humanity.

OUTPUT 3.1: Increased and improved Red Cross Red Crescent action for longer-term sustainable development.

In *migration*, work continued towards the **Migration Strategic Action Plan 2013-2015**, developed with the aim to connect our RCRC work across the organisation, through closely linking with the three aims of Strategy 2020 and to engage in strengthening NSs' capacities to respond to the increasing global challenges of migration. In order to reach the plan's objectives, work has been focused on awareness and advocacy, capacity building and partnerships, through:

- Raise awareness of our Policy on Migration and Migration Resolution within and outside the Movement.
- Stress the strategic importance of providing humanitarian support and protection to vulnerable migrants within the movement and among general public and host communities, and alert NS leadership to this vital issue where- and whenever appropriate.
- Strengthen National Societies and Zones' capacities to provide humanitarian support and protection to vulnerable migrants.
- Perform regular strategic monitoring and surveys on the implementation of migration-related activities by RC/RC NSs in accordance with the IFRC Policy on Migration and Strategy 2020.
- Enhance and strengthen internally (within the Movement, globally, regionally and between NS) and external partnerships with relevant actors in the field of migration.

The Migration Advisor supports initiatives within the IFRC Secretariat and Zone Offices bringing an integrated migration perspective to our work, especially in health, disaster management/ services, principles and values and humanitarian diplomacy. Notably, a collaboration with the Community Preparedness and Risk Reduction Department and the Climate Centre has been established through the participation to the climate change task force, a technical working group to lead Federation wide recommendations on CC adaptation and mitigation and a resulting fact sheet.

A two-year Action Plan on the implementation of the *IFRC Strategic Framework on Gender and Diversity Issues, 2013 – 2020* has been developed, covering the period 1 January 2014 to 31 December 2015 and is aligned with the three outcomes in the Strategic Framework, namely; 1. Systematic incorporation of gender and diversity in all programmes, services and tools; 2. Improved gender and diversity composition at all levels; and, 3. Reduced gender inequality, gender discrimination and Gender-based violence (GBV). Towards this end, a mapping exercise that maps all existing, current and planned strategies, tools, guidance, etc. produced or available at the Secretariat related to gender and/or diversity was completed in the first quarter of 2014. The results of the mapping exercise were shared with the Nordic Plus Gender Group in June, and decisions made based on the findings.

As part of the *Urban DRR/DM Partnership*, the implementation of all five pilot cities (Jakarta, La Paz, Nairobi, Tehran and Yerevan) was completed by December 2014. The final reports of the five pilot projects were received and together with the reports of 9 regional workshops on Urban DRR/DM and resilience (conducted in 2013 and 2014) were being used in developing the IFRC global Position and Approach and NSs Guidelines for Urban DRR/DM. In addition, CPRR provided technical support and inputs to plan a climate change and urbanization workshop at the RCRC Asia Pacific conference.

Technical support was furthermore delivered to the Kenyan RC for the official launch of the *Kenya Sustainable Environment Restoration Program (SERP)* in April 2014. SERP is a partnership between the Ministry of Environment, Water and Natural Resources, the Kenya RC and the IFRC, which aims to contribute to the achievement of a sustainable natural environment in the country by planting new trees.

In June, support was provided to the Europe Zone in holding a food and nutrition security workshop during the *9th European Regional Red Cross Red Crescent Conference* in Florence, Italy. As part of the Emergency Working Group of the Secretariat, CPRR reviewed draft emergency appeals to ensure that they include the necessary longer-term DP and DRR components into emergency operational plans.

OUTPUT 3.2: Climate change issues are well understood within the IFRC and by National Societies, and innovative climate change adaptation and mitigation activities are effectively mainstreamed into existing programmes (i.e., disaster preparedness and risk reduction, food security, nutrition and livelihoods) to moderate negative impacts or exploits beneficial opportunities. Guidance and tools on disaster preparedness and risk reduction, climate change adaptation and mitigation, food security/nutrition/livelihoods are available and easily accessible (through electronic, hard copy, e-learning modules).

The *Climate Change Training kit* (launched in June 2014, in collaboration with the RCRC Climate Centre) has been designed to be used for workshops on the humanitarian impacts of climate change and is intended to reinforce awareness-raising and participation in policy dialogues with governments and other stakeholders. The *IFRC Plan of Action on Climate Change 2013-2016* will further enhance IFRC work on the assessment of carbon footprint of the IFRC Secretariat, contributing to addressing the root causes of climate change.

The "*Climate Change – an introduction for staff and volunteers*" basic e-learning course developed by the Community Preparedness and Risk Reduction department (CPRR), together with RCRC Climate Centre, provides an introduction to climate change and aims to help staff and volunteers understand how they can contribute to addressing related issues in their day-to-day work within local communities.

In the area of Response Preparedness and Contingency Planning, progress has been made in the ToT module for contingency planning, and the contingency planning e-learning course hosted on the IFRC Learning Platform. (See more under CPRR Annual Report).

Outcome 4: Evidence-based humanitarian diplomacy conducted to draw attention to the causes and consequences of vulnerability, giving voice to vulnerable people, and demonstrating the value of Red Cross Red Crescent humanitarian work and leadership.

OUTCOME 4.1: Strengthened global partnerships and inter-agency collaboration necessary for delivering our programmes and services. Effective global representations to Movement and non-Movement humanitarian stakeholders including governments, donors, media, IASC, DMWG, DREF Advisory Group.

IFRC continued to be successfully represented on the Board of the Sphere Project and the *Steering Committee for Humanitarian Response (SCHR)* Principals and Working Group meetings and contributed to the development of inter-agency positions and work on: a) principled humanitarian action; b) supporting greater coherence between the various quality and accountability initiatives (particularly The Sphere Project, HAP and People in Aid); c) initial scoping work on a certification system; and d) SCHR positioning on the IASC Transformative Agenda.

The global *Disaster Management Working Group* meeting was held in Stockholm in June 2014. While there was good support for some Secretariat initiatives (Cash, HEOps, addressing FMT issues), there was also interest expressed in developing consortia arrangements and concern that the Secretariat continues to prioritise the development agenda over and above the core disaster response roles of National Societies. The

DCM team continued to provide timely and appropriate briefing and representation to numerous IASC ad hoc and regular meetings on operations and on the IASC transformative agenda. Throughout 2014, DCM also provided timely and appropriate briefing and representation to government, donor, media and other stakeholders.

In 2014, the *Health* department participated in various *World Health Assembly* events as it presents a platform to advocate for RCRC NS as a major actor in countries, bridging the gap between health systems and communities. Additional key activities carried on include the organisation of three research seminars on volunteer motivations and performance in community health. The first focused on the realist evaluation approach, the method of inquiry identified to address the complexity of community health interventions and human motivations. The second seminar presented the realist evaluation protocol for the Uganda Red Cross evaluation of volunteer motivation and performance in a CBHFA project in Kampala. The third seminar presented findings and recommendations from the Kampala study and other research on volunteer motivations. The Uganda study protocol was published in *BMJ online* and the results should be published in 2015. IFRC co-hosted and participated in three high level events during the [2014 World Health Assembly](#), together with strategic partners and donors. The events on fragile states, NCDs and community health care represented a key opportunity to position the work of the Somali Red Crescent, Maldivian Red Crescent and Sierra Leone Red Cross Societies. Leaders from National Societies spoke on behalf of the Movement and advocated for equitable access to health and the role of community health volunteers. The participation of the health team in the [International AIDS Conference](#) in July was also an occasion to position the Red Cross Red crescent as a key contributor in strengthening community service delivery systems, including in fragile states and situations, and advocate for the recognition, protection and support of health volunteers as key to accelerate progress towards universal access to HIV testing and treatment services.

There has been two international conferences in 2014 elaborating on the humanitarian consequences of *nuclear weapons*, and driving the discussion on *nuclear disarmament* as humanitarian action. These were organised in Nayarit, Mexico in February and in Vienna, Austria in December. In both conferences, IFRC participated with large delegations with as many as 50 delegates from a number of National Societies. The Resolution was evidently appreciated by many, and the clear voice of IFRC and the wider Movement was conveyed through interventions and statements. In the context of both international conferences, there were National Society meetings arranged, which gave opportunities for further discussion of the implementation of the Resolution and the four-year action plan. Also in 2014, work focused on mapping the capacities of National Societies and preparing relevant tools and guidelines for strengthening expertise and capacities. In cooperation with the Disaster Law Programme, two surveys were sent to selected National Societies, and the information gained from this has resulted in a larger network and more solid base for the preparedness work. The *3rd Reference Group Meeting on Nuclear & Radiological Emergency Preparedness* was held in Fukushima, Japan 27-30 October together with Japanese Red Cross Society. The meeting gathered participants from 16 National Societies, alongside ICRC and IFRC representatives to discuss how to build capacity for better preparedness for nuclear and radiological emergencies. Operational guidelines were circulated to the Reference Group, changes were incorporated, and a second draft was prepared for circulation. Relations with other organisations that have coordination- and response roles in nuclear and radiological emergencies has been maintained through participation in the *Inter-Agency Committee for Radiological and Nuclear Emergencies (IACRNE)*.

OUTPUT 4.2: Guidelines, tools and methodologies for advocacy and representation guidelines are developed for community-based disaster preparedness and risk reduction, climate change adaptation and mitigation, food security, nutrition and livelihoods, global logistics services and used to deliver key messages targeting major global and regional platforms and donor-related events.

CPRR, together with the Strategic Partnership and Communications Departments and the RCRC Climate Centre, reviewed the existing climate change advocacy and communication materials and modified them for use in the climate change policy dialogue at national and international levels and in the upcoming CoP20 in Lima, Peru. Furthermore, CPRR initiated a process to produce a climate change stock taking report which will be presented at the International Conference 2015. The objective of this initiative is to map climate change-related activities of NSs since the adoption of a resolution on climate change and environmental degradation at the 2007 International Conference.

[Denque: Turning up the volume on a silent disaster](#) was launched as part of the “silent disaster” and “access to health” long-term initiatives. The report advocates for a complete shift in approach from responding to isolated outbreaks to investing in long-term programming, including highlighting the role of health volunteers in strengthening access to health preventive and care services. The combined effort of Zones, Regional offices and National Societies has amplified our communication outreach and demonstrated the power of our communication efforts (more than 300 media hits).

Outcome 5: More effective work among National Societies through modernised cooperation mechanisms and tools, and a greater sense of belonging, ownership, and trust in our International Federation.

OUTPUT 5.1: Support to governance is strengthened, in order to deliver appropriate disasters and crises management policy guidance.

As a follow-up to the Sydney 2013 Council of Delegates resolution on *Strengthening Movement Coordination and Cooperation*, the IFRC and the ICRC are co-leading a consultation process together with National Societies. The scope of the process, in line with the Vision Paper presented in Sydney, is to improve the way the Movement operates collectively in large scale operations in order to achieve better humanitarian outcomes. The aim is to present a comprehensive and tangible proposal for improved Movement Coordination and Cooperation at the Council of Delegates 2015, around the following four thematic areas:

- 1) Strengthening leadership and coordination roles through mechanisms for agreeing and shouldering leadership responsibilities in international response operations as well as longer-term work, including a focus on strengthening the leadership capacities of National Societies in their own countries.
- 2) Scaling up the Movement’s operational preparedness, response and recovery work through better coordinated and aligned operational plans, tools and mechanisms, including frameworks on safety and access.
- 3) Promoting coherent and well-coordinated internal and external communications, as well as adopting consistent approaches with external actors.
- 4) Exploring new Movement-wide resource-mobilization approaches for large-scale international response operations.

The *National Society Reference Group* met in October 2014 to discuss the preliminary findings, including those of the first regional consultation meetings, held in Europe between September and November. Senior management representatives met regularly in autumn, together with technical focal points of the two organisations. The Coordination Group steered the process and ensured deliverables and targets were met.

After successful endorsement at the 2013 CoD, 2014 has focus on effective roll-out and implementation of the *Principles and Rules for Red Cross and Red Crescent Humanitarian Assistance*. An e-learning course in English (other language versions will be considered pending funding availability) has been developed during 2014 and launched on the IFRC Learning Platform in early 2015. Further promotion and dissemination of the course among National Societies will continue. Furthermore, the e-learning course is to be included in standard DM training courses (ERU, FACT, RDRT trainings) as a standard learning module, and will also be mandatory for all IFRC DM staff in the future. As agreed at the Council of Delegates in 2013, the work with all National Societies and the ICRC will continue to Strengthen Movement Coordination and cooperation and to better define overall tools, mechanisms and regulatory framework for the Movement as a whole in all contexts. The revised *Principles and Rules* will form an integral part of the future Movement framework for coordination and cooperation, covering the Federation-wide coordination in disasters and crises.

OUTPUT 5.2: Systematic evaluations and cost-benefit analysis of disaster preparedness and risk reduction, food security, nutrition and livelihoods programmes are undertaken and used to deepen the evidence-base for programming and advocacy.

The DRR mapping results over the past 6 years show a steady increase of the DRR programmes in terms of spending and number of people reached. In 2014, the total DRR spending by the IFRC and National Societies was approximately CHF 151.7 million, or almost CHF 30 million more than in 2013. The number of vulnerable people reached through DRR activities has increased from 13.5 million in 2009 to 31.2 million in 2014. The per-capita DRR investment in 2014 is estimated around CHF 4.85.

The *Zurich IFRC Flood Resilience* partnership is ongoing to country-level programming in Mexico, Indonesia, and Nepal. The programmes are looking at ways to enhance the collection and analysis of data, and to build a strong evidence-base for advocacy and communications both within programme countries and more widely in the Global Flood Resilience Alliance. A qualitative cost benefit analysis methodology was piloted in Mexico; a simple participatory process which assisted in making decisions on the suitability of micro projects. In Indonesia the use of *Open Data Kit* (ODK) was piloted for the collection and analysis of baseline survey information, and will next be used in Mexico as well. Quality data generation, and evidence based programming and advocacy, are key elements of the flood resilience programmes.

Stakeholder participation and feedback

Sectors covered by the PSD's different programmes continuously involve and engage with both internal and external stakeholders to carry out their work. Each programme actively engages in forums and stakeholder meetings that bring together experts and practitioners from different sectors (aid and development, government, commercial, academia) to stimulate a sharing of best practices and innovative approaches.

Key Risks or Positive Factors

Key Risks or Positive Factors	Priority High Medium Low	Recommended Action
Limited capacity of National Societies to deliver at scale.	H	Provide necessary training and reference materials to NS staff and volunteers.
Limited funding availability for PSD programmes are hindering the capacity to retain key staff positions.	H	Adopt new and innovative resource mobilization strategy, targeting new sources of funding.
IFRC Governing Board's decision to allocate 10 % of emergency appeal budgets for long-term DP and DRR projects.	H	Management decision required on how to move forward.
Quality monitoring and evaluation and tracking system to measure the impact of PSD programming.	M	Build PMER capacity of NS's through training and increase investment in M&E Develop a database to facilitate data collection.
Implementation of the GLS cost recovery model due to lack of supporting systems.	H	Re-introduction of partial unrestricted funding for logistics should be considered. Action needed from GSMT.
DMDS project suffering implementation delays due to resource and subject matter support constraints and clashing priorities.	H	Resources and key stakeholder support to be adequately secured.
Finalisation of the IFRC Secretariat Global Disaster Response SOPs – as recommended by RTEs in 2014.	H	SMT to discuss the GDR SOPs in early 2015.

Lessons learned and looking ahead⁹

The past few years have demonstrated increasingly complex humanitarian operations, with multiple actors involved, new and ever changing standards and guidelines, new terminologies, new products, new coordination platforms, changing donor roles, and challenges in accessing populations in need, leaving communities more vulnerable than ever. Key questions arising are, how to use the full potential of our knowledge and experience to develop strategies and initiatives for large scale disaster response and public health crises; how to adapt plans to the changing global situation exacerbated by the current economic austerity and insecurity, globalisation, urbanisation, and environmental factors; and, how to build international and country capacities towards self-reliance and improved preparedness. All these issues are

⁹ More specific lessons learned are shared in the each specific sector's Annual Reports.

high on the agenda and must be tackled over the coming months. Preparations in view of the new *Plan and Budget 2016-2020* process will provide an opportunity to initiate much needed discussion around secretariat priorities, guided by a number of high-level documents and guidance, particularly *Strategy 2020*, the *Framework for Community Resilience*, and the *Strategic Operational Framework for Health*, and help us improve our effectiveness to deliver relevant technical and strategic support together as a global health team in consultation with National Societies. Future community health projects are being envisaged for 2015 and the years to come, for a more responsive, scalable, sustainable approach and empowerment of NS staff and volunteers. Real community problems will be further taken into account, and the IFRC will also contribute to community resilience and sustainable development goals.

Key opportunities in 2015 addressing disaster management and Movement cooperation include the adoption of a more strategic approach to inter-agency coordination, representation and advocacy, maximising resources by adjusting or modifying internal IFRC structural issues resulting in streamlined decision-making and cost-efficiencies, and piloting new and innovative ways for strengthening Movement coordination and cooperation in major disasters, crises and conflicts. Cooperation with external actors is necessary and opens opportunities, but also leads to challenges in terms of independence and impartiality. There is need to have clear and simple policies and guidelines adapted to each context as well as more clarity on the means and mechanisms, to ensure a proper level of coordination with UN mechanisms, in particular the cluster system. There is need for more clarity in processing global and regional planning and programming. More efforts should be made to harmonize activities of Geneva and Zones through joint planning and programmes based on needs and priorities of communities and NSs.

For *shelter* global programmes activities, in recognition of the financial constraints on the Secretariat, individual National Societies and external partners, the focus in 2015 will continue to be on developing creative approaches to delivering on key activities through innovative partnerships and collaborations at all levels to maximise available resources and in kind contributions. In addition to the scaling up of existing collaborations with partners to access resources, this will include the prioritisation of activities that enable cost recovery. The lack of dedicated shelter capacity in all but two zones is a major constraint to ensuring engagement with all interested National Societies. Partnerships with both internal external agencies to provide technical support, coordinated by the IFRC Secretariat in both Geneva and the respective Zones, partially addresses this issue, although difficult.

Also, protecting humanitarian space is more than ever an area that requires our strong attention and advocacy efforts. It is our duty to ensure protection to our networks of volunteers who increasingly become victims of violence in the exercise of their functions. Security needs to be integrated as a key consideration in all planning. Greater attention must therefore be given to enhancing individual capacities of personnel and the capacity of our analytical and deployment processes to integrate security risks as a key planning consideration.

The *resilience approach* will continue to be built upon, ensuring integration of effective RCRC programmes at the community level, towards safer and more resilient communities. There are challenges in the implementation of the *GLS' cost recovery funding model* primarily due to two factors. The first challenge is linked to the institutional acceptance and support for the cost recovery concept in general. Secondly and more on a technical level, a system to effectively capture all cost recovery charges is still not fully developed, and some logistics activities continue to be delivered without having a mechanism in place to recover the costs.

Despite the fact that good working level relationships are maintained with IASC Secretariat and UN Agencies, With the resources available today, IFRC is not well equipped to participate fully, with a coherent approach and solid preparation for meetings at all levels in the structures of IASC. It has to be noted, however, that in some of the Task Teams, IFRC individual staff members are contributing actively to the development of policies and guidelines in some sectors (cluster, gender, resilience, Information Management, preparedness, etc.), but there is no coordinated and holistic Federation approach to the overall dealings with IASC and this should be better addressed in the years to come.

Financial situation

Click [here](#) to go directly to the financial report.

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\)](#) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Find out more on www.ifrc.org

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