

RISK ZONES

BEFORE / DURING / AFTER





Contents

04

Mozambique
Hit by a storm

08

Mozambique
The endless escape

14

Mozambique
Saara Parkkali's Mozambique

16

The triple-helix
Before, during, after

19

Lessons
Marko Korhonen's disaster lessons

20

Tajikistan
Infectious diseases

22

Aftermath
What happens once the dust settles?

24

Climate change
Climate change simplified

24

Eswatini
Drought and poverty

35

Turkey
After the earthquake

38

Strategy
New guidelines for international work

42

Learning materials
A focus on accessibility

Black and white photos

Upon writing this editorial, we recollected the images of the devastation left behind by the earthquake in Turkey and Syria in February 2023. There are plenty of images and the destruction was immense.

After the quake, hundreds of aid workers, including volunteers from the local Red Crescent Societies, scoured the collapsed ruins to look for survivors. For 50,000 people, the efforts came too late. Alongside the fatalities, millions of people lost their homes.

Seemingly intact buildings can also be seen in the images behind the massive collapsed tower blocks.

Turkey is highly susceptible to earthquakes. Preparation for seismic activity requires anticipation with regard to construction and land use as well as strengthening people's expertise. Turkey's building regulations steer towards the construction of earthquake-resistant buildings.

People who lived in buildings constructed according to the building regulations generally survived – correspondingly, the number of dead found in the ruins of buildings that defied them was high.

Black and white thinking is often harmful. In this case, however, it works. Preparedness saves lives particularly in areas with a high likelihood of disasters.

It is prudent to adapt to reality and prepare. In addition to saving human lives and preventing material destruction, adaptation and preparedness are substantially more affordable than handling the aftermath of a disaster.

In the global scheme of things, disaster risks have expanded and become more serious, especially due to climate change and loss of biodiversity. New challenges emerge constantly to drain our limited resources.

The three-tier 'Climate Change 1-2-3' concept is described on pages 24–27 of this magazine. It indicates what climate change is all about, how it and its consequences interact and how important it is to adapt, prepare and reinvent to secure our future.

This issue of the Risk Zones magazine is dedicated to what happens once the dust kicked up by a disaster settles. Alongside the horror they cause, natural disasters and other catastrophes are also opportunities to learn. We need to look to the past to avoid repeating mistakes.

This is exactly what the Red Cross and Red Crescent organisations do across the world, regardless of the crisis or disaster at hand. We are also there after disasters to rebuild society as part of the local community. We learn from experience, make the necessary changes and help communities face the future stronger than ever.



Kristiina Kumpula
Secretary General
until 30 September
2023



Eero Rämö
Secretary General
as of 1 October
2023

On the final shore: Crises, conflicts, natural disasters, systematic oppression and the progressing climate change are forcing more and more people to flee from their homes. In total, there are now more than 100 million refugees. Hundreds have found themselves on this shore. Many have drowned on the way.

Spread photo: Jarkko Mikkonen



Mozambique

- Capital: Maputo
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After the storm, it's time to prepare for the next one

After tropical cyclones, infrastructure needs to be built and people assisted. At the same time, it is important to prepare for the next storms. For Mozambique, the devastating Cyclone Idai was a bitter lesson.

Mozambique experiences storms and floods every year. The country is located on the east coast of Africa, and beyond the sea lies Madagascar. A corridor called the Mozambican Channel forms between the island of Madagascar and the mainland. Tropical cyclones originating in the Indian Ocean rage in this channel usually every spring.

When in 2019 it was reported that a cyclone called Idai was approaching, Duarte Jaime, who lived in the city of Beira, was not frightened.

"I thought it would be one cyclone among others," he says. He happened to go on a business trip to the nearby town of Chimoio, conveniently, away from the eye of the storm.

Student Cativa José Primeiro did not go anywhere, although her grandfather had also heard on the radio that Idai was coming. Friends and relatives from other cities had called and warned her as well.

"A lot of people didn't want to leave. Some feared that their goods would be

stolen and others believed that there have been similar storms before."

Primeiro's family decided to get prepared.

"We filled sacks with sand and pebbles and lifted them onto the roof so that the tin roof could withstand the coming storm," he recalls.

However, this was not enough. Idai arrived on the night of March 15, with winds blowing almost 200 kilometres per hour. The roof fell in, but fortunately no lives were lost in Primeiro's family.

"Grandma was just crying in her room"

The windows had only bars left instead of windows, and the storm wind blew through the rooms so that the doors could not be opened.

"The storm came in and we couldn't get out," Primeiro describes.

Her brother was hiding under the bed when the house collapsed.

"Thank God he got out. But we lost everything. My grandfather almost lost his arm when a metal roof sheet flying in the air cut into it."

IDAÍ WAS A LESSON

There were also many people who did not receive advance warning and were caught in the storm, says Rassul Nassigo, disaster management coordinator for the International Federation of the Red Cross (IFRC).

"Idai was a lesson for all of us."

Idai was the deadliest storm in southern hemisphere measurement history: it killed more than 1500 people and destroyed or severely damaged 90 percent of the city of Beira. A couple of weeks later, another cyclone, Kenneth, struck in the northern parts of Mozambique.

More than 2.6 million people needed humanitarian assistance in Mozambique, Malawi and Zimbabwe.

The international community rushed to the rescue. The Finnish Red Cross established a field hospital near Beira, and the IFRC improved the water infrastructure. People were rescued from trees and from the roofs of houses.

According to Nassigo, after Idai, Mozambique began to invest more in advance warning systems and to be more prepared for future storms. Today the Mozambican Meteorological Institute has more functional early warning systems, and communication





Teresa, 19, holds her son protectively in front of her home devastated by Cyclone Ida in Dondo, Mozambique. When the torrential rain brought about by the storm levelled her home, she took shelter in her neighbour's house.

between the various authorities and the Red Cross runs in real time.

Nowadays information circulates well within the Red Cross and funding for anticipatory activities can be applied flexibly from the IFRC. The Mozambican Red Cross and IFRC also have a lot of preparatory activities.

"For example, we train our volunteers, make preliminary agreements with service providers and buy goods that are pre-positioned at warehouses and we send warning messages to the communities."

Both the Mozambican state and the Red Cross have thorough multi hazard contingency plans.

"We can do a lot of things for preparedness beforehand; we don't just have to react after a disaster," Nassigo says.

If the government now issues a cyclone warning, the message will reach the communities with the help of the

volunteers, and people will be more prepared to evacuate and save their lives.

"When we prepare well, we also strengthen community's resilience."

OTHER PROGRAMS ARE ADJUSTED FLEXIBLY

The rainy season comes to Mozambique every year, and with it typically at least one cyclone warning. This year, the Mozambican Meteorological Institute said that there could be as many as ten cyclones, five of which could be very destructive.

In the end, a tropical cyclone named Freddy hit twice in Mozambique. It first decreased to a tropical storm category, but remained as a tropical cyclone on the second time around says Alvaro Gramajo, operations manager at IFRC.

Freddy hit first in the province of Sofala and traveled inland as far

as Malawi to wreak havoc. Then, it returned to the sea to intensify and struck the mainland again, a little further north into the province of Zambezia.

"Freddy won the record as the longest-lasting cyclone, it lived for 34 days."

This time, the Red Cross was already there when Freddy struck the mainland.

According to Gramajo, the Red Cross had already begun working on flooding in the south of the country, and a program to prevent cholera was in place inland. These were quickly extended to storm-ravaged areas. These adjustments require functional systems within the Red Cross, he says.

"We need mechanisms and their activation, as well as technical assistance to the Mozambican Red Cross, so that they can monitor



where and what kind of assistance is needed."

Coordination with the different national societies has also improved a lot, according to Gramajo.

"There are, for example, Belgians, Spaniards and French here, and when the warnings from Freddy and the floods came, we quickly went over who was working here and what resources were available."

He believes that cooperation and coordination have helped support the Mozambican Red Cross across the country.

NOT ENOUGH HELP CAME

Duarte Jaime and Cativa José Primeiro, who experienced the Idai, are not convinced that Mozambique is prepared enough for cyclones even now.

"People are being moved from their homes, but once the storm is

Images from top to bottom: The community works together to handle waste management and the cleanliness of the living environment in Beira.

Many people in Metanha received seeds from the Red Cross to rectify the crop damage caused by the storm. The community will be provided with food aid as it waits for the harvest.

Ismail Jussi is plastering the walls of his rebuilt home in Inhamabue.

over, they will move back," Primeiro says. Then they often find their destroyed homes and must start reconstructing on their own.

Although there are many international donors, the aid does not reach everyone.

"After Idai, there were a lot of surveys and inquiries about our needs. People were asked what they needed, but in the end there was not enough assistance. There are still people who have failed to recuperate their lives

"I WOULD HOPE THAT AFTER EVENTS LIKE THIS, PSYCHOLOGISTS WOULD ALSO COME AND SEE HOW PEOPLE ARE DOING."

after the devastation of Idai," says Jaime.

"I think there were a lot of surveys, but they didn't lead to any development and many organizations didn't come back to the scene."

The family of Cativa José Primeiro was also asked what they needed. There were many different institutions and organizations, and she no longer remembers who came to ask about their concerns.

"We were asked how many of us there were and were told that we would be given materials to repair the houses."

For a long time, nothing happened. The one day the family was asked to go to the place where the materials were distributed. They received roof sheets, lumber and a small plastic bag of nails. The material help wasn't sufficient, and Primeiro also would have wanted psychosocial support.

"I don't think we should just think of food and reconstruction. People have lost family members, and if a house collapsed, some have lost children," she says.

"That kind of breaks people psychologically. It takes a long time to get over such a thing and forget. I would hope that after events like this, psychologists would also come and see how people are doing."

ASSESSMENT: A LOT WAS DONE RIGHT

It is typical that humanitarian aid after crises is insufficient. Not enough funds are raised, and the aid does not arrive fast enough.

However, after storm Idai, the situation was not particularly bad. According to an assessment commissioned by the UN, many things in humanitarian aid were done well. Cooperation with the Mozambican Government worked, aerial photographs

quickly provided correct information about the need for assistance and both people and funds moved quickly.

The vast majority of people helped felt that they were treated with respect and most said that the help was in line with their needs.

However, the evaluation also concluded that prevention and coordination between different institutions and organisations could have been more effective. These have since been improved by the Red Cross.

Anticipatory action has become an increasingly important activity for the Red Cross.

At the moment, people are being trained on how to use clean water to avoid cholera, and there are also planned trainings on how to build houses to withstand storms better. In addition, Mozambican volunteers are trained, and contracts are made with subcontractors.

"We also have a process where we go through the lessons learnt from this rainy season and improve operations for next season," says Rassul Nassigo.

The process also involves simulation exercises with the Mozambican Red Cross, the International Red Cross and the Mozambican authorities.

"All of this needs to be done before October, when the next rainy season comes, to be even more prepared," Nassigo says.

When you flee but cannot return

In Mozambique, more than a million people have fled from their homes due to terrorism, and no return is in sight. They need water in their new homes, health care and job opportunities. They need someone to listen and support them when difficult thoughts and bad dreams persist.

An armed conflict began in the north of Mozambique in 2017, and as a result, more than a million people have already fled their homes. The vast majority have remained in the cities of the same province, such as the provincial capital, Pemba.

It is estimated that in 2022, more than 1.5 million people were in need of humanitarian assistance.

"I didn't think twice, but took the family with me and we went to the city of Macomia to stay with our acquaintances," says Abudo Jamal, a fisherman whose home was in

Aid items from the International Committee of the Red Cross (ICRC) arrive on the island of Matemo in northern Mozambique, approximately one hundred kilometers from the area's largest city, Pemba.



Moçimboa da Praia. That's where the violence began in 2017.

But in Macomia, Jamal found out that houses were also being burned and people were killed in a nearby community. After about a month, the violence reached the Jamal family again.

"One night we fled to the bushes and made our way to another village. There we were able to arrange a small fishing boat to Pemba."

When armed violence forces people on the move, the Red Cross activates. The Mozambican Red Cross sends an emergency appeal, and the international movement responds. As this is an armed conflict, the International Committee of the Red Cross, the ICRC, headquartered in Switzerland, was selected as the lead actor.

To begin with, it is important to act quickly and provide people with basic services. The ICRC has been renovating health centres that have been later handed over to Mozambique's authorities, according to ICRC spokesperson Mariana Camaroti Silva.

"It was difficult for people to get healthcare here even before the crisis," she says.

At the same time, the ICRC has improved access to clean water by renovating wells and the sanitation infrastructure.

"A lot of internally displaced people came to the city of Montepuez.

There we created and trained community water committees so that they can continue to maintain and restore the water supply themselves."

In addition, 1.6 million people were vaccinated during the corona pandemic, and more than 750,000 children were vaccinated against polio.

SUPPORTING COPING NOW AND TOMORROW

It is now six years since the crisis began and it is showing no signs of abating. It is therefore time to increase the resilience of people and communities, that is, the ability to cope with similar trials in the future, and to start building new lives in new regions.

"When people are forced to stay in new areas for a longer period of time, we have given them things like fishing kits and agricultural supplies so that they can get a little income and start rebuilding their lives," says Camaroti Silva.

The mandate of the ICRC is to assist the victims of armed conflict according to their needs.

"Often it's a very urgent activity, but at the same time we are also building resilience so that people manage in the long run and cope better in the future," says Camaroti Silva.

In November 2022, the think tank ODI (Overseas Development Institute) published a study on Cabo Delgado migration.

According to the study, migrants should not be seen as passive victims or submissive people in need. Rather, the majority are actively working to rebuild their lives. Typical jobs include farming, fishing, mining, firewood and charcoal production, small-scale trade, and various odd jobs.

At first, the Pemba residents welcomed the newcomers with open arms. But as displacement has become more permanent, tensions have arisen between displaced and locals, the study found. There is a shortage of farmland, accommodation and other resources. One Pemban interviewed for the study said that in the

Health care, psychosocial support and securing the availability of clean water are staples in the toolkit of the International Committee of the Red Cross (ICRC) when responding to the needs of conflict victims.



Fisherman Abudo Jamalo is one of the residents of Northern Mozambique who has been forced to flee several times due to violence, natural disasters and pandemics.



A happy reunion in Montepuez, the second largest city in Cabo Delgado province.

past, people visited each other, and there were no problems.

"But now they've come here to stay, and the situation is very complicated."

MENTAL HEALTH PUT TO THE TEST

When immediate danger and distress are over, often a need to support people's mental health rises.

"Both adults and children have seen traumatic things and lost family members," says Camaroti Silva.

"Many have fled for days hungry, scared and insecure, seeking refuge somewhere. Many do not know what has happened to their family members, which increases the burden."

The ICRC is therefore working to restore people's links with missing family members whenever possible.

Abudo Jamal was lucky enough to have all his family flee to safety. A more traumatic fate befell the shopkeeper Aldino Afonso Raimundo, who also fled from Mocimboa da Praia.

"I lost my wife, my daughter, my uncle, one of my sisters and my friends," he says.

When the conflict began, he thought it would be something transient. He lived in the center of the city, where there were army barracks, and he did not think that he was in

any danger. In the end, his house was also burned down, and he was forced to flee.

"That long journey and everything seen before it leaves marks," says Camaroti Silva.

"A lot of people don't feel like the same person anymore. They have recurring distressing thoughts and dreams. Children don't understand what's going on and they can't communicate when they feel bad."

The ICRC and the Mozambican Red Cross have supported the creation of mental health committees. Volunteers have been trained on mental health and the needs of traumatized people. Volunteers are also able to guide those with direst needs to health care.

"It's also important to tell communities about mental health, because if communities and families don't understand the problems, they don't know how to support the traumatized, and they may feel left alone," says Camaroti Silva.

In Mozambique, as in many other countries, mental health problems are often taboo, and at worst, the person suffering from the problems can be ostracised and even blamed for witchcraft.

"The community is really important to people, and its members can support each other. Mental health work also increases resilience for the future," says Camaroti Silva.

DIFFICULT AREA TO REACH

In remote areas, delivering aid is often difficult. The province of Cabo Delgado has long distances, the roads are in poor condition and sometimes the rains wash them away. A few districts are still very dangerous because of the armed conflict.

Many fled the violence to the islands, so the ICRC has to resort to a variety of vehicles.

"We reach some by boat, others by plane and still others by several hours of bouncy off-road driving," Camaroti Silva describes.

The aid workers are not always safe either. In February, gunmen



killed a Médecins Sans Frontières chauffeur in Cabo Delgado. In November last year, an employee of the French development organisation Solidarités International suffered the same fate.

RETURN TO MOZAMBIQUE

The last time the ICRC operated in Mozambique was three decades ago, when the country was the scene of a long civil war between 1977 and 1992.

When it ended, the local Red Cross was trained and the functions were handed over to them. This is typically what happens: When the acute crisis is over, it's time to give the reins to the local Red Cross and local authorities. Handing over clinics and field hospitals, providing

training and other support to Mozambicans who remain on the scene. After that, Red Cross turns its attention to another conflict or disaster where help is needed.

At the moment, the ICRC has no plan for when to leave northern Mozambique, says Camaroti Silva.

"It's hard to say yet how long Cabo Delgado will still need help."

In addition to local needs, it is necessary to examine which other actors work in the area, and then the need for the Red Cross can be assessed. Before the conflict, only a few international development organizations were present in Pemba: the International Aga Khan Development Foundation, the Helvetas of the Dutch, the MS of the Danes, and

The reconstruction of the homes destroyed by the conflict revives the villages and provides much-needed work.



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The distribution of ICRC's aid supplies reaches beneficiaries on Matemo Island in Cabo Delgado province.



ICRC implemented a COVID vaccination programme in Central and Northern Mozambique.

Aldino Afonso Raimundo lost his wife and daughter as well as one of his sisters and some friends to Cyclone Idai.



also the Finnish Kepa with a small side office.

With the conflict and the internally displaced, the number of foreign actors has also multiplied. You can see the cars of dozens of organisations and the UN on the streets. Despite this, the needs far outweigh the assistance provided.

According to the UN Office for the Coordination of Humanitarian Affairs OCHA, only 19% of the funds that would have been needed.

The largest provider of direct assistance is the World Food Programme (WFP). It offers internally displaced persons vouchers of 3600 metical, or around EUR 51, to buy food. Both Raimundo and Jamal have received them. In their opinion, the amount

is not enough, and it is also not ideal that coupons can only be used to buy predetermined products.

According to a study by ODI, it is a common annoyance that coupons limit people's diets to a monotony since they usually provide rice, maize, beans and cooking oil.

But instead of humanitarian aid, Raimundo and Jamal would actually like something completely different.

"I would like to have my own house to live in and a job to support myself," Raimundo says.

"I'd like to go back home as long as it's safe there," Jamal says.

There's a lot of fish still in the North, and many try their luck to return and fish there, even if it means risking their lives.



Saara Parkkali witnessed a changed Mozambique

Saara Parkkali, who has lived in Mozambique for years working in various positions, recently returned to Finland from a mission with the International Red Cross. This time she was in Mozambique supporting primary health care that had been stretched to its limits.

Saara Parkkali, a nurse and development cooperation professional from Helsinki, is a person who leaves for work when crisis hits somewhere.

She has worked, for example, for the International Red Cross in Lebanon and twice in Ukraine. This year she returned from Mozambique, where she spent almost a year and a half as a health delegate of the International Committee of the Red Cross, sent by the Finnish Red Cross.

According to Parkkali, the work was multifaceted: medicines were delivered to health centres and hospitals, and efforts were made to improve the quality of health care in general. In Mozambican healthcare, a

patient may come to an appointment only to be given medication.

"People may not even be told what's wrong with them," Parkkali says.

She tried to change these practices, and during the same visits, staff were asked discreetly to pay attention to hygiene, for example, if the clinics were unclean.

Many aspects of public health care in Mozambique were already in tatters before the mass internal displacement. At times like these, public services are in short supply, as resources have hardly increased while there are many more people to serve.

"All of a sudden, 10,000 people might turn up when their village has

been burned down. Then we have to figure out how to arrange health care for them," Parkkali describes.

Her favourite part of the job was strengthening the communities' own health care capabilities. In many communities, the Red Cross trained local people to spread the word and monitor the need for health services.

"African societies have tremendous potential. If you can somehow inspire people to talk about cholera or cholera, it makes a big difference," Parkkali says.

CONSTANTLY GROWING NEED

While Parkkali focused on primary care, she had colleagues who coordinated first aid training and others who focused on mental health.

She saw for herself how terrorized and traumatised people were when their villages had been burned down and they had been forced to flee their homes.

"I really take my hat off to Mozambique for being open to mental health work. It's not the case everywhere"

The need for assistance increased throughout Parkkali's stay in Mozambique, as violence continued, and many people moved around the area. Parkkali's team grew from two to ten people in just over a year, and new people were hired all the time.

Parkkali also participated in health coordination meetings, where Mozambicans expressed their needs, and donors discussed who had the best resources to address certain needs.

At the same time as humanitarian aid was needed more and more, Parkkali saw how there would have been more need for traditional, long-term development cooperation. Development cooperation can, for example, renovate hospitals or schools or support local livelihoods. However, it was difficult because the violence was anything but over, and health centres cannot be built if there is an active conflict.

"Building a health centre requires a lot of money, but it may happen that a completely new health centre is burned to the ground," Parkkali says.

FAMILIAR COUNTRY

Although Parkkali has worked in many countries, Mozambique has a special meaning for her. She originally moved to Mozambique for several years in her early teens, because on her parent's jobs. It was then that she learned Portuguese, the main language of the country.

In between, she returned to Finland, and after high school she worked for a short time at the Finnish Embassy. Her work has also taken her to the Finnish Red Cross health care development work in the province of Niassa, and with the Swedish organisation Afrikagrupperna she also worked in Pemba, the capital of Cabo Delgado province.

She returned there in 2022 to work for the International Red Cross.

"Language skills help a lot in this work, as you do not have to rely on interpreters," she says.

Having observed Mozambique over the years, she has often been surprised by how resilient people are. At one point there has been civil war, at others, there have been cyclones.

"For the most part, people I know have been really resilient to all of this."

People know that better life exists, because almost everyone has a mobile phone nowadays, and many homes have a television. Parkkali finds it incredible that people always have the energy to carry on with everyday life, even though loved ones are dying around them, and life doesn't treat them with silk gloves anyway.

SAFETY IS SCRUPULOUS

The Red Cross has quite strict safety regulations in crisis areas to prevent the aid workers from being put in danger. In the city of Pemba, Parkkali was allowed to move around by car during the day, but countryside visits were only allowed in a larger group.

There was only one actual frightening situation. Parkkali and her colleagues were once on a field trip in another town, two hundred kilometers from the city of Pemba. A violent attack was carried out nearby, and the Red Cross staff were unable to get home as planned. The next day,

HAVING OBSERVED MOZAMBIQUE OVER THE YEARS, SHE HAS OFTEN BEEN SURPRISED BY HOW RESILIENT PEOPLE ARE.

they drove fearfully in a convoy of a few cars.

"It was crazy to see familiar villages where normally markets are full of people and food. Then they were empty, everyone had fled. It was a really creepy feeling," Parkkali recalls.

The Red Cross security staff did their job well and always kept on the contact with the car.

"They knew that it was hard to return, they took care of us," Parkkali says.

Otherwise, she lived pretty much in her own bubble in her free time.



Saara Parkkali and Inês Janfar, and Ismail Sumail (in front). ICRC colleagues in Mozambique

Many people take care of themselves with exercise, but the sports facilities were still closed due to the coronavirus.

The familiar Pemba had also changed over the years. There were many more people in the city, and soldiers and armoured vehicles had also appeared on the streets. It made the atmosphere uneasy.

"In Ukraine, I was used to it, but I don't know – somehow it did not belong to Mozambique," Parkkali says.

Sometimes she invited old friends home for dinner, which was made easier by the fact that since her earlier years in Pemba, two supermarkets had opened in the city. Previously, food had to be fetched from expensive small shops with very little to offer.

Parkkali laughs that the South African Shoprite supermarket chain was a real lifeline.

Technology had also advanced: internet worked in mobile phones, and loved ones in Finland were just Whatsapp or Messenger away.

"You can call your mom in the middle of the night and say I miss you," Parkkali says.

However, the most important help for her own coping and well-being were her colleagues, with whom she could talk about everyday life and even difficult emotions.

"They are everything to me. Of course we're all in the same boat, and they become like a family to me."



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BEFORE – DURING – AFTER

The triple helix of disasters

How does the Red Cross prepare for disasters? What does it do during a disaster? What kind of aftercare is required?

BEFORE: PREPAREDNESS AND PREPARATION

Every person who donates to the Finnish Red Cross's Hunger Day fund-raising supports disaster preparedness. The full proceeds are channelled to the Disaster Relief Fund, which is used to finance disaster preparedness and response.

The Red Cross logistics centre in Kalkku makes preparations every day by ensuring that aid supplies or more extensive aid, such as an entire field hospital, can be sent anywhere in the world when the need arises. The preparedness of Red Cross personnel and the international reserve is upheld through targeted trainings. The Finnish Red Cross prepares to support also Finnish authorities in the event of an accident or catastrophe.

The efforts to bolster the national society and, by extension, disaster preparedness are built into the Finnish Red Cross's development co-operation programmes. The aim of the preparedness is to increase their capability to tackle disasters without deteriorating operational capacity excessively and make sure that recovery is swift.

Development co-operation programmes that support the health of the community anticipate and prepare for health disasters by improving hygiene practices, for example. Even something as simple as handwashing with soap and first aid skills can save lives.

It is more difficult to prepare for some catastrophes than it is for others. Sudden disasters, such as earthquakes, are difficult to predict, even knowing that they are most common in regions of tectonic plate convergence. Preparations for earthquakes can still be made by safety planning. The Finnish Red Cross supported disaster preparedness and first aid skills in Nepalese schools, for example. Pupils have prepared evacuation plans and practiced evacuation procedures.

Preparation for typhoons, hurricanes and, to a degree, floods is easier, since their timing can be predicted based on weather data and various preparedness systems. The Philip-

NGOS ARE SUPPLEMENTARY ACTORS THAT FOCUS ON THE MOST VULNERABLE AND THOSE WHO FALL THROUGH THE CRACKS OF THE SAFETY NETWORKS.

ippines is one of the most vulnerable countries in the world in terms of disasters, which is why it has invested in preparation. The metropolitan area of Manila has an advance warning system, and residents are informed of impending natural disasters by text message.

In addition to weather monitoring, simple measuring sticks installed by rivers can be used to predict floods. When the water reaches a certain height, a person designated with the

responsibility for a specific neighbourhood or block of flats uses a megaphone to instruct people to evacuate inland or into a hurricane shelter.

Preparedness can also mean stockpiling. It is known, that certain remote villages in Afghanistan are snowed in during the winter, which is why food and supplies are stockpiled in advance with the help of the Red Cross. This helps weather the worst period.

The Red Cross is by no means the only disaster preparedness operator, since the central government of each country bears the main responsibility for assisting its citizens. Non-governmental organisations (NGOs) are supplementary actors that focus on the most vulnerable and those who fall through the cracks of the safety networks.

The core expertise of the Red Cross in terms of preparedness and prepara-

tion includes improving the capacity of the community and group actors by building volunteer-based advance preparedness systems, for example. It can be someone's responsibility to report rising water levels, or the community's own disaster relief groups may map what resources are available and what needs to be developed for the eventuality of a disaster.

The Red Cross has always been the strongest in the agricultural areas of Asia and Africa where community



The rebuilding following a disaster is also a return to the beginning of the triple helix: when we are wiser from the experience, construction is more sustainable, we adapt to reality and come out stronger next time.

spirit is strong. People in urban environments rely more on the support and actions of authorities.

DURING: RESPONDING TO BASIC NEEDS

ERUs, i.e. Emergency Response Units, are the crown jewel of the Red Cross that are activated when disaster strikes. They are the global standardised tool of the Red Cross, but Finland has focused on disaster health and logistics.

The largest ERU of the Finnish Red Cross is the field hospital, which is the rarest one to be deployed. Clinics, logistics units or individual aid workers can also be sent anywhere in the world to provide assistance in the aid operations of the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC). In practice, large health clinics and hospitals are constructed and maintained in coop-

eration with other Red Cross societies and local actors.

The clinic corresponds to a health centre, and mobile clinics often operate in connection to them. As an example, the Finnish Red Cross sent a mobile clinic to the Syrian earthquake area. It consisted of three mobile units providing health care services in the Latakia area.

As a general rule, the Red Cross always strives to meet basic needs. In the case of a large-scale disaster,

Lessons and trends

What has been learned about disaster relief, Marko Korhonen?

CASH ASSISTANCE

In the past, the only way of providing support in a disaster was distributing supplies, but now this is only the case at the start of operations. Cash assistance has become a standard tool if the location that requires aid has a functioning market and goods to purchase. Cash assistance empowers the recipients, because it grants them the decision-making power to purchase the items that they and their families need. At present, donors favour cash assistance and aid workers receive training on the subject.

PSYCHOSOCIAL SUPPORT

People have become aware of the importance of psychosocial support. As the situation in Ukraine has demonstrated, simply meeting basic needs is not enough in the long run because emotional support is just as important, even to the aid workers themselves. It is important to maintain dignity in the midst of a disaster.

PGI = PROTECTION, GENDER, INCLUSION

Even though the Red Cross strives to help the most vulnerable, beneficiaries are not always treated equally. This is why systematic planning is required to satisfy the needs of disabled people and all genders, for example. Instead of a one-size-fits-all approach, the aim is to reach the most vulnerable.

DIGITALISATION

Everything used to be recorded on paper in a field hospital. Today, entries are made using digital tools. The change has been very rapid, which has increased the need to train the reserve. In disaster operations, digitalisation also means faster and wider information flow. The media and social media spread information about disasters at an unprecedented rate.

the first task is often preventing additional destruction: rescuing people and keeping them alive. People who have lost their homes due to a flood, fire or war need to be brought to a safe place. They need to be provided with water, food and some form of shelter. When the worst is over, mental well-being comes into the picture, which means that psychosocial support must be made available.

Preparation is extremely important in the event of a disaster, because the Red Cross can utilise the existing local resources, competence and communal preparedness. Without preparedness, rescue efforts from outside the country are extremely slow and expensive.

AFTER: SUPPORTING RECOVERY

After the acute phase of a disaster, the long-term period of recovery begins. People return to their homes and livelihoods to deal with the destruction that has been wrought. As an example, the Red Cross supports the repair of destroyed water systems so that temporary solutions can be set aside. The damage can range from broken windows or roofs to overflowing sewer drains. The aim is to respond to individual needs by offering materials or the funds to purchase the necessary supplies.

The Red Cross also supports repairing the infrastructure and people's livelihoods. A fisherman who

has lost his boat can become a carpenter through a retraining programme. Farmers can be provided with tools, or entrepreneurship can be supported with start-up funds. There are both good and bad experiences of such forms of aid, but they have helped disaster victims to survive and provided them with meaningful things to do.

When the Finnish Red Cross completes the process of responding to a disaster and assisting in the recovery, an evaluation is conducted of each operation. This can be done by an external party but, particularly in the case of smaller operations, the delegate from the reserve which is familiar with the procedures of the Red Cross is used. The evaluation can include surveys – on location, where possible.

Along the way, learnings are gathered in each phase of the disaster. In terms of preparedness, the aims are largely known, especially in the context of recurring catastrophes. Lessons are also learned from rapid operations through continuous monitoring and international information exchange.

In addition, Red Cross's Trends for Effective Response Self-assessment tool can be used to draw up a development plan of how an organisation's own preparedness can be improved.

The Finnish Red Cross Head of International Disaster Management Marko Korhonen was interviewed for the article.

Nicolas Verdy of the Canadian Red Cross (on the left) and Juan Reyes of the Finnish Red Cross are going through the last-minute checklist before opening the Nhamatanda cholera hospital as part of the aftercare operation for Cyclone Idai.



FRC's Head of International Disaster Management Marko Korhonen in the Philippines in 2013.

Insights from the Philippines

The Finnish Red Cross's Head of International Disaster Management Marko Korhonen worked as the regional representative for Asia in 2012–2015. The period included a variety of disasters in locations ranging from Nepal to Afghanistan, but the largest operation was kicked off after Typhoon Haiyan in the Philippines.

Typhoons, floods, earthquakes and armed conflicts are common in the island nation of the Philippines, which is struck by an average of 20 tropical storms a year.

“Culturally and historically, the Philippines is quite well prepared for typhoons. The people there learn how to prepare for natural disasters more or less from birth,” Korhonen says.

People in the Philippines know that the hurricane and typhoon season begins after the summer. Preparations are made by means of advance warning systems and the construction of hurricane shelters and storm-resistant buildings. “I’ve even seen houses that enable the roof to be slanted when a storm hits,” Korhonen says.

Not everyone can afford this, however, and many are forced to live in flimsy buildings in areas that are susceptible to floods. “Unfortunately, it tends to be the case with disasters that those who are already in a vulnerable situation are the ones who suffer the most,” Korhonen says.

TYPHOON HAIYAN

Even states where preparedness is a given need actors like the Red Cross. When Haiyan, the strongest ever recorded typhoon, struck the Philippines in November 2013, the Philippine Red Cross was ready to help. The disaster preparedness arrangements were on-point enough to ensure minimal injuries and fatalities. The most extensive damage was done to property and livelihoods.

Korhonen led the Finnish Red Cross's effective disaster preparedness programme in the Aklan province in the Philippines. “When a hurricane passes over land, it usually loses its strength. However, it is still very powerful when hitting the coastline,” Korhonen explains. He was also surprised by the surge in water level following the typhoon.

“The water level can suddenly rise by dozens of metres, followed by flash floods.”

The stories of people finding refuge are almost movie-like. After Haiyan, Korhonen interviewed people who

had been trapped in a school in Aklan. “They didn’t have time to evacuate before the water rose. They were trapped in a small pocket of air between the rafters and the roof and had to find their way to safety.”

SECURING LIVELIHOODS

The Red Cross offered food, drink and temporary shelter to the victims of the devastation. Since the material damage was extensive, rebuilding was a massive investment. “People had built houses near the shore on the plots of land they owned,” Korhonen describes. After storms, the state may make building regulations stricter, which necessitates rebuilding the houses further away from the shore. The residents took part in the rebuilding, and some gained a new profession through the construction efforts.

“The fishermen may have been in the worst position, because many of them lost their boats,” Korhonen recalls. Efforts were made to recover or repair the boats, but sometimes re-education was offered. “Ideally, people get to resume their professional activities.”

THE CENTER OF WORLD ATTENTION

According to Korhonen, there were many lucky coincidences in the Haiyan operation. “For some reason, it garnered an incredible amount of global attention. There have obviously been plenty of similar operations around the world, but this gained a lot of support from many places, including the United States and China. Finland, too, provided a lot of support.”

The preparedness professional saw the importance of preparation during the Haiyan operation. “Preparedness is sort of like taking out an insurance policy: sometimes you pay for nothing and then you suddenly need a lot more.” In Korhonen's opinion, the Red Cross preparedness approach is not to focus on any specific type of disaster. “The important thing for the Red Cross is to be able to produce certain services to help people in the midst of an emergency.”



The villagers clear litter from the waterways every week. Zuhro Rustamoba is the one with the broom.

Volunteers help combat diseases in Tajikistan

How do you prevent infectious diseases in the countryside with few health care professionals and scarcity of clean water? Volunteers distribute health information around neighbourhoods and at schools in Tajikistan, the poorest nation of Central Asia. The efforts in the Rasht Valley are supported by the Red Nose Day fundraiser.

Everyone suffers from the lack of water. Water is the most important thing to sustain life", argue "grandmothers Zuhro Rustamoba, Mahfirat Pirakova and Mailen Podova. Even though the position of women is often difficult in the countryside, these women have been able to insti-

tute changes in their village. Alongside other volunteers, the women help clean the village waterway of rubbish each week and make sure that domestic animals stay away from the water. The water that flows in the trench is used for domestic work, and some also have to drink it because

there is not enough pumped water to go around. The water for storage needs to be brought in from elsewhere. The women have also distributed information to their neighbours on how to boil the water and let it settle, when to wash one's hands and how to tend to the cows. And how to prepare food so that that diseases do not spread from domestic animals or insects to people. Thanks to the tenacity of volunteers, the number of hepatitis infections in the village has begun to drop.

When Nigina Safarova sees Sharifjohn Safarov arrive in her yard, she bursts out into overwhelming praise. "You saved my life!" Nigina fell ill with severe coronavirus disease as the epidemic spread in the village of Kitrok. Sharifjohn worked as a health centre nurse and volunteer for the Red Crescent together with another volunteer, Abolvali Hakimov. "One day when I was in the garden, I began to feel very bad. I lost consciousness. My son lifted me up and took me inside," Nigina says. "I remember a relative giving me food. I had no appetite and couldn't even sleep. I don't remember how long I was in that state, but these two men gave me medicine and kept me on an intravenous drip. When breathing became really difficult, I was brought to the health centre where I was provided with oxygen. After that, I was unconscious almost the entire time. For three months, these two men were by my



Before a separate washing space was provided for girls, Samira had to visit her grandmother to change her sanitary towel.

Clean water is now available in the school of 15-year-old Amina in the Rasht Valley. "We have two stations for hand washing, one for younger children and one for older ones. The girls can use the water to ensure hygiene during

Nigina Safarova (on the right) sees Sharifjohn Safarov as the person who saved her life.



side every day. I owe these men an immeasurable debt of gratitude for staying with me day and night."

The Red Crescent Society of Tajikistan has improved the opportunities of schoolchildren to take care of their hygiene during a school day. For many, this means improved success in school: you can attend school when you are healthy.



- Tajikistan**
- Capital: Dushanbe
 - Area: 141,400 km²
 - Population: 10,147,000
 - Density: 71.8 km²

WE HAVE ADVISED PEOPLE THAT THEY SHOULDN'T BUY DAIRY PRODUCTS FROM THE BAZAAR. WE ALSO INSTRUCT EVERYONE TO BOIL THE MILK FOR AT LEAST 30 MINUTES.

their menstruation, and the water is safe to drink." The girls situation improved because of the designated space where they can wash themselves and change their sanitary towels. "Thanks to the washing rooms, we now have fewer infectious diseases. Before, I had to visit my grandmother to change the sanitary towel, but now we can stay at school," Amina says cheerfully.

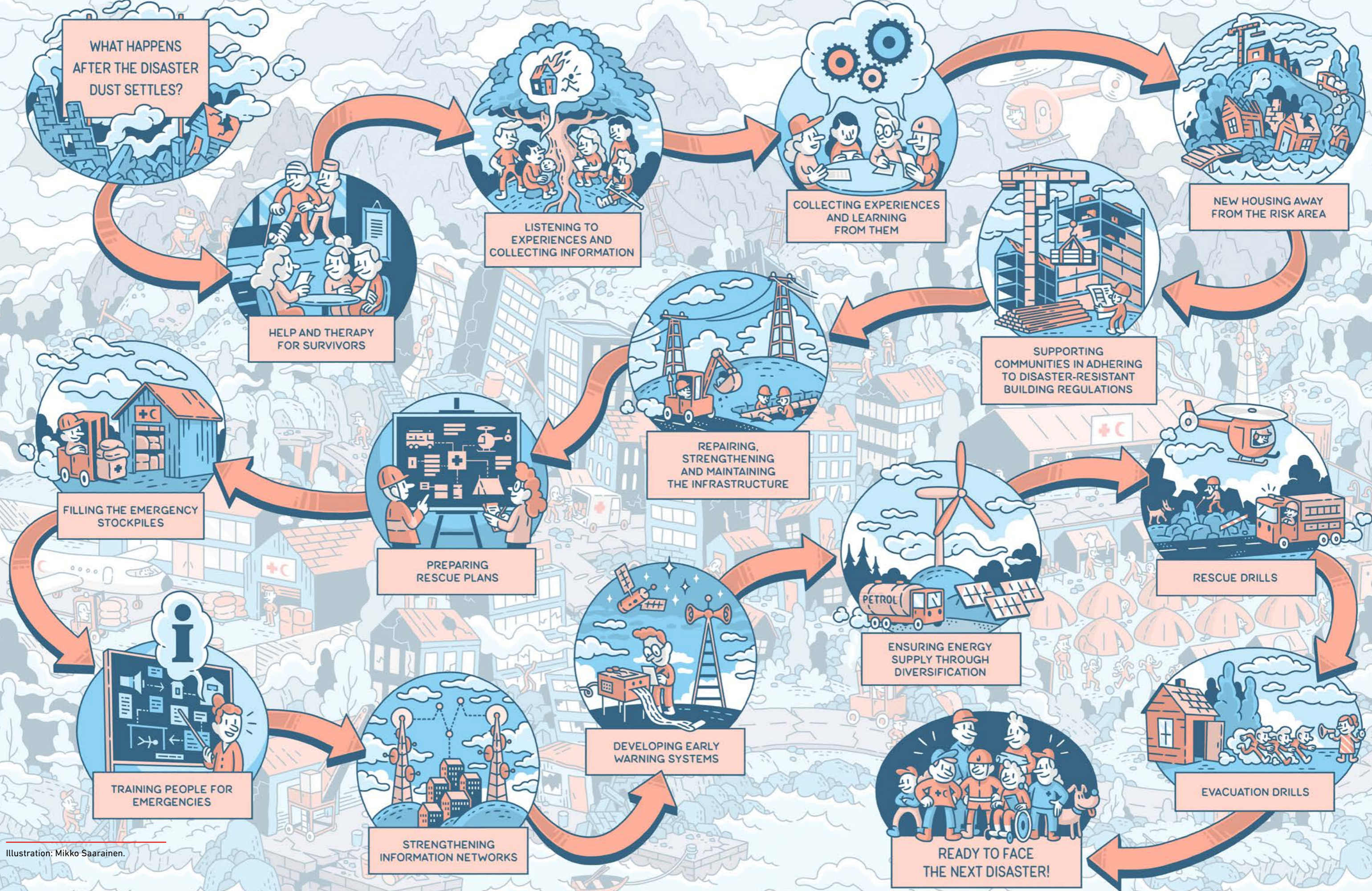
Brucellosis, which is also known as undulant fever and is communicated from animals to people, is a concern in the countryside. Shadlo

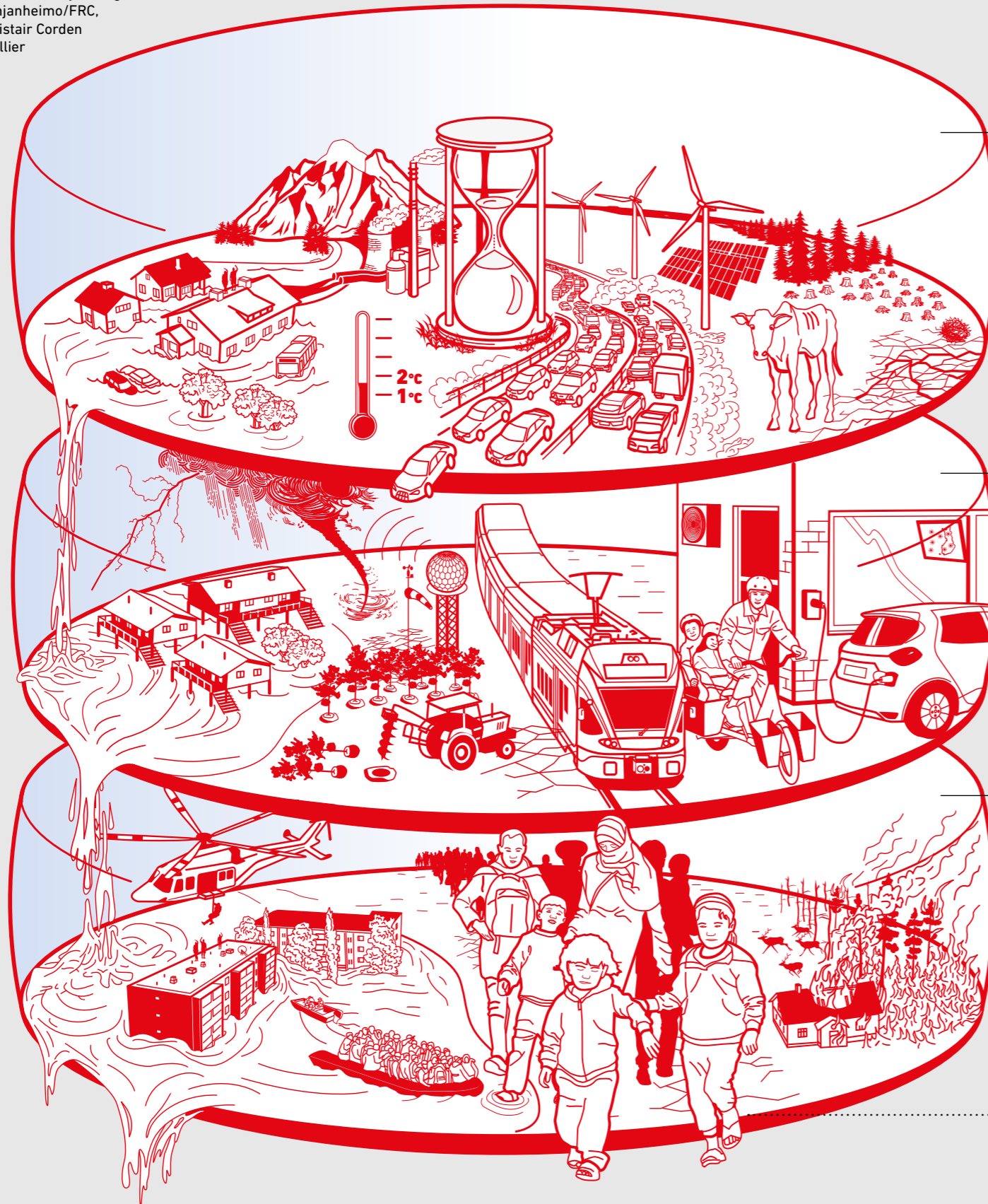
Afgonova, a resident of Tajikabad, distributes information to homes about preventing infectious diseases. "There are cases of brucellosis particularly in remote villages. Women and young girls are the most vulnerable because they are responsible for the house work: they tend to the animals and gardens," Afgonova says. "On Fridays, we have a bazaar to sell animals and dairy products. People eat foodstuffs that have not been checked for quality. Another cause for the cases are animal shelters that are situated near living premises and not cleaned sufficiently. We have advised people that they shouldn't buy dairy products from the bazaar. We also instruct everyone to

boil the milk for at least 30 minutes and fry or boil all meat thoroughly before eating." Afgonova tell a story of a home visit to a household that had purchased a new cow. Butter was made from un-boiled milk. "After a month, the mother of the family began to complain about headache and pain in her knees and bones. I took her to the health centre. There, a sample was taken and sent to Dushanbe. The diagnosis was brucellosis." The entire family had caught the disease, and the cow had to be put down. The family received treatment, and everyone is now better.

Shadlo Afgonova distributes information about infectious diseases.







LEVEL 1

WHAT DOES THE THERMOMETER SAY?

LEVEL 2

PREPAREDNESS
PREPARATION
ADAPTATION

LEVEL 3

RESPONDING TO
REALISED RISKS

CRITICAL THRESHOLD

UNCONTROLLABLE
HUMANITARIAN
EMERGENCY

CLIMATE CHANGE 1-2-3

At its simplest, climate change can be summarised in three entities.

THE FIRST ENTITY, level one in the graphic provided, ultimately boils down to what the thermometer reads.

At this level, the aim is to reduce greenhouse gas emissions, such as carbon dioxide, as much as possi-

also requires changes to our way of life, such as food production and consumption.

Moving around, transportation, industrial production methods – all these and countless other ways are leveraged to keep the thermometer

THE BETTER WE DO, THE LESS CONSEQUENCES OF ESCALATING TEMPERATURES TRICKLE DOWN FROM LEVEL ONE TO LEVEL TWO.

ble and ultimately reach negative figures. Achieving negative figures means that we are able to reduce the amount of harmful gases in the atmosphere instead of simply curbing them.

Ways to achieve this goal include getting rid of hydrocarbons as an energy source and transitioning to renewable sources. Reaching the goals

readings at least at a tolerable level.

The thermometer is a simple measure of success. It indicates how well we are succeeding in terms of the first level objective. The better we do, the less consequences of escalating temperatures trickle down from level one to level two. In other words, the worse we do, the higher the number of problems that end up on the next level.



Limiting the temperature increase to a maximum of 1.5°C was set as the first level goal in the Paris climate summit of 2015. Based on current knowledge, this goal will not be reached. At the current rate, we will be far beyond 2°C by the end of the century.

The Intergovernmental Panel on Climate Change IPCC estimated that, unless emissions are limited quickly across the globe, temperatures may rise by as much as 4.3°C by 2100. A future of this kind would be a threat to life on Earth.

According to current knowledge, the transition from level one to level two entails a staggering number of severe problems – consequences of climate change.

THE SECOND ENTITY

encompasses preparedness, preparation and adaptation: level two in the graphic. The level two goal is to prevent or curb as many of the consequences of climate change as possible.

The adaptation aims to prevent the realised consequences from turning into critical catastrophes.

There are myriad direct and indirect level-two repercussions of the changing climate. The most obvious ones are related to extreme temperatures, storms, heavy rains, droughts, the melting of ice, rising sea levels, changes in food production, the sufficiency of fresh water, two-pronged impacts on biodiversity and health effects.

Abandoning hydrocarbons to make way for renewable energy sources is the key to success on level one of the 1-2-3 concept.

Level two is a crucially important element of climate change efforts. The worse we perform with regard to level one, the more important the level-two efforts become.

The higher the number of problems passing from level one to level

THE ADAPTATION AIMS TO PREVENT THE REALISED CONSEQUENCES FROM TURNING INTO CRITICAL CATASTROPHES.

two, the more effort will be required for preparedness, preparation and adaptation.

The Red Cross and Red Crescent societies have an increasing role of ensuring that vulnerable communities can withstand any

Preparedness and adaptation to floods can mean this, too.



disasters and challenges as well as possible.

THE THIRD ENTITY

is where everything that the level-two measures fail to resolve ends up.

The area depicted by level three in the graphic includes measures to respond to actualised risks. This level is at the core of the traditional operations of the Red Cross and Red Crescent: it tackles the disasters and their consequences.

The third level involves flash floods, famine, massive storms and the loss of living areas and environments that enable life. Developments such as disputes around the availability of fresh water may lead to violent protests, conflicts and even wars.

Third-level resources are also needed for handling disasters such as earthquakes, even though they do

not have an apparent link to climate change.

It is important to understand that the hope of managing the situation ends at level three. If the level-three resources are insufficient to handle the problems that escalate from level

one to two and from two to three, the end result is some form of uncontrollable humanitarian emergency.

The whole of Europe and us Finns got a taste of an uncontrolled humanitarian emergency in 2015. At the time, roughly a million refugees, mainly from Syria, Iraq and Afghanistan, suddenly walked through Europe almost unobstructed. More than 30,000 of them ended up in Finland.

The mass migration resulted from the extreme hopelessness of people running from the Syrian Civil War, among other things. Once the situation erupted, the number of refugees increased daily up to a total of one million. Today, eight years later, Europe has still been unable to process the shock.

If humanity ultimately fails on levels one, two and three, the end result may be a humanitarian crisis a hundred or a thousand times larger than the one in 2015. The case may be that hundreds of millions of people, or even a billion people, are forced to find themselves a new living environment due to the cruel consequences of climate change.

We may not be able to handle a failure of this magnitude.

This is why it is important to resource all three levels as well as possible.

If we fail on level one, as the current forecasts predict, the resources on level two may not be sufficient to prevent or alleviate every consequence and we may not be able to adapt to the reality that follows.

Only 7% of the global climate funding was allocated to preparedness in

THE END RESULT MAY BE A HUMANITARIAN CRISIS A HUNDRED OR A THOUSAND TIMES LARGER THAN THE ONE IN 2015.

2021. The funding deficit stood at 85%, and the situation has not markedly improved. At this rate, the level-three capabilities to tackle any actual disasters will be woefully insufficient.

According to statistics thus far, the funding for handling human-



On level three of the 1-2-3 concept, the challenges to overcome are extensive disasters, such as massive wildfires.

itarian emergencies at level three has been deficient every single year. Currently, humanitarian funding covers about half of the assessed needs. In recent years, the global number of refugees has increased well beyond 100 million.

As such, the world is currently unable to handle the repercussions of conflicts and natural disasters.

In order to surmount the wildly escalating needs of the future, this 1-2-3 concept describes a three-tier

path of survival and the resourcing of each level must be at the absolute maximum limit of our capacity.

In this regard, countries like Finland have a key role despite their small size.

There is no workable alternative.

Getting rid of hydrocarbons is extremely profitable

Stanford University scholars have presented calculations indicating that getting rid of oil, gas and coal would be not only desirable but also possible by 2050.

Replacing these costly energy raw materials with equivalents derived from wind, water and sunlight would require investments worth 64 trillion US dollars in new technology, but the end result would yield 11 trillion USD in savings each year.

After the transition, no one would need to pay anyone for oil, gas or coal. Wind, water and sunlight are free, and only the technology to harness them requires investment.

It would be possible to pay off the investment in six years, after which the global economy would gain an annual boost of 11 trillion USD.

According to the Stanford calculations, giving up hydrocarbons would be extremely profitable. As such, there are excellent tools for level one, as long as we make use of them.



Draught and poverty plague Eswatini

Red Cross cash assistance helps families get by

Eswatini, formerly called Swaziland, is a kingdom of some 1.2 million people in southern Africa, located between Mozambique and South Africa. As is the case in other nearby regions, Eswatini suffers from a prolonged food crisis, which began in 2015. The drought caused by the El Niño phenomenon, further strengthened by climate change, and the irregular rains and floods ever since have damaged the harvest seasons year after year.

Food production has suffered badly in the entirety of Eswatini, but the situation is the most dire in the regions of Shiselweni and Lubombo.

Momsa and Ncobile in front of their home. Ncobile is holding a bowl of corn flour.



Eswatini

- Capital: Mbabane (administrative) Lobamba (legislative)
- Area: 17,364 km²
- Population: 1,142,000
- Density: 65.8/km²

The crisis is exacerbated by the fact that more than 70% of the population either directly or indirectly derives their livelihood from agriculture.

With funding from the Finnish Ministry for Foreign Affairs, the Finnish Red Cross has supported a project that has distributed cash grants to some 24,000 people.

A SINGLE PARENT OF FIVE SURVIVES WITH THE HELP OF THE RED CROSS

Momsa Mhlanga, 55, is one of the beneficiaries. She is a single parent of five children. Only her daughter Ncobile Dlamini, 34, is currently living at home. The other children are in school or looking for work.

“When all of us are at home, there is very little room,” Momsa says. The family lives in a house with only one room. “When my 18-year-old son visits, he has to spend the night in the neighbour’s home. He is currently in South Africa looking for work.”

Momsa and Ncobile are preparing cornmeal to eat. It is a very common food in Eswatini, but not very nutritious. “We eat cornmeal almost every day, as do most of the people here,” Momsa says.

This time, ochre leaves are added as garnish to the cornmeal. “They are a good supplement to the meal. Ochre adds taste and nutrition to the food,” Momsa says.

Momsa has bought the corn with cash assistance. She has received a cash grant of slightly over 40 euros six times now. The area where Momsa

lives is poor, and the drought makes farming difficult.

“The assistance provided by the Red Cross makes a big difference to us. Farming is uncertain due to the dryness and heat waves. Some succeed, others do not. Thanks to the Red Cross, I can now support my family,” Momsa says.

“I’ve used the cash on food. In addition to corn, we have purchased potatoes, carrots, salt and sugar.”

CASH ASSISTANCE TO BRIGHTEN UP THE EVENINGS

The 25-year-old young woman Gugu Hlanze is the head of the family despite her young age. She has been taking care of her siblings since her parents died when she was still under-age. Gugu is the eldest of the siblings; the other members of the family are 22-year-old Thembekile, 17-year-old Noncedo and the 15-year-old Gift. The latest addition to the family is Thembekile’s child, the 11-month-old Melokuhle.

Gugu’s family, too, has received cash assistance from the Red Cross. Like Momsa, they have used the money on foodstuffs, such as corn, food oil and beans. They have also planted crops of their own, including corn, watermelon and pumpkins. That said, the family is particularly pleased that they have electric light at home.

“We don’t use electricity to prepare food, it’s only meant for family time. When the sun sets, we turn on the lights, talk and tell jokes to each other,” Gugu says with a smile.



GRANDFATHER AND GRAND-CHILDREN STAY HEALTHY

The marula tree, which only grows in the wild on the African plains south of the equator, is a valued source of nutrition in Eswatini. Once a year, the marula tree produces yellow fruits containing lots of vitamin C, protein and healthy oils. The marula tree is also known for the fact that the scent of its ripening fruit attracts African elephants across long distances.

The person sitting under this tree is Simon Maphalala, a grandfather of six. He sits in a wheelchair, that has seen better days, peeling marula fruit. He carefully separates the parts of the fruit into three buckets. His intention is to use them later to prepare a drink.

Simon’s family, too, has received cash assistance from the Red Cross. He has used the money to purchase foodstuffs. “This is a very poor area. The monetary support has enabled me to take care of myself and my grandchildren who are living with me,” Simon says.

“The children and I have remained healthy, because we’ve had enough food. I’ve bought corn, food oil and tea, for example. Without the cash assistance, I would not be able to afford them,” Simon says.

IMMENSE VALUE

Cash assistance has been a part of Red Cross operations for almost a decade.

“Cash assistance gives people with the chance to make independent decisions. They can choose how they spend the money, because they know their own situations best,” says Jouko Ala-Outinen, the country representative of the Finnish Red Cross in Eswatini.

In the context of cash assistance, it is important to acknowledge that the needs of people can vary greatly even within the same area and in the same conditions. The assistance also supports the local economy: when people purchase local products and services, the cash remains in the local market.

The Hlanze family from left to right: Gugu, Noncedo, Gift, Thembekile and little Melokuhle.

Simon peeling marula fruit in his yard.



That said, the cash assistance is not a magic pill, Ala-Outinen reminds. “Sometimes cash assistance is not an option. The economy of the country may not be functioning properly, which makes cash irrelevant. Beneficiaries might prefer to get goods or services directly, in which case we must respect this,” Ala-Outinen says.

There are also plenty of other issues to consider before providing cash assistance. The local Red Cross or Red Crescent must be willing and ready to use this form of assistance. It is also important for local authorities to permit the provision of monetary support. They must have the technical resources: experts, logistics, beneficiary registration, data management and data protection.

“We have been successfully using mobile money in Eswatini for seven years now. Eswatini’s Red Cross is a strong national society in the country, which has experience in organising cash assistance. Mobile money is a convenient form of assistance, because almost everyone has a cheap phone to receive the support. It is a very convenient substitute for a bank account,” Ala-Outinen says.

Assessment is key

– lessons learned from the Syrian earthquake

Johanna Arvo, the coordinator of disaster operations for the Finnish Red Cross, led an international assessment team in Syria soon after the February 2023 earthquake. She kept a diary of her assignment.

MONDAY 6.2.2023

I'm browsing the news at breakfast. There was a devastating earthquake in Turkey early this morning, which also left destruction in its wake in Syria. I immediately link the news article to my colleagues in our WhatsApp group. It is seven o'clock, and the discussion is already busy with my supervisor and logistician colleague.

Soon, the Turkish Red Crescent issues an appeal for emergency aid and we wait for the same from Syria. We don't know the specifics of the assistance required, but we know what we can offer. I begin an inventory for the Red Cross clinic, and we make preparations to provide monetary assistance, supplies and human resources.

More information begins to trickle down over the course of the day through official and unofficial channels. My supervisor, my logistician colleague and I have plenty of experience in this field, so we know people around the world – also on location in Turkey and Syria.

The situation in Syria is of particular concern, since the country is fragile after 12 years of conflict and the need for humanitarian aid remains immense. Moreover, the area that has suffered the most damage is in northwest Syria, which even the Red Cross and Red Crescent cannot access.

News of massive aftershocks arrive over the course of the day.

THURSDAY 9.2.

The International Federation of Red Cross (IFRC) has asked the Syrian assessment team to map out the state of health care as well as other needs. We hold a remote meeting under the leadership of the IFRC with representatives from Norway, Canada, Japan and Germany, and we make a proposal on the team composition. The national societies of these countries have field hospitals, which means that they can respond to any needs that arise. I am appointed as the head of the assessment team,

and I begin practical preparations for travelling to Syria.

MONDAY 13.2.

I fly to Lebanon with a Finnish technician Janne, and we proceed across the border to Syria by car the next day. I continuously monitor online sources to keep track of the actual events, trying to determine the situation in the country before the earthquake and find out about the operations of the Syrian Arab Red Crescent (SARC) before the quake as well as their strengths and capabilities.

TUESDAY 14.2.

I continue my assessment in the capital city Damascus by talking with the representatives of the SARC. The organisation is a strong operator in the country, but the long-standing need for assistance has drained it of resources.

The IFRC has a strong presence in Damascus, and it supports the activities of the SARC. We discuss the overall situation and prepare scenarios about the health care needs we can meet. We consider how the aid could be linked to existing projects and other organisations operating in the country, such as Doctors Without Borders and UNICEF. Coordination is important, and the assessment is an essential part of preparing for the next day's journey.

WEDNESDAY 15.2.

The entire team has finally arrived in Damascus and we can set off towards Aleppo. The team consists of the technician Janne and experienced doctors from Canada and Norway and myself. The fifth member of the team is a nurse from Norway, who unfortunately will not be able to obtain a permit



The first rescuers began their efforts no later than ten minutes after the earthquake. A survivor being dug out in Hama, Syria.

to travel outside Damascus in time. She will stay behind at the hotel to examine the situation of Syria's health care system and vaccination coverage.

The Canadian doctor Ayham is originally from Syria, and his language proficiency and networks will be extremely valuable in the coming days. During the drive, he contacts many of his acquaintances and tries to organise meetings with representatives of the local WHO and ministry of health, SARC's local managers and people who carry out emergency efforts on the field.

The drive to Aleppo takes about eight hours, so we have time to get to know each other on the way. We take turns taking naps because of jetlag and general lack of sleep.

THURSDAY 16.2.

The day begins with a quick breakfast and division of duties. Since we only have one car, we go to the same places together. We agree that everyone will take notes and we will record our observations for our report and recommendations in the evening.

The SARC's local management welcomes us with open arms. We hear situational reports from persons responsible for a variety of sectors. Immediately after the visit, we go to a children's hospital maintained by the SARC. The two upper floors have apparently been damaged before, but the staff is too afraid to work on them.

That said, the hospital is still in operation on the lower floors. The hospital representatives hope for new

equipment or monetary assistance. Based on what I see, the hospital has plenty of donated equipment, some of which is lying around abandoned. I cannot help thinking, that with donations, we should always ensure the suitability of the supplies, maintenance and people's ability to use the equipment correctly.

From the hospital, we continue on to visit the International Committee of the Red Cross (ICRC). It is important to gain information from a variety of actors to confirm the actual course of events.

During the day, we are able to determine that most extensive damage was suffered by the buildings in Aleppo that had already been damaged during the conflict and had very few



The Red Cross assessment team meets with the WHO health coordinator of the Latakia region in Syria. Johanna Arvo is on the left with her back to the camera.



Johanna Arvo (on the left) and Canadian doctor Ayham Alomari talking with an earthquake refugee family at the Latakia stadium that was converted into a shelter.

residents remaining. As such, Aleppo did not have needs that we could help fulfil. It is difficult to get into the mindset that even though you see endless needs around you, you have to focus on the damage and needs that have been caused by the earthquake.

FRIDAY 17.2.

We start off early so that we can catch our ICRC colleagues who have information about the rebuilding plans and any emergency housing needs people may have. We visit a mosque which is currently accommodating a large number of people. We also record any deficiencies and relay them to the parties responsible for water and sanitation or rebuilding projects.

We decide to leave early for our next destination Latakia, which is a port city in western Syria. We travel through large cities in daylight, which provides a great opportunity to witness the devastation caused by the earthquake – or, in fact, the lack thereof.

The trip provided good time to discuss the things we witnessed and heard as a team. It was exciting to realise how different the things were that had caught each individual's attention. One had structural and technical observations, the other focused on thoughts and fears related to epidemiology, and the third honed in on considering the work load and mental burden of the local volunteers.

Only after arriving in Latakia did we see badly damaged and collapsed

blocks of flats and true devastation for the first time.

SATURDAY 18.2.

First thing in the morning, we had booked a meeting with the manager of the Latakia SARC district. Many key volunteers congregated to talk about the challenges and needs in their respective areas of responsibility. The earthquake had damaged the natural parts of the largest water source in the area and some of the soil had dissolved into the drinking water. The water is still murky, but it has been found to be drinkable after boiling. However, many people do not even have the opportunity to boil water because their homes have been destroyed. In other words, the risk of falling ill because of the water is ever-present.

First aid volunteers have support-

THE STADIUM WAS A DEPRESSING SIGHT. THE LARGE AREA CONSISTING OF SECTIONS INTENDED FOR A VARIETY OF SPORTS WAS NOW A TEMPORARY HOME FOR ROUGHLY 5,000 PEOPLE.

ed those looking for survivors in the ruins for more than a week now. The people are tired and traumatised – every volunteer has lost someone close to them, their home or their livelihood. The mental burden is immense.

The volunteer helpers recounted that they haven't had sufficient supplies after the earthquake. The local SARC warehouse had of course made preparations by stockpiling lights, but they lacked batteries. Stronger gen-

erator-powered lights could not be started without fuel.

Even before the earthquake, Syria suffered from a severe lack of fuel. The first hours of work were therefore conducted with nothing more than flashlights, until the sun came up and natural light came to the rescue. Many of the helpers were visibly tired and frustrated that they wasted valuable time they could have used to look through the ruins, because it wasn't safe to work in the dark.

The clinics in Latakia were able to fulfil health care needs very well, even immediately after the earthquake. That said, the most difficult challenge was yet to present itself. People had been herded into temporary shelters in schools and mosques, but even during the time we were on location, the aim was to resume their normal use.

Hundreds and thousands of people had been instructed to take temporary shelter in the local sports stadium, which was a depressing sight. The large area consisting of sections intended for a variety of sports was now the temporary home for roughly 5,000 people. It was entirely unsuitable to serve as accommodation for anyone.

Even though the premises provided people with a roof over their heads, the washing and toilet facilities were hopelessly deficient. Many had escaped their homes early in the morning wearing nothing more than their pyjamas, and they had no towels or clean clothes, let alone other basic supplies. Food had been distributed somewhat haphazardly, and the uncertainty of its availability caused unrest. Many didn't have the money or opportunity to purchase supplies from shops.

There were some vans outside the stadium providing health services, and people were lined up in the

hopes of getting their daily medication. We gained important information about health-related needs from the residents of the stadium and the health care staff. Overall, the situation seemed dire and the living conditions of the people were quite unbearable. Many complained about the lack of privacy and the fact that women often feel unsafe, particularly during the night with the men and women in the same gym hall the entire night.

In the evening, we get together and collect our observations. Ultimately, we decide that we have collected enough information and we will head for the capital on the next day.

SUNDAY 19.2.

First thing in the morning, we meet the health coordinator of the WHO in the Latakia area. We agree that it would be good to secure extensive basic health care services near the temporary housing, also in areas where families are staying with friends and relatives.

By evening, we find ourselves in Damascus and decide to go to a small local restaurant for dinner. Still, we end up going to bed early. I'm feeling quite exhausted from travel but also as a result of the stomach issues that I've been having for three days now, which have been an ordeal alongside everything else. Fortunately, I had my own medication with me, so I was able to make myself feel slightly more tolerable.

MONDAY 20.2.

In the morning, we congregate in the conference room upstairs to write down and summarise the observations of the field trip. We lose focus many times when colleagues ask us about what we would recommend, what we have seen and what the situation in Aleppo and Latakia was actually about.

As it happens, a considerable challenge in Syria has been the fact that movement has been restricted due to the safety situation (conflict and earthquake). In order to be able to pass through Damascus to other cities, it is necessary to obtain permis-



sion from the government, which may take from a few days to several weeks. Our team got a travelling permit fairly quickly, since we were bringing additional assistance to people in need based on a preliminary assessment.

For the afternoon, the IFRC has invited all of the Red Cross and Red Crescent representatives in the country to a coordination meeting in which we have promised to present our findings along with a proposed plan.

TUESDAY 21.2.

We repeat the presentation of the previous afternoon but this time with an audience made up of Finnish, German, Norwegian, Canadian and Japanese Red Cross representatives as well as IFRC representatives from Geneva and Damascus. We end up suggesting that a field hospital shouldn't be sent. Instead, the needs are more related to basic health care.

Our team's idea is to provide a mobile clinic to administer health care services from three ambulance-like vehicles. Mobility is key since people move from place to place and have to seek temporary shelter in new locations all the time. We also want to

The depressing repercussions of the Syrian Civil War and February earthquake in Aleppo.

bring something new to the picture in addition to the existing mobile clinics.

The SARC runs mobile units that operate from a single car. The unit we suggest is a combination of three cars that would provide the services of a maternity and child health clinic, infection clinic and basic health care unit. Many lost their medications and prescriptions in the collapsed buildings. The three-car caravan is an entirely new kind of thing, and I find that I need to sell it a little when talking about it.

In our meeting, we decide to alert the ERU (Emergency Response Unit) countries that have the capability to organise clinics. The IFRC begins to examine where it can gain the units and who will assume leadership of the operation.

WEDNESDAY–FRIDAY 22–24.2.

The SARC seems disappointed with the decision to not send a field hospital. Even though there would absolutely be need for it in Syria, it isn't a sufficiently agile and suitable solution for the aftermath of an earthquake.

In our report, we also talk about the risks, the safety situation and the



Syria

- Capital: Damascus
- Area: 185,180 km²
- Population: 28,246,000
- Density: 152.5/km²



fuel availability issues, among other things. The sanctions imposed on Syria must also be taken into account: what can be brought into the country and which medication can be imported and from where and under what conditions. We consider the maintenance of supplies and cars. How do we ensure powering the medical equipment when we can't charge the vehicles overnight?

The report will be an account of our assessment but also a tool based on which the operation will function. At the same time, I'm writing work performance assessments to each team member before they return home. We have just agreed that the first team members will begin their journey back home on Thursday.

SATURDAY 25.2.

Two of the team members have left the country so there are three of us left. Early in the week, the intention is to make arrangements with the SARC about the final clinic setup and the next steps.

I've been having stomach issues for about a week and my strength is somewhat waning. I feel like I'm catching the flu and I test positive for COVID-19 in the afternoon. I notify the other team members of the situation and instruct them to monitor

IFRC's mobile clinic in Jableh, Latakia, Syria at the beginning of April. Danielle Perrault (center) talks with head nurse Jaana Ihalainen (right).

The first two cargo planes of the EU's humanitarian airlift are about to land in Damascus at the end of February. Aid supplies were distributed to both government and opposition areas in north-western Syria.



their own condition. Even though we have been extremely careful with hand hygiene and used masks, I have still been infected.

By the evening, I'm completely spent and just sleep.

SUNDAY-TUESDAY 26-28.2.

I remain in my hotel room in voluntary quarantine, and I don't feel quite up to working. Since a big meeting is scheduled for Wednesday that will require me to present the findings and talk about the agreed clinic setup, I finish the report and ask the team members to proofread it before the ultimate fine tuning.

WEDNESDAY 1.3.

I leave the hotel room feeling guilty, even though I no longer suffer from

any symptoms. Wearing a mask and having practically bathed in hand sanitiser, I go to the SARC office to present my findings.

Our presentation of the mobile clinic is well received as I indicate the ways it differs from their existing units. In addition to this, I explain that the unit can serve to train personnel and increase competence within the SARC. Next time, they will be able to establish equivalent units on their own.

I state that the Finnish Red Cross will manage the mobile clinic. The Red Cross organisations of Germany and Portugal will bring cars to the location under Finnish leadership, and the Red Cross organisations of Japan and France will send medication. Other supplies are provided from Finland in the car from Portugal.

The ERU clinic provided this time is vastly different from any of the previous ones. A unit of this kind did not exist and it was ultimately put together through the cooperation of many national organisations. A new model and operating method always requires more planning and coordination.

SATURDAY 4.3.

The journey home has begun. I present the findings of our team at the regional IFRC office in Beirut. Apparently our assessment is unusually extensive and our report has reached many key persons.

I hear about the challenges, such as how difficult it is to provide aid to Syria and how strong and independent the Red Crescent national society is. I'm happy and proud of the work we carried out but also sad about the many needs that were left unfulfilled.

SUNDAY-MONDAY 5-6.3.

It is time to return to Finland. I feel very melancholy and empty. Still, I have no time to rest because I remain responsible for the Syrian health care operation in my role as a coordinator for disaster operations. I continue working with the operation remotely the following months, supporting the ERU team.



Text: Sanna Ra
Images: The Turkish Red Crescent Society, Teemu Lähteenmäki's album, Corrie Butler IFRC

Turkey after the earthquake

Fireman and construction engineer Teemu Lähteenmäki was assigned to southeast Turkey as a structural specialist by the EU Civil Protection Mechanism (EUCPM). His main task was to secure the infrastructure and buildings, such as housing for the aid workers, after the most devastating earthquake in the country's history.

The first villages upon entering the earthquake area were a shocking sight. Every building within half a kilometre had collapsed or been slanted enough to be too risky to enter. The centre of the two earthquakes rated at 7.8 and 7.4 on the Richter scale was located about 33 km northwest of the city of Gaziantep.

Teemu Lähteenmäki was surveying the destruction. He travelled to the site immediately following the earthquake on 7 February as part of a 15-person EUCPM team that was primarily tasked with coordinating aid workers and supplies for the country and serving as a liaison between the EU and Turkey.

Initially, there was very little information but the overall picture began to take shape piece by piece. "We realised that the situation was extremely

challenging, and I found that I hadn't really grasped the scope," he says, describing his initial impressions. At the time, he didn't know that the affected area was the size of Portugal and the devastation reached the neighbouring country of Syria. An estimated 26 million people lived in the quake's area of impact.

FIRST COLD NIGHTS

Lähteenmäki's team was based in Gaziantep and, for the first couple of nights, he stayed at the office of ECHO (European Civil Protection and Humanitarian Aid Operations), which was a three-storey detached building. The temperature outside was a few degrees below zero and it was cold inside, too, because gas heating could not be used for safety reasons.

The earthquake survivors are the first and, ultimately, the most effective rescue workers.

The local staff had assembled in the office buildings with their families, because they were too afraid to go to their own homes. Lähteenmäki felt that the people in need were quite adaptable and brave. "In a way, you could see that the people were accustomed to the earth quaking quite often," he recalls.

DIVERSE WORK TASKS

At first Lähteenmäki largely operated in a two-man team with a Swedish colleague, but he also had to spend a few days working alone or with an interpreter within a range of roughly 300 km. The Swedish colleague had prior useful experience from earthquake areas in Nepal, for example, while this was Lähteenmäki's first time. Having worked for more than two decades as a fireman, the resident of Tampere trained as a construction engineer six years ago and later completed a course in international rescue operations. He was interested in international tasks, so he applied to become a part of the ECHO roster through a course.

In Turkey, he served as a building engineer and structural specialist, but his tasks also involved plenty of other things, such as receiving aid supplies at the airport and collecting information from ruin rescue teams that had arrived from all over the world. Thousands of professionals were involved in the efforts.

Especially at the start of the assignment, Lähteenmäki asked the ruin rescue teams for situation reports because he was often the only EUCPM representative in the area. “We asked them about the number of locations covered and about the survivors and dead bodies found.” The work of ruin rescue workers is a battle against time. “When I saw the condition of the people heading home, covered in muck and having had very little sleep, I understood how much they had been through,” Lähteenmäki says, acknowledging how tasking the efforts were.

SURVEYING BUILDINGS

One of the most important rules of thumb for aid workers is to take care of themselves first so that they can then help others. The same goes for work premises. “For me, the most important task was to ensure the safety of my team. This meant that I regularly inspected the work premises and accommodations,” Lähteenmäki says. Another aspect of personal safety is keeping the necessary gear with you at all times, in case you

EUCPM

The European Union’s Civil Protection Mechanism was established in 2001, and its mission is to provide disaster relief across borders. The arrangement includes all EU countries, Iceland, Turkey, Norway, Serbia, Montenegro, Albania, Bosnia and Herzegovina, Ukraine and North Macedonia. The mechanism responds to aid requests from countries that have suffered a disaster by recruiting and sending helpers to the target country. The operations are coordinated by the Emergency Response Coordination Centre, which operates under the European Commission. The mechanism is also used to provide personnel in addition to material support.



Teemu Lähteenmäki, who works for the rescue department of Pirkanmaa, served as a structural engineer for the EU Civil Protection Mechanism after the earthquake in February 2023.

cannot return to your accommodations, for example.

Building inspection at the most basic level means making a visual assessment about whether or not the building in question can be used. “My criterion is assessing if I could use the building myself,” he says with a laugh while being entirely serious. The inspection begins with eyeing up the outside of the building to see if it is slanted or has any cracks. “In terms of structures, it is possible to determine the load-bearing frame from the outside.”

After this, it is important to look at the surrounding buildings. Sometimes, the inspected building is sufficiently intact but the structures and environment around it are not. “There may be all kinds of items on the roofs and walls of the other buildings that can fall. In these cases I needed to report that the building wasn’t safe.” Observing the soil and the shape of the terrain is also extremely important. Over millennia, fine soil may have slid down from mountainsides into the valleys. This soil may not be solid enough to hold buildings in place.

PEEKING INTO PEOPLE’S HOMES

Inside the buildings, the team first goes through the basement structures and then proceeds up one floor at a time. Even though individual dwellings were not meant to be inspected, Lähteenmäki made an exception since the residents of one building pulled him by the arm. “I couldn’t really

refuse, and there weren’t that many homes to inspect. I took a look,” he says with a smile.

The earthquake had stopped time in the homes: flat-screen televisions and bookshelves remained strewn across the floors. “It was very interesting to see the homes of local people without them cleaning up to make them more presentable. Whenever I could say that the home was in a liveable condition, I could see a spark of hope in the residents’ eyes amidst all the pain,” he says, recollecting memorable moments.

ANTICIPATORY CONSTRUCTION

The building stock in Turkey is diverse, as it is in Finland. “The availability of construction resources dictates quite a lot. In Finland, we often use wood for building, but the materials for casting concrete are more readily available in Turkey,” Lähteenmäki says.

The East Anatolian Fault Zone experiences earthquakes quite often, which is mirrored by construction efforts that are aimed at compensating for this fact. During his time in Turkey, Lähteenmäki saw quite a few buildings that had been constructed to withstand earthquakes. “An extra slab is added to the foundation, which enables the building to shift. I don’t remember seeing any buildings that were under construction and had collapsed.”

Small improvements can improve safety even more. “People are instructed on how they can evacuate their homes as quickly as possible and where they should position themselves to have the best opportunities of survival. It is also a good idea to have a small survival kit with food and drink,” he says as a tip.

The building codes in Turkey have been improving, but the team also encountered indications of possible construction errors. “We saw corresponding buildings that had been constructed in the same area at the same time, but one had collapsed and the rest were standing,” Lähteenmäki explains. There were also news in Turkey about building contractors who

had been caught at airports trying to leave the country.

SOLIDARITY AMONG AID WORKERS

In addition to being involved in building inspections, Lähteenmäki was able to assist with the delivery of aid supplies into the country. A fire had started in the port of Iskenderun as a result of the earthquake.

Lähteenmäki’s team was tasked with investigating whether one of the piers of the large port was safe. A ship was scheduled to arrive from Italy the next day with a field hospital and other aid supplies. “We found that it was safe for the ship to arrive and unload its cargo.”

Lähteenmäki came across Red Cross aid workers quite a few times around tent accommodations and the Gaziantep airport. He helped with the incoming cargo while the local Red Crescent Society was distributing food at the airport. “They invited us to eat as well, since there was so much food. We ended up eating lunch outdoors with everyone else,” Lähteenmäki describes.

A SHOCKING NEW QUAKE

After Lähteenmäki had spent about two weeks in Turkey, the earth shook

again. The epicentre of the quake was in Hatay and the magnitude was 6.4 on the Richter scale. “Experiencing an earthquake of this strength was frightening in and of itself. The image of going outside and seeing how everyone had crowded the streets and parks was seared into my mind. The fear, pain and distress were palpable.”

The team immediately began to check the hotels and other accommodations where team members and other internationals were staying. The parks were filled with people throughout the night because everyone was afraid to go home. During the February night, the temperature dropped below zero.

“Having worked as a fireman and seen distress on a smaller scale, I can handle myself better in emergencies,” Lähteenmäki says, assessing his expertise. “Sometimes I felt useful and, at other times, I felt completely useless in the given situation.”

LEARNING LESSONS

Lähteenmäki found that the accident and safety authority of Turkey had prepared for the situation quite well. It is an important element of preparedness to be able to receive helpers from outside the country. “Upon

arriving in many locations, we found large tent shelters that were already accommodating people. Fuel supply arrangements had also been made for international helpers, for example,” Lähteenmäki describes. “The extent of the devastation was so vast that no country can prepare for it alone.”

The aid workers also need to understand that they have to keep their equipment in order. Lähteenmäki heard about groups of helpers that were not self-sufficient and therefore strained the already overburdened infrastructure of the ailing country.

Lähteenmäki’s first international assignment ultimately lasted three weeks. “The work that our team did was absolutely first rate. Everyone helped each other and no one had bad days even though we worked long hours with little sleep. One of my strongest memories is that you could always count on your colleague.”

Lähteenmäki still messages with a local colleague, reads news related to the earthquake and works to improve his English language proficiency. All signs suggest that Fireman Lähteenmäki is not willing to extinguish the yearning for international assignments.



Turkey
 • Capital: Ankara
 • Area: 769,604 km²
 • Population: 86,289,000
 • Density: 112.1/km²

February 2023 earthquakes in Turkey and Syria

During Monday night on 6 February at 4:17 local time (3:17 Finnish time) when most people were asleep, Turkey and Syria were struck by an earthquake that was 7.8 on the Richter scale. The epicentre of the quake was located near the border of Turkey and Syria, some 33 kilometres from the Turkish cities of Gaziantep (two million residents) and Kahramanmaraş (one million residents).

The massive quake was followed by several aftershocks rated above six on the Richter scale. Another massive earthquake hit nine hours after the original one. It was measured at 7.5 on the Richter scale, and the epicen-

tre was a few dozen kilometres north of Kahramanmaraş.

On Tuesday morning 7 February, there were two earthquakes above 5 on the Richter scale. Later on 20 February there was another earthquake in the border area. This time, the magnitude was 6.4 on the Richter scale.

The material damage and human suffering caused by the quakes were massive. More than 50,000 people were reported dead. The recovery and rebuilding will take a long time. Millions who lost their homes at the start of 2023 are still living in temporary housing, tents and container camps.



A new policy guides international aid

The strategic framework of the Finnish Red Cross was completed two years ago, and it has been an important tool in a changing world. Director of International Operations Tiiina Saarikoski talks about her views on the preparation and focus areas of the framework.

The strategic framework for international aid was completed in 2021, and it will remain in effect for the next decade. What kind of process was preparing the framework?

Updating the framework had been discussed for a long time, but the right time to take action came in 2021. The management of international aid had changed, which is why we saw an opportunity to update the framework to better meet current needs.

The expectations sparked enthusiasm and a feeling of meaningfulness, which were excellent starting points

virus emergency, we decided not to postpone the update. Thanks to remote tools, we were able to maintain contact and engage our global teams. The process was fruitful and it was found to be necessary and a good platform for discussion.

The world appears to be changing quickly and continuously. How does the framework foresee the future?

During the pandemic, we were very much aware that global situations can change suddenly, which was a key focus in the strategy efforts. The

The new international strategic framework of the FRC emphasises local ownership. Red Cross volunteers in Mozambique.



WE WANTED TO COMPILE THE GUIDELINES FOR OUR WORK UP UNTIL 2030, BUT WE KNEW THAT THE POLICIES HAD TO BE FLEXIBLE AND ENABLE CHANGES.

for the strategy efforts. Updating the framework was an inclusive process which involved the staff, partners and other stakeholders. We also utilised consultants to lay a solid foundation for the framework.

Even though remote meetings were challenging during the corona-

framework focused on activity and the ability to change. We wanted to compile the guidelines for our work up until 2030, but we knew that the policies had to be flexible and enable changes.

During the strategy process, we also examined our international

aid organisation and modified it to support the goals of the framework. It was a challenge to fit together the framework and the organisation, but this created a foundation for a strong implementation. It is often the case that a choice has to be made between the strategy or organisational changes, but we had the opportunity to combine the two.

The vision of the policy is to develop the organisation into an impactful and adaptable partner that is guided by inclusivity and locality. Where does the vision stem from and how does it manifest itself in practice?

Our goal is to determine the kind of partner and supporter of international aid the Finnish Red Cross has to be and how we want to appear.

The most important thing is impactfulness and providing high-quality aid with measurable effects. The framework guides our cooperation with our partners. We also examined how we can improve the effectiveness of our programmes and develop them as necessary.

A key part of our framework is knowledge-based management that enables us to measure and under-

stand our impact better than before. We also emphasise the role of the Red Cross in volunteering and the ways in which it makes a difference and separates us from other humanitarian organisations.

We also consider how we can globally demonstrate the impact of the Red Cross and be involved in societal matters. This is particularly important in today's polarised world that



needs independent actors like the Red Cross.

We strive to be an organisation that learns and is ready to try things and learn from mistakes. Innovation is another key element, and we want to create room for new ideas and experiments. We prepare assessments of and learn from every operation to be able to constantly develop our activities. Particularly with regard to long-term programmes and disaster efforts, the fundamental principles must guide our operations.

How is the framework comparable globally, and does it align with the policies of larger national organisations?

Yes, the same themes – i.e. localisation, inclusion and adaptation – are also present elsewhere. One of the leading ideas behind the work was that the framework is an internal tool for us within the organisation. We strived to write the policy in a way that guides our operations. For example, it provides a backbone for discussions with global partners. I can also utilise the framework in the decisions that I make in my own work.

We built the framework on top of the old one and selected focus areas in which we have competence. The aim was to especially strengthen the themes that were important to us.

Previously, we focused on health and disaster preparedness. This time, we wanted to increase the focus, even though it was not easy. Unfortunately, donors also impact our direction, which is something to which we must adapt.

In the field of health care, sexual and reproductive health as well as the well-being of women and children are important to us. Long-term efforts related to the climate and disaster preparedness are also key.

WE HAVE STRIVED TO LEARN HOW TO OPERATE MORE EFFECTIVELY WITH OUR PARTNERS AND BETTER SUPPORT THE RED CROSS NATIONAL SOCIETIES.

Our goal is to be a climate-aware and competent partner that can handle efforts related to disaster health and logistics. We also want to develop our operations with regard to cash assistance.

How does the Finnish Red Cross make an impact?

We want to expand our own expertise and utilise the competence of our partners. In recent years, we have hired more international staff in the field, for example.

Natural disasters and conflicts are no longer clearly delineated events. Particularly in Africa, where we also

The framework focused on activity and the ability to change. According to Tiina Saarikoski, the strategy must be flexible and enable changes.

operate, the situations often overlap. We have wanted to learn how to make a bigger impact in these complex situations. In conflict-ridden Sudan, for example, we have strived to learn how to operate more effectively with our partners and better support the Red Cross national societies.

We have invested in institutional development and preparedness. Our aim is to bolster local activities and make sure that we can respond to a variety of challenges, such as spreading infections and other acute events. Financial sustainability has been another important goal and focus for us.

How does inclusion appear in the FRC organisation and the outward efforts?

We considered this topic carefully during the policy work and found that we need to improve our programme efforts and the management of operations in the partner countries. This was seen as a particularly important topic during the Black Lives Matter movement. We wanted to be aware of and initiate measures focused on inclusivity and be pioneers in these important matters.

We conducted an analysis that examined our operations based on our fundamental principles. We identified a need to improve our methods and acknowledge any possible problem areas. The work was demanding but necessary. In addition to this, we wanted to have open discussions with our partner organisations to consider how we can better support the national societies through the programme efforts.

Our aim is to strengthen our own expertise and promote the inclusivity of our movement. We are also considering how we represent all of the groups that we want to support

and help. It is crucially important to understand the needs of vulnerable groups, and we want to make sure that we are available to everyone. We also acknowledge the need to increase representation in our decision-making to make the voices of various groups heard.

The inclusivity perspective steers us towards discussions, improvements and efforts to make sure that we are involved in promoting equality and diversity in our operations. It's a small but important step in

WE HAVE KICKED OFF STRATEGIC PROCESSES THAT WILL HELP US REACH BETTER RESULTS AND TAKE ADVANTAGE OF THE POTENTIAL OF OUR ORGANISATION.

our path towards a better and more equal world.

Supporting the Red Cross national societies has long been at the core of the FRC's efforts. How does the framework theme of locality present itself in practice?

Humanitarian aid is a key part of our movement and values. It is also a way of providing international aid to those who need it, and the effort we put into this work is significant. At the same time, we want to support our international partners to ensure that they can serve as an even stronger humanitarian actor in their own countries. This is particularly important in countries that have a lot of challenges and problems.

Locality and localisation are important themes at this point in time. This presents a significant challenge but also an opportunity. This requires willingness but also practical changes, such as reorganising funding, engaging in open dialogue, cooperating and ensuring visibility. In addition to communications, we require concrete actions and processes that support our goals. We want to be a strong support for our partners but also an example of how to implement localisation in practice.

These objectives are challenging, but we believe that they are neces-

sary for developing humanitarian aid and building a better future with our partners. These are elements in the long-term efforts that we conduct as a movement and in connection to humanitarian activities.

What does the new framework change in terms of the Finnish Red Cross's international work, and how will its implementation be monitored?

Our organisation has gone through visible changes that are a part of our

impact on the activities of our organisation.

At the same time, we are focusing on improving and streamlining the operating methods of our organisation. We have kicked off strategic processes that will help us reach better results and take advantage of the potential of our organisation. Writing up and approving a development co-operation programme has been part of the process.

Even though the future may hold challenges with funding, we are working to minimise the impacts. The strategy programmes have been designed to support our goals and steer our operations in the right direction.

The size and structure of our organisation have also changed. We aim to work as a unified team and strengthen the cooperation between the various parts. Recruitment is part of our strategy, and we strive to find the best people to realise our goals. Even though this is a continuing process, it reflects our desire to be an impactful and innovative actor in the field of humanitarian aid.

Overall, we have already seen positive results from the commencement of strategic changes. We also recognise that the journey is just beginning.

The new international framework of the FRC strongly emphasises cooperation, especially on the local level, but also horizontally among various actors.

wider efforts to increase operational efficiency and reach our strategic goals. We are particularly focused on localisation and moving decision-making closer to field activities. Even though implementing the change has been challenging, we can already see its impacts.

We aim to strengthen our partners and bolster their profile and humanitarian activities. Localisation is an important focus. Even though the process is slow, we see it having a positive



More accessible Risk Zones learning materials

Information about the challenges and risks facing humanity are now available to all kinds of learners.

A plain Finnish version of the Risk Zones learning materials was released in 2022 to support global education. In 2023, the learning materials will be fine-tuned to improve accessibility and ease of use so that even more learners can benefit from them. Attention is paid to the readability of the fonts and the colour contrasts of the graphics. Descriptive voiceovers are added to animations, and text files

context of classes, theme weeks and morning assemblies.

LEARNERS CONSIDER THEIR OWN WORLDVIEW

The Risk Zones learning materials have been created to support global education in Finnish schools that provide education in Finnish, Swedish or English. The materials cover our shared global challenges and present various realities through

ered, which currently is the conflict in Ukraine.

THE RISKS ARE ALSO BOUND TO FINLAND

The global topics related to the constantly changing world are also bound to the context of Finland: how a risk impacts Finland or how the Red Cross has been able to help in risk areas. The topics are suitable for various study subjects, and the materials can be used across a variety of areas.

Every risk includes an informative facts section, which presents the risk in question through interesting texts, infographics, animations and photos. After the facts section, learners can deepen their knowledge through exercises and check the correct answers either independently, with a teacher or through group discussion.

An extensive range of images is also available for each topic, and questions that spark consideration have been prepared for the images. Other important materials include videos and articles that tell personal stories related to the risks. This helps the learners realise that the risks are not about numbers and statistics alone, and that they affect people and communities extensively.

By logging in to the sproppimateriaalit.fi site as a teacher, you can access instructions on how teachers can use the materials.

THE LEARNING MATERIALS WILL BE FINE-TUNED TO IMPROVE ACCESSIBILITY AND EASE OF USE SO THAT EVEN MORE LEARNERS CAN BENEFIT FROM THEM.

intended for software that reads text out loud are attached to images and graphics.

The Finnish Red Cross offers free and diverse learning materials for schools and independent learners on important topics at the address sproppimateriaalit.fi.

Learning materials are available on global education, first aid, the rules of war, friendship skills and equality, for example. The materials were designed to support all kinds of education from early childhood education to adult education in the

stories that depict how people live around the world. In this way, the materials encourage learners to consider their worldviews and global citizenship.

The learning materials aim to increase empathy and spark interest in taking action to support a fair and equal future. The learning materials have been divided into 16 themes relating to shared global risks.

These risks include climate change and related natural disasters, armed conflicts, displacement and epidemics. A variable topical risk is also cov-



The Risk Zones learning materials are suitable for learners of all ages as well as any independent learners who are interested in the topics.

MEANINGFUL, ACCESSIBLE AND EASY TO USE

The Risk Zones learning materials are currently being updated to be more accessible and easier to understand for as many people as possible. The learning materials include a wide variety of sections and visual materials so that teachers and learners can choose the ones that best support their learning. The materials have also been published in plain Finnish, Swedish and English.

The plain Finnish version has simplified the texts and presented the content in forms that are easier to read, such as lists, so that learners can internalise them regardless of their language proficiency and possible difficulties with reading. In this way, the Risk Zones learning materials provide

an excellent framework for classroom education.

The visual elements, graphics, animations and photos of the learning materials are also being updated to be more accessible. The colour contrasts and fonts of the graphs are being made clearer and the statistical figures are being updated. Animations are being updated with voiceovers that describe the events to enable learning via multiple senses. Photos and graphs are being updated with alt descriptions so that even those who cannot see can experience their content.

The Risk Zones learning materials have been designed particularly with the learning objectives of lower and upper secondary schools in mind, but, according to feedback, adult learners are also interested in the content.

As such, we want the materials to be meaningful, accessible and easy to use for everyone. This is why we also strive to improve the technical features of the learning platform.

The articles include people of all ages, from schoolchildren to grandparents who have experienced events in varying roles. The purpose is for the learners to understand that risks apply to everyone and help them empathise with the reality of those living with risks.

The sproppimateriaalit.fi site provides free access without registration to the Risk Zone materials that are being updated into a more accessible format and are available in Finnish, plain Finnish, Swedish and English, along with other learning materials of the Finnish Red Cross.

Image: Luc Alary,
Canadian Red Cross

Carlito Ngafuri, 44, prepared food in the kitchen of the local hospital in Nhamatanda in the spring of 2019 to feed people who had been forced out of their homes by Cyclone Idai, the strongest storm in Mozambique's history. Nhamatanda is located about 100 km north of the badly damaged port city of Beira, which has a Red Cross field hospital.



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