

Aid Workers
Programme Report
2012/13





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OUR AID WORKER PROGRAMME IS SUPPORTED BY
FUNDING FROM NEW ZEALAND AID PROGRAMME THROUGH
THE MINISTRY OF FOREIGN AFFAIRS AND TRADE

Cover: Terieta Jonas, 4, from Kiribati, was saved from drowning by a neighbour who had attended a Kiribati Red Cross Society village first aid course. The instructor was trained by a New Zealand Red Cross aid worker.

Cover photo: Corinne Ambler/New Zealand Red Cross.
Inside cover photo: Benoit Carpentier/IFRC

From the Secretary General



E NGA MANA, E NGA REO, E NGA WAKA O NGA HAU E WHA, TENA KOUTOU, TENA KOUTOU, TENA KOUTOU KATOA.

New Zealanders are right to be proud of our nation's contribution to making the world a better place. We Kiwis "punch above our weight" in so many humanitarian endeavours around the globe, and our impact on the causes and consequences of global poverty, violence and disaster continues to be profound.

The New Zealand Red Cross international aid workers programme is a small but significant part of this impact. Launched in 1960, our programme builds on the qualities of Kiwi "can-do" and on the power of our membership of the world's largest humanitarian organisation. We continue to seek to bring to life our global mission of improving the lives of vulnerable people through mobilising the power of humanity and building community resilience, and this plays out through the courage and competence of the people we send overseas.

In the 2012/13 financial year we sent 40 specialist aid workers overseas on 50 assignments in total. They worked in 27 different countries, using their skills in areas such as nursing, water and sanitation, security, IT and telecommunications, logistics and first aid.

They responded to disasters, including Cyclone Evan, which hit Samoa and Fiji in December 2012, and the drought in the Marshall Islands in May 2013. Several of them also contributed to longer term humanitarian operations in the Middle East and Africa.

While we will continue to work in troubled communities across the globe, we are quite rightly increasingly focused on our contribution to the Pacific. The Pacific is our home and our history, our past, present and future. We know that our neighbours across the globe's largest ocean are disproportionately experiencing the impacts of climate change on top of the challenges facing all developing small island states. Our international programme is prioritising our work with Pacific national Red Cross societies and ensuring that we can find appropriate and effective ways of supporting them as they respond to the humanitarian needs of communities and families in their nations and region.

Among our skilled humanitarians one has stood out this year, receiving an international accolade. Long-time Red Cross nurse Janet Askew was awarded the Florence Nightingale Medal in May this year by the ICRC. The medal is awarded for exceptional courage and devotion to the victims of armed conflict or natural disaster. I would like to thank Janet for her many years of devoted service to New Zealand Red Cross and those we seek to help.

I would also like to acknowledge the contribution of the Ministry of Foreign Affairs and Trade's New Zealand Aid Programme, which has supported our aid workers throughout the past decade.

A handwritten signature in blue ink, appearing to read "Tony Paine". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Tony Paine SECRETARY GENERAL

Focus on the Pacific

OVERVIEW

Photo: Corinne Ambler/New Zealand Red Cross



THIS YEAR THE THEME OF OUR AID WORKERS PROGRAMME REPORT IS OUR WORK IN THE PACIFIC. MORE THAN HALF OUR ASSIGNMENTS IN THE 2012/13 FINANCIAL YEAR WERE TO OUR PACIFIC NEIGHBOURS, INCLUDING THE COOK ISLANDS, FIJI, KIRIBATI, MICRONESIA, PAPUA NEW GUINEA, THE REPUBLIC OF THE MARSHALL ISLANDS, SAMOA, TONGA AND TUVALU.

Our focus has been turning more and more towards our friends in the Pacific, as they are disproportionately affected by disasters and climate change. The Pacific is one of the most disaster prone regions in the world, in terms of recurrence and severity of disasters, with high exposure to cyclones, tsunamis, floods, tidal surges, landslides, drought and volcanic eruptions.

When hit by a disaster, Pacific Island countries have limited human and financial resources to support recovery. It is not uncommon for the cost of one disaster event to exceed the GDP of the affected country for that year.

In the 2012/13 financial year, New Zealand Red Cross aid workers responded to two major disasters in the Pacific – Cyclone Evan in Samoa and Fiji, and

the drought in the Marshall Islands. We sent experts in community health, water and sanitation, IT and telecommunications, logistics and relief. They took desalination units and emergency telecommunications equipment. The IT and Telecommunications Emergency Response Unit is the only one in the Asia Pacific region, as is our dedicated desalination team.

New Zealand also sent aid workers to help Pacific countries prepare for disasters and increase resilience. First aid “training the trainers” has helped get first aid messages out into communities and given small Red Cross national societies some earning capacity. Telecommunications training for emergency response teams means members will be better placed to respond when disaster strikes.

New Zealand Red Cross has a strong relationship with Red Cross National Societies in the Pacific and aims to increase its assistance to vulnerable Pacific populations over the coming years. This goal is in line with our organisation’s Pacific Focus, Global Reach international programme, which aims to save lives, protect livelihoods and strengthen recovery from disasters and crises.



Key Areas



HEALTH & FIRST AID



ECONOMIC SECURITY



SECURITY



LOGISTICS



DISASTER RESPONSE



EMERGENCY TELECOMMUNICATIONS



WATER & SANITATION



ORGANISATIONAL PREPAREDNESS



RELIEF

This list is made up of aid workers who were supported by New Zealand Red Cross between 1 July 2012 and 30 June 2013. This includes aid workers who ended assignments in 2012/13 as well as those with start dates in the 2012/13 financial year.

*assignment extended **assignment cancelled

Africa

Kenya

Chelsea Giles-Hansen

Water & Sanitation

Melanie Ogle

Disaster Response

Senegal

Joshua Herron

Security

Somalia/ Kenya

Felicity Gapes

Community Health

South Sudan

Rebecca Barrell

Hospital Project

Manager

Asia

China

Carl Burr

Water & Sanitation

DPRK

Glenys Ewans

Hospital Project

Manager

Barbara Turnbull

Hospital Project

Manager

India

Bernice Chiam

Water & Sanitation

Kyrgyzstan

Ana Zarkovic**

Water & Sanitation

Aid Workers on International Assignments



Malaysia

Jeremy Francis

Logistics

Philippines

David Easson

Economic Security

Timor-Leste

Sue Chamberlain*

Organisational

Preparedness

Middle East

Afghanistan

Andrew Cameron

Louise Humphreys

Community Health

Graham Duggan*

Health and Medical Support

Joyce Hood

Ward Nurse

Gaza

Cheryl Campbell*

Physiotherapist

Gail Corbett

Ward Teaching Nurse

Iraq

Louisa Akavi

Detention Nurse

Lebanon

Janet Askew

Community Health

Jodye Tomalin*

Security

Pakistan

Amanda Scothern*

Branch Development

Syria

Judy Owen

Graham Zinsli

Health and Medical

Support

Pacific Region

Rosemary Fenton

Monitoring & Evaluation

Cook Islands

Peter Winthrop

Coordination/ First Aid

Ewan Coldicott

Steve Davis

Emergency

Telecommunications

Fiji

Greg Johns

Matthew Poole

Emergency

Telecommunications

Peter Winthrop

Coordination/First Aid

Kiribati

Cate Keville

First Aid

Peter Winthrop

Coordination/First Aid

Micronesia

Rick Eisenhart

First Aid

New Caledonia

Peter Winthrop

Coordination/First Aid

Papua New Guinea

Rick Eisenhart

First Aid

Republic of Marshall

Islands

Greg Johns

Dean Manderson

Ana Zarkovic

Thomas McNally

Water & Sanitation

Samoa

Douglas Clark

Team Coordinator

Colleen Ruru

Relief/Logistics

Anne-Maree Delaney

Community Health

Chris Harrison

Emergency

Telecommunications

Graeme Langford

Emergency

Management

Dean Manderson

Water & Sanitation

Tonga

Peter Winthrop

Coordination/First Aid

Tuvalu

Dean Manderson

Relief

Peter Winthrop

Coordination/First Aid

IMPACT

PROGRAMME REPORT

INTERNATIONAL MOBILISATION AND PREPARATION FOR ACTION (IMPACT) COURSE – MARCH 2013

The 16th New Zealand Red Cross training course for aid workers was held from 22–29 March 2013, at the Royal New Zealand Police College in Wellington. The course also incorporated an overnight stay at an off-site location during training scenarios. Judith Greenwood (ICRC) and Helga-Bara Bragadottir (on behalf of the IFRC) provided facilitation from their respective parts of the Red Cross Movement, and they commented that overall they were very impressed with the calibre and



Photo: Neil Mackenzie/Onlinefoto.com

technical ability of the 2013 participants. New aid workers trained at IMPACT 2013 (with their specific skill set) are:

- Cate Keville – First Aid
- Corinne Ambler – Communications
- Daniel Garden – Water & Sanitation
- Jacqui Dixon – Security/Forensics
- James Hynes – Telecommunications
- Jennifer Percival – Nursing
- Lesa Fox – Nursing
- Liz MacDonald – Nursing
- Mohammed Siddique – Anaesthetist
- Scott Lawrence – Shelter
- Sharon Mackie – Community Health
- Sirelkhatim Ibrahim – Protection
- Tom McNally – Telecommunications
- Xi (Kelvin) Zuo – Shelter/Logistics

Again, the IMPACT syllabus covered the history of the International Red Cross and Red Crescent Movement, International Humanitarian Law (IHL), International Disaster Response Law (IDRL), the international humanitarian and development architecture, cross-cultural issues, media and communications, aid work expectations, mechanisms for coping with stress, and health and safety/security in the field. As in previous years, the IMPACT course also included an important contribution from the New Zealand Defence Force (NZDF), regarding awareness of improvised explosive devices (IEDs) and the understanding of potential security threats in the field.

Since New Zealand Red Cross last held an IMPACT course (in September 2011), we received 90 applications from interested individuals. Interviews were held in Auckland and Wellington for 17 applicants who were shortlisted for the 14 spaces available. A number of these newly trained aid workers have already been deployed internationally.



Advanced Training

FOR NEW ZEALAND RED CROSS AID WORKERS

IN ADDITION TO THE IMPACT COURSE, WHICH SERVES AS UNIVERSAL PREREQUISITE TRAINING FOR ANY AID WORKERS BEING DEPLOYED WITHIN THE RED CROSS MOVEMENT, NEW ZEALAND RED CROSS ALSO RECOGNISES THE IMPORTANCE OF ONGOING PROFESSIONAL TRAINING IN LINE WITH HUMANITARIAN TRENDS AND DEVELOPMENTS. THIS ENSURES A HIGH STANDARD OF AWARENESS AND BEST PRACTICE IS MAINTAINED.

During the 2012/13 financial year, additional international training for individual aid workers was carried out, for the purpose of professional development and the advancement of their respective technical skills. These included:

- Dean Manderson – Field Assessment & Coordination Team (FACT) Training (Australia)
- Rebecca Barrell – Training of the Trainers (ToT) (Switzerland)
- Ana Zarkovic – Water & Sanitation Regional Disaster Response Team (RDRT) Training (Indonesia)
- Kevin Duignan – Water & Sanitation Regional Disaster Response Team (RDRT) Training (Indonesia)
- Carl Burr – Water & Sanitation Regional Disaster Response Team (RDRT) Training (Indonesia)
- Kaye Wilson (pictured, on left) – The Management of Patients with War Wounds (Switzerland)
- Melissa Rossaak – The Management of Patients with War Wounds (Switzerland)
- Erin O'Connor (pictured, on right) – The Management of Patients with War Wounds (Switzerland)
- Guru Dev Singh – Health Emergencies in Large Populations (HELP) Training (Switzerland)
- Louise Humphreys – Health Emergencies in Large Populations (HELP) Training (Switzerland)
- Donna Collins – Asia Pacific Emergency Health Training (Hong Kong)
- Sharon Mackie – Asia Pacific Emergency Health Training (Hong Kong)

New Zealand Red Cross also provides ongoing training for technical skills required within the field, such as four-wheel-drive driving training and hand-held radio usage.



Florence Nightingale Medal

JANET ASKEW



Photo: Janet Askew/New Zealand Red Cross

GISBORNE NURSE JANET ASKEW IS THE LATEST NEW ZEALAND RED CROSS AID WORKER TO BE AWARDED NURSING'S HIGHEST INTERNATIONAL HONOUR, THE FLORENCE NIGHTINGALE MEDAL. THE MEDAL HONOURS EXCEPTIONAL COURAGE AND DEVOTION TO THE VICTIMS OF ARMED CONFLICT OR NATURAL DISASTER AND HAS BEEN AWARDED BY THE ICRC SINCE 1912.

Janet says the medal is a “fantastic honour”, and that the work has been a great professional and personal challenge.

Her first mission for Red Cross was to Juba in South Sudan in 2003, when, widowed and with two grown children, she needed a new challenge. She has since been back to Sudan twice, to Indonesia after the Boxing Day tsunami in 2005, to Iraq in 2009–10 and to western Darfur, her most dangerous mission.

“We were out in areas where there were roaming militia, and I was involved in three armed hold-ups.”

Janet has recently returned from a mission to Lebanon where she worked with Syrian refugees, and says the dangerous locations worry her 87-year-old mother.

“I try to explain to her that what she sees on the news is the worst that the world can drag up on that day, and for the most part people are going about their daily business of living, and that’s what I’m involved with, the living.”

At the announcement of the medal in May, New Zealand Red Cross acting Secretary General Andrew McKie said it was very well deserved.

“Janet has exemplified the personal qualities of courage and bravery many times during her career. The Florence Nightingale Medal recognises her outstanding commitment and devotion to duty.”

The 59-year-old mother of two and grandmother of one is a registered general and obstetric nurse. In between Red Cross missions she has worked as a nurse consultant on remote Moa Island in the Torres Strait, Northern Queensland, undertaken ERU training in Cambodia and recently managed the Gisborne East Coast Cancer Society.

A keen gardener, cook, swimmer and reader, Janet was famous on her last mission for spending her time in the ICRC vehicle each week knitting little garments for grandson Felix.

Ana Zarkovic

REPUBLIC OF THE MARSHALL ISLANDS

ANA ZARKOVIC FIRST WENT TO THE MARSHALL ISLANDS IN MAY 2013 AS PART OF THE NEW ZEALAND RED CROSS EMERGENCY RESPONSE TO THE DROUGHT THERE. SHE FOUND THE WORK SO REWARDING THAT, WHEN A LONGER TERM POSTING CAME UP AS AN EARLY RECOVERY AID WORKER, SHE JUMPED AT THE CHANCE TO BE POSTED BACK THERE.



Photo: Ana Zarkovic/New Zealand Red Cross

Ana started thinking about humanitarian work while travelling through Peru, Thailand and Brazil and seeing the challenging conditions people live in. Her background in engineering and various projects in water and sanitation mean her skills are in high demand.

When she first arrived in the Republic of the Marshall Islands the drought was so severe that people had a number of health problems including diarrhoea, conjunctivitis and influenza. Breadfruit and banana trees and other crops were also dying.

“When we arrived the situation was reaching crisis point. Some people were using coconut water or the limited fresh water for drinking and the salty water for cooking. They were incredibly resourceful and resilient but were running out of resources.”

On this mission Ana and the rest of her team used New Zealand Red Cross reverse osmosis desalination units to produce a total of 12,630 litres of water. They also developed hygiene and water usage plans with local communities.

Ana says this interaction with the local communities is an important aspect of the work New Zealand Red Cross does in the Pacific. It also enabled Ana to see the effects of her work first-hand.

“The community was overwhelmingly grateful and we were thanked a number of times by the mayor, church ministers, the police and other local people. It was such a good feeling to be able to help,” she says.

Ana is currently deployed in the Marshall Islands as an early recovery aid worker, helping drought-affected communities recover by making use of rainwater harvesting systems and supporting the emerging Red Cross Society to prepare its response for the next drought.

“I feel like I have a connection with the community here and I aim for my projects to be led by the communities I am assisting. Strong community ownership of water supply systems often leads to more buy-in by the community, making the projects more sustainable,” she says.

Anne-Maree Delaney

SAMOA

ANNE-MAREE WAS PART OF A FIVE-PERSON TEAM THAT HEADED TO SAMOA AFTER CYCLONE EVAN IN LATE DECEMBER 2012. HER ROLE AS A HEALTH AID WORKER WAS TO PROVIDE TECHNICAL SUPPORT TO HER COUNTERPART AT THE SAMOA RED CROSS SOCIETY (SRCS), BASED AT ITS HEADQUARTERS IN APIA.

“My first working day was 14 hours long – straight into it! It started with the team being shown around Apia to see the damage and get a feel for what had happened. Then it was on to the office to meet my counterpart, Goretí Wulf, and start planning. I knew Goretí from a training we’d both done in the Cook Islands a few years previously so we instantly got on and got into it.

“Our job was to organise a hygiene promotion programme and hygiene kit distribution to beneficiaries in the nine evacuation centres in Apia. Firstly we reviewed the hygiene promotion materials Samoa Red Cross already had, and then we went to assess the hygiene and sanitation conditions at two of the largest evacuation centres. It was then on to a meeting with an NGO that was supplying water to some of the evacuation centres to gain information and coordinate our approach. The day finished with a meeting with a New Zealand Defence Force environmental health officer at the hotel after a quick, late dinner.”

Anne-Maree says her fellow team member, logistician Colleen Ruru, was instrumental in helping SRCS with the swift procurement of the hygiene kit items and in helping compile data to ensure fair distribution at each evacuation centre. The hygiene promotion and hygiene kit distributions were carried out over the nine evacuation centres to approximately 2,000 beneficiaries by 18 SRCS staff and volunteers on 24 December. Each hygiene kit contained essential items for seven people – soap, hand sanitiser, tissues, toilet rolls, toothpaste, toothbrushes, sanitary pads, condoms, combs, a hand towel and a tea towel.

Anne-Maree says she was shocked at the poor water and sanitation facilities when she assessed the largest



Photo: Colleen Ruru/New Zealand Red Cross

evacuation centre at Samoa College on her first day.

“For example, there were only seven functioning toilets for 500 people, little water for washing and rationed drinking water. There was evidence of diarrhoeal disease, conjunctivitis and skin infections due to the poor conditions. I immediately raised my concerns with the team leader, and a water and sanitation aid worker was requested and deployed within days. The three of us then carried out an assessment, talked to the various parties involved and developed a plan of action to quickly improve the situation. I found it very satisfying to identify a problem and be part of making a solution to improve the living conditions for the displaced families at the centre.”

She says the short deployment was a great experience. “It was great to be part of a good team which gelled – we worked hard but also had lots of laughs. As a team we worked well with our counterparts, assisted Samoa Red Cross to achieve a lot in a short time frame and also helped with their organisation for the continued response.”

Cate Keville

KIRIBATI



Photo: Benoit Carpentier/IFRC

CATE IS A PACIFIC FIRST AID INSTRUCTOR FOR NEW ZEALAND RED CROSS, WHO TRAINS CURRENT AND NEW INSTRUCTORS IN THE PACIFIC. THIS YEAR, SHE WAS DEPLOYED TO KIRIBATI, WHERE SHE TAUGHT A TWO-DAY “PACIFIC FIRST AID” COURSE THEN FACILITATED A FIVE-DAY TRAINING COURSE ON HOW TO BE AN INSTRUCTOR.

This trip, Cate re-certified one staffer and six volunteer instructors, and trained seven new volunteer instructors – doubling the number of instructors at Kiribati Red Cross Society (KRCS). She also took over a new set of manikins, doubling KRCS’s first aid resources, and identified several potential opportunities for KRCS to provide commercial first aid courses. Since her visit, KRCS has provided more commercial first aid courses and increased the number of courses in the community and in schools.

Cate says she loves seeing the confidence of the staff and volunteers increase as they learn new skills.

“They are now actively seeking opportunities to teach first aid. For example, recently they initiated a meeting with the Tarawa Urban Council about making first aid compulsory when getting a driver’s licence. The Council is willing to support this.

“First aid impacts and benefits every aspect of community, family and work life. We need to continue training current and new instructors so they can train an ever broadening number and mix of people in their community.”

While in Kiribati, Cate heard several stories of lives saved after KRCS instructors held first aid demonstrations in several villages, including a baby saved by her grandmother from choking, and a boy saved by his next door neighbour from drowning (see cover image).

She says with the increasing risk in the Pacific of intense weather due to climate change, it is important New Zealand Red Cross continues its support to its neighbours, especially in first aid, so that more people are able to help themselves and each other.

Chelsea Giles-Hansen

EAST AFRICA

WHEN CHELSEA GILES-HANSEN STUDIED ENGINEERING AT CANTERBURY UNIVERSITY SHE NEVER DREAMED SHE WOULD ONE DAY END UP TALKING ABOUT MENSTRUATION WITH WOMEN IN A REFUGEE CAMP IN BURUNDI.

The 27-year-old from Te Puke is a New Zealand Red Cross water and sanitation aid worker based in Nairobi, Kenya.

Her job takes her all over eastern Africa, and last year she visited several countries to help during and after disasters.

Chelsea's year started in the Seychelles, where she worked with the local Red Cross National Society to review how they responded to a cyclone and floods earlier in the year. She then went to Ethiopia to help educate people on the need for building toilets and showing how faeces can make its way into the water supply if people go to the toilet in the open.

Then it was to Tanzania to help the national society with a proposal for funding for a water, sanitation and hygiene project. "It is hard to imagine in New Zealand, but in this part of the world millions of people don't have any toilet and go in the open. This is a huge issue because germs get into the water supply, or because of poor hygiene practices, people become sick. When people are sick they can't work in the fields, or they have to stay home from school. For example, in a country like Kenya, poor sanitation alone is estimated to cost more than 250 million USD every year."

While most of her work involves ensuring people have access to clean water and adequate toilets, Chelsea's latest project is a little more specialised.

Since April 2013, she has been running a menstrual hygiene management programme in Bwagiriza refugee camp in Burundi. The programme involves women who have fled conflict in their homeland of Congo across the border to Burundi.

Chelsea has distributed menstrual hygiene kits to 2,000 women in the camp. The kits contain disposable



or reusable sanitary pads, along with soap to wash them, rope and pegs to hang them out to dry, underwear and a bucket.

"Before we came along most of the women were cutting up pieces of cloth to use as sanitary pads. Sometimes it was their children's clothes, or an old rag, which wasn't very hygienic and led to many of the women getting infections," she says.

"It's hoped the programme will reduce the rate of infections – we have some anecdotal evidence that is already happening but are working on getting figures to back that up."

The programme is now being extended to women in Somalia, Madagascar and Uganda, with the long-term aim to have the kits added to the IFRC's global Emergency Relief Items Catalogue.

Chelsea says working with the women in Bwagiriza camp is extremely satisfying, because she can see first hand the positive impact her work is having.

Dean Manderson

SAMOA AND REPUBLIC OF THE MARSHALL ISLANDS



DURING THE PAST YEAR, DEAN HAS BEEN DEPLOYED TWICE TO THE PACIFIC REGION AS PART OF THE NEW ZEALAND RED CROSS EMERGENCY RESPONSE TO CYCLONE EVAN IN SAMOA IN DECEMBER 2012 AND THE DROUGHT IN THE MARSHALL ISLANDS IN MAY 2013. ON BOTH MISSIONS THE FOCUS WAS ON THE PROVISION OF SAFE DRINKING WATER TO MITIGATE THE RISKS ASSOCIATED WITH WATER-BORNE DISEASE, WHICH INCREASES WHEN COMMUNITIES ARE IMPACTED BY EVENTS THAT ALTER OR DISRUPT THEIR NORMAL EVERYDAY ROUTINES AND HYGIENE PRACTICES.

In Samoa, Dean helped the Samoa Red Cross Society (SRCS) with its water and sanitation response and specifically the provision of drinking water to those communities affected by the cyclone. The target population was those whose normal reticulated water supply had been affected by the cyclone and subsequent extensive flooding, or those who were living

in makeshift evacuation centres and at risk from water-borne diseases.

“It was mostly a field-based assignment which included initial rapid assessments of communities and selection of possible fresh water sources where the SRCS water purification equipment would be best utilised. Distribution of water to communities was organised in conjunction with other NGOs and government agencies as well as provision of tap stands near the site.”

In the Marshall Islands, Dean and three other aid workers took two portable desalination units developed by New Zealand Red Cross to separate atolls. The reverse osmosis technology was already used in the Marshall Islands but the units were in many cases un-operational or at low capacity, so a secondary role the team had was to improve the existing equipment if possible and train the communities in the theory and practical operation.

Dean says it was very difficult to reach the outlying islands where the acute water shortages were. For example, some of the team spent 38 hours on a small boat in rough seas before reaching a remote outer island. But he says the communities were extremely grateful.

“Our efforts in both areas of the Pacific and the practical nature of our response is seen to be tangible by the communities we assisted. With our Red Cross partnership in Samoa we have a long-standing history of being available to help out in emergencies and support the National Society in times of need. The Republic of the Marshall Islands is in the process of developing a Red Cross National Society and our deployment gave that process impetus.

“As part of a worldwide organisation which has the capacity to respond to the frequent disasters that impact smaller nations, we are seen to be acting within our mandate in a timely and efficient manner. Further assistance to the nations of the Pacific that are at risk from climate change and natural disaster is essential as it is often beyond the means of smaller Pacific governments’ abilities to cope effectively in complex emergency situations.”

Ewan Coldicott

COOK ISLANDS



Photo: Henrik Østgaard/Danish Red Cross

IT AND TELECOMMUNICATIONS AID WORKERS ARE MOST OFTEN DEPLOYED AS PART OF AN EMERGENCY RESPONSE UNIT AFTER NATURAL DISASTERS LIKE CYCLONES AND EARTHQUAKES. BUT THEIR WORK ALSO INVOLVES HELPING NATIONAL SOCIETIES PREPARE FOR DISASTERS AND BECOME MORE RESILIENT.

Ewan Coldicott's time in the Cook Islands in November 2012 was one such trip. He and Steve Davis, both members of the IT&T ERU, made the trip to the Cooks to coincide with the Cook Islands Red Cross Society's pre-cyclone season training.

The training was attended by representatives from most Cook Islands Red Cross branches. Ewan and Steve had two major tasks while on the ground – the first to provide volunteers and staff with training in the operation of emergency communications equipment (satellite phones and VHF radio). The second was to assess the Cook Islands Red Cross' IT needs under the Digital Divide project.

Ewan says reliable emergency communications are essential for National Societies like the Cook Islands Red Cross to co-ordinate disaster response activities, leading to faster help for those most in need. And improved IT systems help with disaster risk reduction activities also.

“The Asia/Pacific region has many vulnerable communities due to a combination of relatively low income, geological activity and extreme weather events. It is important that we continue to engage in the Asia/Pacific region in order to build the capacity of National Societies in a manner relevant to the local needs and skills.”

Gail Corbett

OCCUPIED PALESTINIAN TERRITORIES

GAIL IS PART OF THE ICRC TEAM IN GAZA, OCCUPIED PALESTINIAN TERRITORIES. GAZA HAS HAD A LONG HISTORY OF BEING DEPENDENT ON INTERNATIONAL HUMANITARIAN AID, AS NEARLY 70 PER CENT OF THE POPULATION ARE REFUGEES, AND AN ISRAELI EMBARGO PREVENTS ANY GOODS ENTERING GAZA, OR PEOPLE LEAVING, EFFECTIVELY ISOLATING THE GAZA STRIP FROM THE REST OF THE WORLD AND PREVENTING IT FROM DEVELOPING ANY ECONOMY.



In 2007, the ICRC started donating drugs, medical disposables, medical equipment and spare parts needed to maintain emergency and surgical care in eight Ministry of Health (MOH) hospitals.

Gail's role involves monitoring patient transfers, drugs, medical disposables, fuel for hospital generators and biomedical spare parts. Monitoring involves follow-up visits to hospitals to monitor quality of care at the patient level and to visit with MOH hospital directors, pharmacists and engineers to discuss and gather information on the many issues they experience in attempting to maintain adequate services.

"Most of the drugs and disposables are transported from Geneva, and have been through complicated customs procedures, including entering into Gaza by the "goods" border crossing. The drugs have a computerised environmental temperature recorder packaged with them that certifies the drugs were not exposed to excessive heat or cold in transit. Getting too hot or too cold can affect their quality," says Gail.

"I usually attend the delivery to check the temperature has been maintained at satisfactory levels. Unfortunately, many donations that Gaza receives don't always arrive in a usable state, resulting in wasted dollars for the donor, and huge disappointment for the pharmacists wanting to cover the hospitals' needs."

Gail says, while 70 per cent of the health system's needs still comes from international donations, the ICRC monitoring has found that many health services, including surgery, have increased, and the number of wounded is much lower.

In her spare time Gail sometimes visits the Gaza War Cemetery (pictured) which she describes as an oasis of calm in the midst of the chaos of Gaza City.

Louise Humphreys

AFGHANISTAN



Photo: Louise Humphreys/New Zealand Red Cross

LOUISE IS A MIDDLEMORE HOSPITAL EMERGENCY NURSE WHO HAS BEEN DOING NEW ZEALAND RED CROSS AID WORK SINCE 2010.

Last year she spent 15 months in Jalalabad, Afghanistan, as a health aid worker for the ICRC. Her day-to-day work ranged from teaching first aid to combatants, to supporting hospitals when they received mass casualties and working with clinics in prisons. Louise also documented any health care in danger incidents.

She says a highlight of her mission was writing and establishing a screening tool for new detainees arriving in prisons in her area, which has been subsequently rolled out throughout Afghanistan. New detainees are screened for chronic illnesses such as diabetes and hypertension, but the tool also helps identify drug addicts and those who need to be screened for TB. This enables detainees to receive the medical care they require in sometimes very overcrowded prisons.

Louise also ran a First Aid for Combatants pilot

project, training the police to conduct this course themselves. This enabled the Border Police to increase the number of officers trained and to conduct courses in more remote areas where the ICRC could not travel. The outcome was very positive when a number of police lives were saved by fellow officers who had learnt first aid on these courses taught by their own trainers.

Louise is pictured here with one of her field officers, Dr Ashakullah, before heading out on a field trip to the ICRC office in Assadabad in the mountains. While there the pair conducted many first aid courses with combatants who could not travel to Jalalabad and met with many of their interlocutors. Louise says the drive up to Assadabad was dangerous.

“There were many IEDs on the road and the occasional ambush, but we passed through stunning scenery similar to the braided rivers and mountains of our own South Island.”

Louise’s previous missions include Pakistan, and she is currently in Beirut, Lebanon.

Rebecca Barrell

SOUTH SUDAN



CHRISTCHURCH NURSE REBECCA BARRELL SAYS HER POSTING AS HOSPITAL PROJECT MANAGER AT MALAKAL HOSPITAL IN SOUTH SUDAN IS MORE MENTALLY AND PHYSICALLY CHALLENGING THAN ANY OTHER POSTING SHE’S HAD BEFORE.

In charge of an expat ICRC medical team of nine, along with six field officers and about 300 local staff, she says she has never been in such a basic hospital with such high needs.

“War and weapons injuries are common here, along with bites from hippos, crocodiles, snakes and fish, TB, malaria, pneumonia, meningitis and diarrhoea. In the rainy season from June to October the roads are impassable – so by the time they get to the hospital many patients are critically ill.”

Rebecca says it would be much worse if the expat ICRC staff weren’t there. Life expectancy in South Sudan is 42 years, and a fifth of all under-fives are acutely malnourished. Half the population lives on less than NZD \$1.50 a day.

Malakal Hospital has no running water or power and not enough beds. There are animals wandering in and out of the rooms, and bats in the ceilings. Sometimes she has to work by the light of her cellphone.

But Rebecca remains upbeat, saying they’ve recently built a new operating theatre, and the ICRC is fuelling a generator for the paediatrics ward and laboratory. They’ve also built a new covered path from the wards to the operating theatre so staff and patients are not impeded by the black sticky mud. She says it’s extremely satisfying when long-term patients start making some progress.

“We’re making massive differences to the quality of patient care. If we weren’t here there’d be a much higher mortality rate, and staff leaving the hospital, high absenteeism and poor training. We are able to upskill, educate and support the local staff and raise the standard of care.”

Rebecca copes with the stress, the 10pm curfews and the lack of fresh fruit and vegetables by debriefing with other expat staff and running on the treadmill. She also has a weekend away every six weeks.

Rick Eisenhart

MICRONESIA / PAPUA NEW GUINEA

THIS YEAR RICK COMPLETED MISSIONS IN BOTH THE FEDERATED STATES OF MICRONESIA AND PAPUA NEW GUINEA. IT WAS HIS FIRST TIME IN BOTH COUNTRIES, HAVING PREVIOUSLY WORKED IN SAMOA, FIJI AND THE SOLOMON ISLANDS.

Rick's job as Pacific region first aid instructor primarily involves training others in first aid and training instructors to carry on teaching others after he leaves. Usually while he's on mission he will also spend some time helping to develop the commercial aspect of first aid training to help keep people employed and help fund the work the Red Cross does in each country.

He usually covers scenarios from medical emergencies like heart attacks to accidents such as falls from trees, motorbike crashes and mass casualty incidents. He tests participants on teamwork and holds practical sessions such as how to carry stretchers long distances. The training sessions are usually accompanied by realistic acting and fake blood.

Rick says he thinks it's important for New Zealand to help its neighbours in the Pacific. He's been impressed with the endless commitment the people he trains show towards helping others. Often after he leaves an island nation, it will be hit by a fierce storm or natural disaster.

"To me, this is always the true test of the training we provide. To watch news reports on TV from thousands of kilometres away and see people I have been involved in training, brings a great feeling of pride and joy to my heart for the work Red Cross stands for. It is truly amazing how much they do with so little. Perhaps a lesson the world could learn from."



Photo: Rick Eisenhart/New Zealand Red Cross

Number of assignments per year

FIGURE 1

Number of New Zealand Red Cross aid worker assignments per year

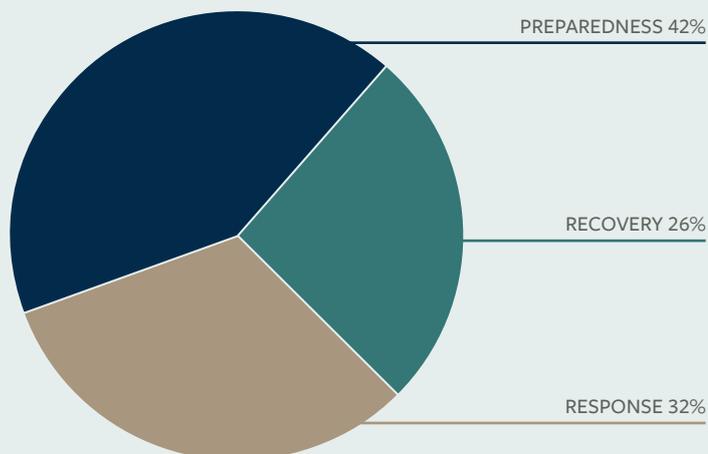
New Zealand Red Cross aid workers supported 50 separate assignments during the 2012/13 financial year, which equates to approximately 195 field months. The year included 33 new deployments, in addition to those who were already in the field or extended their assignments. Figure 1 represents an overview of the number of New Zealand Red Cross aid worker assignments supported from July 1993 to June 2013.



FIGURE 2

Percentage of assignments – preparedness/response/recovery

In the 2012/13 financial year, the majority of assignments carried out by New Zealand Red Cross aid workers was in the area of preparedness (42 per cent). Response assignments made up a third of the work and recovery a quarter.

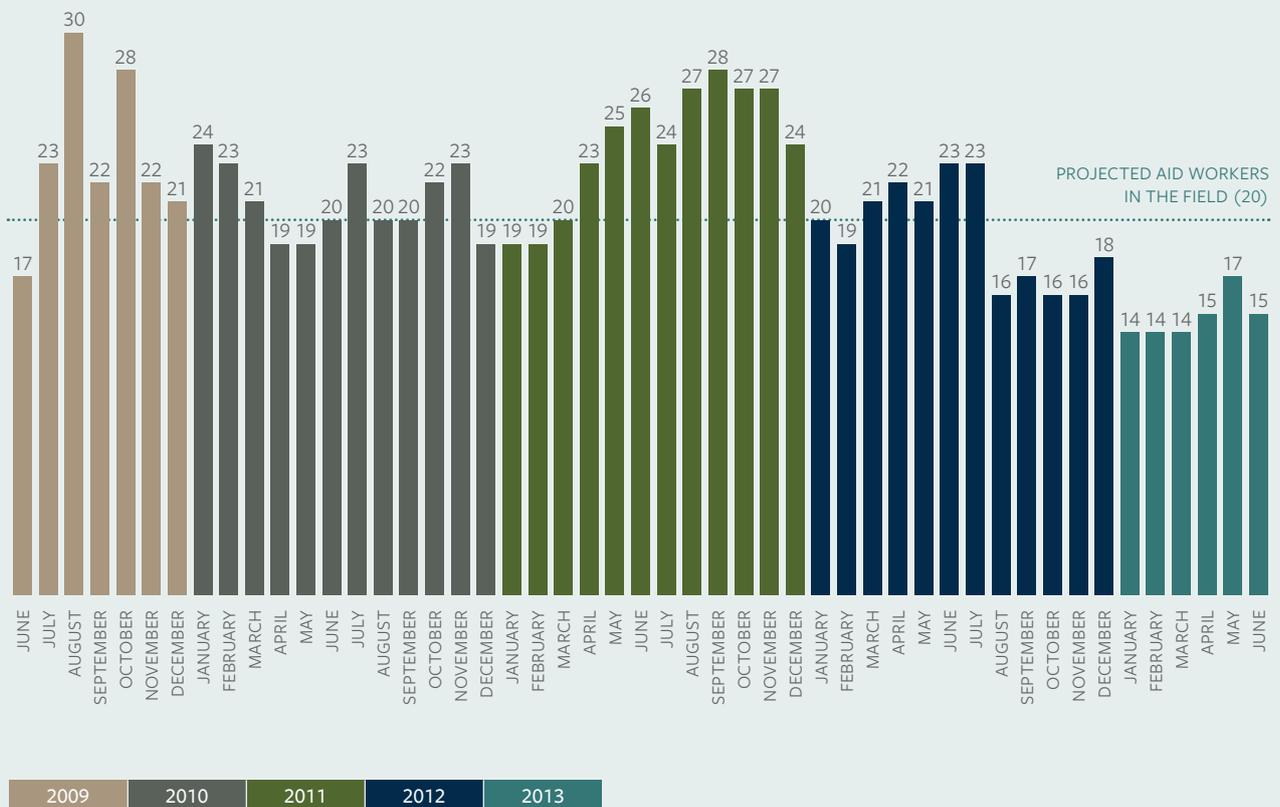


Number of aid workers per month

FIGURE 3

Aid workers in the field from June 2009 until June 2013

The number of New Zealand Red Cross aid workers out in the field at any one time, essentially “aid worker field months”, is represented in Figure 3. Our projected goal is to have 20 aid workers on average out in the field at any one time.



Aid worker placement by country

FIGURE 4

Number of New Zealand Red Cross aid worker placements per country

New Zealand Red Cross aid workers undertook 50 assignments that spanned 27 different countries in the 2012/13 financial year. Figures 4 and 5 show the number of aid worker placements per country and per region. The majority of placements were in the Pacific region, including 16 aid workers who were either based in Pacific Island countries, or working regionally in the Pacific.

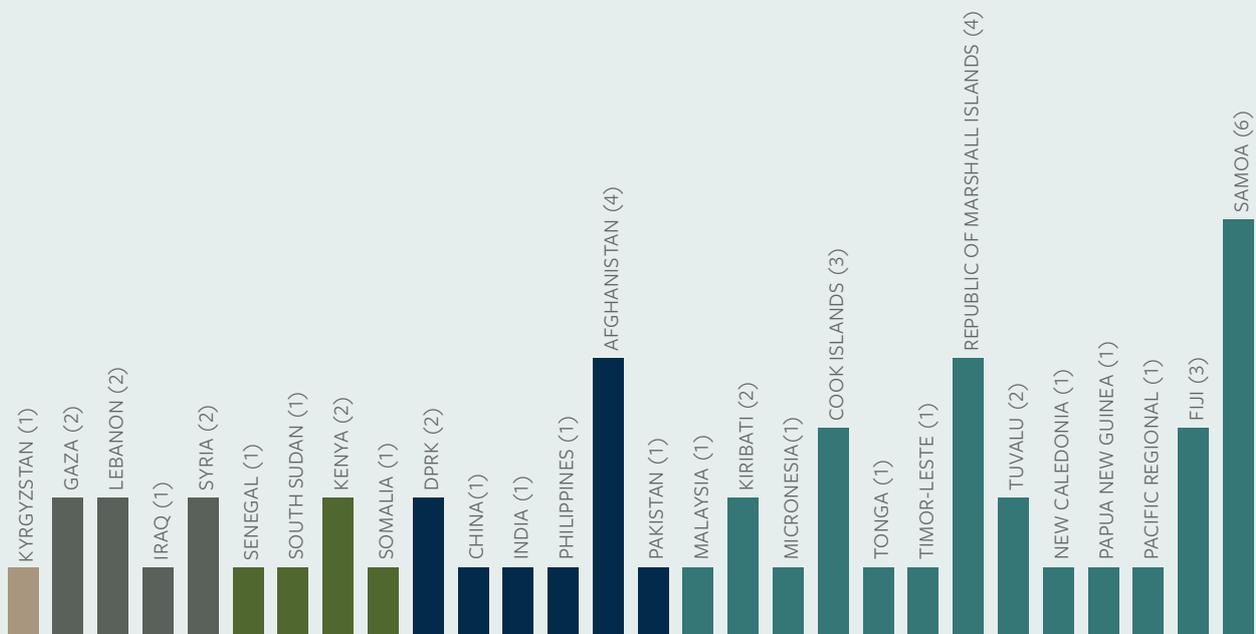
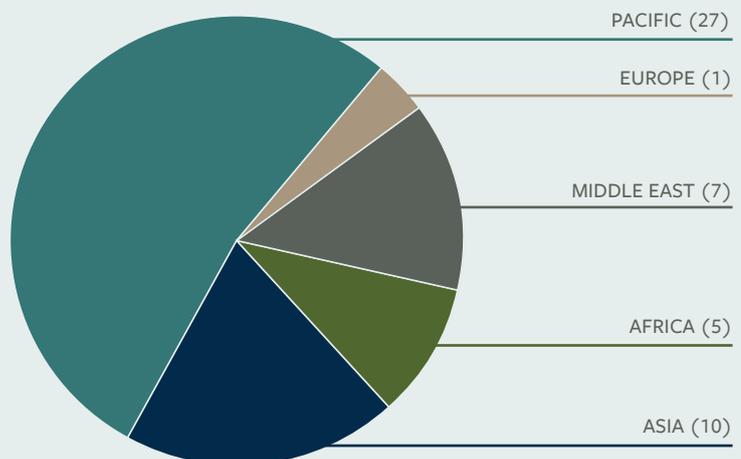


FIGURE 5

Number of New Zealand Red Cross aid worker placements per region



Positions in the field

FIGURE 6

Number of New Zealand Red Cross aid worker placements per technical area

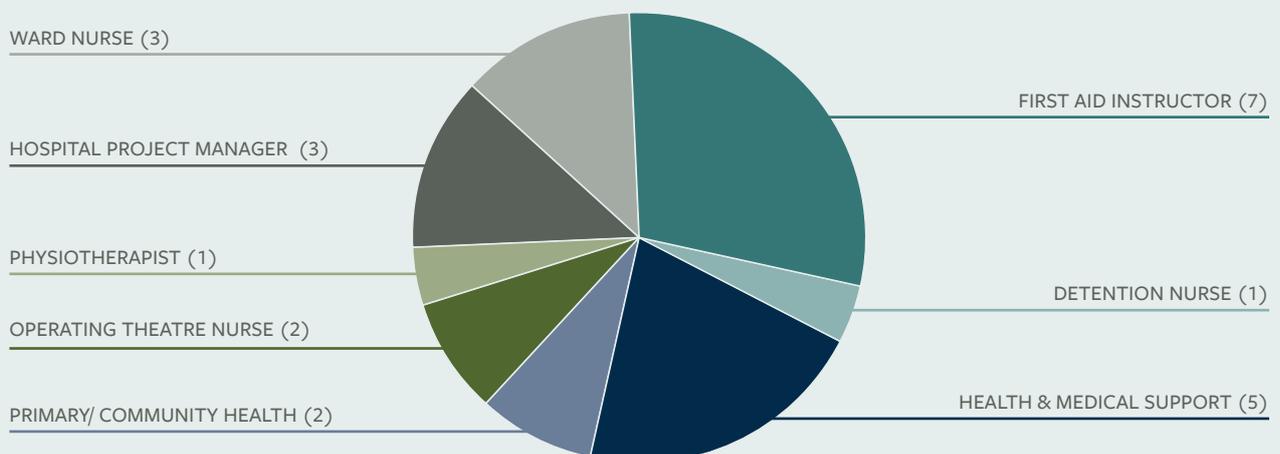
In the 2012/13 financial year, the 50 assignments were spread across nine different technical areas. As indicated in Figure 6, and similar to previous years, the predominance of assignments was for health and medical roles.



FIGURE 7

New Zealand Red Cross health aid worker positions

The health and medical profession as a single technical field is the largest group, representing 48 per cent of total assignments in 2012/13. Figure 7 shows a detailed breakdown of health and medical orientated assignments for New Zealand Red Cross aid workers.



Secondments to the Red Cross Movement

FIGURE 8

New Zealand Red Cross aid worker placements within International Red Cross and Red Crescent Movement

When New Zealand Red Cross aid workers go into the field they can work under the banner of New Zealand Red Cross or be seconded to the International Committee of the Red Cross (ICRC) or the International Federation of Red Cross and Red Crescent Societies (IFRC). Figure 8 illustrates the placements as a percentage and Figure 9 illustrates the trend across the last eight financial years.

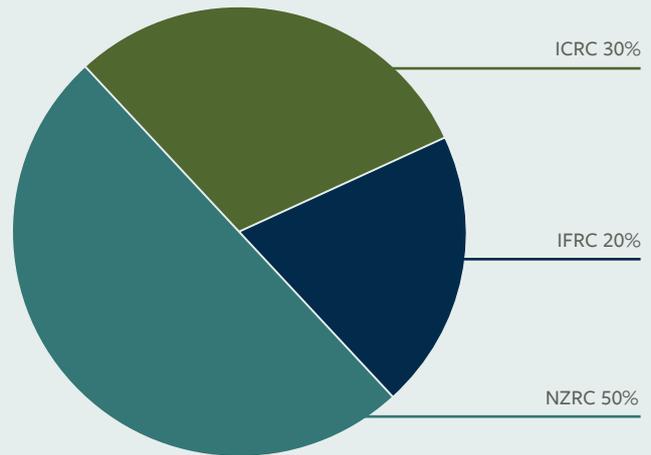
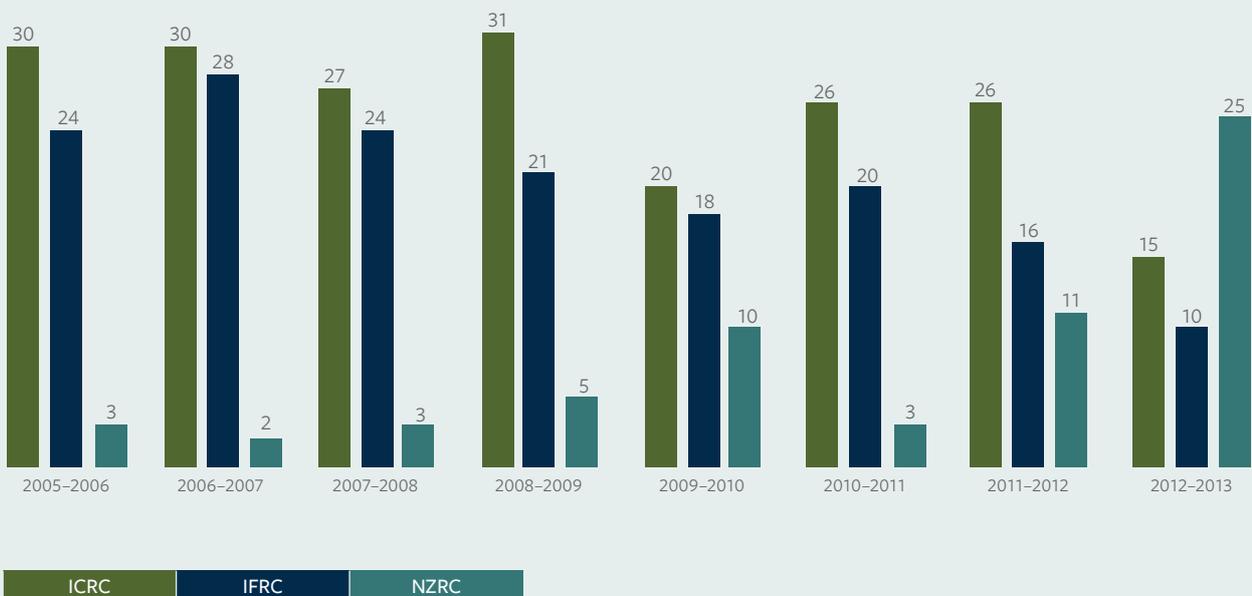


FIGURE 9



Assignments and training by gender

The 50 assignments undertaken in the 2012/13 financial year were carried out by 40 different aid workers (i.e. some were available for more than one assignment). The gender break-down within this group is 22 female aid workers and 18 male aid workers (Figure 10).

In terms of new aid workers trained at IMPACT in the 2012/13 financial year, the gender break-down was seven women and seven men (Figure 11).

To assist with operational requirements, the preferred gender of an aid worker may on occasion be specified, by either the IFRC or ICRC, so as to create the most appropriate and sensitive fit for local cultural or social conditions.

As part of the pre-deployment process, New Zealand Red Cross aid workers are made aware of the Inter-Agency Standing Committee (IASC) gender training that is available on the IFRC Learning Platform.

FIGURE 10

Assignments and training by gender

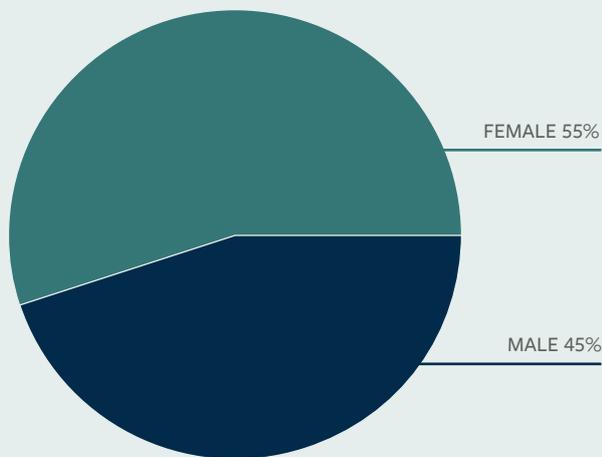
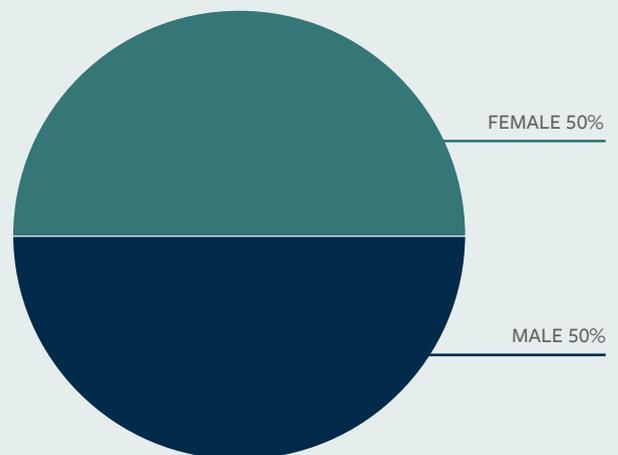


FIGURE 11

IMPACT training





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