

ANNUAL REPORT 2012

BELGIAN RED CROSS-FLANDERS



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IN OUR OWN WORDS

Dear visitor,

Exactly 150 years ago, the International Committee of the Red Cross (ICRC) was set up as a humanitarian assistance organization.

But the ICRC is not just any organization. It operates around the world in accordance with the same fundamental principles; it responds to the needs of the vulnerable in society; and it is capable of mobilizing 100 million volunteers for a wide range of tasks.

We have not achieved this by doing the same thing for 150 years. Only by continually questioning, reinventing and improving ourselves can we continue to motivate our volunteers and help the vulnerable in society.

Belgian Red Cross-Flanders moves with the times. The new digital format of our 2012 annual report is testimony to that. We are also evolving in terms of our activities and the people and resources we deploy. With society changing at a rapid pace, we are constantly taking account of new needs. This idea of 'not standing still' also underpins our research and development strategy, which we further developed in 2012. Rather than blindly following tradition, intuition or good will, we adopt an approach based on proven efficacy. Which is why our core activities are supported by scientific data as much as possible.

We want to consolidate the knowledge and expertise we have built up over the years, use it in our activities and share it with colleagues, thereby bridging the gap between science and practice.

Making our actions more efficient and effective is what it is all about. Therein also lies the strength of our research and development strategy: our activities in the field enhance our knowledge and vice versa. For example, our volunteers can be confident that the first aid guidelines they use in an accident or when giving first aid classes are scientifically substantiated, while, conversely, their experience in the field serves to test and hone those same guidelines.

As well as scientific evidence, we are also constantly on the lookout for instruments to integrate and guarantee quality within our organization. In so doing, we aim to set a benchmark as a humanitarian organization. In 2012, for example, we won ISO certification for our emergency reception center for asylum seekers in Houthalen-Helchteren.

For the first time we have structured this annual report around the guidelines set out in our strategic plan Pledge 2015. The starting point for Pledge 2015 is what Belgian Red Cross-Flanders can do for you, and its guidelines govern how we operate as an organization. For whether it be promoting self-reliance, emergency preparedness, blood supply or our care activities, the only way we can achieve our goals is by everyone within the organization working closely together: volunteers and employees; branches, provinces and management bodies.

We would like to say a big thank you to our 250 branches, 100 Red Cross Youth branches, 13,643 volunteers and 1,252 employees. Through their hard work and dedication, Belgian Red Cross-Flanders was a trusted and reliable partner to the public once again in 2012.

Prof dr. Philippe Vandekerckhove, Chief Executive Officer

Christ' l Joris, President

ACTIVITIES

PROMOTING SELF-RELIANCE

Belgian Red Cross-Flanders wants as many people as possible to be self-reliant. In 2012, we used first aid to help achieve this, dispensing even more first aid training and diversifying our offer. We produced a number of new first aid publications and made Flanders more heart-safe.

We also took other initiatives to promote self-reliance among the population, both preventively and in the aftermath of disasters and emergencies.

Finally, we continue to offer structural assistance to vulnerable regions around the world in an effort to enhance their long-term self-reliance.

FIRST AID TRAINING

Burns, strains, sun stroke.... They can happen in the blink of an eye, but how should you respond? Giving first aid is easier than you think. In 2012, we once again took up the challenge of teaching first aid to as many people as possible: the general public, company employees, but also teachers, pupils and sportsmen and women.

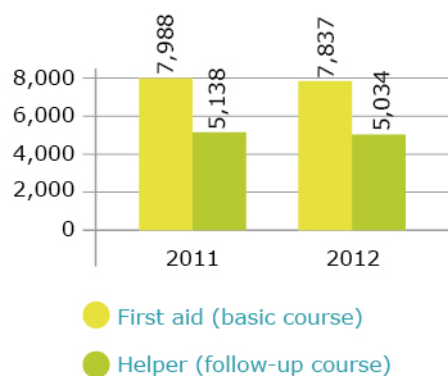
FOR THE GENERAL PUBLIC

More certificates

First aid begins with a sound basic knowledge. In 2012, lots of people signed up for a basic **First Aid** course at their local Red Cross branch. The 12-hour course includes how to deal with serious bleeding, choking and heart attacks. We issued 7,837 First Aid certificates in 2012.

People wanting to build on the first aid knowledge acquired on the basic course can attend the **Helper** follow-up course. This covers additional subjects such as fainting, hyperventilation and diabetes and hones participants' first aid skills. Some 5,034 trainees were awarded the Helper certificate in 2012.

Infographic: Trend in number of certificates



More training hours

In 2012, our instructors dispensed 13,664 hours of first aid training for adults, including training for the general public and the resuscitation and defibrillation training given as part of the Heart-safe scheme. That is an increase of almost 7% compared with 2011.

Infographic: Trend in number of hours of first aid training for adults



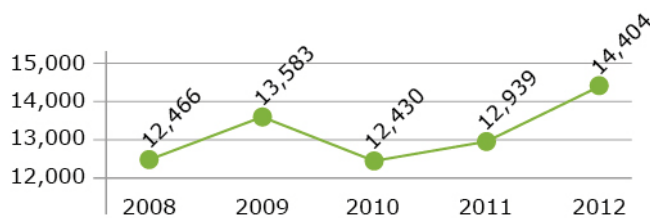
FOR COMPANIES

For companies we offer a specially designed **Workplace First Aid** course. The 18-hour course teaches first aid techniques of particular relevance to a workplace environment. Participants also learn prevention and safety skills.

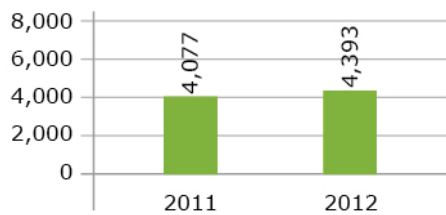
Interest in Workplace First Aid continues to build, with 461 new clients joining in 2012.

In 2012, our instructors provided 14,404 hours of training (up by over 11% compared with 2011) and issued 4,393 Workplace First Aid certificates. The certificate is recognized by the Federal Public Service Employment, Labor and Social Dialogue.

Infographic: Trend in number of hours of workplace first aid training



Infographic: Trend in number of Workplace First Aid certificates issued



As first aid is evolving all the time, it is important to refresh your knowledge and skills regularly. The government requires workplace first aid trainers to complete at least four hours of refresher/further training each year. In 2012, we continued to offer a wide range of **refresher courses**. These cover a variety of areas from resuscitation and AEDs to epilepsy and first aid for traffic accidents.

FOR CHILDREN AND YOUNG PEOPLE

Children and young people find first aid exciting. This makes it the ideal moment at which to learn the basics. Children and young people can learn first aid at a Red Cross Youth branch in their neighborhood. Red Cross Youth also offers an extensive range of first aid courses for youth groups and schools. In 2012, we focused heavily on collaboration with the education system.

Training for teachers and trainee teachers

To reach as many teachers as possible, we train staff at teacher-training colleges who pass on their knowledge to student teachers. In turn, those teachers will pass it on to their pupils. Secondary school teachers are trained in the same way. Using this train-the-trainer principle, we trained a total of 31 teachers and teacher-training staff in 2012. This brings the total number of School First Aid Trainers trained to 442 (between 2008 and 2012).

In 2012, we organized 108 'First aid for teachers' courses. This course includes all first aid procedures required by teachers. Schools can also request first aid courses on specific subjects.

To guarantee the quality of these first aid courses, we offered School First Aid Trainers refresher training in 2012. The School First Aid Trainers also received top-up training on the new guidelines for AED use. In addition, we launched a whole series of new first aid publications.

First aid for school pupils

To give as many school pupils as possible the opportunity to learn first aid, we also encourage schools to include first aid in their health policies. Belgian Red Cross-Flanders educates schools to work with the Healthy School method. Red Cross certificates provide a key motivation for learning first aid at school.

We want more pupils to gain a first aid certificate while at school. In 2012, the total number of pupils who were awarded a First Aid or Workplace First Aid certificate in secondary education was 2,682. In 2012, we also issued a total of 361 Little Helper and 158 Junior Helper certificates.

The expanded Little Helper and Junior Helper first aid courses accounted for 554 and 276 hours of training respectively. Both primary and secondary teachers can also give shorter 2-3 hour basic first aid courses. In 2012, these basic courses accounted for 425 hours of training.

FOR SPORTSMEN AND WOMEN

At the request of the Flemish government (Culture, Youth, Sport & Media Department), we developed a set of first aid guidelines for recreational and competitive sportsmen and women in 2012. The guidelines explain how to prevent sports-related injuries and provide guidance on first aid.

The recommendations were drawn up in partnership with the Centre for Evidence-Based Practice (CEBaP). The guidelines were underpinned by scientific studies and with input from the target group and a multidisciplinary team of sport experts.

The result is a comprehensive package of information on prevention and first aid for the most common sports-related injuries. It includes background information, prevention and first aid guidelines, photographs and illustrations. The integrated search function enables users to search for specific information according to sporting discipline (e.g. ball sports, athletics), activity (e.g. warm-up, stretching), injury (e.g. sprain, fracture) and anatomic location (e.g. injury to neck, upper limb).

The Flemish government used these guidelines as the basis for an up-to-date website on sports safety (www.gezondsporten.be). It also intends to produce a range of educational material based on the guidelines (leaflets, publications, posters, websites, etc.) to raise awareness about these issues among sportsmen and women.

FIRST AID PUBLICATIONS

First aid begins with scientifically substantiated guidelines and quality training material. In 2012, we launched the new first aid paperback Eerste hulp in 4 stappen ('First aid in 4 steps') and produced 13 new publications specifically aimed at children and young people. We also helped to disseminate African First Aid Materials, a teaching package for first aid courses in Africa, putting our first aid expertise to use at an international level.

FIRST AID IN 4 STEPS

2012 saw the publication of *Eerste hulp in 4 stappen* ('First aid in 4 steps'). The book gives step-by-step guidance on providing first aid in the event of major and minor accidents. It complements our comprehensive reference work *Help! Eerste hulp voor iedereen* ('Help! First aid for all') and offers a handy pocket guide to first aid at home or on vacation.

Eerste hulp in 4 stappen covers 50 subjects and techniques, from nose bleeds and fainting to burns and heart attacks. All first aid tips are based on a number of questions: *What do I see? What do I need? What do I do? Do I need to seek professional assistance?*

Like all our publications, *Eerste hulp in 4 stappen* is evidence-based. The Centre for Evidence-Based Practice (CEBaP) ensured that the book was underpinned by scientific studies and the years of

practical experience of our first-aiders and doctors on the Belgian Red Cross-Flanders Medical Committee.

NEW FIRST AID PUBLICATIONS FOR CHILDREN AND YOUNG PEOPLE

The education system is a key partner for Belgian Red Cross-Flanders in equipping children and young people with first aid skills. We have therefore developed a set of high-quality teaching packs which teachers can use to impart a knowledge of first aid.

In 2012, Red Cross Youth launched 13 new first aid publications for children and young people. We developed workbooks for use in basic first aid training (short classes of two to three hours), workbooks for extended first aid courses (16 hours) and manuals to support teachers, youth workers and initiators who provide training. We also updated the 'Introduction to first aid for youth workers' and 'First aid for teachers' handbooks.

Up-to-date content

Content-wise, the first aid publications for children and young people are in line with the new first aid guidelines we launched in 2011.

Evidence-based research into children's first aid skills

A review of our existing publications found that the target age group for some publications was slightly too broad. In collaboration with the Centre for Evidence-Based Practice (CEBaP), we therefore tried to find answers to such questions as: 'From what age can a child resuscitate, place someone in the recovery position or dial the emergency number 112?'. To answer these questions, CEBaP gathered the best available evidence by means of a literature search and presented it to experts and practical specialists. This resulted in a number of guidelines setting out the stages at which a first aid competency is acquired over time. These guidelines formed the starting point for our first aid publications aimed at children and young people.

Target group-oriented and pedagogically sound

The new publications are geared more specifically to their target group: we now have an introduction to first aid for children and young people for each grade of primary and secondary education. This means that first aid course content can be aligned with final attainment levels. Red Cross Youth, the Education Service and the Didactic-Pedagogical Cell worked closely on the new introduction to first aid for the third grade of secondary school (age 16+), which was not previously catered for in our first aid offering. Each publication features working methods and exercises tailored to the target group, taking account of different learning styles.

Buoyant sales

Alongside internal communication within Belgian Red Cross-Flanders, we also promoted our new first aid publications externally. Our offer in databases and on external websites was updated. An article appeared in the teachers' magazine *Klasse voor leerkrachten* and in the (e-)newsletter *Veilig naar school* of the Flemish Foundation for Traffic Knowledge, the newsletter of parents' organization Go! Ouders and that of the secondary-school students' association Vlaamse Scholierenkoepel. In

addition, we showcased the publications at a youth information products fair organized by VIP Jeugd (now De Ambrassade) and an education fair.

Our promotional campaign paid off: the new publications were launched in July and by the end of 2012 some 16,235 copies had been sold. Together with the existing publications, we sold a total of 27,009 copies in 2012 – a 47% increase compared with 2011!

AFRICAN FIRST AID MATERIALS (AFAM)

We want to empower vulnerable people living in the South by helping more of our sister societies develop first aid techniques and courses.

In 2010, we developed African First Aid Materials (AFAM), a package of guidelines and teaching materials for first aid courses in Africa which is available free of charge to African Red Cross and Red Crescent Societies.

AFAM is based on the results of scientific research and is tailored to the African context and African customs. The guidelines were drawn up by the Centre for Evidence-Based Practice of Belgian Red Cross-Flanders (CEBaP) in collaboration with a panel of African experts.

French and Portuguese versions

French and Portuguese versions of AFAM were launched in 2012 to complement the existing English-language version. This means that even more African countries can make use of the materials.

Continued interest

We received over 100 new requests from organizations and individuals interested in AFAM in 2012. These were not only Red Cross Societies but also profit and non-profit organizations in Africa and beyond. At the end of 2012, 19 Red Cross Societies were licensed to use AFAM.

In addition, we organized training on 'First aid in a non-western context' for 42 cooperation experts from Belgian Technical Cooperation (BTC), making use of AFAM. BTC supports and supervises development programs on behalf of the Belgian government and other clients. It is important that their staff are well prepared for what they may encounter on the ground. A basic knowledge of first aid is part of this.

To find out more visit www.afam.redcross.be.

HEART-SAFE

The aim of our 'Heart-safe' project is to increase the chances of survival of cardiac arrest victims. In Belgium, around 30 people every day suffer a heart attack outside hospital. Rapid resuscitation using an automated external defibrillator (AED) significantly increases their chance of survival. That is why in 2012 we continued to encourage as many municipalities, cities, companies and schools as possible to install an AED and undergo training in resuscitation and defibrillation. We also made an extra effort to promote the Heart-safe project at sports clubs and other (sociocultural) organizations.

RESUSCITATION AND DEFIBRILLATION TRAINING

An automated external defibrillator (AED) is a portable device that administers an electric shock to the heart in the event of life-threatening cardiac rhythm disturbance. AEDs save lives: resuscitating a heart-attack victim within four minutes with an AED doubles their chances of survival.

In 2012, we taught 17,219 people how to resuscitate and defibrillate using an AED – more than twice as many as in 2011 (8,094). As well as people taught resuscitation and defibrillation under a Heart-safe agreement, this figure also includes attendees of the extended four-hour ‘Resuscitation and defibrillation’ course and the First Aid and Workplace First Aid courses.

The training is provided by experienced Red Cross instructors who have been retrained in accordance with the current guidelines of the European Resuscitation Council (ERC).

HEART-SAFE FLANDERS

Heart-safe cities and municipalities

Cities and municipalities become heart-safe if they provide an AED in a publicly accessible place. They must also commit to raising awareness among the population and train at least 10% of staff in resuscitation and defibrillation. The local Red Cross branch organizes the training, which is also open to residents and associations.

In 2012, 20 cities and municipalities became heart-safe after signing a cooperation agreement, bringing the total number to 89. This map (<http://hartveilig.rodekruis.be/hartveilig.net?id=3252>) shows the location of all AEDs in Flanders.

Heart-safe companies

More and more companies are installing an AED in the workplace. If the AED is publicly accessible to employees, suppliers and customers and if at least 10% of employees have received resuscitation and defibrillation training, the company is entitled to call itself ‘heart-safe’, once it has signed a cooperation agreement.

Nineteen companies became heart-safe in 2012.

One of these was the Flemish government shipping company DAB Vloot. It installed 37 defibrillators on board of its vessels and approximately 300 crew members were trained to use them. As a result DAB Vloot was awarded a Heart-safe Organization certificate.

Heart-safe schools

Heart-safe schools have staff who are trained in the relevant techniques. Teachers can complete Heart-safe Facilitator training in order to give resuscitation and defibrillation training to pupils and colleagues at their place of learning. Local branches and School First Aid Trainers can also dispense such training to both teachers and students.

Twenty-one schools became heart-safe in 2012.

Heart-safe sports clubs

Sports clubs often provide their members with top-quality care, including specialist trainers, carefully designed workout regimes, first aid kits and so on. However, automated external defibrillators are not yet standard in most sports clubs, despite the fact that dozens of sportsmen and women each year suffer cardiac arrest during or after sport.

With this in mind we launched our Heart-safe Sports Club project in 2012. We produced a special information guide and the Flemish Sports Federation promoted the project among its various member federations.

Eight sports clubs earned heart-safe status in 2012.

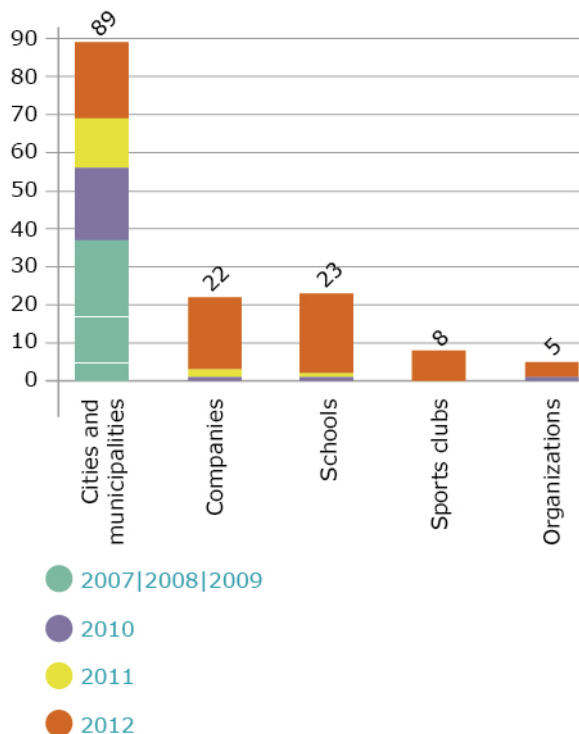
Heart-safe organizations

As well as companies, schools and sports clubs, there are also other (sociocultural) organizations that bring together large numbers of people.

In 2012, we developed our 'Heart-safe Organization' information guide specifically for such organizations. The Flemish cultural centers, among others, disseminated the guide to their members.

There were four new heart-safe organizations in 2012. Full details of the project can be found on the website www.hartveilig.rodekruis.be (Dutch only).

Infographic: Trend in number of heart-safe projects



NEW INITIATIVES

First aid training is not the only way we seek to enhance people's self-reliance. We also empower the population by giving out information, both preventatively and in the aftermath of disasters and emergencies. By focusing consistently on victims and bystanders in our aid efforts, we aim to help get them fully back on their feet after a traumatic incident. Our revised training in psychosocial support strengthens the resilience of both victims and volunteers, helping them come to terms with the traumatic event.

SELF-RELIANCE ADVICE FOR THE PUBLIC

The internet is an information source which virtually everybody uses. This makes it the ideal channel for disseminating information about first aid and accident prevention to the general public. In this connection, the Centre for Evidence-Based Practice of Belgian Red Cross-Flanders examined whether or not online risk communication is useful.

In 2012, we posted new, up-to-date action sheets and self-reliance advice on our website (www.rodekruis.be/NL/HeaderNavigatie/Hulptips/eerstehulptips). Visitors can learn what to do in the event of a heatwave, flooding or poisoning, for example.

COACHING AND INFORMING VICTIMS

We also want to enhance the self-reliance of victims. We do this by coaching and informing local communities, together with the authorities and other support services. This helps victims to get back on their feet faster after an incident and gives them a meaningful role in the assistance process.

In 2012, we worked with the city of Oudenaarde, which was hit by severe floods in 2010. Almost all residential neighborhoods along the N60 were inundated when the Maarkebeek burst its banks. To better protect the local population, we teamed up with the city authorities to produce a leaflet outlining the preventive measures that residents can take and what to do in the event of flooding. The awareness leaflet was presented at a residents' meeting on May 9, 2012 in Lammekensstraat, one of the affected areas.

PSYCHOSOCIAL FIRST AID BY VOLUNTEERS

Red Cross Relief Service volunteers are often confronted with people who find themselves in a difficult situation or have recently experienced a traumatic event. These experiences can be very intense and leave a powerful impression on all concerned.

To enable our volunteers to offer initial psychosocial support, we have for some years provided practical training in psychosocial first aid called 'Schokdemper' (literally 'shock absorber'). In 2012, we revised this training based on new insights into psychosocial support. The new training, which is aimed specifically at Relief Service volunteers, focuses primarily on promoting self-reliance and resilience among victims. Contact between Relief Service volunteers and victims is usually quite brief

and geared mainly to the provision of medical care. We therefore teach our volunteers to do as much as they can to boost victims' morale and so help them to move forward independently.

The course also works on the strengths and resilience of volunteers themselves to help them cope with traumatic events. In this way we aim to make our own volunteers more self-reliant.

STRUCTURAL ASSISTANCE WORLDWIDE

The aim of structural assistance is to make a country or region less vulnerable. In partnership with Red Cross Societies in the South, we provide long-term structural assistance to improve general living conditions. We focus on three forms of assistance: basic healthcare, first aid and capacity building. In 2012, we continued to work on our existing development projects.

STRUCTURAL PROJECTS

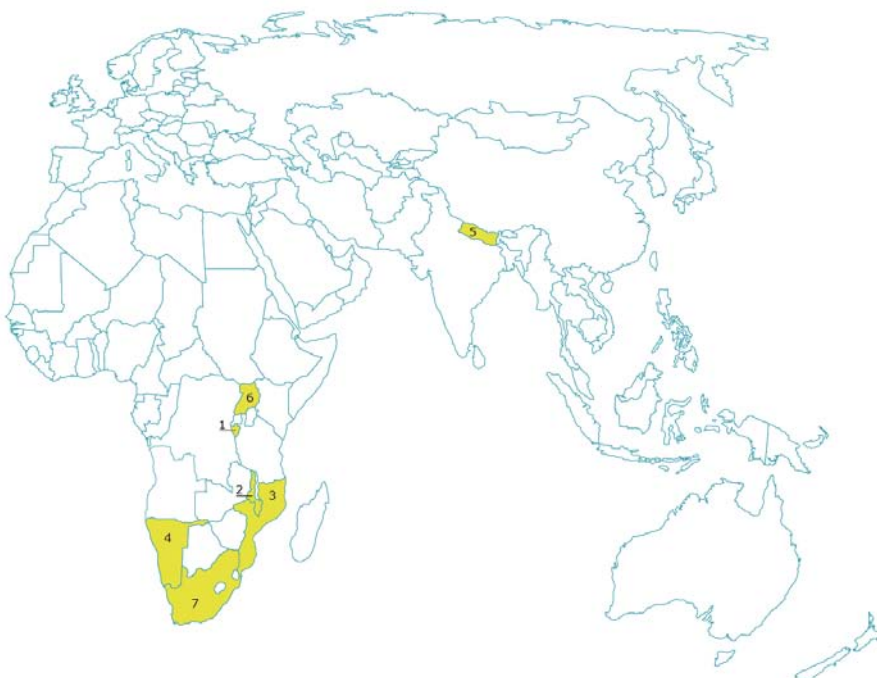
In 2012, we continued to work on our existing development projects in the following countries:

- 1 Burundi:** basic healthcare and capacity building
- 2 Malawi:** basic healthcare and capacity building
- 3 Mozambique:** basic healthcare, first aid and capacity building
- 4 Namibia:** basic healthcare, first aid and capacity building
- 5 Nepal:** basic healthcare, first aid and capacity building
- 6 Uganda:** first aid
- 7 South Africa:** first aid

More detailed information (in Dutch) can be found here

(www.rodekruis.be/NL/Internationaal/Projecten/Ontwikkelingshulp).

Map: Structural projects



First aid

Training people in first aid is the most cost-effective way to improve the health of the population in middle- and low-income countries, according to research by the World Bank.

That is why we support our sister societies in Malawi, Mozambique, Namibia, Nepal, Uganda and South Africa to develop their first aid provision. With AFAM, we also offer them teaching materials to develop their own first aid courses, tailored to an African context. This enables them to train more people in first aid, more effectively.

Nepal Red Cross

Providing first aid training to companies can be a major source of income for Red Cross Societies, making them less dependent on outside help. Together with the Nepal Red Cross, we investigated how the first aid expertise we had built up together could be passed on to Nepalese companies. This would not only help to disseminate first aid among the population but would also contribute to the financial sustainability of the Nepal Red Cross.

On our advice, the Nepal Red Cross wrote to companies offering to teach first aid courses to their employees. One of the first businesses to sign up was NCell, Nepal's largest telecommunications company. Take-up has risen steadily, with 33 courses dispensed in 2011 (620 participants) and 45 in 2012 (759 participants).

The money raised from this training goes into a first aid fund, which has nearly doubled in size in the space of a year. The Nepal Red Cross uses it to part-fund equipment and materials for its activities.

Basic healthcare

We support the Red Cross Societies in Burundi, Malawi, Mozambique, Namibia and Nepal with developing good basic healthcare. The local population in these countries has little or no access to healthcare, especially in rural areas.

Our aim is to improve the general health of the population in the project areas. We are doing this in two ways: by preventing diseases (preventive medicine) and by improving access to healthcare. To this end, we work closely with local communities and volunteers. They help us to analyze what the main health problems are, raise awareness among the population about health issues, build health centers, and so on.

Burundi Red Cross

Burundi has just 80 doctors for a population of almost 10 million people. Of these, 57 work in the capital Bujumbura. Compare this with Belgium, which has one doctor for every 220 inhabitants. As well as improving access to healthcare, Belgian Red Cross-Flanders also focuses on disease prevention. We therefore assisted the Burundi Red Cross with a project in Bubanza Province aimed at informing the population about diseases and prevention.

Burundi Red Cross volunteers go from house to house advising residents on why they should wash their hands before eating, how to build a latrine and how to avoid malaria. The volunteers are given training before they can begin this work.

This course has been completely overhauled. The complicated, academic training in which participants were overwhelmed with medical facts has been scrapped. With guidance and support from Belgian Red Cross-Flanders, the Burundi Red Cross has developed a training cycle in which the transmission of a number of key messages is given central priority.

The emphasis in the new course is on mobilization techniques and teaching skills. Everything has been simplified, in terms of both scope and content and also terminology. Trainees are now given an information sheet in Kirundi to remind them of the key messages they need to convey during house visits.

Capacity building

We assist the Red Cross Societies in Burundi, Malawi, Mozambique, Namibia and Nepal with organizational development. The more efficiently and independently a Red Cross Society can work, the less outside help that organization requires.

Namibia Red Cross

This is something that the Namibia Red Cross has understood well. With support from Belgian Red Cross-Flanders, the organization is working hard to strengthen its fundraising and its regional branches.

The Namibia Red Cross has started to develop a fundraising strategy. By generating income from workplace first aid, for example, the organization is becoming less dependent on external donors.

In 2012, the Namibia Red Cross also worked on volunteer management. Red Cross employees received training in volunteer database management and a volunteer policy was drawn up.

BRANCHES AND REGIONS SUPPORT TOO

Solidarity between Red Cross Societies worldwide is one of the fundamental principles of our organization.

In 2012, 28 Red Cross branches and two Red Cross regions supported a structural project led by Belgian Red Cross-Flanders. In this way, we not only generate financial support for our projects in the South but we also strengthen the international ties between Red Cross volunteers. Branches that sign up for a branch or regional project receive regular updates about the project. They can also request a talk by a Red Cross employee who has visited the project. In 2012, 21 branches organized information evenings of this kind.

The project on basic healthcare in Burundi was supported by the following branches and region:

- Hasselt
- Vossem-Duisburg + Tervuren + Flemish Brabant Province
- Mechelen region

The project on basic healthcare in Mozambique was supported by the following branches:

- Wijnegem-Deurne
- Leuven
- Zele + Lokeren + Kruibeke
- Blankenberge-Zuienkerke + De Haan-Wenduine

- Tienen + Flemish Brabant Province
- Destelbergen + Lede
- Wuustwezel + Malle

The project on basic healthcare in Nepal was supported by the following branches:

- Vilvoorde
- Kalken
- Sint-Katelijne-Waver
- Boom-Rumst
- Rijkevorsel

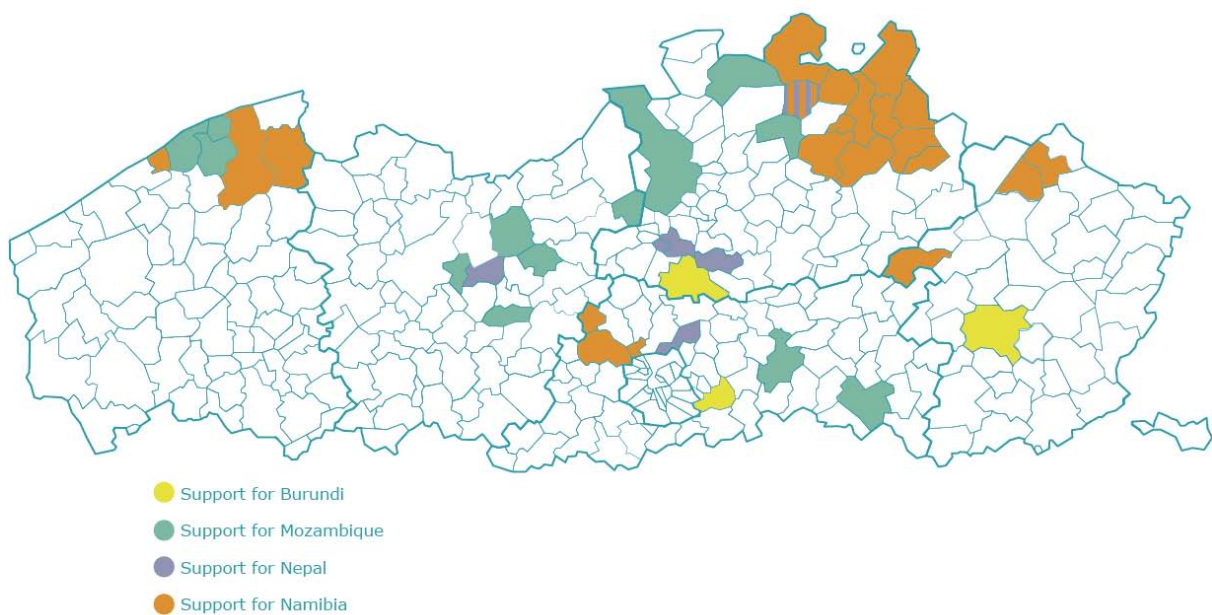
The project on basic healthcare in Namibia was supported by the following branches and region:

- Opwijk + Asse + Wemmel + Flemish Brabant Province
- Bruges + Dudzele-Zeebrugge-Damme + Bredene
- Neerpelt-Overpelt
- Taxandria region

The Tessengerlo branch supported the project on first aid in Namibia.

The Rijkevorsel branch supported the project on first aid in Nepal.

Map: Local branches supporting structural projects



GEARED UP FOR EMERGENCIES

Belgian Red Cross-Flanders is always at the ready. We manned more first aid posts at events in 2012 than ever before. We were also on hand to provide medical and psychosocial assistance following major and minor incidents. Our most high-profile actions were following the Baltic Ace ship collision and the tragic coach crash in Sierre, Switzerland.

As well as our ourselves, we also aim to make the population as a whole more prepared for emergencies. With this in mind, in 2012 we organized psychosocial support training for local support networks and companies.

Last but not least, we also offered assistance at international level. In 2012, we provided emergency aid during the civil war in Syria as well to victims of 'silent' conflicts and natural disasters.

PREPARED FOR EMERGENCIES AND EVENTS

Belgian Red Cross-Flanders is well known for its medical and psychosocial assistance activities. In 2012, we were once again on hand to lend our support at major events and emergencies. The Relief Service, Social Intervention Service and Central Dispatching work together closely in this area.

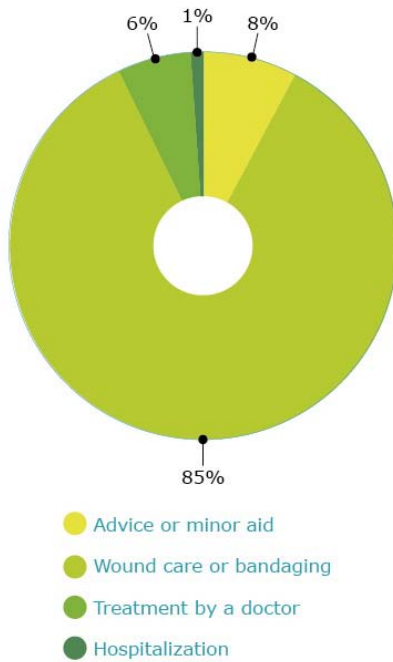
EVENT FIRST AID COVER

In 2012, Red Cross first-aiders were on standby at 10,053 events – at the Rock Werchter, Dranouter and Graspop festival sites, along the routes of the Dodentocht long-distance hike and the De Gordel cycling and walking event, and on the sidelines of football pitches. The number of events attended exceeded 10,000 for the first time. We treated a total of 72,469 casualties at events large and small.

- 67% of first aid cover was provided at weekends.
- The total number of hours worked by Red Cross first-aiders was 259,148.
- In total, 42,181 first-aiders were deployed (volunteers who attended more than one event are included more than once in that figure).
- An average of 4.2 volunteers attended each event.
- The average duration of first aid cover was 7.6 hours.

Infographic: Type of treatment dispensed in 2012

Type of treatment dispensed in 2012



EMERGENCY ASSISTANCE

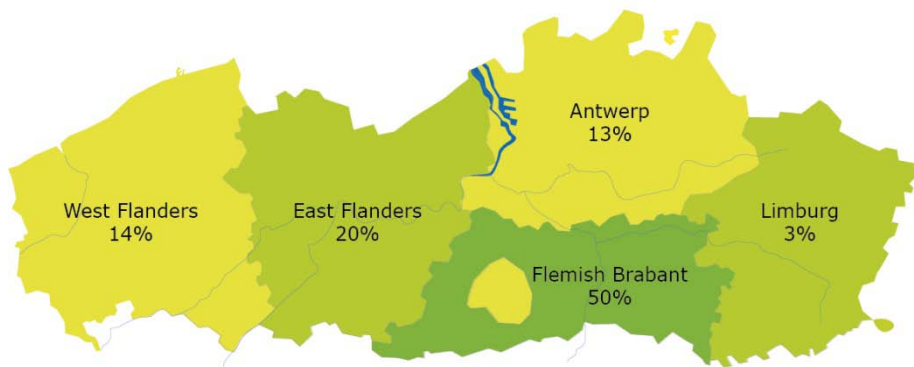
In 2012, Belgian Red Cross-Flanders received 70 alerts for emergency assistance. Two of those alerts only required psychosocial support. Most alerts come from the '100' emergency call centers. They ask Belgian Red Cross-Flanders via the '105' dispatching center to have personnel and equipment on standby in the case of early warnings, or request an actual call-out.

The biggest incidents involved the evacuation of an apartment building in Hoboken and a nursing home in Ghent, following fires. We were on standby following the explosion of leftover stocks of ammunition at the Hechtel-Eksel military base and were called out in the wake of the *Baltic Ace* ship collision.

Infographic: Alerts by type



Map: Regional distribution of alerts



The large number of alerts in Flemish Brabant is owing to the many early evening alerts issued for ‘aircraft in difficulty’ (Brussels Airport). These only rarely result in an actual alert.

Psychosocial support

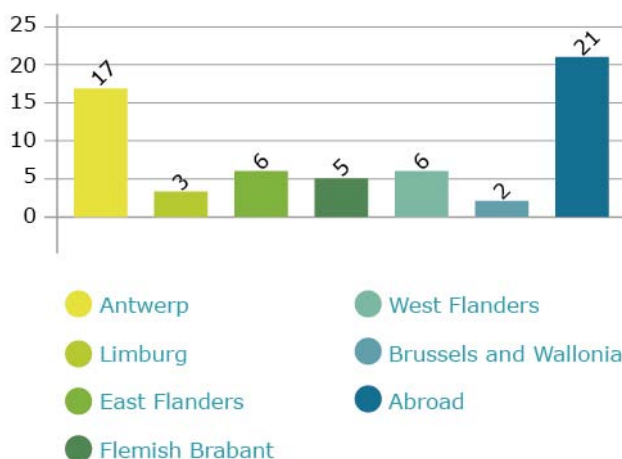
Psychosocial as well as medical assistance is important in the immediate aftermath of a disaster. In 13 of the 70 alerts for emergency assistance, the services of the Social Intervention Service (SIS) were requested. In the case of two alerts, psychosocial support alone was requested.

SIS operates on the principles of safety/security, hope, peace of mind, cohesion and self-reliance. These inform its three core tasks of reception, information and support. SIS volunteers offer victims a place of sanctuary. They gather important information as quickly as possible about what has been and will be happening and people’s whereabouts. They also attend to urgent needs such as warm clothing and medicine and lend a sympathetic ear.

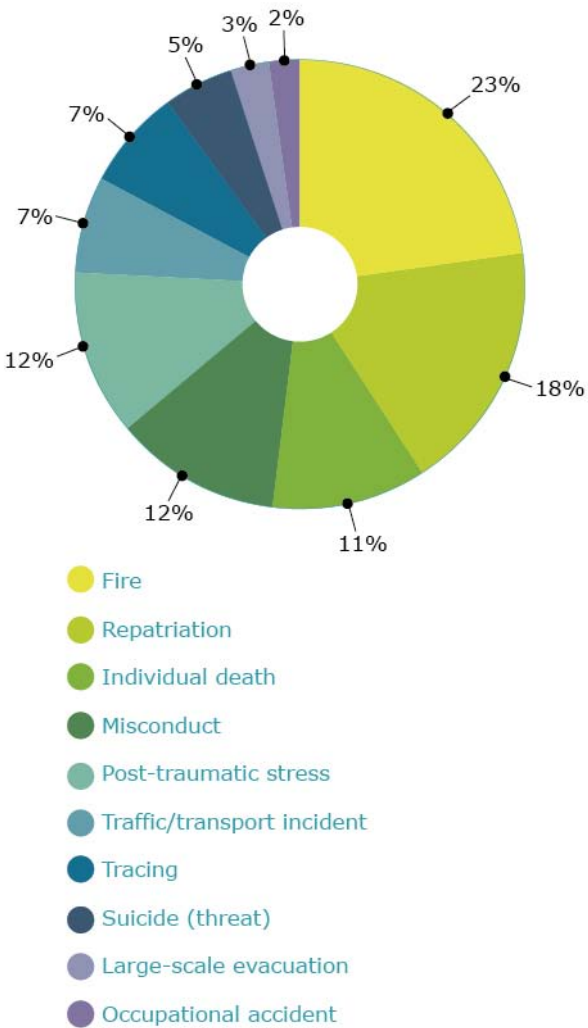
Requests for SIS interventions come from both external parties and the federal government, via the ‘112’ number and the Red Cross itself.

SIS volunteers provide assistance in a variety of crisis situations. The most significant of these in 2012 was the Sierre coach crash.

Infographic: Regional distribution of SIS alerts



Infographic: SIS alerts by type



PSYCHOSOCIAL SUPPORT TRAINING

In *Pledge 2015* we set ourselves a clear goal to significantly increase the number of Flemish people able to give psychosocial support. To this end we organized more training in 2012 on coping with and responding to traumatic events. Our training offer was aimed at local authorities, companies, institutions and associations.

In 2012, we trained over 300 members of **local psychosocial support networks (PSHs)**. Local officials and volunteers were trained as counselors, administrative staff and/or coordinators. PSHs provide front-line psychosocial support in the wake of localized traumatic events. They open and man a reception center, take down initial details of those affected and identify their needs. By working closely with these PSHs, we integrate psychosocial support at a local level and can enhance the self-reliance and preparedness of local communities. We also promoted such self-reliance in other ways.

In addition, we trained **employees of various large organizations** such as The Brussels Airport Company, the Council of Europe, the prisons run by the FPS Justice and consular staff of the FPS Foreign Affairs. Each training is tailored to the specific context of the organization.

In addition to this external training, we also organized internal training within SIS aimed at recruiting and training existing and new volunteers. We encouraged Relief Service volunteers to complete a psychosocial support course, not only to help them perform their normal duties but also to be better prepared for emotionally challenging incidents.

ASSISTANCE FOLLOWING *BALTIC ACE* SHIP COLLISION

On December 5, 2012, a major shipping incident took place when the *Baltic Ace* car carrier collided with the container ship *Corvus J* outside the port of Rotterdam. The *Baltic Ace*, which was carrying a crew of 24 from Bulgaria, Poland, Ukraine and the Philippines, sank at record speed following the collision.

The Ministry of Defense's Sea King helicopter was deployed in the rescue attempt. It picked up seven crew members from the water and flew them to Koksijde Air Force Base. In view of the number of victims involved, the Medical Intervention Plan was deployed.

At 9.34 p.m. the province of West Flanders received an alarm. Twenty minutes later, the first equipment was at the scene. Red Cross West Flanders immediately dispatched two RRT vehicles, its command vehicle and six ambulances to Koksijde Air Force Base. An Advance Medical Post was established at the scene and an emergency mortuary set up. Many of the survivors were suffering from acute hypothermia. They were taken to the nearest hospitals, two to Veurne and five to Ostend.

Thanks to close cooperation between patrol vessels from Friesland and Groningen in the Netherlands, the Belgian Ministry of Defense and Belgian Red Cross-Flanders, 13 crew members were able to be rescued.

PSYCHOSOCIAL SUPPORT FOLLOWING SIERRE COACH CRASH

March 13, 2012. What should have been an uneventful return trip from a skiing vacation ended tragically for a group of schoolchildren and their teachers. On the evening of Tuesday, March 13, a coach carrying children from primary schools in Lommel and Heverlee crashed into a tunnel wall in Sierre, Switzerland, shortly after leaving the ski resort of Saint-Luc. Twenty-eight people were killed and a number of others injured.

The Sierre tragedy sent shock waves through Switzerland and Belgium. As soon as reports of the accident came in, a large-scale assistance effort was mounted in which the Belgian Red Cross-Flanders Social Intervention Service (SIS) played a prominent role.

Straight into action

Around 4 a.m. on the morning of Wednesday, March 14, the Dispatching Service received an alarm. The crisis plan was launched straight away. SIS immediately sent volunteers to the four schools affected to provide support to parents, relatives and staff. There was also a second coach carrying schoolchildren from Beersel and Haasrode, which was safely en route back to Belgium. Before the parents had even arrived, SIS personnel were present at the schools ready to offer psychosocial support.

Support at the scene

Two SIS volunteers accompanied the parents and relatives to Switzerland. They joined the other support workers at the military airport in Melsbroek. After a short briefing to relatives, the flight departed and the tasks were divided up.

On the scene, SIS offered support with the ante-mortem discussions with relatives. Together with DVI (Disaster Victim Identification), they spoke at length with the parents of the deceased children to enable identification. The same volunteers accompanied the relatives during the identification and the reception of the bodies at the funeral home in Sion. At such times, it is important that parents are surrounded by people they trust. Our colleagues were mainly responsible for providing human warmth and support. Upon their return to Belgium, SIS was once again on hand to assist family members and give rescue workers a chance to air their experiences and emotions.

Coming to terms with the tragedy

For several days afterwards, SIS volunteers were active in the two schools affected, providing acute psychosocial support to school staff and relatives. We organized group discussions at the schools with the teachers and children. Our main aim was to identify the specific needs of the group and help everyone come to terms with what had happened.

The injured children and their parents returned home a few days after the relatives of the dead. Upon arrival they were looked after by SIS volunteers, who gave them the necessary information. Belgian Red Cross-Flanders ambulances were also on hand.

Support at key moments after the accident

SIS was also present when clothes and other personal belongings were returned to the victims' families. During the wake in the funeral chapel in Leuven, volunteers were present in the background to offer the necessary psychosocial support.

In the weeks and months following the accident, SIS provided psychological support on a number of occasions, including at the funeral and memorial services and when relatives viewed the victims' medical files.

A huge debt of gratitude

The support provided by SIS was spread over various locations both in Belgium and abroad. More than 40 volunteers and professionals spent time not only at the four affected schools but also in Sierre and at the government's Crisis Center in Brussels. The relentless media attention placed extra demands on our colleagues, but this was more than offset by the enormous gratitude shown by the affected families and teachers.

INTERNATIONAL EMERGENCY RELIEF

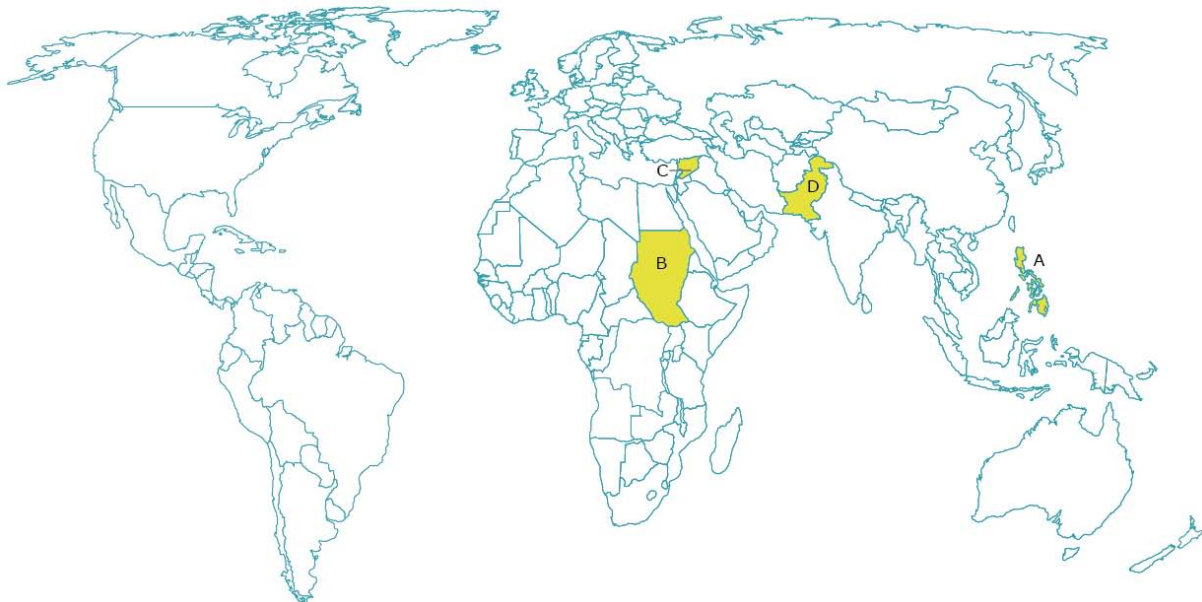
The protracted civil war in Syria received widespread media attention in 2012. The country's humanitarian needs are colossal. Belgian Red Cross-Flanders provided emergency relief in Syria, as in many other countries. The Disaster Relief Emergency Fund set up by the International Federation of Red Cross and Red Crescent Societies (IFRC) also gave assistance to victims of silent conflicts and disasters.

International emergency response requires careful preparation and efficient organization. In 2012, we once again organized training for our Benelux Emergency Response Unit to ensure that we are as prepared as we can be for the next large-scale international relief operation.

EMERGENCY RELIEF

Conflicts and natural disasters such as earthquakes and floods often cause significant human suffering and material damage. The Red Cross or Red Crescent in the affected country is the first to respond. However, in large-scale conflicts or disasters, they are sometimes unable to cope with the situation alone. In such cases, Red Cross Societies in other countries step into the breach by providing manpower, money and/or materials. In this way we seek to meet the most urgent needs of the affected population.

Map: Emergency relief



In 2012, Belgian Red Cross-Flanders provided emergency relief in the following countries:

- A. **The Philippines:** distribution of locally purchased relief supplies following the devastation caused by a tropical cyclone

Tropical storm Washi hit the southern Philippines on December 17, 2011, leaving over 11,000 people homeless. Another 30,000 or so houses were badly damaged. Three months after the disaster, more than 4,600 families were still living in evacuation centers or with friends. Belgian Red Cross-Flanders supported 2,000 of the most vulnerable families by distributing relief items such as mosquito nets, jerrycans and hygiene kits.

- B. **Sudan:** improving conditions for refugees in four camps in East Sudan (www.rodekruis.be/NL/Internationaal/Projecten/Noodhulp/Oost-Soedan/vluchtelingen+Oost-Soedan.htm)

- C. **Syria:** financial support and material assistance in the form of one ambulance for the Syrian Arab Red Crescent, distribution of 10,000 blankets and five medical relief kits

- D. **Pakistan:** completion of the rehabilitation of two basic health centers in the southern province of Sindh following the catastrophic floods of 2010 (in collaboration with the German Red Cross)
(www.rodekruis.be/NR/exeres/45EA691F-3B9D-402F-944D-D189246B9A6B.htm).

SYRIAN CIVIL WAR DRAGS ON

Syria entered its second year of violent unrest in 2012. The violence in the country is all-pervasive. According to United Nations figures, the death toll from the conflict stood at over 70,000 at the end of 2012. More than a million civilians have fled to neighboring countries, two million are displaced within Syria and four million are completely dependent on humanitarian aid.

The Red Cross initiated the relief effort in Syria at the outset of the conflict. In some areas, the Syrian Arab Red Crescent is the only aid organization in the field. Together with the International Committee of the Red Cross, it provides assistance to refugees and others affected by the conflict. The Red Cross also helps Syrian refugees who have escaped from their country into Turkey, Jordan and Lebanon.

No safe access

The Red Cross and the Syrian Arab Red Crescent are providing relief in the war-torn country, but many villages and urban neighborhoods are inaccessible due to the fighting. As a result, untold numbers of people in Syria are not receiving the help they need.

The Red Cross has been negotiating daily with both the Syrian government and opposition groups on how to gain access to victims. However, reaching any sort of agreement is virtually impossible due to the large number of factions involved in the fighting. The front lines are shifting constantly and many areas are difficult to access.

Relief workers under fire

The ongoing violence claimed more and more victims in 2012, and not only Syrian citizens and journalists. The Syrian Arab Red Crescent also suffered heavy losses. Since the start of the civil war, at least eight volunteers have been killed while providing emergency relief, despite being clearly identifiable by the internationally recognized and protected emblem of the Red Crescent. In July 2012 a Syrian Arab Red Crescent ambulance was stolen.

Overwhelmed

Although the Syrian Arab Red Crescent has been working non-stop since the outbreak of the conflict, the organization has been overwhelmed by the sheer volume of assistance required by the hundreds of thousands of victims. This video (www.youtube.com/watch?v=AEJ9pl29i_Q&feature=youtu.be) gives an insight into the efforts being made by the Syrian Arab Red Crescent and the difficulties faced by the organization while providing relief.

Assistance from the International Committee of the Red Cross

The International Committee of the Red Cross (ICRC) has been assisting the Syrian Arab Red Crescent with the provision of emergency relief. In 2012, the ICRC and the Syrian Arab Red Crescent together helped ensure that clean water was available to over 14 million people. They delivered food items to more than 1.5 million people, most of them displaced. Another half a million Syrians were supplied with other essentials such as blankets, mattresses, kitchen utensils and so forth. Furthermore, the ICRC and the Syrian Arab Red Crescent donated enough surgical and other medical supplies to treat thousands of patients across the country.

The ICRC has produced an overview of its efforts in Syria in 2012

(www.icrc.org/eng/resources/documents/fact-figures/04-17-syria-2012.htm).

Assistance from Belgian Red Cross-Flanders

Belgian Red Cross-Flanders also made efforts to help Syria in 2012. In consultation with the ICRC, we determined the additional needs of the population.

We launched a public appeal for donations and submitted a project proposal to the Flemish government for additional emergency relief. Thanks to over €50,000 of private donations and a €150,000 contribution from the Flemish government, we were able to supply the Syrian Arab Red Crescent with:

- a fully equipped ambulance;
- five health kits, which can provide basic medical care to 10,000 people for up to three months;
- 10,240 blankets.

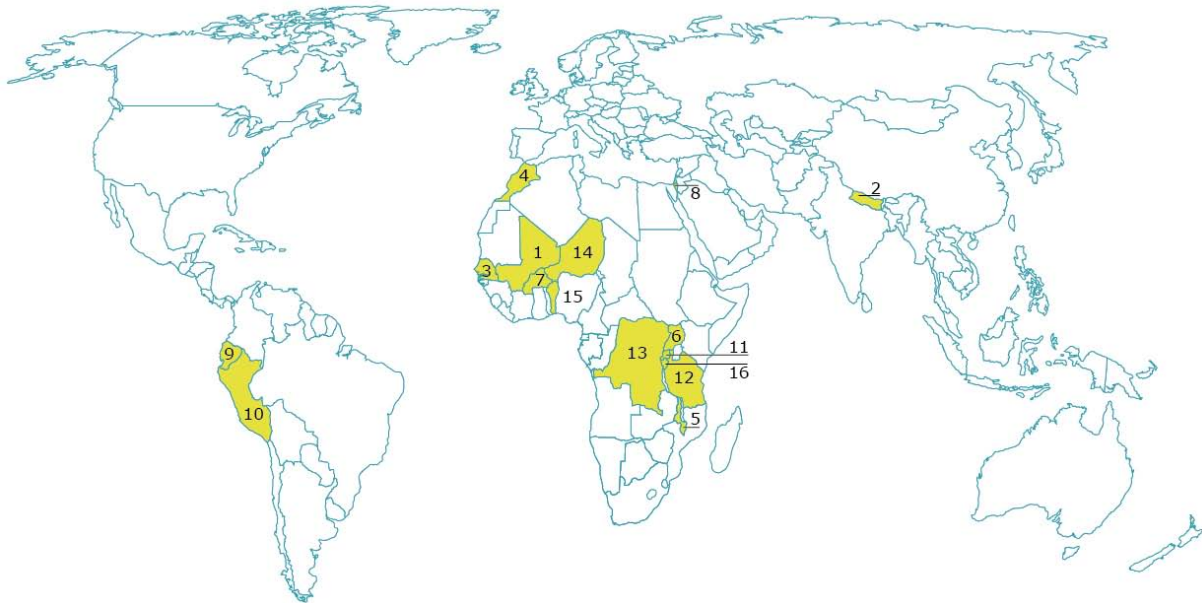
Despite all these efforts and of course the manifold efforts of other organizations, the situation remains critical. There can be no let-up in our response.

DREF: EMERGENCY RELIEF FOR SILENT EMERGENCIES

More than 90% of disasters go unreported in the foreign media. It is often the poorest countries that are hardest hit. The local Red Cross is on hand to offer immediate assistance but it often lacks the financial resources to help all victims.

The International Federation of Red Cross and Red Crescent Societies (IFRC) therefore set up the Disaster Relief Emergency Fund (DREF), so that local Red Cross Societies do not have to wait for the money they need to provide relief. DREF aims to provide start-up funding in the immediate aftermath of a large-scale disaster and to fund emergency responses to silent disasters that do not make the news.

Map: Emergency relief - DREF



In 2012, DREF received a contribution of €1,070,000 from the Belgian federal government. That money was allocated to one or more emergency relief projects in 16 countries:

1. Mali: Food Insecurity
(www.rodekruis.be/NR/exeres/OCFBAFF5-0C6F-44DE-9E60-251A91721020.htm)
2. Nepal: Extreme Cold
3. Senegal: Civil Unrest and Election
(www.rodekruis.be/NR/exeres/956D88A7-D06B-443B-A2CE-B8D918443A13.htm)
4. Morocco: Cold Wave
(www.rodekruis.be/NR/exeres/73F91690-5955-4F2C-A219-EE38C4A77F61.htm)
5. Malawi: Floods
(www.rodekruis.be/NL/Internationaal/Projecten/Noodhulp/Malawi/overstromingen+Malawi.htm)
6. Uganda: Cholera Outbreak, Landslide, Population Movement, Ebola and Marburg Outbreak
(www.rodekruis.be/NL/Internationaal/Projecten/Noodhulp/Oeganda/)
7. Burkina Faso: Population Movement
8. Palestine: Floods and Cold Wave
(www.rodekruis.be/NR/exeres/20BFDB8A-6A42-466E-9C7D-913154531A5B.htm),
Gaza Crisis
9. Ecuador: Floods
(www.rodekruis.be/NR/exeres/47D07194-9F67-4642-8EB3-7A2E3185A57A.htm),
and Wildfires
(www.rodekruis.be/NL/Internationaal/Projecten/Noodhulp/Ecuador/bosbranden+ecuador.htm)
10. Peru: Floods and Dengue
11. Rwanda: Floods and Population Movement
(www.rodekruis.be/NL/Internationaal/Projecten/Noodhulp/Niger/overstromingen+Niger.htm)

12. Tanzania: Refugee Repatriation

(www.rodekruis.be/NL/Internationaal/Projecten/Noodhulp/Tanzania/)

13. Democratic Republic of Congo: Population Movement and Ebola Outbreak

(www.rodekruis.be/NL/Internationaal/Projecten/Noodhulp/Democratische+Republiek+Congo/)

14. Niger: Floods

15. Benin: Floods

(www.rodekruis.be/NL/Internationaal/Projecten/Noodhulp/Niger/overstromingen+Niger.htm)

16. Burundi: Cholera

This short film (<http://www.youtube.com/watch?v=9rbOtNNKLDE&feature=youtu.be>)

by the IFRC explains the purpose of DREF and the type of actions it funds.

BENELUX EMERGENCY RESPONSE UNIT

After a disaster, it is important that victims receive assistance quickly. The Red Cross therefore sends out Emergency Response Units (ERUs), teams of technical specialists who use sets of standardized equipment. ERUs can be deployed anywhere in the world within 48 hours of a major disaster.

Belgian Red Cross-Flanders, together with its counterparts in Wallonia, the Netherlands and Luxembourg, maintains a Relief ERU which supports the Red Cross of affected countries in selecting beneficiaries and distributing emergency relief items.

From Sunday, August 12 to Friday, August 17, 2012, we and our Benelux partners held a training course in Heverlee. Twenty-five candidates were trained and are now on standby for the next deployment of the Relief ERU during large-scale international relief operations. This was the fifth such training event since the ERU was established in 2007.

The trainees were able to put their acquired knowledge and understanding to the test in a practical scenario and so hone their preparedness. During a simulation exercise, they were able to practice relief assessment, beneficiary selection, relief distribution and crowd management techniques. Over 60 volunteers came to Heverlee for the exercise to act as victims of a flood.

AFTER THE EMERGENCY RESPONSE

As well as providing emergency relief during and after a disaster or crisis, Belgian Red Cross-Flanders also assists victims and their relatives in other ways. We offer longer-term structural assistance to affected populations.

Reception of refugees

In disasters and wars, people flee their homes in fear for their lives. The Red Cross supports the reception of refugees and provides accommodation, medical treatment, clean drinking water and food. At the request of the government, Belgian Red Cross-Flanders is partly responsible for the reception of asylum seekers.

Tracing missing persons

In the chaos engendered by war or natural disaster, many families become separated. Belgian Red Cross-Flanders helps with tracing missing family members, disseminating Red Cross messages for family members, reuniting families and voluntary repatriation.

Restoration and reconstruction

Long after a disaster has disappeared from the media spotlight, the Red Cross continues to work at rebuilding the country. We always combine reconstruction with development of the affected area, in order to make the population less vulnerable to future disasters.

LEADERS IN BLOOD SUPPLY

Belgian Red Cross-Flanders is responsible for supplying adequate quantities of safe blood products to hospitals in Flanders on a continuous basis. In 2012, we achieved this objective with the help of many existing and new donors. We optimized the entire journey taken by a blood donation from collection through to processing. We also worked continuously on improving our quality system and on achieving a more efficient and knowledge-driven organization.

DONOR RECRUITMENT

Sourcing sufficient quantities of safe blood is a major day-to-day challenge for Belgian Red Cross-Flanders. In 2012, we were supported by 191,651 donors, who donated their blood, plasma and platelets. Thanks to their commitment, we are able to supply hospitals and help hundreds of people every day. Demand for blood products remains high, so in 2012 we continued our efforts to keep donor numbers at the required level.

IN SEARCH OF NEW DONORS

Each year, some of our donors have to stop donating. Illness, pregnancy, moving house or reaching the donor age limit are the most common reasons for this.

That is why we work on a daily basis to find new donors via various channels.

Kato and Marijn give their heart

In 2012, singer Kato and singer-actor Marijn De Valck gave their heart to the Red Cross's new recruitment campaign. Their aim was to attract 40,000 new donors in one year.

Kato and Marijn got actively involved in the search for blood donors, gave exclusive concerts and donated blood at the press conference to launch the new campaign. Kato wrote a song called 'Ontwaak' ('Wake up') especially for the campaign (www.youtube.com/watch?v=a7JZsMB5uiA).

Thanks to the campaign, we had recruited 36,817 new blood donors by the end of December.

Businesses with a Heart

As in previous years, many companies raised awareness among their employees about blood donation. A total of 121 companies were awarded the 'Business with a heart' label in 2012, either for giving blood at an existing collection or on company premises or for recruiting donors among their staff.

The first networking event for 'Businesses with a heart' was held on June 14, 2012 to coincide with World Blood Donor Day. Minister-President of Flanders Kris Peeters explained why he is a committed donor and emphasized the importance of corporate social responsibility.

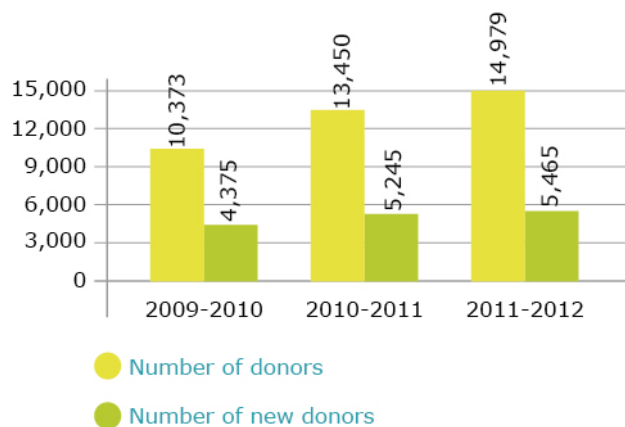
In a practical case study, 'Business with a heart' Volvo Cars presented a number of examples and tips on how a company can help people in need by means of blood donations and so display its social commitment.

Bloedserieus

In keeping with annual tradition, the non-profit organization *Bloedserieus* ('Bloody Serious'), comprising student associations and the Belgian Red Cross-Flanders Blood Service, gave students and young people some extra encouragement to give blood.

Students in Flanders' six largest university cities were able to turn up and give blood. The blood collections were organized on the campuses of colleges and universities, close to where students live. And it worked! We achieved our aim of attracting even more donors. The final donor count was just short of 15,000, an increase of 10%. Of these, 5,465 were first-time donors.

Infographic: Trend in number of *Bloedserieus* donors



For more information visit www.bloedserieus.be.

Schools with a heart

Building on the success of 2011, we challenged a number of schools to become 'Schools with a heart'. We asked pupils to color their school red, sing Kato's specially composed song 'Ontwaak' (www.youtube.com/watch?v=a7JZsMB5uiA) and work with teachers and parents to help us find potential new donors. The project encourages new donors to attend blood collections. Fifteen schools took up the challenge in 2012.

Football club with a heart

Following on from businesses and schools with a heart, Flanders' footballing fraternity also got on board with the search for new donors in 2012. September 21 saw the official launch of a partnership between the Royal Belgian Football Association and Belgian Red Cross-Flanders (www.youtube.com/watch?v=xH0y8sDbL_k). The Red Devils became the first 'Football club with a heart'. They acted as ambassadors, urging all football clubs to give blood and to raise awareness of the issue among fans and trainers. Any football team, large or small, which organizes a recruitment drive for local blood collections *and* comes to give blood itself can call itself a 'Football club with a

heart'. Collaboration with our local branches is very important in this respect: the contacts they make as part of this project result in a bigger turnout at local blood collections.

THANK YOU, DONORS!

Day after day, blood donors give us part of themselves. They do so free of charge and selflessly. In 2012, we once again thanked our loyal donors for their dedication.

Club Red

Having been set up in 2011, Club Red really got going in 2012. Anyone who gives blood automatically becomes a member of the club. Club Red is all about thanking donors and giving them a feeling of inclusiveness and involvement. For every blood donation received in 2012, Club Red members were given one of the hearts designed by Kato and Marijn for their campaign. They also receive *Redactie*, a quarterly newsletter distributed at blood collections, and are regularly invited to fun activities.

Party x 4!

The now traditional annual BloedFeest! was held on September 8 to say a big thank you to all our loyal donors and their families. To enable even more donors to attend, we held the event at three separate locations for the first time, in Huizingen, Puyenbroeck and Zilvermeer (www.youtube.com/watch?v=mUIP2XjjCac).

An even bigger treat was in store for plasma and platelet donors. Three extra local activities were organized exclusively for Club Red members: Party in the cinema, city walking tours at 10 locations in Flanders and a unique visit to various museums in Belgium.

Care Day

On March 18, 2012, all Belgian Red Cross-Flanders donor centers took part in the first ever 'Dag van de Zorg' ('Care Day'). This was a rare opportunity to give blood on a Sunday. No fewer than 670 people came to donate blood or plasma. Tours were organized to show visitors the complete journey taken by a drop of blood from donor to patient.

Donor Relationship Management

We implemented a new software package in 2012 with the aim of maintaining and monitoring contacts with our donors as effectively as possible.

Donor Relationship Management (DRM) is a central database that can be consulted online. It allows donors to access appointment books at all donor centers. These books are directly linked to the data sheets of each individual donor, both active donors and candidates. The donation history includes the date when the donor last gave blood and when they are able to do so again.

The internal and external call centers that contact our existing and potential donors also use the DRM package. This means that they have full and up-to-date information about the donor when booking an appointment, resulting in smoother and more efficient conversations.

Change in rules for government employees

In June 2012 the Flemish government reduced the amount of time its officials can take off work to give blood, from a whole day to the time needed to get to and from the collection center and give the donation. The federal government introduced similar rules in December 2012.

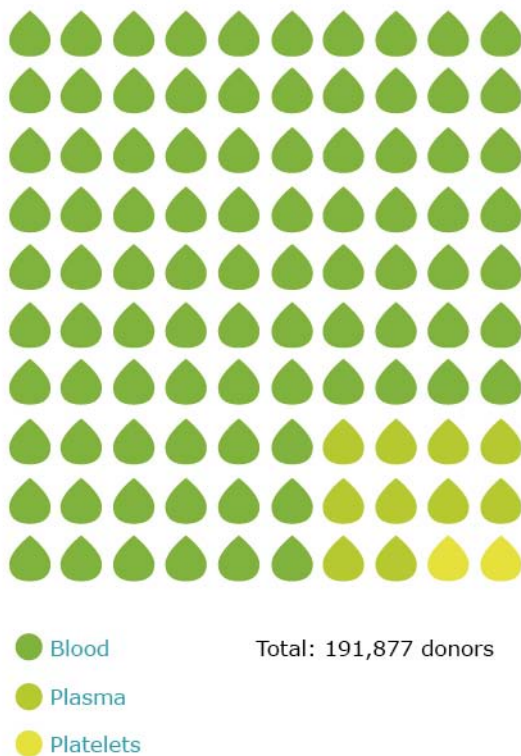
This followed an earlier ruling by the European Court of Justice that the day off constituted compensation. However, compensation for giving blood is prohibited under Belgian law. Hence the governments' decision to change the rules.

Many government employees come to permanent donor centers or mobile collections to give blood, plasma or platelets. We give them the certificate they need to justify their absence to their superiors. In addition, we will now be organizing regular blood collections at government buildings during office hours.

DONOR AND DONATION STATISTICS

In 2012, 191,651 donors gave blood, plasma and platelets. The total number of blood products donated was 423,268. A visual overview of donor and donation statistics is given below.

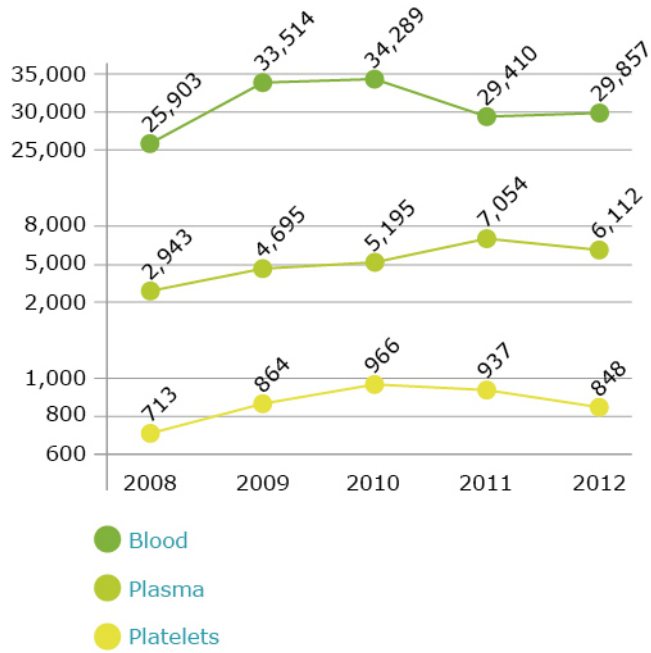
Breakdown of donors by donation type



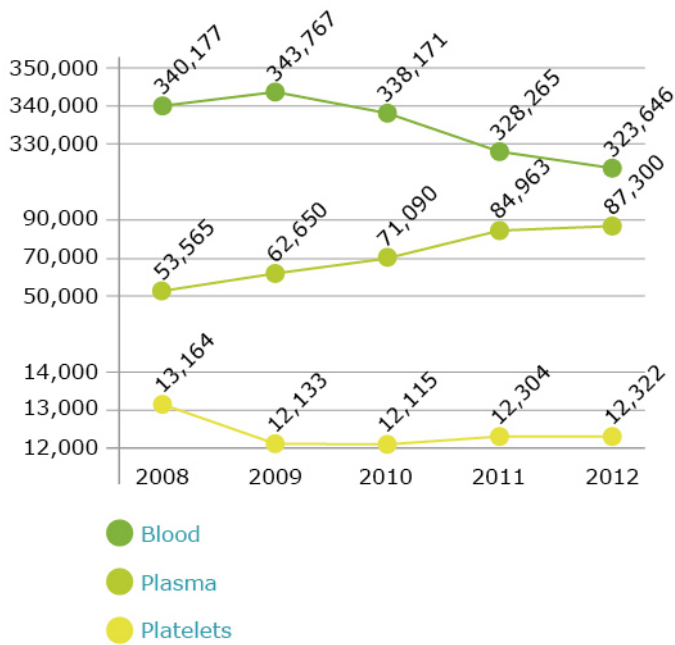
Trend in number of donors by donation type
2008-2012



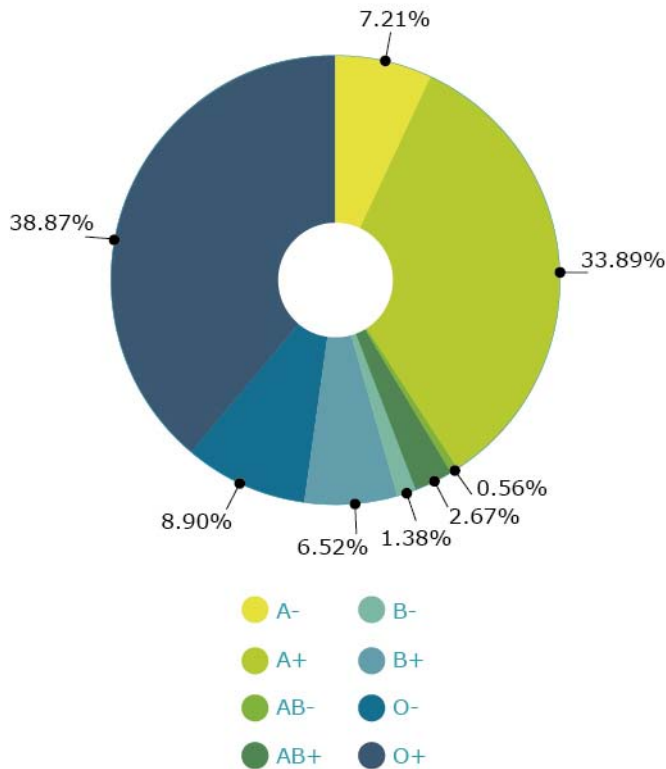
Trend in number of new donors by donation type
2008-2012



Number of successful donations by donation type 2008-2012



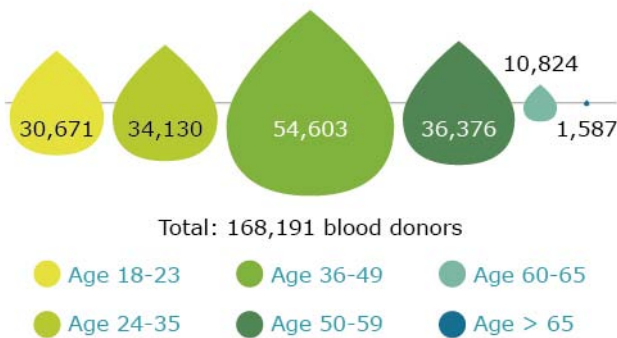
Distribution of blood groups among blood donors



Gender of donors by donation type



Blood donors by age



COLLECTION AND PROCESSING

The Blood Service's task is to supply patients with sufficient quantities of safe blood products. In 2012, we worked on improving all stages of blood collection and processing, bearing in mind that blood, plasma and platelets undergo a lengthy journey from donor to patient.

COLLECTION: QUICK AND EASY

Donors give up their valuable time voluntarily to donate blood. In 2012, we made efforts to ensure that the collection process is as pleasant and smooth as possible.

A warm welcome

We always endeavor to give our donors a warm welcome. The new display boards at mobile blood collections enhance our visibility, while the printed privacy screens give donors useful information about the collection process.

Reduced waiting times

We have taken a number of steps to reduce waiting times at collections. For example, in 2012 we introduced a new scheduling procedure. At some collections we now use a numbering system, which means that donors do not have to wait in line but can enjoy a drink while awaiting their turn to give blood.

In addition, we launched a registration system which enables us to continuously monitor waiting and throughput times and adjust them where necessary. In future we want to schedule blood collections even more efficiently using the new DRM software package. This will allow donors to check online when waiting times are shortest and book their own appointment for a blood donation.

STORAGE: BETTER TEMPERATURE CONTROL

As soon as they have been collected, blood, plasma and platelets have to be stored in the right conditions in order to preserve their quality. We implemented a number of innovations in 2012 with a view to improving temperature control.

Roll-out of temperature-controlled containers

After an extensive testing phase, we began using temperature-controlled containers at all our blood transfusion centers in mid-2012. These robust, wheeled containers were specially designed by the Blood Service – in collaboration with VEBA MediTem – to meet the strict requirements governing the storage and transportation of blood products. Temperature-controlled containers offer a number of advantages:

- Stable temperature: external temperature fluctuations do not affect the blood bags in the container. With the cooling plates we used in the past, the temperature of blood products could sometimes dip too low during the winter months.
- Greater storage volume: a temperature-controlled container can hold up to 120 full blood bags.
- Simpler transportation: temperature-controlled containers are easy to load onto the trucks used at mobile blood collections. The platform scales on which the blood bags rest in the containers are much lighter and therefore easier to carry.

The next step is to develop smaller temperature-controlled containers for our permanent donor centers, in which 48 blood bags can be stored. These are due to be approved and enter service in 2013.

Cold Chain Monitoring System (CMS)

The temperature of blood products must not exceed certain limits. The central monitoring system (CMS) which the Blood Service used for many years to monitor the cold chain had a number of drawbacks. After in-depth research, we opted for a new system in 2012. The Traceview monitoring system is extremely user-friendly:

- It is network-operated. This means that it **can be consulted anywhere, any time**. In the event of a network outage, the system stores the readings locally until the server is back in action.
- The CMS automatically **identifies** the **location** and **device** where the temperature has exceeded either the maximum or minimum threshold.

For monitoring of the CMS alarm function, the Blood Service works with Humanitarian Services' **Dispatching** Department. Dispatching forwards any alarms to the relevant persons for follow-up.

UMBILICAL CORD BLOOD: PROCESSING AND ALLOCATION EXAMINED

Belgian Red Cross-Flanders' Umbilical Cord Blood Intermediary Structure (IMS) is responsible for processing, storing and issuing umbilical cord blood. It works closely with the Umbilical Cord Blood Bank at Ghent University Hospital, which undertakes donor selection and collection of the cord blood.

Umbilical cord blood contains stem cells which are used in treating blood disorders such as leukemia.

In 2012, we analyzed the information requests and allocations of umbilical cord blood. This revealed that transplantation centers are much more interested in umbilical cord blood with a large number of nucleated cells. These are primarily white blood cells and their predecessors, including stem cells. Units with a large number of nucleated cells are also much more likely to be used for transplantation.

Based on this information, we are now only processing umbilical cord blood with a large number of nucleated cells. In other words, we are investing in umbilical cord blood that will actually be used for transplantation and are responding to the demand of transplantation centers.

In 2012, the Ghent University Hospital Umbilical Cord Blood Bank and Belgian Red Cross-Flanders IMS began working with two new collection centers, the Jan-Palfijn General Hospital in Ghent and the Nikolaas General Hospital in Sint-Niklaas. In this way we hope to find enough umbilical cord blood that meets our stricter criteria.

Through these various initiatives, we aim to further increase the number of umbilical cord blood units released for transplantation.

QUALITY

The Blood Service works tirelessly to improve its quality system and to enhance its organizational efficiency and performance. Our efforts were once again confirmed by a number of inspections. Our commitment to quality ensures that we can supply hospitals with the safe blood products they require. We also strive for top quality in the service we provide to hospitals. To that end, we took a number of practical steps in 2012 to improve and expand our services.

QUALITY BEGINS WITH THE MEDICAL QUESTIONNAIRE

The quality of blood is a key priority for the Blood Service. The safety of blood products is guaranteed by a combination of measures. For example, donors are asked to fill in a questionnaire every time they give blood. This helps to ensure that the risk of infectious diseases among our donor population is around 10 times lower than in the population as a whole. This, combined with testing of blood products, is a vital factor in guaranteeing blood product safety.

The information collected in the questionnaire is very important. Failure to provide accurate information can have serious consequences.

In late 2011, rigorous donor screening and follow-up revealed that a donor had deliberately lied when completing the medical questionnaire. As blood safety is a top priority for us, the Governing Board of Belgian Red Cross-Flanders decided to take legal action against the donor concerned.

The examining magistrates of the Court of First Instance ruled that the allegations were founded and upheld our civil party claim.

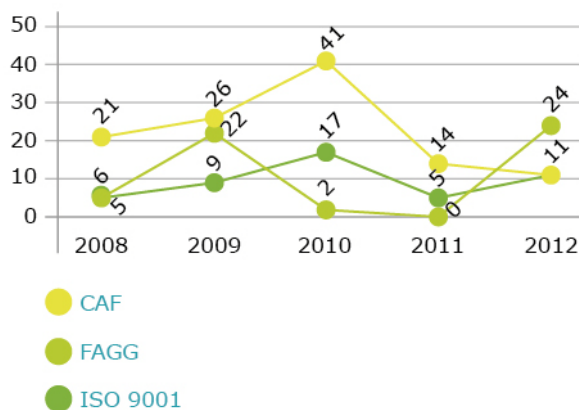
We will continue to take action in such cases as a matter of course. Giving deliberately misleading information on the medical questionnaire is unacceptable and compromises patient safety.

OUR QUALITY INSPECTED

Each and every Belgian Red Cross-Flanders employee contributes to the quality and safety of our products and services. Through a series of internal audits in 2012 we evaluated the correct implementation of existing procedures and tested our quality level. Areas for improvement and deficiencies were recorded and resulted in specific improvement actions.

External bodies also assessed our operations in light of specific standards. The number of external audits and inspections undergone by the Blood Service rises year on year. In 2012 as in previous years, every inspection was successfully concluded.

Infographic: Trend in number of external audits



Blood establishment accreditation renewed

An inspection team from the Federal Agency for Medicines and Health Products (FAMHP) audited the Blood Service in 2012. The quality, safety and effectiveness of our blood products was examined, with all blood transfusion centers, donor centers, warehouses and Central Supporting Services being reviewed in turn. The outcome was successful and the FAMHP renewed the accreditation of our blood establishments.

ISO certification renewed

Our ISO 9001:2008 certification was also renewed in 2012, following an extensive audit. This accreditation proves that we collect, process, store and distribute blood and blood products in accordance with the strict quality requirements of the International Organization for Standardization (ISO).

CAF-DAF inspection

The Central Fractionation Unit (CAF-DAF) inspected five donor centers and the ICT Department within Central Supporting Services. Once again the outcome was positive and there were no major deficiencies observed.

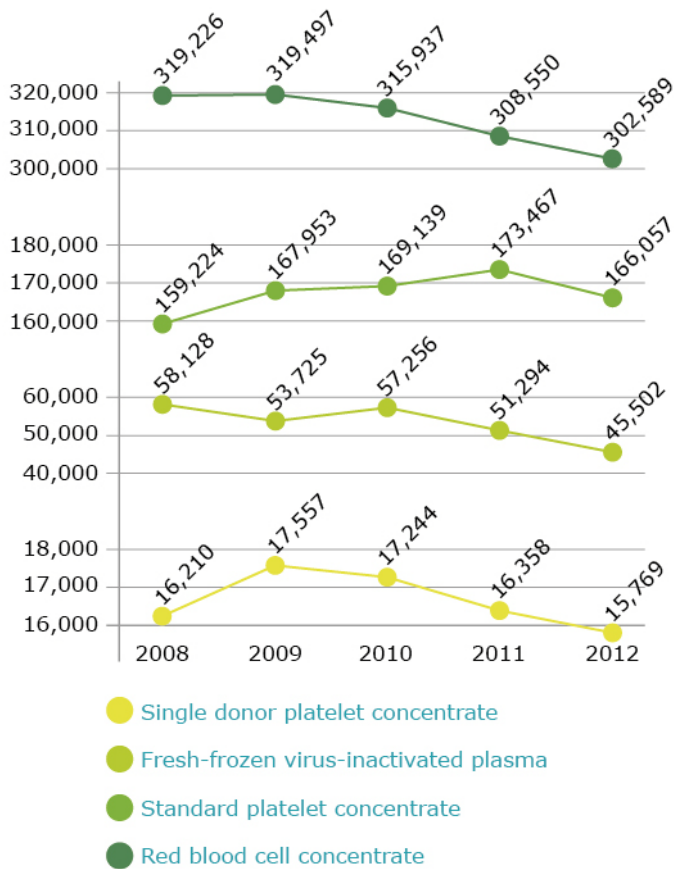
SERVICE TO HOSPITALS IMPROVED

Hospitals' satisfaction with our service is of great concern to us. We therefore conducted a satisfaction survey among hospitals in late 2011.

In 2012, we translated the survey findings into practical actions, which will be implemented over the coming years and result in an even better service.

The provision of advice and information to hospitals will be expanded through increased information flow and broader representation on transfusion committees. We want to improve our communication by launching interactive websites providing useful information about the supply and use of blood products. It will also be possible to order blood products online in future. Finally, the requirements and specifications for online requests of both blood products and laboratory tests will be standardized.

Infographic: Trend in number of deliveries to hospitals



SERVICE TO HOSPITALS EXPANDED

The results of the 2011 hospital survey revealed that hospitals require additional medical advice on transfusion policy and haemovigilance.

We believe that actively supporting and providing expertise to hospitals is part of our job. We have therefore started to relay best practices and technical information.

In 2012, a number of hospitals requested advice on monitoring the quality of their cold chain process. From now on, we inform them about the rules and procedures applicable to cold rooms used for storing blood components. By sharing our expertise on the cold chain process with hospitals, we want them to become fully-fledged partners in our drive for safe blood from donor to patient.

DIAGNOSIS

The Blood Service wants to be more than a supplier of safe blood products. It is therefore investing heavily in diagnosis so that we can support hospitals in selecting the right blood product for each patient. In addition, Clinical Biology Laboratory processes are being streamlined and where possible automated, thereby reducing the likelihood of things going wrong.

ONE ACCREDITED CLINICAL BIOLOGY LABORATORY FOR BELGIAN RED CROSS-FLANDERS

To foster operational efficiency and synergies, we applied in 2012 to have our six laboratories accredited as a single lab, the Belgian Red Cross-Flanders Clinical Biology Laboratory.

By working together more closely, we can exchange methodologies, experiences and lessons learned more easily within the organization. By managing improvement projects centrally, we enhance our efficiency in streamlining working methods and increasing automation. This will hopefully further improve the service we offer to hospitals.

The Belgian Red Cross-Flanders Clinical Biology Laboratory has three main tasks:

- Screening donor samples for blood-borne infections and ensuring the safety of blood products (Central Laboratory (CELA) or donor laboratory)
- Testing to select compatible blood products for patients needing a blood transfusion (ImmunoHematology activity centers)
- Carrying out tests for organ and stem cell transplants to match the right donor with the right patient (HLA activity center).

SCREENING DONOR SAMPLES (CELA OR DONOR LABORATORY)

The ISO 15189-accredited donor laboratory processes over two million samples each year. This ensures that the blood products we deliver on a daily basis are safe. Thanks to extensive automation, we can analyze blood samples quickly and make blood products available to hospitals without delay.

New test for Chagas disease

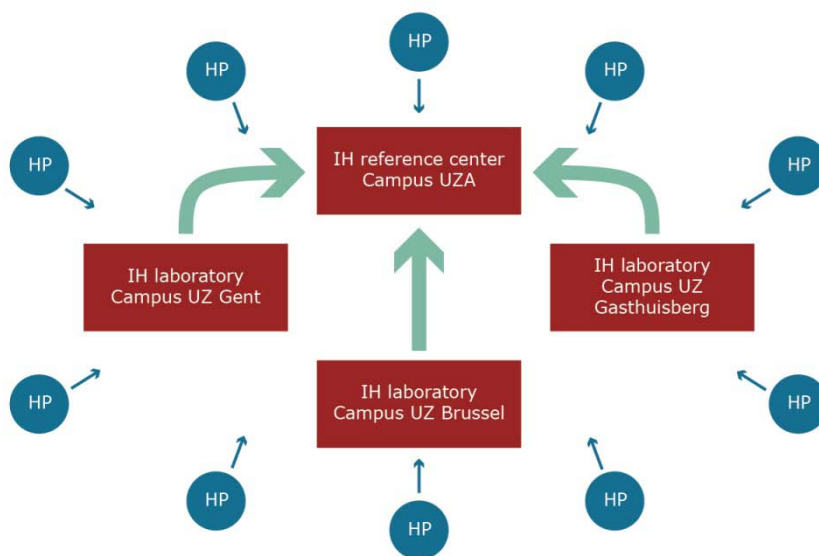
In recent years specialists have been warning of the dangers posed by Chagas disease. This parasitic disease only occurs naturally in Central and Middle America. As a precaution, all would-be blood donors from these countries were automatically rejected.

However, since June 2012, that has no longer been necessary thanks to testing for Chagas disease carried out in collaboration with the Institute of Tropical Medicine. Only individuals found to be contaminated are now turned away. By the end of 2012 we had already carried out 218 tests, all of which were negative. That meant an additional 218 donors were allowed to give blood.

COMPATIBILITY TESTING (IH ACTIVITY CENTERS)

The IH activity centers operate in four regions of Flanders and are located at the university hospitals of Antwerp, Brussels, Ghent and Leuven. The Antwerp activity center acts as an internal reference center. As well as the university hospitals, other hospitals can also use these centers' services to carry out specific tests and to request compatible blood for transfusion. In 2012, a hundred or so hospitals and laboratories availed themselves of the services of one or more activity centers.

Infographic: Compatibility testing



Central management from one IH structure

In 2012, the necessary preparations were made to manage all laboratories' operations centrally from a single IH structure with four activity centers. In this way we aim not only to standardize but also to optimize our processes.

Moving towards ISO 15189

In the second half of 2012, Belgian Red Cross-Flanders set up a working group to prepare for ISO 15189 accreditation for the four IH activity center laboratories.

ISO 15189 is the international quality standard for medical laboratories. It examines both the organization of the laboratory and the quality of the testing performed.

New process flows and protocols

In 2012, we devised the process flows for a number of specific applications. In consultation with the university hospitals, we established, among other things, a new protocol for monitoring ABO-incompatible kidney transplants.

CARRYING OUT TESTS FOR ORGAN AND STEM CELL TRANSPLANTS (HILA)

External audit

In 2012, HILA continued to meet the standards set by the European Federation of Immunogenetics (EFI). This accreditation requires an annual internal audit and a three-yearly external audit.

Implementation of care pathways

The new care pathways for organ transplantation, stem cell transplantation and blood transfusion were implemented in 2012. We further developed the existing consultation between the laboratory and the attending physicians in the various transplantation centers. HILA staff members and clinical biologists systematically participate in patient discussions in hospitals. The care pathways and the exchange of results to the electronic patient file were also further optimized and expanded.

Automation of protocols

In 2012, the automation of HLA(Human Leukocyte Antigen)-specific protocols was further developed and implemented in the laboratory. By automating the tests, we can increase their accuracy and improve sample and data traceability. This automation further confirms HILA's status as a European pioneer in the field of HLA and transplantation.

For example, HILA was the first in Europe to fully automate HLA antibody detection using the Luminex method and integrate it into the laboratory IT system. The antibodies detected by this method can cause rapid, sometimes definitive, rejection of a transplanted organ. This achievement is therefore of direct benefit to patient care.

Extra role in organ transplantation diagnosis

Science is advancing all the time. With the availability of new anti-rejection drugs, the importance of HILA's role in diagnosing rejection reactions has further expanded.

HILA is increasingly called upon to carry out tests in cases of rejection. By detecting HLA antibodies in the patient, we can learn more about the nature of rejection reactions. The results of the tests partly determine the choice of drugs administered to the patient.

It is the clearly stated ambition of Belgian Red Cross-Flanders to continue evolving into a knowledge organization. Among other things, this means that as much as possible of what we do must be based on scientific data. To achieve this objective, we continued to put our research and development strategy into practice in 2012. Staff training and the creation of a data management tool are two further components in our development as a knowledge organization.

DEVELOPMENT OF OUR R&D STRATEGY

In 2011, we laid the foundations for the Belgian Red Cross-Flanders research and development strategy. In 2012, we further developed that strategy and put it into practice. In putting the R&D strategy into practice, maximum account was taken of our expertise in validations and that of the Centre for Evidence-Based Practice. We also invested in further developing high-tech methods at the Transfusion Research Center (TReC).

As regards the Blood Service, we are focusing on two lines of research, into **donors** and **blood components** respectively. Within these pillars we are working at a number of levels: **operational**, **development-oriented** and **basic translational research**. It is this layered approach which gives our R&D strategy its strength.

Type A research is geared towards **operational and quality improvements**. *Example: How can we improve what we are already doing today?*

Type B research is **development work**. Here we use existing knowledge to develop or test out new processes. *Example: How can we achieve better informed donor selection, or better blood products?*

Type C comprises **basic** and **translational research**. Basic research involves amassing as much knowledge as possible about core principles. *Example: How do platelets behave during a production process? What does this mean in physiological terms?*

In translational research, basic knowledge is put to practical use in the field of research. *How can information about the properties of platelets, for example, be used in therapy?*

OVERVIEW OF RESEARCH AND STUDIES CARRIED OUT IN 2012

Within this research and development strategy, the Blood Service carried out a number of studies and pieces of research in 2012.

1. Assessment of the blood destination form

Using the Business Intelligence (BI) tool, the effectiveness of the blood destination form ('*bloedbestemmingsformulier*') was analyzed based on nearly three million donations. On this form, donors can indicate whether or not they have engaged in behavior that is liable to increase their risk of catching AIDS. Our analysis found that the blood destination form needed to be simplified as too many donations were being lost due to the form being incorrectly completed.

This study was presented at the International Haemovigilance Seminar in Brussels in early 2013. The Blood Service is working on a new reporting form with a broad test panel of donors to minimize the risk of forms being filled in incorrectly.

2. Hemochromatosis patients and blood donation

In collaboration with the Centre for Evidence-Based Practice, the Blood Service carried out research into hemochromatosis and blood donation. Hemochromatosis patients have too much iron in their blood and can keep their iron levels within normal range by giving blood regularly. We examined whether these patients can be blood donors and whether their blood is safe to use for transfusion.

The online survey (completed by 35 blood centers in 33 countries) showed clearly that different policies are applied around the world. Due to the lack of a uniform policy, we also carried out a systematic review of available literature. Six articles were selected out of a total of 3,470, none of which proved that the blood would not be safe, subject to certain conditions. These insights were brought together in a scientific article, which was published in the Journal of Hepatology.

3. Temperature-controlled container

Following in-depth research and an extensive test phase, we began using temperature-controlled containers in 2012. They were specially designed to meet the strict requirements governing the storage and transportation of blood products.

4. Comparative plasma study

At the Annual Meeting of AABB (American Association of Blood Banks), the Blood Service presented a poster showing the results of tests on three different forms of virus inactivation for plasma. This is the first time anywhere in the world that the effect of these three different forms of virus inactivation has been compared, based on the same source material. The study found that the method currently used by the Blood Service can easily withstand comparison with the other methods.

5. Transfusion Research Center (TReC)

Having been established in 2011, the Transfusion Research Center (TReC) became further operational in 2012. TReC endeavors, through basic scientific research, to generate as much knowledge as possible about the properties of blood components, while also engaging in translational research.

TReC focuses mainly on platelet storage. Using advanced techniques, it seeks scientifically substantiated answers to questions about the function of platelets. *How do platelets adhere to the wall of a blood vessel? How do they form clots? What markers do they carry? How does this change when the platelets are processed and stored?* TReC also published its first scientific study in 2012.

6. Automation at HILA using Hamilton

2012 was a major year of validation for HILA. Thanks to the two Hamilton automated solutions, around 90% of tests performed by HILA will pass through one or both systems. With this degree of automation, we are leading the way in Europe. Since the launch of the

automation project, we have been working flat-out to ensure that all of our processes are lean, robust and controlled, in both technical and organizational terms, in order to guarantee a high-quality service. The processes and data flows have not only been automated but also analyzed in detail and optimized. This has enhanced our testing performance and maximized traceability from the initial request through to the reported result.

CONTINUOUS TRAINING

As well as a clearly worked-out R&D strategy, a knowledge organization also requires sound scientific and critical training for its staff.

With that in mind we began holding monthly **Journal Clubs** in 2012. Managers and experienced and junior staff members within the Blood Service analyze and critique scientific studies on a variety of subjects such as health economics and new laboratory tests.

In 2012, the **Young Graduate Program** was also expanded within our organization. Recent biomedical graduates are given the opportunity to work on various projects in a variety of disciplines under the guidance of an experienced project leader. In this way we aim to become an attractive employer for people with biomedical expertise.

BI SUPPORT TOOL

In 2012, we worked on further developing our Business Intelligence tool. All Blood Service source systems are linked to this tool. The software allows us to **manage** our data **more efficiently**, generate **automatic reports**, and **scrutinize** and **improve** our **processes**. The tool also enables data to be extracted from databases for use in scientific studies.

CARING FOR THE VULNERABLE

Belgian Red Cross-Flanders is there for the most vulnerable in our society: older people, the sick, people with disabilities, children with a difficult home life, and so on. Our care activities may be less visible but they make a world of difference to the thousands of people who rely on them. A few words of encouragement or a helping hand can work wonders.

Caring for the vulnerable is central to our international operations as well. In our reception centers we ensure that asylum seekers are supported and looked after as well as possible, while our Tracing Service has been reuniting people separated by conflict or natural disaster for the past 75 years.

CARING FOR OLDER PEOPLE, THE SICK AND PEOPLE WITH DISABILITIES

Older people, the sick and people with disabilities often need extra social contact. 'Zorgbib', our mobile library service for care homes and hospitals, brings a book and a friendly face. Volunteers visit older people in their own homes or in care homes: a chat, a cup of coffee or a walk can make a huge difference. For older people and people with a disability we organize Adapted vacations.

LIBRARY SERVICE

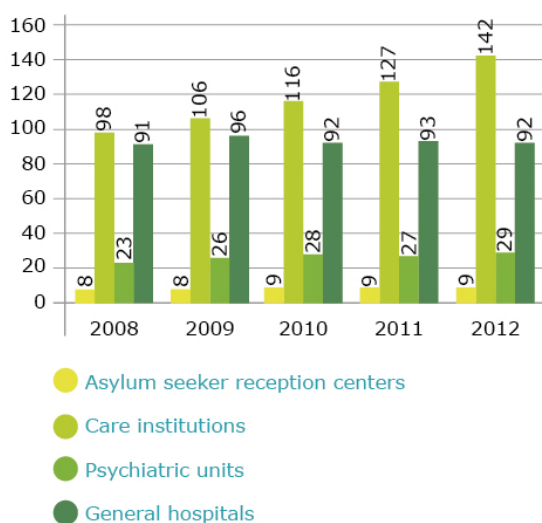
Many elderly and unwell people enjoy reading, but it can often be hard for them to get to a library. 'Zorgbib', Belgian Red Cross-Flanders' library on wheels, is manned by volunteers and has an extensive collection of over 192,439 items, including 181,491 books, 3,848 CDs and 7,100 DVDs.

More and more lending points

The number of 'Zorgbib' lending points is increasing year on year, with another 16 added in 2012. The total number across Flanders now stands at 272.

'Zorgbib' is particularly popular at care establishments, where an extra 15 lending points were added in 2012, bringing the total to 142. There are 92 lending points in hospitals and 29 in psychiatric units.

Infographic: Trend in Zorgbib lending points



More than just a book

In 2012, our 'Zorgbib' volunteers loaned a total of 315,946 books, CDs and DVDs to 134,392 people. That was an increase of 2.7% compared with 2011.

There is an increasing need for social contact, including among residents of care and nursing homes. Many people receive few visits and often the staff looking after them do not have time to chat properly with every resident.

The weekly library visit is therefore something that many people look forward to. Choosing a book is often an opportunity for a good old natter too. In 2012, our 'Zorgbib' volunteers had 87,074 conversations with adults and children (up by 1.1%).

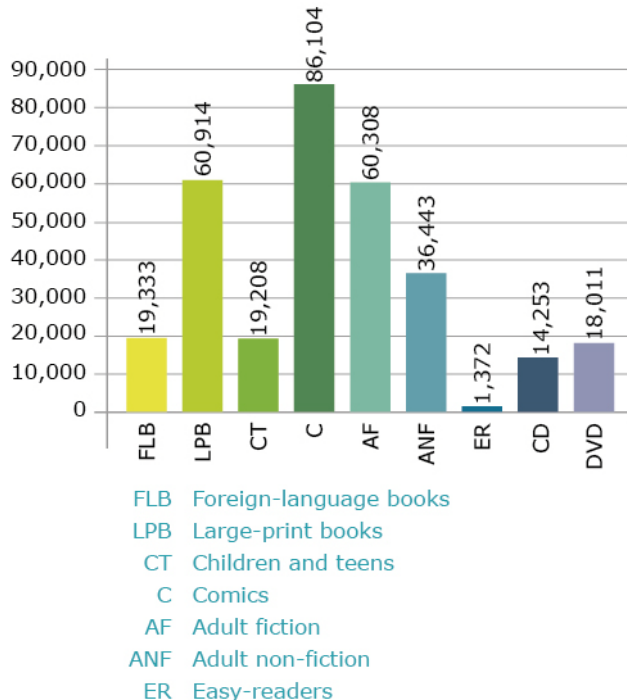
79,297 hours

In 2012, 953 volunteers (908 in 2011) from 112 branches devoted a total of 72,297 hours to 'Zorgbib'. Some 48 full-time equivalents would be needed to provide this 'book and visit' service, which shows how invaluable the commitment of our volunteers is.

Expansion of specific collections

'Zorgbib' offers something for everyone. With the increase in lending points in residential and care centers, we focused particularly in 2012 on providing information about dementia. We expanded our range of reminiscence materials aimed specifically at people with dementia, such as sensory DVDs, old-fashioned picture books and so on. We will continue to expand these specific collections in 2013.

Infographic: Number of loans by genre



As the graph shows, we differ from standard public libraries by investing heavily in large-print and foreign-language books.

ADAPTED VACATIONS

Older people and people with disabilities can find it hard to go on vacation due to reduced mobility and, in many cases, special care needs. We therefore organize specially designed vacations in a hotel or on a boat that is adapted to their needs, with volunteers on hand to provide assistance.

In 2012, we organized seven vacations for 227 guests and 62 carers. They enjoyed an unforgettable holiday thanks to the dedication of our 180 volunteers (34 of them first-timers).

We also entered the Solidarity Prize run by *De Standaard* newspaper with an advert on our Adapted vacations. This competition allows non-profit organizations to showcase their activities in an original advertisement. Our message that vacations are a basic universal right really hit home, and our advert won the public prize.

JUST POP IN

Older people living in their own homes often need some extra human contact. 'Just pop in' volunteers visit people at home and enjoy a chat, a cup of coffee, a walk or a little trip out together.

In 2012, the number of branches participating in the 'Just pop in' scheme grew to 42. The 222 volunteers, who give up their spare time, visited 3,470 people.

Operational review

In 2012, we carried out a review of how the 'Just pop in' scheme currently operates. We found that there was no clear and consistent approach within the various branches. The volunteers' remit was not clearly defined and left too much scope for interpretation. The target group of 'lonely, sick and disabled people' was very broad and this demanded a high level of flexibility and expertise from the volunteers. Many social activities that did not contribute directly to the scheme's objective, such as trips using the disabled transportation service, were being recorded under 'Just pop in'.

An adapted, clear procedure was needed to ensure operational structure and continuity and to guarantee a safe and known domestic environment for volunteers.

New evidence-based procedure

The Centre for Evidence-Based Practice (CEBaP) performed a systematic search for scientific studies into the effect of volunteer visits on lonely older people. In order to discuss the collated research and exchange views and opinions, we submitted it to a panel of experts familiar with the issue of loneliness. The panel included academics and practical experts from the University of Antwerp, Ziekenzorg CM and the Mechelen public social welfare center (OCMW), a volunteer from St-Egidius and a 'Just pop in' volunteer. With their assistance we developed a set of practical guidelines on combating loneliness among older people based on the principles of evidence-based practice.

New practical guidelines

- Defined target group: lonely older people
The previously rather broad target group was narrowed down to 'lonely older people'. This reflects the needs that exist: our population is ageing and most older people want to stay in

their own homes for as long as possible, while residential care centers are gradually reaching full capacity.

- **Defined remit**
Volunteers can visit people for a chat, take them out to a café or go for a walk, depending on the preferences and interests of the older person. Their remit does not include doing housework or assisting during meals.
- **Known (and safe) environment – collaboration with external partner organization**
It is important that we send our volunteers to safe and known domestic environments. We therefore decided that branches must always work with a professional partner organization. OCMWs, local service centers and homecare organizations are professionals in this field, used to working with the target group, and are therefore able to accurately assess domestic situations. The partner organization also examines whether the visits are having a positive impact on the older person.
- **‘Just pop in’ coordinator**
Under the new procedure, we introduced the position of ‘Just pop in’ coordinator. The coordinator is a volunteer with a very important role, not only providing organizational support but also looking after his or her fellow volunteers. He or she accompanies volunteers on their first home visit and tries to gauge how well matched the older person and volunteer are. Encouraging volunteers to complete basic training is another of the coordinator’s tasks.
- **Peer consultation sessions**
Peer consultation sessions are held at least four times a year. These are an opportunity for ‘Just pop in’ volunteers to recount and share their experiences. They can be combined with training if necessary, with support from Headquarters or the provincial manager.

Operational roll-out

Once we had developed the new practical guidelines, we put together a step-by-step plan for rolling out the system to all of the relevant branches. All branches participating in the ‘Just pop in’ scheme were visited in person by the ‘Just pop in’ officer, who explained the new guidelines to them.

We also produced new promotional material (brochure, flyers and posters) to raise the scheme’s profile among volunteers, branches, partner organizations and the target group.

HOME IN MY HOME

Care home residents enjoy receiving visitors and like the chance to get out and about. However, staff often have their hands full with their routine care tasks. Volunteers from the ‘Home in my home’ scheme visit older people in care homes. They chat with them over a cup of coffee, organize entertainment activities or take them for a walk or a trip out. This helps to make the home feel more like home.

In 2012, 73 branches and 873 volunteers were involved with ‘Home in my home’.

RENTAL SERVICE FOR MEDICAL EQUIPMENT

Anyone needing a wheelchair, care bed or crutches can contact the rental service for medical equipment of their local Red Cross branch. In 2012, 316 volunteers manned 164 loan outlets across Flanders and loaned a total of 13,991 medical aids.

Each of our rental services is inspected every two years. The equipment is checked and advice is given on maintaining the equipment, publicizing the service and on its general operation. This ensures the quality of the service provided.

CARING FOR CHILDREN

Children who grow up in a deprived environment are often unable to participate in social activities and end up being sidelined. To help these children, we organized more of our unforgettable vacation camps in 2012. Many underprivileged children also fall behind at school. 'Bridging the Gap' volunteers help these children with their homework.

VACATION CAMPS

For many children, summer holidays mean hours of unforgettable fun. However, some children do not get the chance to enjoy a care-free vacation due to financial problems or family circumstances. For these children we organize special vacation camps where socially vulnerable children aged from seven to 14 can play, have fun and make friends over the course of a week.

In 2012, we gave 457 children the holiday of their lifetime. They were accompanied by 238 enthusiastic volunteers (head counselors, counselors and logistical volunteers) from 134 branches.

Healthy meals at camp

For the fifth consecutive year, the vacation camps received financial support from thousands of people who donated their Sodexo meal vouchers to the Red Cross. This generosity meant that children at camps were once again able to enjoy delicious, healthy meals.

Vacation with a host family

To supplement our vacation camp offering, we have been working since 2011 with Europa Kinderhulp, a volunteer organization that arranges vacations with Dutch host families. Thanks to this external collaboration, we were able to put smiles on the faces of an extra 39 children in 2012.

'BRIDGING THE GAP'

Some children find school hard going, despite the best efforts of the school itself. They need extra one-on-one support. Red Cross volunteers from the 'Bridging the Gap' project help schools to give every pupil the future prospects they deserve.

In 2012, 396 volunteers from 71 branches were involved in the 'Bridging the Gap' scheme. Their number is increasing year on year, as is the number of requests for assistance from schools: in 2012, we helped 2,063 children with homework, classroom support activities and so on. This was up from just 1,355 in 2011.

CARING FOR ASYLUM SEEKERS

Every year millions of people flee war, hunger or persecution. In our reception centers we offer asylum seekers accommodation, meals and clothing, a range of activities, as well as social and psychological support. We took on additional 'guardians' in 2012 to look after the many unaccompanied minors in our care. Finally, we promoted self-reliance among asylum seekers by allowing them to participate as fully as possible in center life and encouraged them to think about and discuss their future prospects.

BED, BATH AND BOARD

At the request of Belgium's federal government, we are responsible for some asylum seeker reception. At our 14 permanent reception centers and two emergency reception centers, we cater for the basic needs of asylum seekers, namely accommodation, food and clothing.

We also offer legal assistance with their asylum procedure and provide medical, social and psychological support. The welfare of asylum seekers is a major concern. Many have lived through troubled times and traumatic experiences. They can turn to their personal advisor for support with any practical or personal issues.

EMERGENCY RECEPTION

Early 2012 saw another mass influx of asylum seekers to Belgium, resulting in an acute shortage of reception places.

To express our concern and contribute to a temporary solution, we created an additional 148 temporary reception places for asylum seekers in February 2012, on top of our normal capacity. These places were intended for newly arrived asylum seekers for whom places in the existing network of reception centers and local reception schemes were not (yet) available. Our aim was to prevent asylum seekers who were entitled to reception from being left outside in the cold over the winter.

'Emergency reception' does not mean poor-quality reception. In fact, the Houthalen-Helchteren emergency reception center, despite being set up very hastily in December 2010, was awarded ISO 9001:2008 certification in 2012.

When additional emergency reception places are needed, we aim to respond quickly and efficiently to the government's requests. However, we also continued to press the government to find a structural solution in order to avoid future humanitarian emergencies.

IN FIGURES

Infographic: Traffic at our reception centers

	Permanent centers	Houthalen Helchteren	Weelde
New asylum seekers in 2012	3,844	2,983	1,901
Asylum seekers who left the reception center in 2012	3,941	3,260	2,301
Total number of asylum seekers received in 2012	5,465	3,532	2,301

Infographic: Origin of asylum seekers

	Permanent centers	Houthalen Helchteren	Weelde
Russia and Europe	23.6%	30.91%	23.3%
Asia and the Middle East	49.6%	44.15%	48.03%
Africa	26.01%	24.34%	27.88%
Latin America	0.05%	0.06%	0%
Unknown	0.7%	0.54%	0.79%

Infographic: Family status of new asylum seekers

	Permanent centers	Houthalen Helchteren	Weelde
Single woman	7.4%	1%	5.48%
Single man	38%	57%	54.45%
Unaccompanied minor girl	0.4%	0%	0.1%
Unaccompanied minor boy	3.58%	0%	0%
Couple	6.45%	5%	12%
Families	44.07%	37%	27.87%

In 2012, we received 5,465 asylum seekers at our regular centers. Of these, 3,844 were new arrivals. A number of key trends were observable in the family status of new asylum seekers.

More single men

In 2011, the majority of newly arrived asylum seekers at our regular centers were families. Just 25% of new arrivals were single men. In 2012, the percentage of single men among the new arrivals rose to 38%. This can be partly explained by the drop in arrivals from so-called 'safe' countries.

More unaccompanied minors

Due to the pressing need for reception places for unaccompanied foreign minors, we created an additional 15 places in Overpelt (for 10 to 14-year-olds), 15 in Wingene (for those aged 17 and over) and eight in Menen in 2012. Most of the new unaccompanied minors were Afghan boys.

GUARDIANS FOR UNACCOMPANIED MINORS

Belgian Red Cross-Flanders employs professional guardians for unaccompanied minors. They look after minors who arrive in Belgium without parents or other legal representative. The support provided by guardians is essential: they not only monitor all aspects of the young person's welfare but also oversee the progress of legal procedures.

New staff guardians

Throughout 2012, dozens of unaccompanied foreign minors were waiting to be allocated a guardian. We therefore decided to take on two extra staff guardians. Since fall 2012 we have had seven guardians in total.

In figures

Most unaccompanied minors are aged between 15 and 18.

73% of unaccompanied minors are boys.

Each guardian looks after an average of 25 cases.

In 2012, we had 256 guardianship cases. That number is slightly higher than in 2011 (234 cases), partly due to the hiring of two more guardians. 106 cases were closed in 2012. The most frequent reasons were: coming of age (62), reunification with family in Belgium or Europe (19) and disappearance (13).

The six most common countries of origin were:

- Afghanistan: 89
- Democratic Republic of Congo: 17
- Morocco: 16
- Angola: 8
- Pakistan: 8
- Somalia: 7
- Ghana: 7

The number of unaccompanied Afghan minors increased once again.

Airport duty office

Some underage asylum seekers enter Belgium via airports. They are subject to a specific procedure which requires a speedy approach. For this reason, we opened a duty office in partnership with Caritas. Each week, a guardian is available 24 hours a day to take charge of a young person straight away.

In 2012, we monitored 32 border-entry cases. The most common countries of origin were India (4), Côte d'Ivoire (3) and Gambia (3). Five minors were returned to their country of origin following consent from their parents and a guarantee that they would be looked after.

Coaching external guardians

In partnership with the Custodial Care Department at the Ministry of Justice, we launched a pilot project in 2011 to coach new freelance, voluntary guardians. The aim is to share our knowledge and experience in order to ensure high-quality reception. We continued this coaching project in 2012.

RETURN

In 2012, Belgium's federal government introduced the so-called 'return trajectory' ('terugkeertraject'). Among other things, this means that asylum seekers must be given information about the possibilities of voluntary return, from the start of their stay in a reception center.

Open return place

When an asylum seeker's application for asylum has been definitively rejected, their reception trajectory ends and they are only entitled to what is known as an 'open return place'. These are places in an open reception center run by Fedasil, the Federal Agency for the Reception of Asylum Seekers. Immigration Office staff are present at this center and are responsible for helping failed asylum seekers return to their countries of origin.

In the period from mid-October (when the return trajectory was launched) to the end of 2012, approximately 300 residents were transferred from our reception centers to an open return place.

Empowering residents to decide their own future

Voluntary return is not a new concept at our reception centers. We foster discussion of the issue in various ways, always mindful of the appalling realities faced by some asylum seekers. In some cases, voluntary return can be a viable long-term solution offering meaningful prospects for the future.

By addressing the issue, we seek to offer people as much support as we can in making choices and so empower them to shape their own futures.

People who do opt for voluntary return to their country of origin can obtain one-to-one assistance with their reintegration. Together with reliable partners such as the International Organization for Migration and Caritas, we can develop and assist with a personalized pathway so that every return takes place in a safe and dignified way.

FOR AND BY RESIDENTS

We believe that our role is to offer asylum seekers the best possible support rather than to do everything for them and take decisions on their behalf.

Resident participation: what?

In keeping with the idea of empowerment, we work hard to foster resident participation. Our reception centers look for as many ways as possible to get residents actively involved in center life and the organization of all sorts of activities.

All support staff at our reception centers have completed basic training on resident participation with the aim of strengthening our resident participation approach. In 2012, support staff from the Alseberg, Deinze, Linkeroever and Overpelt centers completed the training. All support staff can now incorporate resident participation into the functioning of their center.

Resident participation: why?

Asylum seekers at reception centers are involved in an ongoing asylum procedure. Uncertainty, the absence of loved ones and homesickness often weigh heavily on their morale. Meaningful leisure activities can help to take their mind off things, and making them responsible for certain aspects of daily life gives them back a feeling of control over their own lives.

Resident participation: how?

One way that residents are actively involved in center life is through monthly residents' meetings. At these meetings they are given information about current affairs (e.g. a change in the asylum procedure) and the latest goings-on at the reception center (e.g. the organization of an open day). Residents can also put forward their own ideas and suggestions (e.g. creation of an Internet room). To ensure that all residents can participate in the discussion and understand what is said, we use official and unofficial interpreters and other forms of translation.

Often, working groups of residents and support staff are formed to prepare and implement specific activities. For example, they might think about a good way to arrange supervision of the Internet or fitness room, devise a schedule for cooking together, and so on.

Certain activities are organized entirely by residents, ranging from a sports tournament to a cultural trip or a training course for fellow residents. All the reception center does in these cases is provide logistical support.

COMMUNITY ENGAGEMENT

Our asylum seeker reception centers are not islands. In fact, we work continuously to publicize our activities and engage with the local community. By undertaking various initiatives and activities outside the center walls, we aim to convey an accurate and balanced image of our reception centers and their residents.

HOLIDAY ENTERTAINMENT FOR CHILDREN

All children like to play, and children living in asylum reception centers are no different. The Red Cross organizes fun weeks for these children during the long summer vacation. Counselors come to a reception center for a week and oversee all sorts of entertainment activities.

In 2012, we organized seven fun weeks during which 37 counselors put on holiday fun and games for around 180 children.

CARING FOR SEPARATED FAMILIES

In the aftermath of natural disasters or major conflicts, people can become separated from their loved ones. The Tracing Service tracks down missing people, reestablishes contact and reunites them with their families through the worldwide Red Cross network. Tracing celebrated its 75th birthday in 2012, which was a great opportunity to put our tracing work in the spotlight.

TRACING CELEBRATES 75 YEARS

Originally established to help children displaced by the Spanish Civil War

The Red Cross believes that restoring and maintaining contact between family members worldwide is a fundamental service. This is equally true of the Belgian Red Cross: in 1937, the National Society set up a service for the Spanish children who ended up in Belgium during the Spanish Civil War. Its aim was to help those children find and reestablish contact with parents from whom they had become separated.

After the end of the Spanish Civil War, we continued to trace people caught up in major conflicts or natural disasters. The massive population movements during the Second World War led to a huge expansion in tracing activities worldwide. There were boat people from Vietnam and Cambodia in the 1970s, defectors from the Eastern Block during the Cold War, and many more. Time and again, Tracing tried to help people get back into contact with their loved ones at home.

We have remained active in more recent conflicts too. There was the Yugoslavian Civil War and the genocide in Rwanda in the early 1990s, which naturally created a large number of refugees. And then the American invasion of Afghanistan in 2001, which remains an issue today.

75 years of service

The Tracing Service celebrated its 75th birthday in 2012. Thanks to Tracing, thousands of missing people have been found over that period.

Throughout those 75 years, we have held true to our guiding principle: the right to know. We believe that knowing the fate of a loved one is as important as food, clothes, shelter or medical care.

We engaged in various initiatives to promote our 75th birthday. Our tracing activities were reported extensively in the media in connection with the International Day of the Disappeared on August 30. Tracing was also the main theme of volunteer activities in the International Cooperation Advocacy Department. On May 12, the department organized a tracing study day for Red Cross volunteers at Fort Breendonk. The tracing game was played at the Prelude (the launch event for the 14-day sticker sales), Fiesta (the annual volunteer party) and the Red Cross Youth Start Day. The game involves looking for a missing family member using photos and Red Cross messages.

Our staff were given an overview of Tracing's 75-year history at the quarterly Infolunch and played the tracing game on the International Day of the Disappeared.

The Tracing Service remains very much in demand today.

Missing person cases

In 2012, we received 436 new missing person requests, around the same number as the previous year.

199 applicants came to the Tracing Service in person. In a one-on-one chat, the Tracing staff member collects all the personal details needed for the tracing. The International Committee of the Red Cross (ICRC) extranet indicates the tracing options available in each country and the instruments that should be used. In some parts of the world, tracing facilities are still limited.

237 new missing person requests reached the Tracing Service by mail or e-mail. Most were submitted by tracing services of other Red Cross or Red Crescent National Societies via the Family Links network. In such cases, our task was to locate the individual in question in Belgium.

In 2012, the number of successful missing person cases remained at around the same level as previous years.

Infographic: Trend in number of Belgian Red Cross-Flanders missing person requests



Family reunification: new legislation and approach

In 2012, the number of family reunification requests fell by 15% to 328.

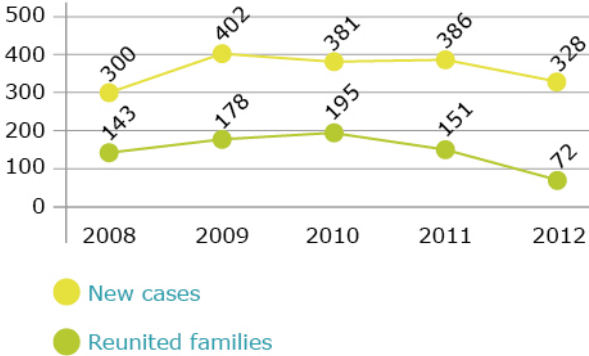
This was partly to do with a change in the law on family reunification which came into force in fall 2011. Under the new rules, anyone wanting to bring their family to Belgium must have a permanent, stable and regular income. Foreign nationals who receive subsidiary protection from the Belgian government must have a permanent job in order to bring their family to Belgium. This condition does not apply for the first year after refugees were awarded this protection status.

To promote self-reliance among family reunification applicants, Tracing altered its approach in 2012: rather than actively monitoring family reunification cases, we now focus on providing information about the procedure. In 2012, Tracing organized group sessions for refugees from Iraq, Afghanistan and Tibet, to help applicants embark on their own family reunification procedure.

Naturally, Tracing also continued to provide additional help were necessary. We continued to actively monitor family reunification cases for certain vulnerable individuals, such as those who are unable to read or write, those who are unfamiliar with administration, unaccompanied minors, people with mental health problems and so on.

Because we no longer actively monitor all cases, we are no longer systematically informed of the success of family reunification cases. This accounts for the halving in the number of families reunified in 2012 (down to 72).

Infographic: Trend in number of family reunifications



A SOLID, QUALITY-CONSCIOUS VOLUNTEER ORGANIZATION

Belgian Red Cross-Flanders has clear plans for the future and a clear idea of how we want to achieve them. Our approach is summarized in four guidelines. Our ambition is to inspire our volunteers and to collaborate more with external organizations and the government. We also aim to offer a top-level, high-quality assistance and to maintain a high profile.

INSPIRING VOLUNTEERS

As a volunteer organization, it is vital that Belgian Red Cross-Flanders inspires and nurtures its volunteers and offers them an attractive environment. We therefore focus heavily on support and training for our volunteers. Regular refresher and further training is essential, as it is the only way of ensuring that we continue to work effectively and expertly. We have also improved the flow of communication to volunteers and simplified expense recording.

TRAINING OF INTERVENTION VOLUNTEERS

Relief Service Roadshows

In 2012, we organized our biennial Roadshows in each province. These are interactive information weekends at which volunteers from branches and provinces can learn about new projects and developments within the Relief Service.

On the Saturday, instructors were given training in the transitional training Leadership 2-3. On the Sunday, there was an information day at which a number of issues were addressed:

- Presentation of the new module system for event first aid and changes to the software package for managing it
- Changes to Relief Service training (including psychosocial first aid, evidence-based working, etc.)
- History and operation of the '100' emergency call center
- Presentation of the Intervention Service and question & answer session on the Relief Service and Social Intervention Service.

A total of 337 volunteers attended the Roadshows.

Start Day for SIS volunteers

The first Start Day for Social Intervention Service (SIS) volunteers was held on September 29, 2012, to mark the start of the new working year. Like the monthly provincial meetings, this interprovincial initiative is part of an integrated approach to volunteer management whereby caring for and listening to volunteers is mainstreamed into every activity we organize. The Start Day is also an opportunity for SIS volunteers from different provinces to meet.

At the Start Day, volunteers learnt about the new training offer and ongoing projects within SIS. They were encouraged to take part in one of the two working groups on education and volunteer management.

The Start Day is a platform for sharing practices and experiences – a major plus when it comes to intervention work in the field.

FIRST AID TRAINER TRAINING

If we are to provide more first aid training, we need to have well-trained instructors. Our training must keep up-to-date with the latest medical and educational advances. We therefore continued to focus on regular further/refresher training in 2012, for both internal and external trainers.

Training weekend

Some 199 first aid instructors completed further/refresher training at a national training weekend in Blankenberge on February 10-12, 2012. The trainers weekend is a family event: children and relatives enjoy a program of relaxing activities while the trainers undergo a variety of refresher and further training. Among the topics dealt with were breathing problems, eye injuries, active learning techniques and first aid for traffic accidents.

Training for school first aid trainers

As well as internal Belgian Red Cross-Flanders trainers, we also train teachers and lecturers in accordance with the train-the-trainer principle. They then pass on what they have learnt to their pupils and students.

In 2012, 77 school first aid trainers completed the general refresher training. The topics covered included: wound care and sprains, revision of resuscitation and defibrillation techniques, working interactively during a first aid class and working with simulators. All school first aid trainers were also trained in the new guidelines on AED use in 2012.

The education website (<http://www.rodekruis.be/NL/BedrijvenOrganisaties/Onderwijs>) now includes a secure download module in which school first aid trainers can find administrative documents and educational materials to help them provide high-quality classes.

***Kruisband* goes digital**

First aid instructors are sometimes faced with questions to which they cannot find answers in the basic lesson material. Our *Kruisband* magazine allows trainers to prepare for this by placing first aid topics into a broader framework.

In 2012, *Kruisband* went digital. The articles can be downloaded individually from the volunteer website. This makes it easier for trainers to find information on specific topics and to store articles.

Articles may be either medical or educational in focus. In 2012, articles were published on aneurysms, eye injuries, diabetes, shock, active involvement of trainees and trainer body language.

FACE 2012 in Dundalk

FACE (First Aid Convention Europe) is an annual competition for first-aiders from all European Red Cross and Red Crescent Societies, at which first aid teams from different European countries compete with one another. The teams take turns to deal with simulated emergency situations or accidents and provide first aid as effectively as they can in a limited time. Their performance is assessed by a jury. Once all teams have completed the various tests, the winning team is announced.

In 2012, Belgian Red Cross-Flanders was represented by a first aid team from Flemish Brabant. The team members trained intensively for several months: during training sessions and a training weekend, they were prepared in first aid knowledge, English medical terminology and working as a team.

This motivated team represented Belgium in Dundalk, Ireland, from July 5 to 8, and finished in tenth place.

Looking ahead to FACE 2014 in Antwerp

In 2014, FACE is coming to Flanders. Belgian Red Cross-Flanders and the city of Antwerp will be organizing the event in close collaboration.

Our aims in hosting FACE 2014 are to:

- offer the National Red Cross Societies a professionally organized competition with an entertaining program of fringe events;
- showcase Belgian Red Cross-Flanders to the general public and other National Red Cross Societies as a leading organization in the field of first aid provision and training;
- promote the Red Cross in Flanders and Antwerp;
- showcase Flanders, and Antwerp in particular, on the international stage.

TRAINING FOR CARE VOLUNTEERS

Zorgbib

In 2011, 'Zorgbib' introduced a new concept called the *praatcafé* (literally 'chat café'). The aim of the *praatcafé* is to bring together volunteers to exchange experiences, discuss problems and provide informal training. It proved to be a valuable method for motivating volunteers to take part in training.

We therefore organized more *praatcafés* in 2012. Some 175 'Zorgbib' volunteers took part (52 more than in 2011), equivalent to 18% of the total volunteer pool (compared with 14% in 2011).

At the volunteers' request, the 'good visit' *praatcafé* (on establishing boundaries and dealing with difficult situations) was organized once again in collaboration with Social Welfare and the Social Intervention Service. In total, 76 volunteers in five locations completed the training.

Adapted vacations

For Adapted vacations, 49 volunteers took part in basic 'daily life' training. At workshops on incontinence, hygiene and wheelchair techniques, they learnt the skills needed to look after holidaymakers. The advanced training was completed by 29 participants, while 24 attended the introductory session for new volunteers.

Rental service

64 rental service volunteers took part in basic training, consisting of an induction day and quality assurance training.

Vacation camps

58 people completed the basic BaseKamp XL training, including new and experienced counselors, new and experienced logistical staff, head counselors and support staff. 28 participants opted for the abridged BaseKamp basic training. The head counselor weekend was attended by 23 head counselors.

Home in my home – Just pop in

40 volunteers took part in the basic training for 'Home in my home' and 'Just pop in', at various locations.

Bridging the Gap

Three training sessions were organized for the 'Bridging the Gap' scheme, attended by a total of 32 trainees.

RED CROSS YOUTH TRAINING

Training sessions

Red Cross Youth organized 32 training sessions in 2012. The number of attendees rose to 625 (compared with 516 in 2011). 162 attended the one-off 'Information session on new first aid publications', which was held eight times over the summer.

In mid-2012, Red Cross Youth launched 13 new or revised first aid publications. These entailed a large number of changes in terms of both content and training methodology. Red Cross Youth informed initiators and youth workers about the new publications at the aforementioned information sessions, explaining the contents and form of the publications and how they came into being.

Annual theme and Red Cross Youth Start Day

In spring 2012, the joint annual theme of 'Poverty is unfair. Play the game!' was brought to a conclusion at the MAAk kAbAAI action weekend. A number of branches organized activities on this theme.

The annual Start Day took place in Sint-Niklaas on September 1, 2012. It is open to all Red Cross Youth volunteers, fun week and vacation camp counselors and all Red Cross volunteers up to the age

of 35. The program included a siesta with sandwich lunch, 14 workshops and a mass-participation game linked to the new annual theme of 'Hope on the run'.

The 'Hope on the run' theme focuses on displaced children. To tie in with the annual theme, Red Cross Youth developed a game called 'Youth on the run'. It is a role-play-based game in which participants experience something of the realities faced by refugees from the moment they are forced to flee.

In addition, Red Cross Youth repackaged its tracing game for children 'Gezocht! Gevonden!' ('Search & Find') in a new, easier-to-transport format. Red Cross Youth branches can now borrow the game by contacting their provincial office.

INTERNATIONAL COOPERATION TRAINING

Internationaal van start

Red Cross volunteers who wish to get involved in international cooperation within their branch or discipline can complete the basic introductory training 'Internationaal van start'. In 2012, 12 volunteers completed this one-day course.

Study days

To mark the 75th anniversary of the Tracing Service, we organized two study days in collaboration with the Asylum Seeker Reception Department. The spring study day was held at Fort Breendonk. A tour of the fort was combined with a morning of lectures. In fall 2012 the study day was held at the Sint-Niklaas asylum seeker reception center. A total of 49 people took part in the study days.

PRELUDE

The Prelude took place in Leuven on March 3, 2012. As usual, all Communication & Fundraising managers and branch presidents were given tips for organizing a successful 14-day sticker sale. They were also able to exchange experiences with colleagues from other branches.

Volunteers also got the chance to learn about the new blood campaign and plans for the new care hotel and to see a sneak preview of the new corporate movie.

VOLUNTEER POLICY AND COMMUNICATION

A good volunteer policy should support volunteer work. To this end, a volunteer policy coordinator was appointed in 2012.

One of the objectives of volunteer policy is to improve the flow of information from management bodies to volunteers and vice versa. As a volunteer organization, we believe it is important that every volunteer is given high-quality information in a uniform way. That is why we launched a process in 2012 to improve the quality of communication flow where necessary.

We introduced a system of PowerPoint presentations, which help regional and branch presidents to inform their volunteers and discuss issues at their meetings. To enable an optimal flow of information from management bodies to volunteers, we give the presidents structured messages to relay. Specially designed icons clearly indicate the type of information, message content, action to be taken and timing.

We also fostered interaction by encouraging branches to discuss certain topics and report back information in a structured way. The outcome of a discussion can therefore flow back to other management bodies via the management line. In this way we also improved communication from volunteers to management bodies.

ONLINE EXPENSES APPLICATION

Belgian Red Cross-Flanders has 250 branches and close to 14,000 volunteers. They are entitled to an expense allowance capped by law.

In 2011, we developed an online application for registering volunteers' expenses, which can be accessed via the volunteer website. The application complies with all statutory procedures and tax rules.

The treasurers began using the online expenses application in 2011. In November 2012, the application was opened up to all volunteers, so that they can enter their own expenses online. The application cuts the amount of paperwork involved in the reimbursement of expenses and may protect volunteers from the consequences of exceeding tax thresholds. To reinforce its importance, use of the application became mandatory from the start of 2012.

WORKING TOGETHER TO ACHIEVE GREATER IMPACT

Working together delivers great benefits for our organization and the people we help. By enhancing and expanding our collaboration, we can reach more people and our actions will have even greater social impact. We are therefore committed to working more closely and extensively with external organizations, other Red Cross Societies and the government.

COLLABORATION WITH EXTERNAL ORGANIZATIONS

By cooperating with external organizations, we can learn a great deal and also share our experience with others. This means better help for more people, whether delivered by our organization or by other organizations using our experience and knowledge.

First aid at traffic accidents with VVV

In 2012, the *Verenigingen voor Verkeersveiligheid* (Associations for Road Safety – VVV) launched a new road safety campaign. VVV aims to support associations and organizations in Flanders in their efforts to improve road safety and have put together a wide range of training packages for this purpose.

Associations can request road safety training via the campaign's website (www.doemeernetverkeer.be). The Belgian Red Cross-Flanders course on 'First aid for traffic accidents' is included in their offering. This three-hour course teaches trainees how to ensure safety in the event of a traffic accident and dispense first aid treatment for common injuries. They are also given tips on preventing traffic accidents.

In 2012, we ran 22 'First aid for traffic accidents' courses (compared with just one in 2011). The collaboration with VVV therefore enabled us to reach many more people.

On vacation with Europa Kinderhulp

A number of organizations arrange vacations for socially vulnerable children. In 2011, we joined forces with Dutch organization Europa Kinderhulp in order to expand our vacation offering. Europa Kinderhulp has been organizing holidays for socially vulnerable children with Dutch host families for more than 50 years.

Europa Kinderhulp oversaw the selection and screening of host families, while Belgian Red Cross-Flanders looked for Flemish children in need of a holiday with the help of the various Red Cross branches involved in organizing vacation camps.

The pilot project with Europa Kinderhulp enabled 23 Flemish children to go on vacation in 2011. It was a huge success, with plenty of enthusiastic feedback from the children concerned. We therefore decided to open up the project to all Red Cross branches in 2012.

In 2012, 39 children enjoyed a vacation in the Netherlands. Of the 23 children who went in 2011, 18 came along for a second time, nine of them staying with the same host families.

Movement without a Name campaign

On December 12, 2012, Movement without a Name (*Bond Zonder Naam*) launched a campaign aimed at removing the stigma surrounding loneliness and giving people the tools to recognize loneliness in themselves and others (www.erbij.be).

To help spread the message, Movement without a Name partnered with a number of organizations involved in tackling loneliness, including Belgian Red Cross-Flanders.

In all of our care activities, our volunteers offer support to lonely individuals. Initiatives such as 'Zorgbib', 'Home in my home' and 'Just pop in' are all geared towards combating social isolation. Our Adapted vacations do the same thing for people whose disability or age prevents them from taking a holiday independently, while our vacation camps help socially vulnerable children.

'Just pop in' with external partner organizations

In 2012, we reviewed the procedures of our 'Just pop in' scheme, in which Red Cross volunteers visit older people living in their own homes. Thanks to structural cooperation between Red Cross branches and partner organizations such as public social welfare centers (OCMWs), local service centers and homecare organizations, we can now ensure that our volunteers are sent to safe and known domestic situations. The partner organization also screens the people requesting assistance.

EuBis and CATIE seminar

Within Europe, national blood establishments work together in a network called the European Blood Alliance (EBA) (<http://dienstvoorhetbloed.be/DVB-Channel/sites-Dienst-voor-Bloed-Nederlands/Over-Dienst-voor-het-Bloed/European-Blood-Alliance.html>). Belgian Red Cross-Flanders is actively involved in the EBA's **European Blood Inspection (EuBIS)** Working Group.

This working group develops common European standards and criteria for the inspection of blood establishments. EuBIS also writes manuals setting out standards and guidelines for quality management and the inspection of blood establishments. Based on these, EuBIS organizes an annual seminar aimed at promoting knowledge in the area of quality and safety of blood and blood components (www.eubis-europe.eu).

In 2012, Belgian Red Cross-Flanders organized and hosted this seminar. On March 7, 8 and 9, we welcomed 27 international representatives from inspection bodies and blood establishments at the blood transfusion center in Leuven.

Belgian Red Cross-Flanders is also a member of the **CATIE consortium** (www.catie-europe.eu), which organizes training for inspectors of blood establishments. The training aims to further disseminate inspection-related best practices and expertise within the EU.

The first CATIE seminar took place in Budapest on August 28-31. The aim of the seminar was to develop a training program for inspectors of blood and blood components.

Sharing expertise with blood establishments abroad

Over the years we have built up substantial expertise in the medical and operational management of a blood service. We want to use that expertise to strengthen blood establishments in other countries.

On September 15, 2012, a 14-person delegation from the **Turkish blood establishment** visited the blood transfusion center in Leuven. By bringing forward a number of laws, regulations and directives, Turkey has taken a step forward in the safe delivery and use of blood and blood products. The aim of the visit was to help the Turkish Ministry of Health (MoH) develop a national blood program, in line with current EU legislation.

On November 8, 2012, a **Japanese delegation** from the Blood Products Research Organization (BPRO) also visited the Leuven blood transfusion center. They were seeking information on pathogen reduction technologies, the joint alliance between blood services in Belgium and the Netherlands and the prices of blood and plasma products overseas.

COLLABORATION WITH OTHER RED CROSS SOCIETIES

FL Answers for tracing work

In the aftermath of natural disasters or major conflicts, people can become separated from their loved ones. The tracing services of the Red Cross and Red Crescent Movement track down missing

people, reestablish contact and reunite them with their families through the worldwide Red Cross network.

With the Restoring Family Links Strategy, the Red Cross Movement aims to address the needs of people without news of their families. We do that by improving information exchange, among other things.

To this end, the International Committee of the Red Cross (ICRC) has launched a new website (www.familylinks.icrc.org). It has also developed a data management system, which is made available to National Societies. This application is called FL Answers: “**F**amily **L**inks **A**pplication for **N**ational **S**ocieties for **W**orldwide **E**nquiry and **R**FL **S**ervices”.

FL Answers enables National Societies and ICRC delegations to exchange data and share case files efficiently. It takes tracing work into the digital age and prepares it for new technological developments.

The ICRC chose Belgian Red Cross-Flanders and five other National Societies to test the new system. After an extensive consultation phase, we were actively involved in the prototype test phase from the second half of 2012.

From summer 2013, Belgian Red Cross-Flanders will use FL Answers for digital file management. It will be gradually rolled out to other National Societies worldwide from 2014. The ICRC delegations and the pool of experts – a team of tracing workers who can be deployed in emergencies within 36 hours – will also be able to use the system in future.

Red Cross volunteers: cross-border exchanges

Gambia

In 2012, three enthusiastic volunteers from Red Cross-Ostend travelled to the Gambian capital Banjul to work with the local Red Cross.

Gambia was a deliberate choice, as the city of Ostend has been twinned with Banjul since 2003. The two cities cooperate in the areas of education, environment and healthcare. A partnership between Red Cross-Ostend and Banjul was the perfect complement to this.

The three volunteers from Ostend were impressed by the work being done by the Red Cross in Gambia and exchanged experiences and information with their Gambian counterparts. Following the successful meeting with their Gambian colleagues, Red Cross-Ostend decided to work together on AFAM (African First Aid Materials). AFAM is a set of first aid guidelines tailored to the African context. The collaboration enabled them to support Gambia in developing first aid activities, based on our first aid expertise.

More information about the exchange can be found on the following Facebook page.

Namibia

In 2009, Red Cross-Harelbeke got involved with the twinning arrangement concluded two years previously between Harelbeke and the Namibian city of Eenhana. Its collaboration with the Red Cross in Eenhana is mainly focused on strengthening and promoting ties between the two Red Cross Youth branches.

In 2012, a delegation of four Red Cross Youth leaders from Eenhana visited the branch in Harelbeke. For a month they were immersed in the world of Belgian youth. They learnt about the Red Cross's work in Belgium, youth policy in Harelbeke and Belgian culture. They also went on camp with Red Cross Youth-Harelbeke, where they played an active role in activities.

More information about the exchange can be found here (www.jrkharelbeke.be/index.php?option=com_content&view=article&id=490).

Uganda

Early 2012, two Flemish Red Cross Youth members got the chance to go on a two-month exchange to Uganda, with support from the European Union. In August and September 2012, two volunteers from the Uganda Red Cross Society made the return trip to Belgium.

During these visits, the participants learnt about their host country, local youth work and local Red Cross operations.

COLLABORATION WITH THE GOVERNMENT

Coaching of FPS Justice guardians

Belgian Red Cross-Flanders is committed to help provide high-quality reception for asylum seekers. As part of this, we assign staff guardians to look after unaccompanied minors.

We also want to share our experience and knowledge with novice guardians. We therefore proposed to the FPS Justice's Custodial Care Department that we start coaching inexperienced guardians.

Drawing up a life plan for a young person is a very complex and personal thing. New guardians therefore have to go through a learning process. As a guardian, you are active in many areas of the young person's life, including, for example, psychosocial support, reception options, legal issues regarding the right to stay in Belgium, communication, networking, liaising with official organizations, deciding on what is in the young person's best interests, and so on. Our coaching is based around the **different phases of guardianship** and starts with the questions asked by guardians themselves.

We **foster a group mentality** among volunteer guardians, who often do not work as a team. This helps them to cope better with the heavy responsibility and encourages them to support one another. At our coaching sessions, guardians meet up regularly to discuss the various aspects of guardianship and to share tips and experiences. Between meetings, they can ask questions by e-mail or discuss specific cases. The coach can guide them and give additional information where necessary.

Finally, we advise the guardians about **contacts with official bodies**.

The pilot project began in January 2012 with a new group of trained guardians. Two groups were started in 2012, with a total of around 20 participants.

Guidelines on sports injuries

At the request of the Flemish government, we developed a set of first aid guidelines in 2012 for recreational and competitive sportsmen and women. The guidelines are intended to inform the target group about prevention and first aid for sporting injuries.

OFFERING TOP-LEVEL, HIGH-QUALITY ASSISTANCE

Our ambition is for everything we do to be evidence-based. We therefore invested in developing our research strategy in 2012. We also aim to be an efficient organization that makes the best possible use of available manpower and resources. We therefore strive for more internal cooperation and synergies.

COLLABORATION WITHIN THE RED CROSS

Revised trainer pathway

All Belgian Red Cross-Flanders first aid instructors receive extensive training. To a large extent their training needs are identical, namely a thorough knowledge of first aid techniques combined with sound teaching skills for relaying the course content.

In 2012, a working group consisting of volunteers and professionals examined the course pathway for first aid instructors. The result is a common and efficient trainer pathway for youth workers, Relief Service instructors, first aid trainers and simulator trainers, in which the aspects specific to each type of trainer are taken into account. The common pathway was approved in August 2012 and will be rolled out across Flanders in 2013.

The working group also determined the admission criteria, content and organizational arrangements for the training, as well as the policy on exemptions. This makes it easier for trainers to retrain as a different type of instructor.

The current staff responsible for overseeing the trainer pathway were retrained and were given practical support in the form of a manual for each module and educational material.

The train-the-trainer training for school first aid trainers was also optimized in line with the revised trainer pathway. As of 2013, a school first aid trainer can also easily retrain as a voluntary trainer with Belgian Red Cross-Flanders.

School brochures

For a number of years, Red Cross Youth has offered brochures detailing the full range of options available for primary and secondary schools. These brochures were given a facelift in 2012.

The brochures were produced through close cooperation between all Belgian Red Cross-Flanders services. They span multiple services and contain information about introductory first aid, lesson packs on humanitarian assistance and giving blood, the roll-play game on separated families, the workshop on life in an asylum seeker reception center, and so on. They inform teachers and pupils about the wide range of Red Cross activities and products for schools.

The brochures contain references to our schools website (www.rodekruis.be/NL/BedrijvenOrganisaties/Onderwijs), where teaching material can be downloaded or ordered.

In 2012, the brochures were disseminated at education fairs, to members of the Health Promotion Committee of the Flemish Education Council (VLOR) and by mail to parents' councils at primary schools. In 2013, we plan to disseminate them to parents' councils at secondary schools and promote them among local Red Cross branches, who are in regular contact with schools.

MORE EFFECTIVE AND EFFICIENT EVENT FIRST AID

In 2012, KU Leuven university carried out a study into first aid provision at large-scale events. Belgian Red Cross-Flanders supplied the data.

KU Leuven analyzed the data collected by our first aid posts at Rock Werchter and TW Classic between 2009 and 2011. They also analyzed the case files held by University Hospital Leuven of patients taken to hospital for further treatment. This study is unique as it is the first time that data from both the festival ground and hospital have been analyzed.

The researcher concluded that more people are treated at Rock Werchter and TW Classic each year than at other festivals. However, the percentage of people requiring hospitalization is smaller. At festivals lasting for more than one day, the main reasons for seeking medical assistance are insect bites, skin wounds and blisters. At one-day festivals, headaches, insect bites and sunburn are the most common problems.

The study helps us to organize our event first aid more efficiently and effectively. It found, for example, that temperature has a big impact on the number and severity of complaints. We will therefore adjust the number of first-aiders according to temperature forecasts in future.

ISO CERTIFICATION FOR EMERGENCY RECEPTION CENTER

In 2012, the emergency reception center for asylum seekers in Houthalen-Helchteren was awarded ISO 9001:2008 certification – an achievement without precedent anywhere in the world.

We set up the Houthalen-Helchteren center in 2010 at breakneck speed at the request of the federal government, to address an acute shortage of reception places. From the outset, the challenge was to create a reception center that met all the requirements of the Reception Law and could provide its own schooling.

Due to the large size of the center – which demanded efficient communication – and the fact that 50 new staff were to start work simultaneously, there was a need for precise procedures, thorough methodology and clear working arrangements.

In view of this fact, we decided to apply for ISO 9001:2008 certification. Essentially, what that means is: say what you do, do what you say and prove it. By having the quality of the center externally assessed, we are able to communicate our quality mindset more clearly. It also demonstrates that the scant operational resources we receive from government are put to efficient use.

The keys to our success in gaining ISO 9001:2008 certification were:

- pioneering management;
- involving all staff in the continuous improvement process;
- having a clear vision;
- organizing transparent and continuous communication within the team;
- dealing with shortcomings constructively;
- enshrining arrangements in work instructions or procedures;
- setting up a comprehensive document management system;
- developing an efficient IT system in SharePoint.

In the medium term, we aim to translate the knowledge acquired in this process to our regular reception centers, thereby further enhancing the quality and efficiency of our reception services.

BLOOD SERVICE CENTRALIZATION

Belgian Red Cross-Flanders aims to be an organization that makes the best possible use of its available manpower and resources in order to deliver maximum impact. To achieve this goal, we are continually optimizing the functioning and organization of the Blood Service. The Blood Service plans to concentrate its activities in two locations in order to organize its processing of blood products with maximum quality and efficiency.

Ghent Campus: integration of Bruges laboratories

In late 2012, the components laboratory, which processes blood products, and the R&D laboratory in Bruges were incorporated into the Ghent blood transfusion center. This new Ghent components laboratory covers the regions of East and West Flanders. The Ghent Campus will be able to take over processing activities from the future Mechelen Campus in the event of problems, and vice versa, thus ensuring maximum continuity.

The donor center has been transferred from the building in Ghent to temporary premises nearby. The search for a permanent base in Ghent is under way.

Mechelen Campus: first pile driven for new building

By 2015, we plan to implement the next stage of the centralization process by centralizing the processing and distribution of blood products, which currently takes place in Leuven and Antwerp, at

a new building in Mechelen. The various clinical biology laboratories (apart from the immunohematology labs at the university hospitals) will also be relocated there.

The new building in Mechelen will also house an additional donor center, various laboratories, the central administration and the medical secretariat, offices, meeting rooms and a warehouse, as well as the Blood Service management.

The change will mean that staff, resources and equipment can be used more efficiently. Mutual collaboration between the various departments of the Blood Service will become smoother. With this increased efficiency and quality, we aim to provide an even better service to our donors and to the hospitals that receive our blood products or use our research expertise. The collection of blood, platelets and plasma will remain as decentralized as possible.

June 21, 2012 saw the first energy pile driven for the new building, which will be Belgian Red Cross-Flanders' second premises in Mechelen. Present at the occasion were Deputy Prime Minister Laurette Onkelinx, Flemish Minister Jo Vandeurzen and the mayor of Mechelen Bart Somers.

The building will be extremely environmentally and energy-conscious. This philosophy has been deliberately factored in at every stage: contracting (responsible use of materials, ISO 14001-certified contractors), sustainable design (energy strategy, efficient spatial planning), construction (sustainable and socially responsible site management, waste management, energy and water monitoring, policy on air and water pollution, safety, communication with local residents, energy recovery, energy piles, ground heat exchanger and heat pumps) and building fabric (triple glazing, high energy performance: E40 - K20, external sunshades, building management system with monitoring, daylight control, rainwater recovery, photovoltaic cells, increased air-tightness). Everything is compliant with BREEAM certification standards.

RESEARCH AND DEVELOPMENT STRATEGY

Towards a knowledge organization

It is the clearly stated ambition of Belgian Red Cross-Flanders to continue evolving into a knowledge organization. Among other things, this means that as much as possible of what we do must be based on scientific data. This is also set out in our strategic plan Pledge 2015.

In 2011, we laid the foundations for the Belgian Red Cross-Flanders research and development strategy. In 2012, we further developed that strategy and put it into practice.

Goal of the research and development strategy

Our research and development strategy has a number of objectives:

- Carry out R&D in our core activities

Generally speaking, our core activities have been the subject of minimal research, probably because they take place outside hospitals. Scientifically-based information, advice and support offer significant added value for our work. Our R&D activities enable us to validate new developments

relating to our operational activities in an independent way. By setting up a research department for positioning and advocacy purposes, we can make our voice heard more in the social debate and are better placed to issue warnings.

We do not do research for research's sake: making our actions more efficient and effective is always the ultimate aim. For as well as being a knowledge organization, we remain first and foremost an operational organization. Therein lies the strength of our research and development strategy: *our activities in the field enhance our knowledge and vice versa.*

- Support fundraising

Companies and individuals are becoming increasingly discerning in the good causes they choose to support. Scientific research into the efficacy of our assistance is vital to demonstrate that the resources we acquire through fundraising are used as effectively as possible.

- Support the image of the Red Cross as a benchmark

By focusing heavily on research and development, we aim to act as a 'magnet organization' and as a pioneer in our sector.

Evidence-based practice

We use an evidence-based methodology to ensure that our operations and activities are scientifically underpinned. Evidence-based practice is a method for substantiating practical actions using the best available evidence. Scientific studies form the basis for this evidence. This is further complemented by practical experience, the expertise of specialists in the relevant field, and the preferences and interests of the target group.

The evidence-based methodology plays an important role in bridging the gulf between science and practice: it is helpful in making decisions on specific practice-related issues concerning the effect of certain activities or interventions.

The Centre for Evidence-Based Practice (CEBaP) of Belgian Red Cross-Flanders specializes in this methodology and engages in researching and scientifically substantiating techniques and practices for all Red Cross fields of activity on a daily basis.

This is the method by which CEBaP gives advice and support for the implementation of policy. By developing codes of practice based on information underpinned by scientific research, Belgian Red Cross-Flanders is able to provide decisive messages and create uniformity between the various activities of the Red Cross.

Infographic: Evidence-based practice



Four fields of research

Our research strategy is based on four fields of research in which research or expertise is already present. Naturally, there is still scope for other necessary ad hoc research alongside these priority areas.

Within the Blood Service, research is primarily conducted into platelets and donors. For Humanitarian Services, the focus is on first aid and water & sanitation.

The underlying theme with all these research areas is pre-hospital care. This is one of Belgian Red Cross-Flanders' core activities and has been little studied hitherto.

Three levels of research

Within the above-mentioned fields, we carry out research at three different levels. It is this layered approach which gives our research strategy its strength.

Type A research is geared towards operational and quality improvements: doing what we have to do more effectively.

Type B research is development work. Here we use existing knowledge to develop or test out new processes for our core activities.

Type C comprises basic and translational research. Basic research entails amassing as much knowledge as possible about core principles. Translational research also involves generating new knowledge but it is primarily geared towards a specific or practical goal.

Infographic: Research fields and levels



Research and studies

As part of this research and development strategy, the Blood Service carried out various studies and research in 2012.

In the field of first aid, Humanitarian Services contributed to research into first aid for (and prevention of) sports injuries.

Between 2009 and 2011 we developed AFAM, a package of guidelines and teaching materials for first aid courses, tailored to the African context.

As part of a doctorate, situations requiring first aid were simulated in order to study the helping behavior of first-aiders. This study was begun in September 2009 and completed in the spring of 2011.

Within the 'water and sanitation' field, there remain many opportunities for further research. For example, work is currently under way on a Master's thesis at KU Leuven bringing together scientific evidence for the amount of drinking water required during a disaster.

MAINTAINING A HIGH PROFILE

Belgian Red Cross-Flanders is a strong brand. In 2012, we made our voice heard in the social debate: we worked to promote international humanitarian law and we provided high-quality reception for asylum seekers. We also raised the profile of our care activities and ensured a clear positioning for the Blood Service.

RED CROSS ON THE STREET

14-day sticker sale

From April 26 to May 10, thousands of Red Cross volunteers took to the streets to sell Red Cross stickers. Some 526,000 stickers were sold, raising a total of €2.63 million.

The sticker sale is a major source of income for local Red Cross branches. The money raised is used to fund their day-to-day operations: buying materials, training volunteers, organizing first aid training, and so on.

For the first time we asked a singer-songwriter to compose a song especially for the sticker campaign. Jelle Cleymans came up with 'Afspraak aan het kruispunt' ('Meeting at the crossroads') with accompanying video clip (www.youtube.com/watch?v=rV3ZLcr9acl). The title refers to the many crossroads at which Red Cross volunteers sell stickers but also to those times in life when people have to make choices and may need a helping hand, from the Red Cross for example.

A number of radio stations included the song on their playlist. Jelle Cleymans also appeared on radio and TV shows to promote the song.

Fundraising for Adapted vacations

In 2012, we raised money for our Adapted vacations service. These are holidays for people who are unable to go on vacation without assistance or adapted accommodation due to illness, disability or old age.

We believe that a vacation is a basic universal right. We therefore want to triple the number of places available on our Adapted vacations. We can only achieve this ambitious target by raising the profile of the scheme sufficiently.

To do this, we decided to recruit a team of fundraisers to inform passers-by on the street, at fairs and events about the existence and importance of Adapted vacations and then ask them, with no obligation, whether they would be willing to support the scheme (www.youtube.com/watch?v=gRcuzD_ragI&feature=youtu.be). Our aim was not just to raise money but also to raise the profile of our care activities among the general public and to recruit extra volunteers.

This new method of fundraising was trialed between December 2012 and February 2013. 500 people pledged to give monthly support. For more details (in Dutch), visit (www.rodekruis.be/NR/exeres/933D65A6-A034-4360-B662-FD79F38E48D3,frameless.htm?NRMODE=Published).

PROMOTING INTERNATIONAL HUMANITARIAN LAW

During wars and armed conflicts, different rules apply than in peace time. These rules are enshrined in international humanitarian law (IHL) (www.ihr.rodekruis.be), which was partly developed by the Red Cross. Belgian Red Cross-Flanders supports its application by teaching current and future journalists, civil servants, soldiers, NGO workers and students, among others, about these rules.

Guest lectures

In 2012, 337 journalism students attended a guest lecture on international humanitarian law and the protection of journalists in armed conflicts.

We also organized another seven ad hoc guest lectures for a range of audiences, from students at the Royal Military Academy to Intercultural Management students.

IHL lectures series

We held our 15th IHL lecture series between February 29 and March 28, 2012, at the Royal Military Academy in Brussels. Entitled 'Weapons in the firing line', it featured a number of guest speakers and focused on the theme of arms.

Various weapons-related issues were addressed, including the latest developments in the banning of cluster munitions and landmines, the legality of nuclear weapons, the application of IHL in cyberspace warfare, the issues surrounding autonomous weapons and the role of IHL in controlling the international arms trade.

For the first time we organized a complementary workshop on ballistics in collaboration with the Weapons Systems and Ballistics Department of the Royal Military Academy.

The lecture series attracted a total of 127 participants, including NGO workers, civil servants, military personnel, students, lawyers and Red Cross volunteers and staff. A number of members of parliament also attended.

A collection of the lectures given during the 15th lecture series was published under the title '*Focus op IHR 2012*'.

BTC Information Cycle

Each year we organize lectures on IHL and humanitarian assistance as part of the Information Cycle run by the Belgian development agency (BTC). The Information Cycle is a training series on international cooperation and North-South relations aimed at anyone working or wanting to work in development cooperation. We welcomed a total of 513 attendees at 10 sessions.

Brochure on international humanitarian law

In 2010, we launched a brochure entitled '*Internationaal humanitair recht. Antwoorden op uw vragen*' ('International humanitarian law: Your questions answered'), in collaboration with the Netherlands Red Cross. The brochure answers such questions as: *What is international humanitarian law? What are the basic rules? How did it come about? In what circumstances does it apply?* We distributed 860 copies of the brochure in 2012, at the guest lectures for journalism students and the BTC Information Cycle.

Frits Kalshoven Competition

In 2012, Belgian Red Cross-Flanders together with the Netherlands Red Cross organized the fifth Frits Kalshoven Competition. This annual moot court competition for universities took place from March 5 to 9 and is named after Frits Kalshoven, one of the world's most renowned experts in IHL. By means of lectures, role plays and a moot court, the Red Cross brings international humanitarian law to life. A jury made up of renowned experts including Christine Van den Wyngaert, a Belgian judge at the International Criminal Court in The Hague, chose the team from Leiden University as the winners. Three Belgian teams took part in 2012 (Ghent University, KU Leuven and the Royal Military Academy). The week ended with a panel debate on the protection of persons and multinational military operations, in which panelists included Belgian Minister of Defense Pieter de Crem and Professor Yves Sandoz of the International Committee of the Red Cross.

SOLIDARITEST

In 2012, for the sixth consecutive year, the Red Cross ran its Solidaritest survey for companies that make a distinguished contribution to social solidarity. A jury comprising academics, businesspeople and Red Cross representatives, led by Professor Luc Van Liedekerke, assessed the entries.

The winners of the general Solidaritest Award were Interpartner Assistance, Microsoft and Swift. The Best Practices Awards for a specific project went to BDO, Mars Belgium and Rossel (<http://youtu.be/SEPVUQSNyLkk>).

CARE ACTIVITIES IN THE SPOTLIGHT

Belgian Red Cross-Flanders' care activities offer significant added value. In 2012, we set about raising the profile of our care activities among the general public.

***De Standaard* Solidarity Prize**

In 2012, we took part in the Solidarity Prize run by *De Standaard* newspaper. The prize is awarded annually to the best advertisement for a non-profit organization. The winning organization is given three free adverts in the paper to inform the public about its activities.

In partnership with PR agency BUBKA, we submitted an ad based on our Adapted vacations for people with disabilities.

Our advert – one of 24 entries – won the public prize, receiving 10,261 votes. Our message that a vacation is a basic universal right obviously resonated with the general public. The victory was a wonderful show of support for the vacationers, their carers and the many smiling people who look after them on holiday.

A free, full-page advert for our 'Adapted vacations', 'Just pop in', 'Home in my home' and 'Bridging the Gap' schemes appeared in *De Standaard* on January 21, 24 and 28, 2013.

Care Village

A Care Village showcasing companies and organizations active in the care sector was set up for the first time in 2012 at Accenta, the annual consumers' trade fair at Flanders Expo Ghent.

This included a Belgian Red Cross-Flanders information stand, at which visitors could find out more about our care and other activities throughout the fair. An interview was also filmed and broadcast on ZorgAndersTV (www.zorganderstv.be/reportages/accenta-zorgdorp), a website containing a wide range of information about the care sector.

POSITIONING THE BLOOD SERVICE

Science Day

To mark Science Day on November 25, an event was organized to inform the general public about the role of science and research within the Red Cross. Both the Centre for Evidence-Based Practice (CEBaP) and the Transfusion Research Center (TReC) took part.

CEBaP organized a workshop entitled 'Be a Red Cross detective' which provided a light-hearted insight into how Belgian Red Cross-Flanders comes up with reliable answers and advice based on

scientific literature studies, in areas such as first aid. TRc organized a 'Blood in the mix' tour at its high-tech laboratory. Visitors could also visit the Science Café for answers to such questions as 'Are Vikings allowed to give blood?'.

Around 100 people took part in the activities.

Excellence in hospital management

Every year we organize the 'Excellence in Hospital Management' Quality Award, in partnership with KU Leuven's Centre for Health Services and Nursing Research. Our aim is to encourage hospitals to implement long-term quality policies, given that a constant focus on high-quality care is essential to good medical provision.

The 2012 Quality Award was won by OLV Hospital in Aalst for its uniform, interdisciplinary and cross-campus approach to tackling gestational diabetes. The 'Gestational diabetes care pathway' project aims to screen pregnant women for the condition and offer them suitable treatment. The hospital received a check for €12,500 to further develop the initiative (www.youtube.com/watch?v=OPbipIOL6YI&feature=player_embedded).

The main reason why the jury chose this project was the fact that the care pathway is based on a preventive approach and is responding to a social demand. Other aspects that scored highly were the use of new scientific knowledge and understanding, the collaboration between different professional groups and the efforts to target the hardest-to-reach and highest-risk group of patients.

ASYLUM SEEKER RECEPTION CENTERS: COMMUNITY OUTREACH

Belgian Red Cross-Flanders provides high-quality, professional reception for asylum seekers. Our aim as an organization is to raise social awareness of issues in this area.

At the same time, we want to engage in outreach initiatives that promote an accurate and balanced view of reception centers and their residents. Reception centers are very aware of the many prejudices that exist in our society towards their residents. Asylum seekers, refugees and illegal immigrants are often lumped together and there is generally little awareness and understanding of their plight.

For that reason, our reception centers work year after year to foster social acceptance of asylum seekers. Through events, workshops, information stands, newsletters, collaborative ties with associations and the dedication of volunteers, we create opportunities for reception centers to engage with the wider community.

Here are some of the highlights of 2012:

1. Traveling exhibition to mark Eeklo's 10th birthday

To celebrate its 10th anniversary, the Eeklo reception center put on an exhibition of 10 information panels showcasing its achievements.

2. TotalAsil arts festival at Antwerp-Linkeroever

TotalAsil was a unique collaboration between asylum seekers at the Linkeroever reception center, local associations, artists and street artists.

3. **Bake-off at Alseberg reception center:** eight local associations and 100 visitors got baking during Taste Week.
4. **Theater in Bruges**
As part of the Brugge Plus festival, the 'Uitwijken caravan' set up camp in the reception center garden, bringing food, drink and entertainment in its wake.
5. **Lecture series at Deinze**
A number of speakers gave interesting talks on world affairs to around 200 local residents on three Tuesday evenings in the local library.
6. **Creativity without borders at Heusden-Zolder**
Reception center residents put on creative workshops in collaboration with non-profit organization Loca Loca. Each chose the theme of their own workshop, based on their experiences in their country of origin.
7. **May Festival in Lint**
Almost 500 people visited the reception center during the May Festival. Entertainment included kids' activities, live performances, a barbecue and tours.
8. **Movies at Lanaken**
Ter Dennen reception center hosted two free film screenings in partnership with the Lanaken Cultural Center. This was an opportunity for the public to get acquainted with the reception center in an inclusive way.
9. **Neighborhood garden in Menen**
Menen reception center was given a plot of ground by the Christian health insurance fund (CM), on which our residents and a number of local people created a vegetable garden.
10. **The Overpelt Cosmogolem:** Since October 2012, the Valkenhof reception center has been home to a Cosmogolem – a wooden giant designed by artist Koen Vanmechelen. The Cosmogolem was built by pupils from a local school and was officially unveiled on October 5.
11. **Asylum seekers given a face in Sint-Niklaas**
The Koninklijke Kunstkring Lucasgezellen held its annual exhibition at the Red Cross reception center. A mural and dozens of portraits of the residents were included in the exhibition.
12. **Pushing wheelchairs in Wingene**
Wingene has found the perfect match between asylum seekers, keen to make themselves useful, and care home residents in need of some extra company and a helping hand. Together they go out for walks, trips and visits...
13. **Asylum seekers' poems**
Poems written by residents at the Houthalen-Helchteren emergency reception center were translated and published under the title *aZIELzoekers*. The poems deal with their authors' fears and their dreams for the future. The collection was presented to the public at the reception center on January 24, 2012.
14. **Community initiatives at Houthalen-Helchteren and Weelde emergency reception centers**
The emergency reception centers also organized regular contacts with local residents and handled complaints in a systematic and effective way. Both centers organized regular neighborhood clean-ups with the help of residents.
15. **Daily integration work: overarching activities**
In addition to specific community outreach initiatives, our reception centers engage in integration activities on a daily basis. Volunteers are involved in shaping the day-to-day life of reception centers. Their actions are coordinated by an integration officer. Organizations,

schools, students and other interested parties visit our reception centers on a regular basis. They are given a warm welcome by our staff and taken on a guided tour with explanations about the service provided by the centers. Every two months, each reception center sent out an e-newsletter to local residents informing them of the latest goings-on in the center.

FIRST AID FOR KIDS

Education fairs

Belgian Red Cross-Flanders regularly attends education fairs to promote its range of first aid courses and opportunities.

In 2012, the new Red Cross Youth first aid publications were promoted in schools. In all its contacts with the education sector, Belgian Red Cross-Flanders presented its full range of services for schools and included a link to its schools website (www.onderwijs.rodekruis.be).

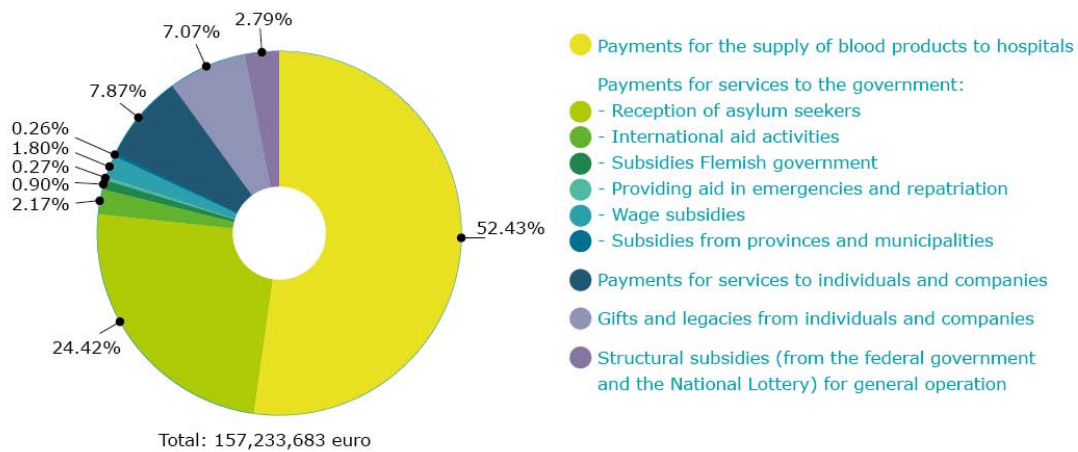
Belgian Red Cross-Flanders also publicized its work through existing communication channels within the education system (e.g. existing newsletters, educational databases and contact persons within all education authorities), as well as to parents' councils in primary schools and via the annual external educational consultation structure.

BELGIAN RED CROSS-FLANDERS' INCOME

GENERAL INCOME

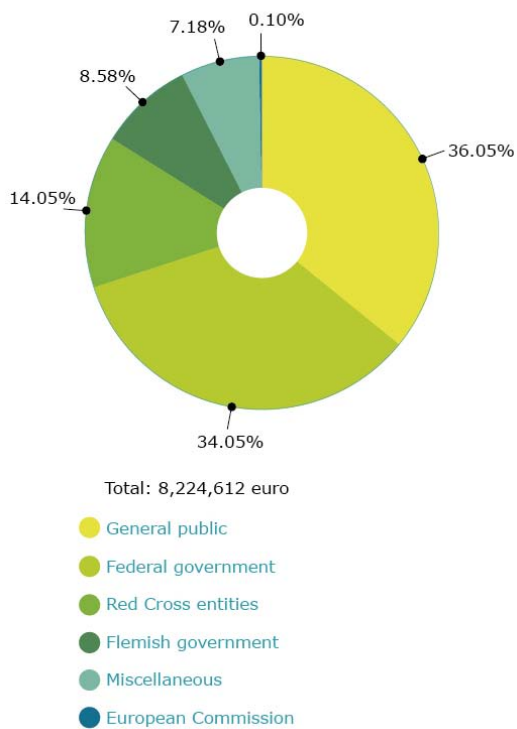
Belgian Red Cross-Flanders received €157.23 million in 2012. This can be broken down by source as follows:

Infographic: Belgian Red Cross-Flanders' income



Infographic: Breakdown of income for international operations

Breakdown of income for international operations



Gifts and legacies from individuals and companies

7.07% (€11.12 million) of Belgian Red Cross-Flanders' income came from gifts and legacies from individuals and companies. Of this amount, €2.63 million came from the over 526,000 loyal buyers of Red Cross stickers. Sponsoring companies included BNP Paribas Fortis, Canon, Electrabel, Molenheide, NMBS/SNCB, Proximus, Skoda, Sodexo and Spie.

Structural subsidies for general operation

2.79% (€4.39 million) of our income consisted of structural subsidies from the federal government and the National Lottery.

VEF

Belgian Red Cross-Flanders aims to be as transparent as possible, in line with the rules of the Belgian Association for Ethical Fundraising (VEF). Figures on fundraising can be found at www.rodekruis.be and in the annual report. These figures apply to Flanders only. They do not include activities that generate income from payments (supply of blood products to hospitals, payments for services to government and companies).

BELGIAN RED CROSS-FLANDERS' COSTS

GENERAL OVERVIEW

Belgian Red Cross-Flanders' income is used to support a number of activities. For many of those activities, we can rely on the unpaid efforts of our volunteers. However, Belgian Red Cross-Flanders naturally has to provide high-quality training, support and equipment. Below is a general overview of the operational costs in each field.

Infographic: Belgian Red Cross-Flanders' costs

Humanitarian activities (operations in Flanders and international operations, excluding asylum seeker reception activities)	38.5 million euro
Blood supply	83.3 million euro
Reception of asylum seekers	38.4 million euro
Total	160.2 million euro

Belgian Red Cross-Flanders' income has been consolidated, including all income from external sources. Amounts paid from one Red Cross entity to another under transfer pricing arrangements are not included. However, such amounts are included in Belgian Red Cross-Flanders' costs. This arrangement ensures that we provide a complete picture of the costs of the various Red Cross entities.

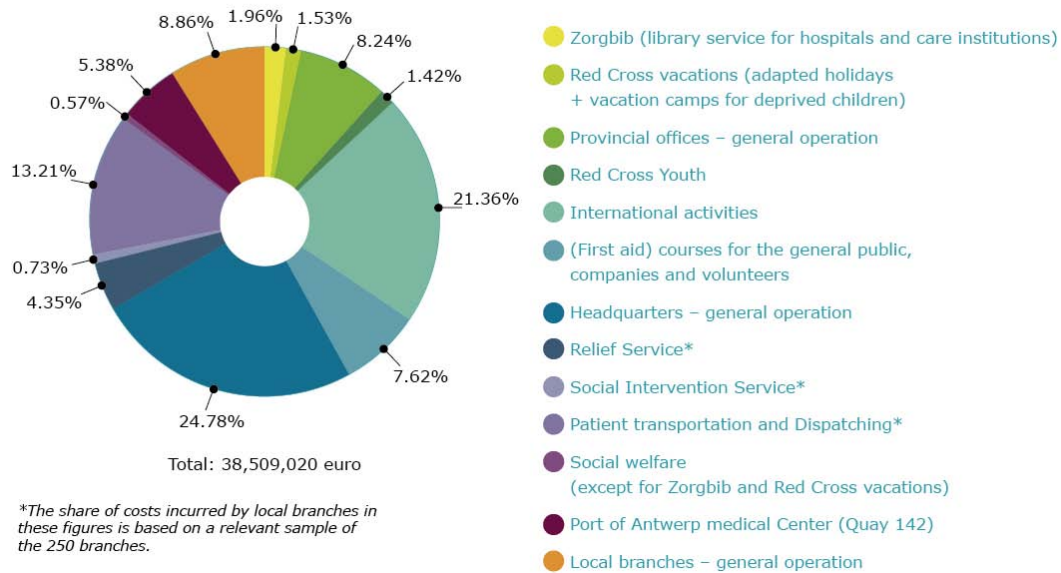
The consolidated result was -€0.164 million or -0.1% of turnover.

HUMANITARIAN ACTIVITIES

The costs of Belgian Red Cross-Flanders' humanitarian activities totaled €38.5 million. These costs can be broken down into a number of activities.

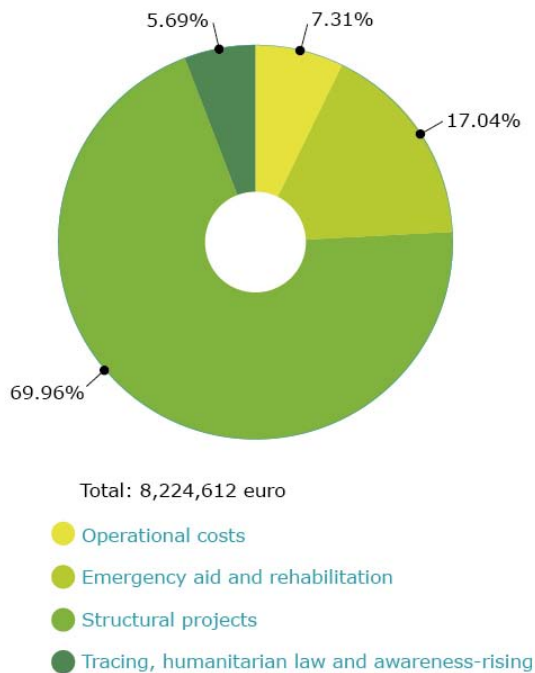
Infographic: Costs of humanitarian activities

Costs of humanitarian activities



Infographic: Breakdown of costs of international operations

Breakdown of costs of international operations



MUSIC FOR LIFE

With its memorable slogan 'We do give a shit', the focus of Music For Life 2011 was diarrhea. The Studio Brussel radio marathon raised the record sum of €7,771,358, all of which will be used by the Red Cross to finance projects aimed at combating diarrhea.

More information (in Dutch) about the initiative and how Belgian Red Cross-Flanders is using the money raised can be found here ([http://musicforlife.rodekruis.be/ref/\(14098\)-Home/Editie-2011.html](http://musicforlife.rodekruis.be/ref/(14098)-Home/Editie-2011.html)).

Infographic: Source of donations Music for life

Source of donations	Amount received
Donations from the general public	€ 6,411,358
Contribution from the federal government	€ 1,000,000
Contribution from the Flemish government	€ 300,000
Total	€ 7,771,358

Infographic: Destination of funds Music for life

Source of donations	Destination of funds	Amount allocated
General public	Combating cholera in Haiti	€ 129,000
	Water, sanitation and diarrhea-related projects in Burundi, Malawi, Mozambique, Nepal, Uganda and South Africa	€ 4,099,000
	Water, sanitation and diarrhea-related projects and first aid in other countries	€ 750,000
	Diarrhea prevention and first aid in Africa	€ 773,000
	Development and testing of IFAM	€ 200,000
	Scientific research on diarrhea-related subjects	€ 460,000
Federal government	Emergency relief to combat diarrhea in Nepal, Burundi, Uganda and Namibia	€ 1,000,000
Flemish government	Water and sanitation project in Malawi	€ 300,000

CONTRIBUTIONS TO THE INTERNATIONAL RED CROSS

Belgian Red Cross-Flanders paid the mandatory membership contribution of €248,509 to the International Federation of Red Cross and Red Crescent Societies (IFRC).

The Red Cross/EU Office, which acts as a link between the National Red Cross Societies in the countries of the European Union and the European Union itself, received a membership contribution of €17,206.

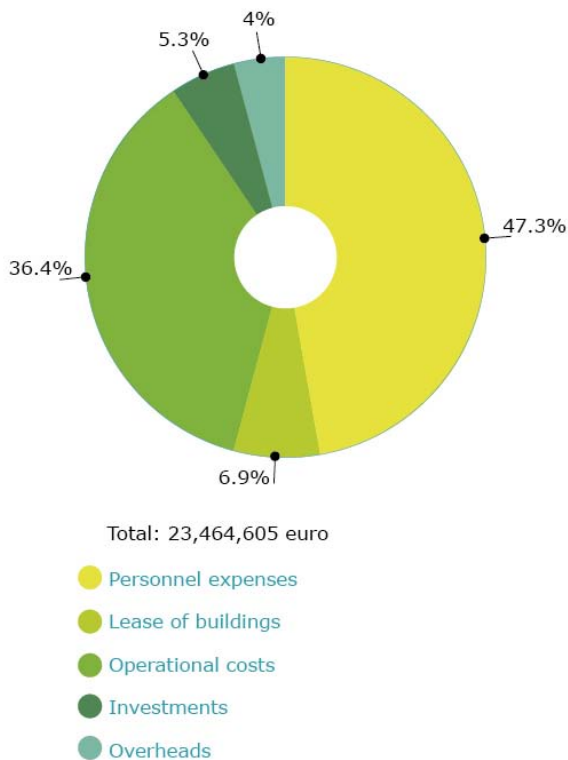
The expenditure of the Asylum Seeker Reception Department can be split into three parts.

Costs under reception agreement

The first part relates to expenditure laid down in the reception agreement with Fedasil (= Federal Agency for the Reception of Asylum Seekers), which in 2012 specified a maximum daily price of €39.42 per reception place per day (standard reception place). This expenditure includes all costs for basic asylum seeker reception: staff costs, rent of and investment in buildings, operating costs and overheads (use of the Belgian Red Cross-Flanders Central Supporting Services).

Infographic: Costs under reception agreement

Costs under reception agreement

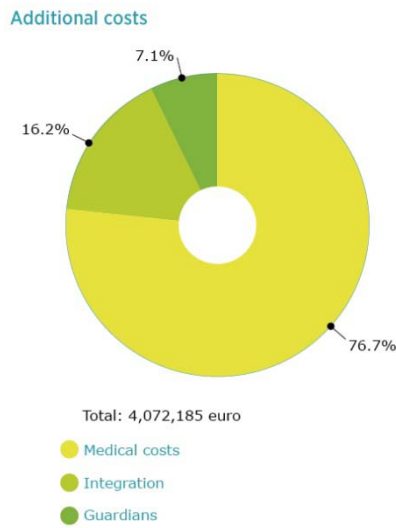


Additional costs

The second part relates to expenditure not included in this daily price but which is also covered by Fedasil or other bodies. Specifically, that means:

- the medical costs of asylum seekers resident in our centers;
- the costs of our integration activities: in 2012, Fedasil provided funding for the staff employed to carry out this task and some of the resources needed to organize activities;
- guardianship of unaccompanied refugee minors. The costs incurred for this work are covered in full by the Ministry of Justice and an allowance from the Maribel social fund.

Infographic: Additional costs

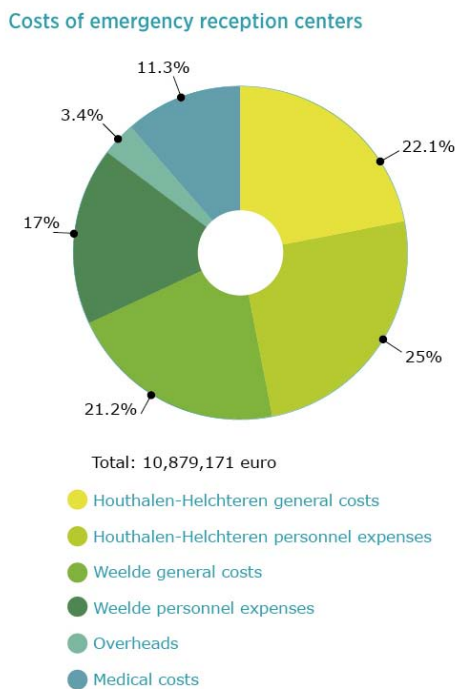


Costs of emergency reception centers

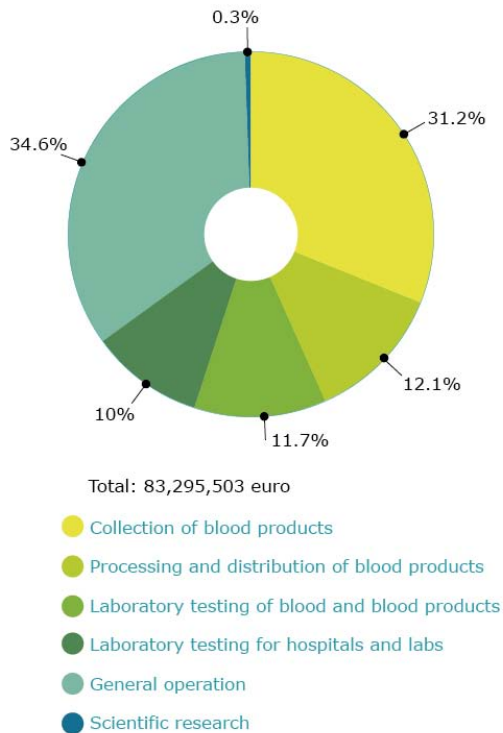
The third part relates to the costs of emergency reception centers.

In 2010, the federal government asked the Red Cross to provide emergency reception for asylum seekers. Due to the specific nature of these facilities, the focus of expenditure can sometimes be slightly different (e.g. basic sanitary package for the many new residents, high travel costs). Broadly speaking, however, the costs are the same as those in the regular centers. The emergency reception center in Weelde was closed on December 31, 2012; the Houthalen-Helchteren emergency reception center closed its doors on April 30, 2013.

Infographic: Costs of emergency reception centers



Infographic: Costs of the Blood Service



The Blood Service’s income consists of the amounts paid by hospitals for supplied blood products as well as a few subsidies. This income is used to cover the costs of donor recruitment, blood collection, testing and processing of blood products and the distribution of blood products to hospitals. Financial surpluses are re-invested in new technologies, the development of transfusion in Flanders, and improving the service offered to donors and hospitals. The Blood Service is on standby 24 hours a day, seven days a week, right across Flanders, to ensure that requested blood products are delivered to hospitals safely and securely.

The Blood Service is a trusted partner for donors, hospitals, patients, the government and other stakeholders. This trust has been built up between the various parties over time and is partly based on the assistance provided by countless donors who give their blood free of charge. Each year, the Blood Service supplies around 529,917 blood products to hospitals. Patients trust the Blood Service to provide a safe blood product.

Operational efficiency is part of the social responsibility of the Blood Service, together with ensuring financial stability within the Service. The Blood Service charges for its core service – providing sufficient quantities of safe blood – at a price set by the government. An international comparative survey found that the Blood Service was among the organizations charging least for a unit of leukocyte-depleted red blood cells.

The total operating costs of the Blood Service amounted to €83.29 million. These costs can be broken down by activity, as follows:

Collection of blood products: purchase of high-quality collection equipment, wages of the doctors and staff responsible for safe and orderly collection, payments for Red Cross sections.

Processing and distribution of blood products

Once the blood has been tested and approved, it is processed, stored and transported.

Laboratory testing of blood and blood products

This item of expenditure includes the cost of laboratory equipment and personnel. Our laboratories also carry out specialized tests at the request of hospitals and external laboratories (10% of total expenditure on testing of blood and blood products)

General operational costs: expenditure on Central Supporting Services (HR, Finance, Communication and ICT), on producing and printing publications, on administrative work for blood transfusion centers, on donor recruitment and on the Quality Department. This item also includes depreciation on investments and the costs relating to buildings.

Scientific research and development

The Blood Service believes it has a duty to advance and promote scientific research in its area of work (blood banking and transfusion in general). Scientific research supports and facilitates the introduction of new and better techniques into daily practice, which makes our blood even safer: Belgian Red Cross-Flanders' goal is 100% safe blood.

STATEMENT OF RESULTS

	2011	2012
Income	€ 160,889,873	€ 157,233,683
Turnover	€ 80,178,154	€ 80,085,883
Change in stocks and work in progress	- € 111,985	- € 13,583
Membership fees, gifts, legacies and subsidies	€ 77,289,489	€ 74,311,551
Other income	€ 3,534,215	€ 2,849,832
Charges	€ 159,599,544	€ 157,397,820
Raw materials, consumables and goods for resale	€ 27,434,261	€ 26,762,995
Services and other goods	€ 56,996,453	€ 54,138,593
Wages, social security costs and pensions	€ 61,918,431	€ 63,699,288
Depreciation, amounts written off and provisions for liabilities and charges	€ 9,688,115	€ 10,507,482
Amounts written off stocks, contracts in progress and trade receivables	€ 975,061	€ 1,076,930
Provisions for liabilities and charges	- € 268,324	€ 716
Other operating charges	€ 2,855,547	€ 1,211,816
Operational result	€ 1,290,329	- € 164,137
Financial result	€ 1,026,319	€ 3,448,509

HOW IS ANY PROFIT USED?

Infographic: Overview of funds

2012

Social fund	3.4 million euro
Education fund	0.7 million euro
Emergency relief fund	1.1 million euro
Disaster preparedness fund	0.7 million euro
Development fund	3.8 million euro
Blood Service scientific research & development foundation	16.7 million euro

ORGANIZATION

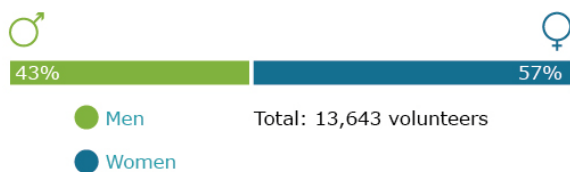
Volunteers are essential to Belgian Red Cross-Flanders. At the end of 2012, we had 13,643 volunteers ready to help out whenever necessary. Around 1,252 permanent staff support our operations on a day-to-day basis. As the Flemish link within the Red Cross, we have a solid organizational structure and a clear vision of where we are heading. That vision is embodied in Pledge 2015. Our many years of experience mean that we have plenty of expertise to rely upon. We disseminated that expertise in 2012 through publications, conferences, lectures and other channels.

RED CROSS VOLUNTEERS

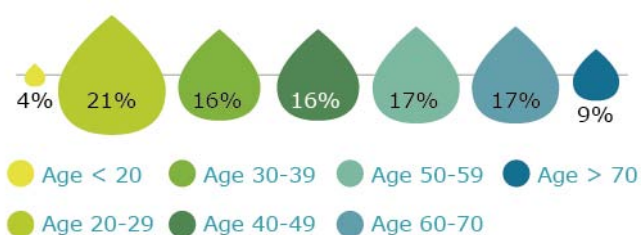
Volunteers are the backbone of Red Cross operations. At the end of 2012, Belgian Red Cross-Flanders had a total of 13,643 volunteers. They are always ready to help in a variety of ways: on a one-off or daily basis, as support workers, instructors or first-aiders, alone or in groups. The vast majority of them are active in local branches.

VOLUNTEERS: KEY FIGURES (TO DECEMBER 31, 2012)

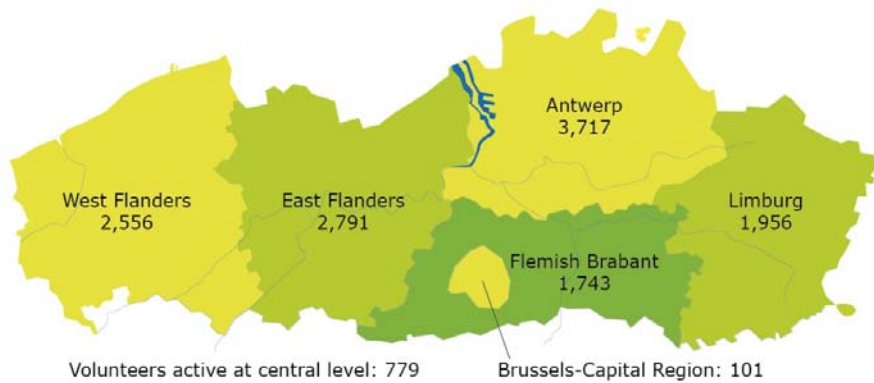
Infographic: Proportion of male and female volunteers



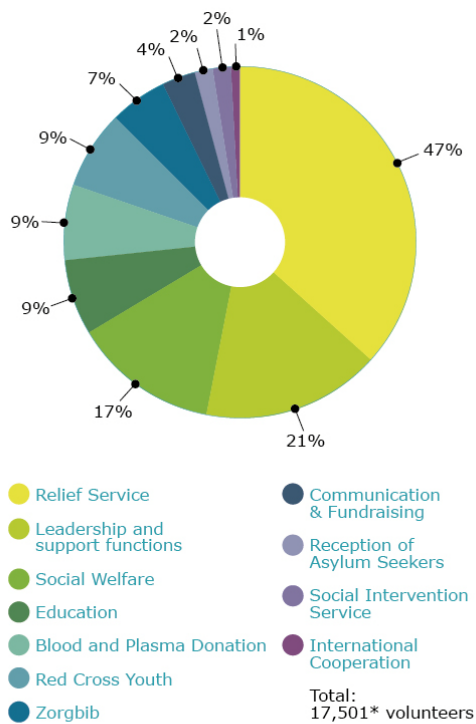
Infographic: Proportion of volunteers by age group



Map: Proportion of volunteers by province



Infographic: Proportion of volunteers by activity



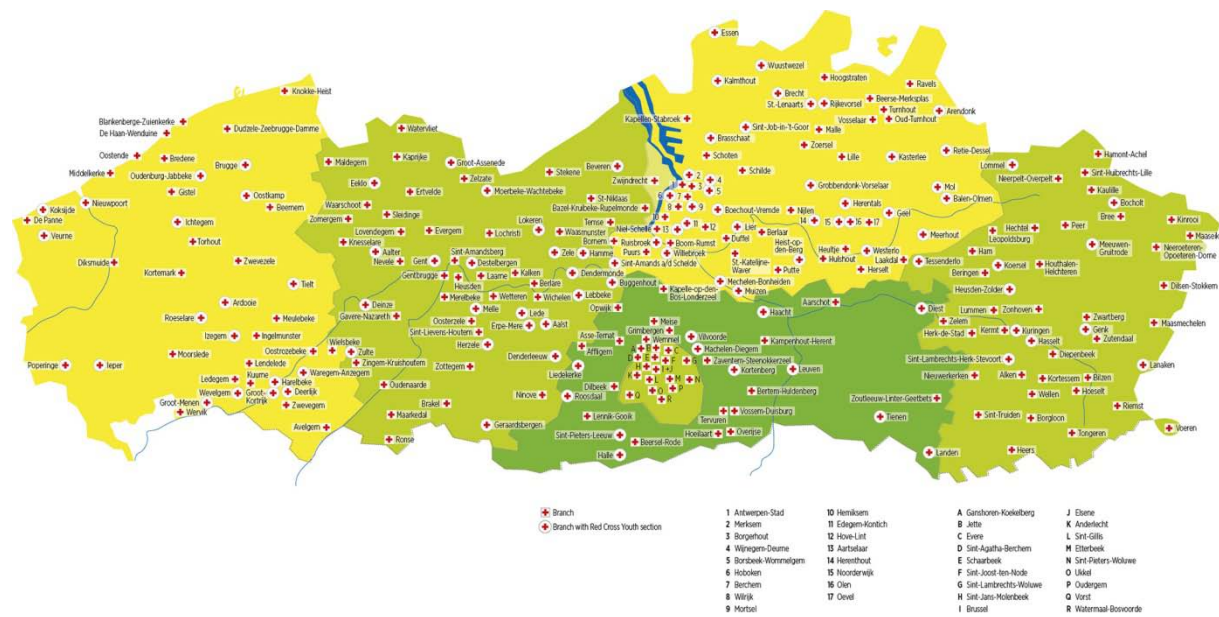
* The number of volunteers in this chart is higher than the total number of Belgian Red Cross-Flanders volunteers as some volunteers perform more than one role.

LOCAL BRANCHES IN FLANDERS

Belgian Red Cross-Flanders has 250 local branches: some in cities, some in municipalities or amalgamated municipalities. Others may cover several municipalities. As our Red Cross branches operate throughout Flanders, they are in close contact with the public and able to detect and respond to its requirements.

Many Red Cross branches also organize activities for children and young people. This is the purpose of the Red Cross Youth branches. At the end of 2012, we had 100 youth branches, which organize first aid courses for children and young people as well as a variety of other activities.

Map: Local branches in Flanders



ELECTIONS: EVERYONE GETS A VOTE

Every office within Belgian Red Cross-Flanders has a maximum term of four years, after which it must be renewed by election. Elections for presidents and deputy presidents are therefore held in all branches of the organization every four years. The most recent such elections took place in October 2012.

Elections were held throughout Flanders. They provided an opportunity to look back and to look ahead. What ambitions did the branch have four years ago? Have they been realized? And, more importantly, what does the branch aim to achieve in the years ahead?

Branch presidents and deputy presidents are elected by all of the volunteers in that branch. Any volunteer who has been working with the branch for at least one year is entitled to vote. Many volunteers used their voting rights once again in 2012, in a fine display of democracy within our organization.

Changes at the top

Once the electoral dust had settled, 22% of branches had a new president as of January 1, 2013, while just over 25% elected a new deputy president.

The terms of office of Local Committee officers were also renewed. These include treasurers, secretaries, bursars and the heads of individual disciplines. The president appoints this committee personally. On average, 20% of Local Committee positions were renewed.

The elections and appointments were not confined to local and provincial levels. Elections were also held at community level. Community President Christ'I Joris and Deputy Community President Freddy Snoeck were reelected to their respective offices. We now also have a second Deputy Community President, John Dejaeger, who will focus mainly on the Blood Service.

Gender balance

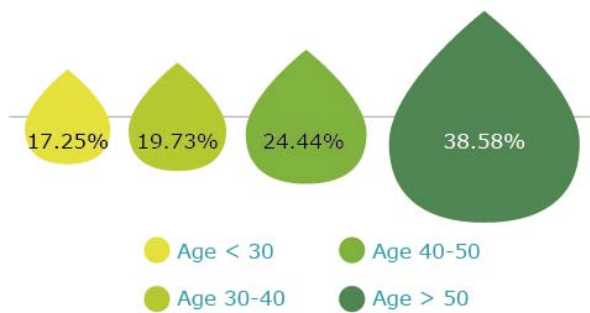
Care was taken in the elections to ensure an even representation of men and women in the various committees and councils. The number of female board members increased once again: whereas women made up 25% of the Governing Boards until the end of 2012, that proportion is now 40%. The number of female branch presidents also increased: as of January 1, 2013, one in four is a women.

THE RED CROSS AS AN EMPLOYER

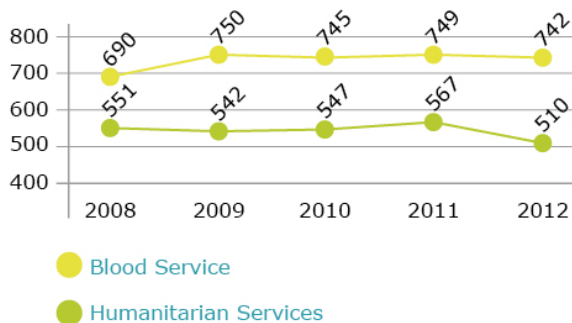
In addition to its many dedicated volunteers, Belgian Red Cross-Flanders also requires permanent personnel to support our operations and carry out tasks which cannot be undertaken by volunteers. At the end of 2012, we had 1,252 employees. In 2012, we simplified our personnel administration through digitalization and focused heavily on employee training.

PERSONNEL: KEY FIGURES (TO DECEMBER 31, 2012)

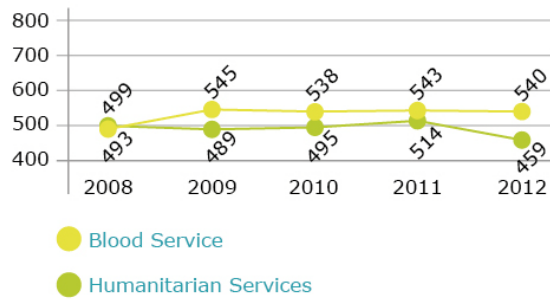
Infographic: Proportion of employees by age group



Infographic: Trend in employee numbers



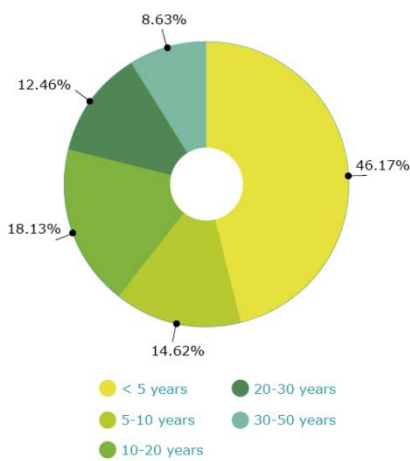
Infographic: Trend in number of FTEs



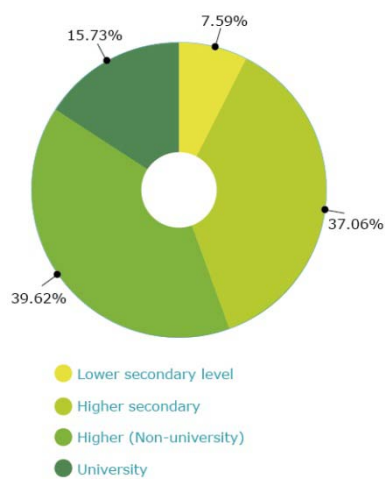
Infographic: Proportion of male and female employees



Infographic: Length of service among employees



Infographic: Employee qualifications/education



Belgian Red Cross-Flanders digitalized its personnel administration in 2012, developing digital alternatives for payslips, meal vouchers and time recording.

Digital payslips

Until mid -2012, we sent out over 40,000 payslips and other pay-related documents to our employees each year by mail. This had a number of major drawbacks including high postage costs, delays in receipt and the potential for items to get lost in the post. Nor, of course, was it environmentally friendly.

The new web application www.myworkandme.com eliminates these disadvantages, allowing us to send all our payroll documents digitally to employees. Employees receive an e-mail whenever they have new documents, which they can view anywhere via a secure website.

In July 2012, all employees with a Red Cross e-mail address were automatically switched to digital payslips. In the next phase, all other employees will be invited to use the tool with a personal e-mail address.

Electronic meal vouchers

Until the end of 2012, Humanitarian Services employees received paper meal vouchers. As of January 2013, following thorough preparations in 2012, their meal vouchers are sent electronically to a personal online account.

This method has many significant advantages:

- *Distribution*: The electronic meal vouchers are in the employee's account the day after calculation. This is a fully automated process so entails minimal administration and eliminates the need for registered mail.
- *Security*: Digital meal vouchers can only be spent using a card with a PIN code. Even if the card is lost, the employee does not lose the value of the vouchers.
- *User-friendliness*: Employees can pay with the electronic meal vouchers in the same way as a credit or debit card.

Time recording using ProNet

Since 2005 we have been working with ProNet, a web tool for time recording. Employees can view their time bookings and request time off or holiday.

In 2012, all staff at asylum seeker reception centers and permanent staff at donor centers were also given access to ProNet. Since 2012, all employees have been able to consult ProNet anywhere with an Internet connection, even outside the Belgian Red Cross-Flanders network.

HR knowledge base

In 2012, we set up a knowledge database to give us a clear overview of all internal working documents on HR. We used a Wiki (based on the Wikipedia principle), which lists keywords alphabetically. The documents are available in SharePoint via several keywords and links, enabling HR employees to locate and consult them easily.

HELP TO QUIT SMOKING

In 2012, staff at Headquarters, HILA, 'Zorgbib' and the Antwerp blood transfusion center had the opportunity to attend a 'quit smoking' support course run by IDEWE.

An information session was held which dealt with the various aspects of tobacco use and the different ways of combating tobacco addiction. The course consisted of 10 two-hour group meetings over a period of six months. Smokers were forced to confront their habit and its possible consequences, and were encouraged and strengthened in their resolve to quit without using aids.

The experiences of two participants, who gave up smoking after completing the course, testify to the impact of the initiative:

"I could never have done it alone. The motivation from the group and the encouragement at home helped me stay the course. Thank you for the opportunity."

"It was really hard at first. But thinking about my health and with the support of the group and my family I managed to keep going."

TRAINING

Training for operational meetings

At Belgian Red Cross-Flanders, we generally require all employees to have an operational meeting ('functioneringsgesprek') with their manager once a year.

We offered internal training in 2012 to support new managers and familiarize them with the process and the pitfalls and resistance they may encounter during an operational meeting.

The program included the following:

- The place and importance of the operational meeting in HR policy and the evaluation cycle
- Differences between an operational meeting and an appraisal
- How the manager and employee should prepare for the meeting
- Recap of the principles of successful communication: active listening, being assertive, reformulating, question and answer techniques
- Handling difficult situations, e.g. silent employees, defensive reactions
- Tips and tricks.

In 2012, 36 managers completed the training. Participants found the course interactive and practical, with plenty of scope for their own input. In future, we will offer the training to new managers on a yearly basis.

Basic quality training

Quality is a prime concern in our organization. Each and every employee is a link in the quality chain.

We therefore organized a standardized basic quality training for all Blood Service employees.

The training explains what quality entails within the Blood Service. Our own quality management system and quality manual are dealt with extensively. Employees learn about the various activities of the Blood Service, which are set out in procedures and guidelines. Legislation and our European collaboration on quality are explained in detail, and attention is given to our internal quality objectives as laid down in Pledge 2015.

Ergonomics training

A mobile blood collection is a major logistical operation involving a lot of lifting, pulling and pushing. To help mobile blood collection staff perform their tasks in an ergonomic way, we organized two 'ergonomics days' in consultation with the Committee for Safety and Prevention at Work. 250 employees took part in the IDEWE training.

Employees were able to discuss problems they encounter in lifting, pulling and pushing. They were given tips on how to handle equipment and machinery ergonomically, including trucks, technical equipment, tools, workstations, fixtures and fittings. The workshops addressed a range of issues such as pushing trolleys, lifting weigher-mixer equipment and how to do back and abdominal exercises.

In conjunction with the training day, IDEWE produced a set of guidelines which were uploaded into our document management system Pilgrim and incorporated into the training given to new personnel.

Eco-driving training

In 2012, all mobile blood collection drivers completed Key Driving Competences training. The course educates drivers about ecological and proactive driving behavior.

Key Driving Competences uses a methodology and technology based on objective measurements of driving behavior before, during and after the training course. A tool developed in collaboration with Ghent University also measures the trainee's motivation to change.

The real-time measuring system, connected to the vehicle's electronics, detects all indicators of the driver's driving behavior and ability. The system draws up a customized training program and produces a list of points for attention and improvement for each driver.

Thanks to the course, our drivers drive more economically, ecologically and safely.

A LINK WITHIN THE RED CROSS

Belgian Red Cross-Flanders is not an organization with volunteers, but rather one whose policy is determined by its volunteers. Nor is it an organization for volunteers: helping people in need is the main criterion guiding all of our activities. It is also the very reason for the Red Cross's existence. This section explains the organizational structure of the Red Cross in Flanders.

WORLDWIDE AND IN FLANDERS

Belgian Red Cross-Flanders is an independent organization and through the Belgian Red Cross is part of the International Red Cross.

Belgian Red Cross-Flanders comprises three divisions: Humanitarian Services, the Blood Service and Central Supporting Services. The Blood Service is responsible for the collection, processing, testing and distribution of blood and blood products and for the diagnostic testing of blood and tissues in connection with transfusions and organ transplants. The Humanitarian Services division encompasses all the other activities of Belgian Red Cross-Flanders. Central Supporting Services (ICT, HR, Communication & Fundraising, Finance, Purchasing & Facility Management) support the other two divisions.

DECISION-MAKING LEVELS WITHIN BELGIAN RED CROSS-FLANDERS

Belgian Red Cross-Flanders is subdivided into 250 local sections. They identify and respond to the relevant needs within their operational area, factoring in the core activities of Belgian Red Cross-Flanders. The sections are grouped into 17 regions and five provinces.

Within Belgian Red Cross-Flanders a distinction is drawn between the management and policy levels and the operational level.

Management and policy levels

Within Belgian Red Cross-Flanders there are three management and policy levels, each with its own management bodies: the central level (Community Council and Governing Board), the provincial level (Provincial Board, Provincial Assembly and the Regional Committee) and the local level (Local Committee).

Volunteers form the backbone of the Red Cross and it is only right that they have a big say in Red Cross policy. Regional and provincial presidents represent the sections within the highest-level management body of Belgian Red Cross-Flanders, the Community Council, which determines overall policy.

The Community Council sets the general policy and strategy framework and the Governing Boards oversee its implementation.

Operational level

Beneath the management and policy levels is the operational level. Belgian Red Cross-Flanders has three operational levels, each with its own bodies: the central level (Boards of Directors), the provincial level (Provincial Committee and Regional Committee) and the local level (Local Committee).

At local, provincial and community levels, all operational activities are organized into 'disciplines'. A discipline comprises all Belgian Red Cross-Flanders' operations within a specific field of activity. Belgian Red Cross-Flanders has eight disciplines: Communication & Fundraising, the Social Intervention Service, the Relief Service, International Cooperation, Red Cross Youth, Social Welfare, Education and 'Zorgbib' (library service for hospitals and care institutions).

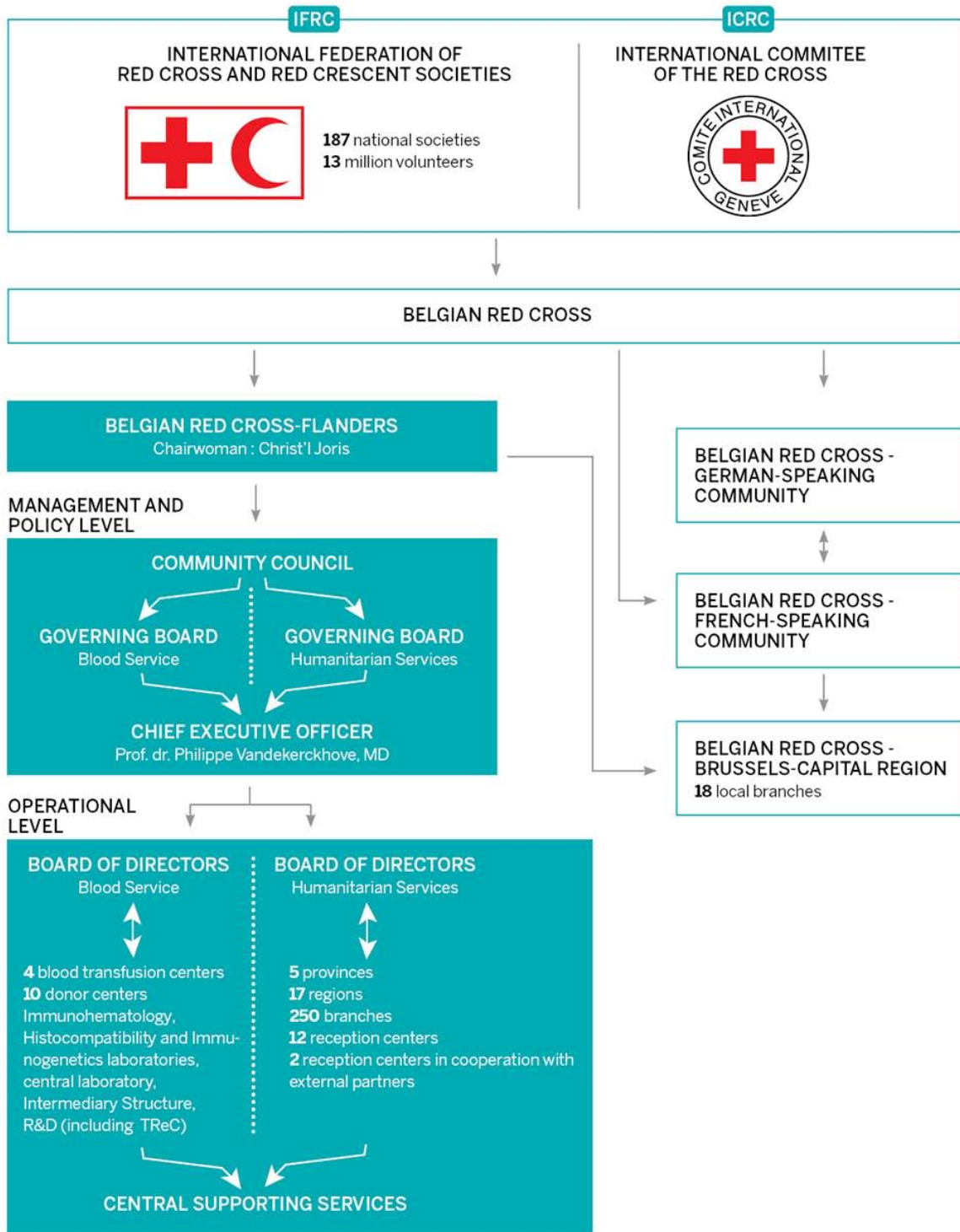
VOLUNTEER ORGANIZATION BASED ON THE PRINCIPLES OF GOOD GOVERNANCE

The management- and policy-related organizational structure within Belgian Red Cross-Flanders is founded on two key considerations: the right of volunteers to co-determine general policy and compliance with the principles of good governance.

The right of volunteers to co-determine general policy revolves around a system of tiered democracy in which volunteers are represented by elected representatives. All positions of responsibility within Belgian Red Cross-Flanders are held for a term of four years.

In turn, a combination of efficient and transparent decision-making procedures, clearly defined responsibilities in line with the relevant legal requirements, and involvement of social stakeholders ensures that the principles of good governance are observed.

ORGANIZATIONAL CHART



MANAGEMENT BODIES

Belgian Red Cross-Flanders has three decision-making levels: the management and policy levels and the operational level, each with its associated management bodies.

MANAGEMENT AND POLICY LEVELS (SITUATION UNTIL MARCH 15, 2013)

Community Council

The Community Council is the highest policy body of Belgian Red Cross-Flanders and is chaired by the Community President. The Council determines the general policy pursued by Belgian Red Cross-Flanders. It is made up of democratically elected representatives of the approximately 14,000 volunteers and 250 local Red Cross sections in Flanders. This ensures that the organization's policy is determined by its volunteers.

The Community Council exercises its powers in the most effective and efficient way possible and to this end may set up permanent or temporary working groups among its members.

Meetings

In 2012, the Community Council met on March 31, June 23, September 29 and December 15.

Members

Christ' l Joris, Community President (Chairwoman)
Liesbeth Adriaenssens, Representative of Humanitarian Services personnel (as of June 23, 2012)
Melissa Bastiaen, Chairwoman of the Red Cross Youth Advisory Committee (as of January 1, 2013)
Stefan Beerten, Provincial President, Limburg
André Brems, Provincial President, Antwerp (until December 31, 2012)
Paul Broos, Chairman of the Medical Committee for Humanitarian Services
Pol Casteleyn, Provincial President, Flemish Brabant
Mike De Maeyer, Regional President, Mechelen (until December 31, 2012)
Christ Declerck, Regional President, South-West Flanders
John Dejaeger, Board member, Blood Service (until December 31, 2012); Deputy Community President (as of January 1, 2013)
Guy de Marneffe, Regional President, Central Limburg (as of January 1, 2012)
Mireille Deziron, Board member, Blood Service and Humanitarian Services (as of March 23, 2013)
Johan Gillebeert, Chairman of the Relief Service Advisory Committee
Manu Heyse, Chairman of the SIS Advisory Committee
Dirk Huyghe, Chairman of the Audit Committee
Peter Janssens, Regional President, Noorderkempen
Tessa Kam, Representative of blood and plasma donors (as of March 31, 2012)
Pieter Laekeman, Regional President, North-West Flanders
Geert Maelfait, Community Treasurer
Liesbeth Maes, Regional President, Dendermonde/Sint-Niklaas
Stef Meynendonckx, Regional President, Taxandria
Roger Mottard, President, Brussels-Capital Region (until September 15, 2012)
Guy Peeters, Board member, Humanitarian Services (as of January 1, 2013)
Rudy Pypops, Regional President, East Brabant
Leni Sannen, Chairwoman of the Red Cross Youth Advisory Committee (until December 31, 2012)
François Segers, Regional President, West Brabant
Yolanda Simons, Chairwoman of the Zorgbib Advisory Committee
Frank Sloomans, Provincial President, West Flanders

Diane Solon, Chairwoman of the Communication & Fundraising Advisory Committee (until December 31, 2012)
 Freddy Snoeck, Deputy Community President
 Jan Standaert, Chairman of the International Cooperation Advisory Committee
 Laurette Steenssens, Board member, Blood Service
 Lut Swennen, Chairwoman of the Social Welfare Advisory Committee
 Hugo Tant, Regional President, Antwerp (until December 31, 2012)
 Marjan Thijssen, Regional President, South Limburg
 Vic Valgaeren, Chairman of the Education Advisory Committee (until December 31, 2012)
 Willy Van De Wauw, Regional President, North and East Limburg (as of January 1, 2013)
 Luc Van Hauwenhuysse, Provincial President, East Flanders
 Gilbert Van Laethem, Board member, Humanitarian Services and Blood Service (until December 31, 2012)
 Wim Van Nieuwenhove, Chairman of the Communication & Fundraising Advisory Committee (as of January 1, 2013)
 Pascal Van Waeyenberghe, Regional President, Aalst-Oudenaarde
 Philippe Vandekerckhove, Chief Executive Officer
 Francis Van Leemputte, Regional President, Zuiderkempen *ad interim*
 Jos Verschoren, Regional President, Mechelen (as of January 1, 2013)
 Denis Verslype, Regional President, Westhoek (until December 31, 2012)
 Charly Potloot, Regional President, Westhoek (as of January 1, 2013)
 Pedro Vervliet, Regional President, Ghent-Eeklo (until December 31, 2012); Regional President, Meetjesland (as of January 1, 2013)
 Martine Wauman, Representative of Blood Service personnel (as of September 29, 2012)

Governing Boards

Belgian Red Cross-Flanders has two Governing Boards: one for the Blood Service and one for Humanitarian Services. These Governing Boards implement the policies and decisions adopted by the Community Council. Both are chaired by the Community President.

Meetings

In 2012, the Governing Board of the Blood Service met on February 9, April 26, June 21, November 22, October 13 and December 8. The Governing Board of Humanitarian Services met on January 12, March 12, May 24, June 21, September 13 and November 8.

Members

Christ'l Joris, Community President (Chairwoman)
 Freddy Snoeck, Deputy Community President
 John Dejaeger, Board member, Blood Service (until December 31, 2012); Deputy Community President (as of January 1, 2013)
 Mireille Deziron, Board member, Blood Service and Humanitarian Services (as of March 23, 2013)
 Dirk Huyghe, Chairman of the Audit Committee
 Geert Maelfait, Community Treasurer
 Guy Peeters, Board member, Humanitarian Services (as of January 1, 2013)
 Laurette Steenssens, Board member, Blood Service
 Luc Van Hauwenhuysse, Board member, Blood Service
 Gilbert Van Laethem, Board member, Blood Service and Humanitarian Services (until December 31, 2012)
 Philippe Vandekerckhove, Chief Executive Officer

Members of the Governing Board – Humanitarian Services with advisory powers:

André Brems, Provincial President, Antwerp (until December 31, 2012)

Roger Mottard, President, Brussels-Capital Region (until September 15, 2012)

Stefan Beerten, Provincial President, Limburg

Pol Casteleyn, Provincial President, Flemish Brabant

Luc Van Hauwenhuyse, Provincial President, East Flanders

Frank Sloomans, Provincial President, West Flanders

Committees of the Governing Boards

The following committees have been set up under the auspices of the Governing Boards: the Audit Committee, the Financial Committee and the Remuneration Committee. These committees are responsible for analyzing specialist matters and reporting back to the Governing Boards. This enables the Boards to take decisions and fulfill their supervisory role.

AUDIT COMMITTEE

The Audit Committee monitors risks to the organization and oversees its various control mechanisms. In particular, it oversees and evaluates the areas below and makes recommendations for improvement:

- Organization, procedures and systems
- Internal and external financial reporting
- Valuation rules
- Codes of conduct and potential conflicts of interest
- Risk analysis
- Internal/external control systems and operation.

Meetings

In 2012, the Audit Committee met on March 22, June 20, September 26 and December 13.

Members

Dirk Huyghe, Board member (Chairman)

Christ' l Joris, Community President

Geert Maelfait, Community Treasurer

Freddy Snoeck, Deputy Community President (as of March 14, 2013)

Internal auditing is carried out by Deloitte under the supervision of Guido Vandervorst (partner). In 2012, Deloitte audited the operations of the Purchasing, HR and Care departments, and the Aalst, Aarschot, Houthalen-Helchteren, Koksijde, Ravels and Zonhoven sections. A general risk assessment was also conducted.

External auditing (statutory audit) is carried out by V.M.B. Bedrijfsrevisoren under the supervision of Tom Van Cleef (partner).

FINANCIAL COMMITTEE

The Financial Committee advises the Governing Board on:

- the organization's treasury policy;
- investment policy in terms of fixed and movable assets;
- granting loans to entities;
- contracting loans;
- the budget and annual accounts.

Meetings

In 2012, the Financial Committee met on March 22, June 20, October 16 and December 13.

Members

Geert Maelfait, Community Treasurer (Chairman)

Hugo Lasat (expert)

Guy Peeters, Board member (as of March 14, 2013)

Gilbert Van Laethem, Board member (until December 31, 2012)

REMUNERATION COMMITTEE

The Remuneration Committee advises the Governing Board and the Community Council on:

- selection, appointment and reappointment of members of those bodies (except chairpersons of the Advisory Committees and provincial and regional presidents);
- appointment of members of the organization's management;
- remuneration policy and related performance policy for staff not covered by rules laid down in a collective agreement;
- the skill matrix for members of the Governing Boards and identifying any skills missing.

Meetings

In 2012, the Remuneration Committee met on March 16, May 24, June 25, July 10, September 28 and October 25.

Members

Gilbert Van Laethem, Board member (Chairman until December 31, 2012)

Mireille Deziron, Board member (Chairwoman as of March 23, 2013)

Christ'l Joris, Community President

Dirk Huyghe, Board member (until December 31, 2012)

OPERATIONAL LEVEL (SITUATION UNTIL MARCH 15, 2013)

Boards of Directors

There are two Boards of Directors within Belgian Red Cross-Flanders: one for Humanitarian Services and one for the Blood Service. The Boards of Directors are responsible for the day-to-day and operational management of the organization and take autonomous decisions on operational issues based on the objectives laid down for them by their respective Governing Boards. The Boards of Directors are chaired by the Chief Executive Officer.

BOARD OF DIRECTORS FOR HUMANITARIAN SERVICES

Meetings

In 2012, the Board of Directors for Humanitarian Services met on January 12 and 26, February 9, March 1 and 14, April 5 and 26, May 24, June 7 and 21, July 26, August 30, September 13 and 27, October 11 and 25, November 8 and 22 and December 6 and 20.

Members

Voting members:

Philippe Vandekerckhove, Chief Executive Officer (Chairman)
Stefan Beerten, Provincial President, Limburg
André Brems, Provincial President, Antwerp (until December 31, 2012)
Pol Casteleyn, Provincial President, Flemish Brabant
Roger Mottard, President, Brussels-Capital Region (until September 15, 2012)
Frank Sloomans, Provincial President, West Flanders
Luc Van Hauwenhuyse, Provincial President, East Flanders

Non-voting members:

Luc Botten, Finance and Administration Director
Peter Catry, HR Director
Filip Rylant, Communication & Fundraising Director
Katja Verhelst, Humanitarian Services Director

BOARD OF DIRECTORS FOR THE BLOOD SERVICE

Meetings

In 2012, the Board of Directors for the Blood Service met on January 10, February 7 and 28, March 13, April 3 and 24, May 8 and 22, June 5 and 21, August 28, September 11 and 25, October 23, November 20 and December 4 and 18.

Members

Philippe Vandekerckhove, Chief Executive Officer (Chairman)
Luc Botten, Finance and Administration Director
Peter Catry, HR Director
Jan Ceulemans, QA Manager
Veerle Compernelle, Medical Director
Filip Rylant, Communication & Fundraising Director
Wilfried Vantghem, Operational Director

Advisory bodies

MEDICAL COMMITTEE OF THE BLOOD SERVICE

Meetings

In 2012, the Medical Committee of the Blood Service met on January 10 and 24, February 7 and 28, March 13, April 3 and 24, May 22, June 5 and 19, July 3, August 14 and 28, September 11 and 25, October 23, November 20 and December 4 and 18.

Members

Dr. Veerle Compernelle, Medical Director (Chairwoman)
Dr. Martine Baeten, Deputy Medical Director and medical expert on blood-taking
Jan Ceulemans, QA Manager
Dr. José Coene, clinical biologist, medical expert in the preparation and distribution of blood products
Dr. Dominique De Bleser, clinical biologist, medical expert in stem cell processing
Ap. Annie Desmet, clinical biologist, medical expert - donor laboratory
Prof. dr. Marie-Paule Emonds, clinical biologist, medical expert HILA
Prof. dr. Philippe Vandekerckhove, Chief Executive Officer
Dr. Anne Vanhosebrouck, clinical biologist, medical expert in immunohematology

MEDICAL COMMITTEE OF THE HUMANITARIAN SERVICES

Meetings

In 2012, the Medical Committee of the Humanitarian Services met on March 23, September 7 and November 9.

Members

Prof. dr. Paul Broos (Chairman); Dr. Martine Baeten, Deputy Medical Director of the Blood Service; Dr. Cor Bellanger, medical expert (until December 31, 2012); Dr. Eric De Reu, representative of the Minister for Defense (until April 1, 2012); Dr. Thierry Lafullarde, Chief Physician for the province of Antwerp; Dr. Luc Schollaert, representative of the Minister for Defense (until December 31, 2012); Dr. Karel Vandevelde, Chief Physician for the province of West Flanders; Dr. Marc Van Goethem, Chief Physician for the province of East Flanders; Dr. Jan Van Heuverswyn, representative of the Flemish Minister for Public Health; Dr. Marc Vanpoecke, Chief Physician for the province of Limburg and Dr. Pascal Vranckx, Chief Physician for the province of Flemish Brabant.

PERMANENT ADVISORY COMMITTEES

There are permanent Advisory Committees for all disciplines within Belgian Red Cross-Flanders. These Advisory Committees reflect the expertise within the various disciplines and advise both on existing problems and new opportunities arising within their respective field of operation.

The various Advisory Committees met on the following dates during 2012:

Advisory Committee on Communication & Fundraising: November 19 – chaired by Diane Solon (until December 31, 2012) – Wim Van Nieuwenhove (as of January 1, 2013)

Advisory Committee on the Social Intervention Service: February 8, June 16, October 19 and November 23 – chaired by Manu Heyse

Advisory Committee on the Relief Service: January 12, March 7, May 11, June 27, September 24 and November 8 – chaired by Johan Gillebeert

Advisory Committee on International Cooperation: May 21 and November 7 – chaired by Jan Standaert

Advisory Committee on Red Cross Youth: February 8, March 21, April 17, September 23, October 6 and November 30 – chaired by Leni Sannen (until December 31, 2012) - Melissa Bastiaen (as of January 1, 2013)

Advisory Committee on Social Welfare: January 13, May 11, September 20, October 9 and November 23 – chaired by Lut Swennen

Advisory Committee on Education: January 28, March 28, June 20, November 14 and December 22 – chaired by Vic Valgaeren (until December 31, 2012)

Advisory Committee on Zorgbib: February 27, May 2, September 20 and November 16 – chaired by Yolanda Simons

TEMPORARY ADVISORY GROUPS

Alongside the permanent Advisory Committees, the governing bodies may also set up ad hoc committees or temporary working groups to look into a specific topic.

The following ad hoc working groups were active in 2012:

- Working group on the complaints procedure – chaired by Dirk Huyghe
- Working group on provincial offices – chaired by Luc Van Hauwenhuysse
- Working group on vehicle procurement – chaired by André Brems.

EXTERNAL OFFICES HELD BY MEMBERS OF THE COMMUNITY COUNCIL, GOVERNING
BOARDS AND BOARDS OF DIRECTORS

Prof. dr. Paul Broos

Deputy Chairman, Brabant Provincial Council of the Belgian Medical Association | Director, St. Maria Halle Regional Hospital | Director, Vereniging Diestse Ziekenhuizen vzw

Pol Casteleyn

Judge at the Hasselt Labor Court | Provincial Director, Gezinsbond | Member of CAW Limburg General Meeting (GM) | Member of Scherpenheuvel-Zichem Welfare Board | Confrère, Sint-Leonardus Zoutleeuw

Peter Catry

Director, Unisoc | Director, Verzo

Veerle Compennolle

Part-time academic advisor, Faculty of Medicine and Health Sciences, Ghent University

Mireille Deziron

Chief Executive Officer, Jobpunt Vlaanderen | Director, Fluxys | Deputy Chair of Board of Directors, OPZ Geel

Tuur Hoste

Chairman, Vlaams Steunpunt Vrijwilligerswerk

Christ'l Joris

Chair of the Board, ETAP NV; Chairwoman, Agoria; Deputy Chairwoman, De Wolkammerij NV; Chair of the Board, Flanders Investment & Trade; President, Stichting Gillès; Director, GIMV; Director, Group Joos; Chair of the Supervisory Board, Parfibel NV; Member of University Hospital Antwerp GM; Member of the Management Committee, FEB

Geert Maelfait

Director, Alpha Belgium vzw; Director, Identifin vzw

Guy Peeters

Chair of Governing Board, Turnhout General Hospital

Filip Rylant

Director, Belgian Association for Ethical Fundraising (VEF)

Freddy Snoeck

Director, Vlaams Communicatie Assistentie Bureau voor Doven vzw (CAB)

Gilbert Van Laethem

Member of CAW Delta GM; Member of the Advisory Board, Cocom vzw; Director,

Revalidatiecentrum Land van Halle-Pajottenland; Director, Revalidatieziekenhuis Inkendaal; Chairman, Sociaal Woonkrediet vzw; Director and Member of the Supervisory Board and Users' Committee, Zonnestraal vzw

Philippe Vandekerckhove

Director, Jessa General Hospital, Hasselt/Herk-de-Stad | Director, Institute of Tropical Medicine, Antwerp | Director, Sint-Elizabeth General Hospital, Herentals | Director, Damiaan General Hospital, Ostend | Vice-President, European Blood Alliance | Part-time lecturer at the Faculty of Medicine, KU Leuven | Member of Flanders Care Investment | President of the Global Advisory Panel on Corporate Governance and Risk Management of Blood Services in Red Cross and Red Crescent Societies (GAP) | Visiting professor at the Faculty of Medicine, Ghent University

MEMBERSHIPS

Belgian Red Cross-Flanders is a member of many organizations and cooperation associations.

At the **international level**, we are a member of the International Federation of Red Cross and Red Crescent Societies (IFRC), the Biomedical Excellence for Safer Transfusion (BEST) Collaborative and the Global Advisory Panel on Corporate Governance and Risk Management of Blood Services in Red Cross and Red Crescent Societies (GAP).

In **Europe**, we belong to the Benelux Relief Emergency Unit, the European Red Cross/Red Crescent Network for Psychosocial Support (ENPS), the Red Cross-European Union Office, the European Blood Alliance (EBA), the Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants (PERCO), the Shelter Research Unit (Benelux) and the First Aid Education European Network.

At both **national and regional level**, too, Belgian Red Cross-Flanders is a member of countless associations, institutes, committees and similar entities, and also enjoys a solid presence at both provincial and local levels nationwide.

WORKS COUNCIL (SITUATION UNTIL MARCH 15, 2013)

Blood Service

Employee representatives

Ignace Amant
Erik De Meester
Anne Gossye
Chantal Lambert
Wilfried Mertens
Wendy Pellaers
Paul Tamsin
Rita Vanmaele (Secretary)
Thérèse Vanruymbeke

Employer representatives

Philippe Vandekerckhove (Chairman)
Peter Catry (Deputy Chairman)
Luc Botten

Veerle Compernelle
Tuur Hoste
Wilfried Vantghem

Humanitarian Services

Employee representatives

Anne-Marie Beirnaert
Marleen De Kegel
Sophie Henau
Herman Jacob
Guido Van Den Spiegel (Secretary)

Employer representatives

Philippe Vandekerckhove (Chairman)
Peter Catry (Deputy Chairman)
Luc Botten
Tuur Hoste
Hilde Van Gastel
Katja Verhelst

COMMITTEE FOR PREVENTION AND PROTECTION IN THE WORKPLACE (SITUATION UNTIL MARCH 15, 2013)

Blood Service

Employee representatives

Ignace Amant
Erik De Meester
Ann Gossye
Wilfried Mertens
Paul Tamsin
Marc Van Beethoven
Joseph Van Ermen
Rita Vanmaele
Thérèse Vanruymbeke
Maria Willemsens

Employer representatives

Philippe Vandekerckhove (Chairman)
Peter Catry (Deputy Chairman)
Tuur Hoste
Wilfried Vantghem

Humanitarian Services

Employee representatives

Dominique Baron
Anne-Marie Beirnaert
Marleen De Kegel
Herman Jacob

Roland Ummels
Guido Van Den Spiegel
Sylvain Zwakhoven

Employer representatives

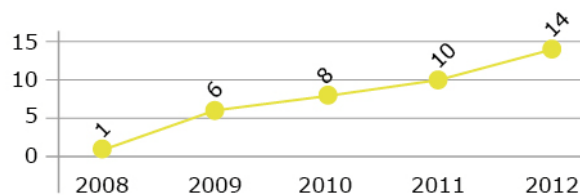
Philippe Vandekerckhove (Chairman)
Peter Catry (Deputy Chairman)
Tuur Hoste
Hilde Van Gastel
Katja Verhelst

DISSEMINATING AND SHARING EXPERTISE

Belgian Red Cross-Flanders is active in many fields ranging from the provision of medical assistance to social activities and first aid courses. Through these activities we have built up a wealth of expertise and experience. Since our knowledge and skills are useful for everyone, we encourage our personnel and volunteers to share them with others. This section provides an overview of the ways in which we have disseminated our expertise.

SCIENTIFIC PUBLICATIONS

Infographic: Trend in number of scientific publications



Pauwels NS, De Buck E. *BET 2: Leg-crossing to prevent syncope.* Emerg Med J. 2012, 29 (11):931-933.

Pauwels NS, De Buck E. *BET 1: Is Exercise-related transient abdominal pain (stitch) while running preventable?* Emerg Med J. 2012, 29 (11):930-931.

Dieltjens T, De Buck E. *BET 1: Is heat application as good as pain killers in dysmenorrhoea?* Emerg Med J. 2012, 29(10):853-854.

De Buck E, Pauwels NS, Dieltjens T, Compennolle V, Vandekerckhove P. *Is blood of uncomplicated hemochromatosis patients safe and effective for blood transfusion? A systematic review.* J Hepatol. 2012, 57(5):1126-1134.

Van de Velde S, Roex A, Vangronsveld K, Niezink L, Van Praet K, Heselmans A, Donceel P, Vandekerckhove P, Ramaekers D, Aertgeerts B. *Can training improve laypersons helping behaviour in first aid? A randomised controlled deception trial.* Emerg Med J. 2012.

Seidl C, Huber HM, Müller-Kuller T, Sireis W, Aquilina A, Barotine-Toth K, Cardenas JM, Ceulemans J, Cermakova Z, Delaney F, Jansen van Galen JP, Grazzini G, Hinloopen B, Heiden M, Nightingale M, Pupella S, Sobaga L, Teskrat F, De Wit J, Seifried E. *Blood collection and processing. Quality guidelines and standards reflecting common best practice standards referring to the EuBIS manual and guide.* ISBT Science Series 2012, 7:16-23

Pietersz RN, Reesink HW, Panzer S, Gilbertson MP, Borosak ME, Wood EM, Leitner GC, Rabitsch W, Ay C, Lambermont M, Deneys V, Sondag D, Compernelle V, Legrand D, François A, Tardivel R, Garban F, Sawant RB, Rebullà P, Handa M, Ohto H, Kerkhoffs JL, Brand A, Zhiburt E, Cid J, Escolar G, Lozano M, Puig L, Knutson F, Hallböök H, Lubenow N, Estcourt L, Stanworth S, Murphy MF, Williams L, Mraz DL, Ross RL, Snyder E. *Prophylactic platelet transfusions*. Vox Sang. 2012 Aug, 103(2):159-76

Seidl C, Kaltenbrunner-Bernitz B, Skrablin P, Aquilina A, Barotina-Toth K, Ceulemans J, Cermakova Z, Delaney F, Jansen van Galen JP, Grazzini G, Hinloopen B, Heiden M, Huber H, Nightingale M, McMillan Douglas A, Siegel W, Sobaga L, Teskrat F, De Wit J, Seifried E. *The EuBIS manual and training guide. Guidelines and standards for quality management and inspection of blood establishments*. ISBT Science Series 2011, 6:46-51

Denis C, Deiteren K, Mortier A, Tounsi A, Fransen E, Proost P, Renauld JC, Lambeir AM. *C-terminal clipping of chemokine CCL1/I-309 enhances CCR8-mediated intracellular calcium release and anti-apoptotic activity*. PLoS One 2012, 7(3):e34199

Fleischhauer K, Shaw BE, Gooley T, Malkki M, Bardy P, Bignon JD, Dubois V, Horowitz MM, Madrigal JA, Morishima Y, Oudshoorn M, Ringden O, Spellman S, Velardi A, Zino E, Petersdorf EW, International Histocompatibility Working Group in Hematopoietic Cell Transplantation (Edmonds MP as one of the 87 collaborators). *Effect of T-cell-epitope matching at HLA-DPB1 in recipients of unrelated-donor haemopoietic-cell transplantation: a retrospective study*. Lancet Oncol 2012 Apr, 13(4):366-74.

Vandekerckhove P. *The environment of the European Blood establishments: new scene and challenges*. In Folléa G (ed.) Blood, tissues and cells from human origin: the European Blood Alliance Perspective, 11-33, Amsterdam: EBA, 2013

Vandekerckhove P. *Impact of European directives on human blood and blood components as from 2003*. In Folléa G (ed.) Blood, tissues and cells from human origin: the European Blood Alliance Perspective, 35-62, Amsterdam: EBA, 2013

Vandekerckhove P. *Regulation of competition for the provision of human blood and blood components in the EU*. In Folléa G (ed.) Blood, tissues and cells from human origin: the European Blood Alliance Perspective, 65-88, Amsterdam: EBA, 2013

Vandekerckhove P. *Ondernemen in een Rode Kruiscontext*. In Vleugels A (ed.) Ondernemerschap in de zorg, 95-118, Brussels: Uitgeverij Politeia, 2012

OTHER PUBLICATIONS

Ai Ai amai – an introduction to first aid for 10 to 12-year-olds

African First Aid Materials (AFAM), Portuguese version

African First Aid Materials (AFAM), French version

Basic Life Support and AED, a practical exercise guide

Eerste hulp in 4 stappen

Eerste hulp voor jeugdleiders

First Aid at Work Exercise book

Focus op IHR - Wapens in het vizier

Junior Helper first aid course

Handleiding eerstehulp cursussen

Handleiding eerstehulp initiaties lager onderwijs

Handleiding eerstehulp initiaties secundair onderwijs

Helpertje first aid course

Hiep hiep help (first aid for second grade primary school pupils)

Hupperdehulp (first aid for first grade primary school pupils)

Ket(c)hulp (first aid for first grade secondary school pupils)

ResQ (first aid for second grade secondary school pupils)

Up 2 aid (first aid for third grade secondary school pupils)

PLEDGE 2015 – PROGRESS REPORT

Pledge 2015 ('Afspraak 2015') is Belgian Red Cross-Flanders' five-year plan for the years 2011-2015 and is the Successor to Strategy 2010. The latter paved the way for structured development with measurable results. Whereas in Strategy 2010 the emphasis was on efficiency, the core value stressed in Pledge 2015 is efficacy.

PLEDGE 2015

Pledge 2015 is an ambitious strategic plan comprising quantifiable action points. One thing is certain: the needs of the most vulnerable members of our society will remain our central concern.

Pledge 2015 revolves around eight core guidelines, which also form the basis for this annual report.

1. Promoting self-reliance
2. Geared up for emergencies
3. Leaders in blood supply
4. Caring for the vulnerable
5. Inspiring volunteers
6. Working together to achieve greater impact
7. Offering top-level, high-quality assistance
8. Maintaining a high profile

The core guidelines are translated into 41 goals and 161 action points. This enables us to accurately measure whether we have achieved our targets.

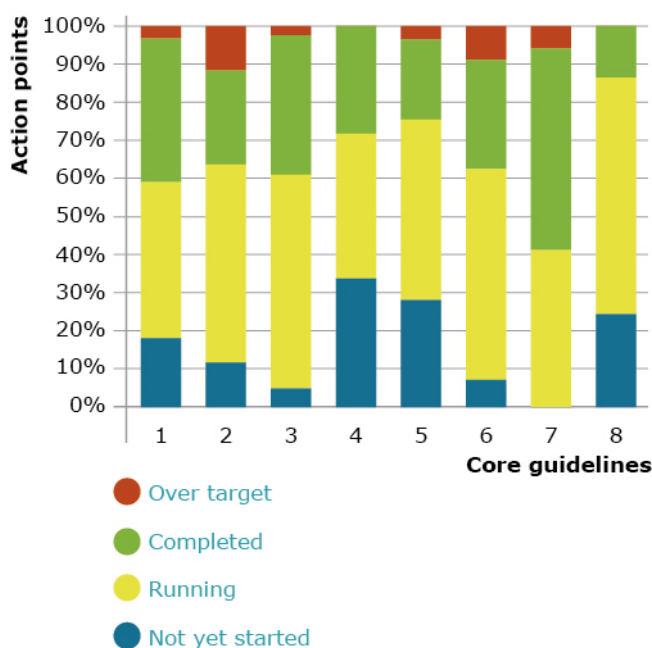
For further information, see

<http://www.rodekruis.be/NL/TopNavigatie/EnglishSummary/Pledge+2015/> (in English) and www.afspraak2015.rodekruis.be (in Dutch).

NEARLY HALF WAY AND STILL ON TRACK

After two years, the implementation of Pledge 2015 is largely on track: more than a quarter of action points have been implemented and over 60% are under way. The remainder will be started in 2013 or later. Less than 10% are behind schedule.

Infographic: Progress of Pledge 2015 action points



The action points must generate tangible and measurable results. 60% of the results set for 2012 were at least 75% realized. In most cases, the target was achieved or even exceeded. The remainder were not – or only partially – realized. The reasons were partly internal but mostly external. The difficult economic situation had an impact on income and meant that the government was reluctant to enter into new agreements. Other delays in implementation were the result of unforeseen events requiring a shift in priorities.

EXAMPLES OF SUCCESSES

Number of secondary school pupils gaining a first aid certificate

The goal for 2012 was to train 1,000 pupils. The final total at the end of the year was 2,682, over twice our original target.

Number of first aid trainers

The target of 600 trainers by the end of 2012 was more than met. By the end of 2012 we had 709 trainers, a rise of 6% compared with 2011.

Number of external trainers attending refresher/further training for Belgian Red Cross-Flanders trainers

One of the underlying objectives of Pledge 2015 is to create synergies. It was therefore encouraging that 145 external trainers turned up to our refresher/further training – almost 50% more than initially hoped.

Number of new donors during the year

The Blood Service succeeded in recruiting enough new donors once again in 2012: 36,817 to be precise. Another target met!

Reduction in the percentage of deviations from processes and procedures

Quality is and always will be extremely important and therefore receives a lot of attention. This is reflected in Pledge 2015. The target for 2012 was to reduce the percentage of deviations by 10%, and we achieved that goal by the end of the year.

Number of children helped under the 'Bridging the Gap' scheme

Our target was to help 1,415 children in 2012. We exceeded that by 50%, helping a total of 2,063 children in 110 schools. The number of schools was also significantly greater than planned (by almost 40%).

Number of 'Zorgbib' lending points

The number of 'Zorgbib' lending points in hospitals, care homes and asylum centers is steadily increasing. Not a month goes by without a new lending point opening somewhere in Flanders. 2012 was no exception. The 16 additional lending points were enough to easily exceed our target.

Prevention of medical problems among asylum seekers

The old maxim 'prevention is better than cure' also applies in our asylum seeker reception centers. The number of sessions for residents aimed at preventing medical problems was over 40% higher than the figure specified in the strategic plan.

Collaboration with municipalities, public social welfare centers and provinces in connection with care activities

We work with the government in many areas of activity. In 2012, we collaborated with 70 local authorities on care provision – over three times as many as planned.