



Annual Report 2011

DOING IT TOGETHER.





Alcohol misuse is widespread in Lesotho. ©Anthony Smyth

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Message from the President

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Doing it Together

“We move heaven and earth to assist people harmed by addiction” is the motto of Blue Cross Norway and Denmark. This motto not only reflects the commitment of members of these two organisations but also of hundreds of Blue Cross leaders and practitioners around the world.

My hope and wish is that through the Blue Cross activities and projects presented in the following pages, all you who are reading this report may sense the engagement of these leaders and practitioners towards those in need – across borders, whether they be geographic, cultural, ethnic, economic or social.

In 2011, the International Federation of the Blue Cross – henceforth referred to as ‘International Blue Cross’ – continued to focus systematically on increasing the impact of its worldwide projects on the ground. Through this time, it has been greatly inspiring to witness the many steps, big and small, that national Blue Cross organisations the world over have taken towards evermore efficiency, quality, and professionalism in their project work.

Last year, we also initiated a process of thorough self-assessment within our organisation which will help us elaborate a path-breaking strategy from 2013 so that we can further strengthen our position as a highly credible and recognised actor at the international level. By doing so, we aim to meet the growing expectations other international actors – namely governments, health development agencies, and NGOs – have of the International Blue Cross as one of few international organisations engaged in prevention and treatment of addiction. Through a series of regional consultations in 2011 that brought together Blue Cross leaders from around the world, board members, and Secretariat staff, we were able to jointly develop a deeper understanding of our history as well as the cultural richness and diversity that exist within the International Blue Cross. As I write these lines, the strategy planning process continues, which includes, amongst other things, reflecting in depth on the core values and principles the Blue Cross wishes to project in its daily practice and working

intensely to redefine our identity in a fast changing world. This important process will conclude with the General Assembly 2012 in Romania where the new strategy will be unveiled.

Let me at this stage share with you some of my experience as President of the International Blue Cross. The General Assembly in Hillerød, Denmark, in 2004, acknowledged the very critical situation in which the organisation was at the beginning of the 21st century and the many difficulties it faced in meeting the expectations created by an increasing demand for professional and best practice based services in the fields of prevention and treatment of addiction. To address these new challenges, the Assembly elected a new board and adopted new Statutes as well as approved the introduction of a fresh business idea for the International Blue Cross to function as a ‘Networking Community’, a collaborative platform.

A turning point in the transformation of the International Blue Cross was the ‘TV-

Campaign' in 2008, a national fundraising event in Norway. Half of the funds, generously donated by the Norwegian people, were given to the International Blue Cross. These substantial funds allowed our organisation to initiate a number of innovative projects and pilots around the world. With this new role as implementers, national Blue Cross organisations found themselves confronted by new challenges in the areas of project management and implementation. Consequently, the International Blue Cross initiated an ongoing international learning and development programme to help national Blue Cross organisations face these new challenges.

These past years have been marked by fruitful efforts to further develop sound leadership and management practices within the organisation. In this context, I would like to express my heartfelt thanks to Mark MOSER and Anthony KASOZI who led the Secretariat during this time and greatly contributed to shaping innovative leadership, manage-

ment processes and practices within the International Blue Cross.

As I complete my presidency, I wish to say a few personal words. Leading an organisation such as the International Blue Cross has never been a part of my career plan, neither to be involved in the Blue Cross, nationally or internationally. It came about rather as a result of events against my planning! But I gradually came to understand and accept that the Blue Cross was 'the place' where I was meant to live and learn and even discover new layers of meaning in my life. What made this discovery specially rewarding is that I had the privilege to do this together with women and men from many different nations and regions who I have now come to know, love, and respect. I express my deep gratitude to you all.

An image that was an important part of my early years as a pastor, seems appropriate to use as I conclude this message. As I complete my presidency, I am standing on the cusp of, and looking into, 'the promised

land', a space which our organisation needs to explore and make its own, where we will achieve new levels of excellence, and truly become 'Blue Cross International', driven in every corner of the world by the same core values, the same standards of excellence, and always keeping its great sensitivity to the specific needs of different cultures.

You have to do this together!

Geir Gundersen

President of the International Blue Cross



International Blue Cross

Innovative Paths to Care

The Blue Cross works to prevent and reduce the harmful use of alcohol and illicit drugs and to help mitigate the associated negative health, social, and economic consequences.

Blue Cross projects around the world emphasise the importance of professional and integrated health care. In this sense, health services offered by the Blue Cross respond to the physical, psychological, social, and spiritual needs of Blue Cross clients.

Blue Cross practice is based on respect, dignity, solidarity, integrity, and inclusiveness. These values reflect a deep commitment to caring for clients regardless of their race, geographical or social origin, religious beliefs or other affiliation. Our values also express the profound conviction of Blue Cross leaders and practitioners that only by 'doing it together' with, and continuously learning from, clients and partners, internal and external – that Blue Cross can develop its full potential for innovation, excellence, and relevance both nationally and internationally.

The rich diversity of projects that are implemented through the Blue Cross network

worldwide show a high degree of innovation. For instance, new paths to care have been explored by Blue Cross Germany, Poland, Lesotho, and Denmark. Their respective work with prisoners, adult children of alcohol dependent parents, and disadvantaged children will be presented in the following pages to showcase the richness of innovation within the Blue Cross.



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Blue Cross Germany

A Therapeutic Community within Prison

Alcohol and drug addiction in prisons is unfortunately wide-spread, but rarely adequately addressed. In Germany, as in many other countries, there is no integrated public therapy policy that takes into account the specific needs of dependent people in the prison environment. Blue Cross Germany stepped in to close this gap by developing a pioneering project aimed at providing dependent men with tools which hopefully will allow them to live healthy and meaningful lives beyond their stay in prison.

In 1990, Blue Cross Germany established a therapeutic community (17 beds), based on self-help principles in a special facility of the Penitentiary 'Brandenburg a. d. Havel' with the support of the prison director and the German Ministry of Justice. The service is directed to all male prisoners who are dependent and/or have committed a criminal act under the influence of alcohol or drugs. Eligibility is based on the participation of each candidate in a basic course on dependence which allows them to evaluate their own

situation. In the past ten years, 745 prisoners participated in these courses, out of them 546 passed successfully!

The Community's therapy approach

The project covers the following activities:

- **Group therapy:** Small groups – of between five and seven persons – meet once per week under the supervision of a Blue Cross health professional. These group meetings offer the opportunity for open discussion of addiction-related themes as also unconditional encouragement to achieve rehabilitation.
- **Individual therapy:** Therapists develop a crisis plan for each group member allowing him to manage crisis situations in a timely manner.
- **Encounters with externals:** Community members, who benefit from relaxed detention conditions, are allowed to attend group meetings organised by the local Blue Cross society of Potsdam, to share their experience and focus, in a wider circle, on specific issues around dependence.

- **Encounter with family members:** Every three months, community members have the opportunity to meet with two family members of their choice. The aim of these encounters is to involve the families of the Community members into the therapy process, and, by so doing, further mutual understanding of questions and challenges both parties are facing.
- **'Self-help day':** Once a year, the Blue Cross society of Potsdam organises an encounter between several self-help groups. This is a unique opportunity for the community members to present their personal stories and achievements to a wider audience.

A team of therapists, social workers, and psychologists oversees all community activities in order to guarantee a highly professional and holistic treatment approach.

Care, professionalism, and efficiency at the heart of the project

The project concept is regularly reviewed by the treatment staff to ensure its ongoing effectiveness and adequacy to the needs of people concerned. From our recent conversation about the project with Reinhard JAHN, General Secretary of Blue Cross Germany, we remember in particular his statement describing the purpose and perspectives of the project:

“Prisons in Germany, unfortunately, do achieve effective inmate reform only partly. Our project aims to contribute significantly towards transforming substance users’ stay in prison into a learning and personal development experience, so that the day they step out of prison they can walk free – free not just from physical confinement, but also from dependence and despair.

In the long-term, we wish to replicate the project at a national level. The initiative has also evoked much interest among my colleagues from the wider Blue Cross network. In many countries, specific issues related to substance misuse and dependence in prisons, are not yet, or only partly, addressed. The importance of such initiatives, which focus in particular on the penitential environment, cannot be overstated.”



Reinhard Jahn

General Secretary of Blue Cross Germany

A voice from prison

Olaf B., 43 years old, is a member of the therapeutic community. He was imprisoned for a crime he committed under the influence of alcohol. The words of his open letter, which he addressed to 'The Blue Cross in Jail', echo those of Mr Jahn:

"I've been in prison since the 3rd of February 2010. How did I land here? It was certainly not because I behaved nicely or in a kind manner. I had a dark side inside me – the side born of alcohol misuse.

Alcohol gradually changed me. I had no

respect for the police, nor any respect for the law. Now I'm here and I deserve it... Here in prison, I heard about the Blue Cross Therapeutic Community and became curious. I made some successful enquiries! Today, I am a full member of the community! It really is the community which makes us strong. What I've learned about addiction up to now is just amazing! I've accepted for the first time in my life that I'm an alcoholic, and it wasn't easy.

The work we do within the Blue Cross group is very comprehensive. We take a close look at our personalities which are discussed and analysed in the group so that we can understand what made us become alcoholics in the first place. We want to get sober and stay sober, which is why the insights that these conversations give us are so valuable, not only of our life in jail but also of life afterwards. 'Afterwards' means 'future' and that shouldn't be a life with alcohol and criminal acts. I thank the Blue Cross team for trusting me and for always having a few minutes to listen to me."



Blue Cross Treatment Centre 'Thaba Bosiu' – Lesotho

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Innovating through the International Child Development Programme

In recent years, the Blue Cross Treatment Centre 'Thaba Bosiu' for alcohol – and drug-related issues in Maseru has increasingly received children as young as eleven or twelve and slightly older youths among its clients. With this, new challenges arose around the development and implementation of effective and evidence-based treatment approaches that would respond to the specific needs of these children and young people. This altered context has also revealed the continuing need for effective prevention services in the context of Lesotho.

A disruptive family setting is a major factor that can contribute to child misuse of alcohol and/or drugs. The Centre's staff members noticed early on that the majority of the child clients had challenging family backgrounds that were characterised by poor interaction between children and caregivers. They recognised the need for caregivers of the children to be involved in the treatment processes. With this in mind, the Centre investigated existing good practice and identified the 'International Child

Development Programme' (ICDP) – a psycho-social intervention programme – that could be applied to the field of addiction treatment as well as prevention. At the same time, the Centre acknowledged that the Programme could also support the rehabilitation process of adult clients in their role as caregivers.

What the ICDP is about

Karsten HUNDEIDE, Professor of Psychology at the University of Oslo and ICDP chairman, explains the concept and the organisation behind this:

"ICDP is a competence-building [Norwegian] NGO in the field of psycho-social and educational care for children at high risk. Its work is directed towards vulnerable children, their caregivers, and families. ICDP developed a simple programme that has been tested in different societies all over the world, [...]. There is evidence that the programme works across societies and with caregivers from very different educational backgrounds. The aim of the programme is to strengthen caregivers' involvement with

their children in a positive way, to give them confidence in their own capacities as caregivers, to facilitate those relationships that support children's development and to prevent those relationships and conditions that may lead to neglect and abuse of children."

In 1993, the Programme developed by ICDP was adopted by the Division for Mental Health of the World Health Organisation (WHO) in Geneva, which led to the publication of the official ICDP/WHO manual in 1994.

ICDP – An entirely new concept in the context of Lesotho

The Centre – as a very first stakeholder in Lesotho – decided to acquire competence in ICDP so that it could use it as a complementary tool to guarantee a highly integrated approach to treatment and prevention. To this end, the Centre's staff members decided, in close collaboration with partner organisations active in the field of childcare, to organise a series of three trainings to become certified ICDP facilitators.

Between 2009 and 2011, three IDCP workshops were carried out in Maseru by the Centre's Norwegian partners. The workshops aimed to transmit, amongst others, sound theoretical knowledge on the 'eight guidelines' that constitute the IDCP's frame of reference. Based on psychological research outputs, these guidelines are simple, universal messages, covering key aspects of communication between caregivers and children. Workshops were at the same time highly practical. The Norwegian IDCP consultants carefully assessed the fieldwork of each of the trainees and gave specific recommendations on how to improve their practice. As part of the learning journey, two of the Centre's staff members visited a partner organisation in Mozambique that has long-lasting experience in implementing the IDCP approach and possesses important learnings. While in Mozambique, after studying various cases, the Blue Cross Lesotho staff members were able to share their experiences with the Mozambican colleagues and learned more about best IDCP practice related to dealing with addiction-related issues.

Lineo MOKOTJO, IDCP Programme Manager, Thaba Bosiu, Lesotho has this to say about her experience in applying this innovation to the African context:



Home production of alcohol in Lesotho. ©Anthony Smyth



Blue Cross Lesotho: Prevention amongst children. ©Anthony Smyth

“We are proud to report that the Centre has successfully mainstreamed the ICDP approach into the existing treatment programmes – also comprising motivational therapy, individual counselling, and family therapy – and prevention services. Of course, we are facing some challenges, mainly with regard to cultural norms and beliefs on child rearing. But we believe that culture is dynamic and can change and that, through positive experiences, the acceptance of ICDP will grow among our people.

To date, 18 participants have been certified as ICDP facilitators. Five of these certified facilitators will undergo further training to become ICDP consultants. They will act as local resource persons responsible for replication and multiplying the effect of ICDP beyond our Centre, within the network of childcare organisations in Lesotho. In the long term, our hope and wish is that through ICDP the incidence of disruptive families in Lesotho will decrease so that fewer children will be exposed to addiction.”

Blue Cross Poland

Pioneering Treatment Services for 'Adult Children of Alcoholics'

In 2009, Blue Cross Poland initiated a project aimed at people brought up in families affected by alcohol-related harm. It has been found that often adults with this background are at increased risk of being faced with behavioural and mental difficulties, including being subject to anxiety or depression, academic underachievement, low self-esteem, relational difficulties, and substance misuse. These difficulties are referred to by the collective term 'Adult Children of Alcoholics Syndrome' or 'ACAS'.

In Poland, there is a growing awareness of the importance of offering adequate and tailored services to people affected by ACAS. 2008 estimates from the Government Agency for the Prevention of Alcohol-related Problems suggest that around 1.5 million children are brought up by alcohol-dependent parents throughout the country. Of these very many are affected by ACAS. People suffering from ACAS often live on the fringe of society, are unemployed or have low employability. Consequently, individual and family afflictions aside, the social and

economic costs generated by ACAS are considerable.

Towards a network of ACAS treatment services

Blue Cross's Poland project, which is supported by the International Blue Cross and the National Health Fund of Poland, offers both individual and group therapy to ACAS affected people. Clients are referred to the ACAS treatment staff by the Blue Cross Rehabilitation Centres in Bielsko-Biała, Czechowice-Dziedzice, and Żywiec as well as from other social and penitentiary institutions. An increasing number of clients learn to know about ACAS treatment opportunities through the Blue Cross website which also offers a forum for people who wish to discuss their ACAS related experience. In 2011, around fifty people participated regularly in group therapy as part of four cohorts and over one hundred people benefitted from individual counselling. It is important to note that women represent more than two-thirds of all clients.

To guarantee the effectiveness and sustainability of its treatment services, Blue Cross staff members are undergoing continuous training in most recent treatment methods for ACAS. Furthermore, Blue Cross Poland has established a collaborative share and learn network with colleagues in Denmark, Norway, and Ukraine. This network is likely to cause a significant extension and replication of ACAS treatment services within these countries.

A voice from the field

LUDKA is 21. She is part of the Blue Cross ACAS treatment group in Bielsko-Biała since 2011. Here, she shares some of her story, and her plans and hopes for the future.

"I come from a rather wealthy family. My dad was, and is, a respected gardener and so is my mum. From the outside, my childhood looked beautiful, but actually, unpleasant things were taking place.

My parents are alcoholic, so there has always been alcohol in my life. I've been struggling with it ever since.



I certainly didn't have a childhood like other kids. I had to work hard at happiness, and even though I was smiling outwardly I missed something inwardly. I was looking for some kind of safe place all the time.

Here is one of the mildest examples of how my father behaved when he was drunk: After a week at a shelter [for runaway children] I returned home with a friend. As I entered the apartment I found my dad on his knees on the floor – I don't know if I can I say such things here? – well, in a pool of his own urine. It was such an embarrassing thing for me, his kneeling in front of my friend. It looked like he was praying, I don't really know, anyway, a nice way to welcome me home...

So, even though I was brought up in a rich family, I got into drugs and stealing.

Due to the fact that my childhood was so hard, I am prone to addictions. My sister is an alcoholic who has not been drinking for about two years now, and she's the one who encouraged me to start therapy – as

she herself had done. It was she who told me about the existence of ACA [Blue Cross 'Adult Children of Alcoholics' self-help group], so I decided to call them and register.

Today, I don't drink alcohol, and I try to surround myself with people who don't drink. I'm slowly coming to terms with all that has taken place in my past, and I am slowly forgiving [my parents]... It is hard for me to feel pity, but I know I am progressing in a good direction.

I didn't used to be brave or open, but now, thanks to therapy, I have gained a lot of self-confidence. I have a job at a greengrocer and I plan to open my own grocery store one day. So this makes me feel even more courageous!

I feel, all in all, that therapy and the group are like my own family. And thanks to that I know that I will also build a good family of my own one day. And that good families can exist!"



„Caring for your Neighbour’s Child“ – A Children’s Campaign

“You don’t have to drink to suffer from alcohol-related problems” was the slogan of a pilot campaign run by Blue Cross Denmark in autumn 2011 in the cities of Mariagerfjord and Aabenraa, targeting children who are brought up in families affected by alcohol-related harm. Approximately one out of ten children or 122.000 children, are estimated to be in this situation, nationwide. These children are potential victims of violence and neglect which often leads to a feeling of isolation and abandonment in the immediate term. In later life, many of them suffer from more serious forms of depression, anxiety, learning disabilities, and eating disorders amongst others. Blue Cross Denmark conceived and implemented the children’s campaign to draw public attention in Denmark to the degree of distress that many of these children experience.

A highly complementary blend of activities

The campaign comprised various complementary activities meant to guarantee the child’s fundamental right to receive material, psychological, and social support:

- During the campaign, Blue Cross professionals and volunteers distributed information packs containing information and guidance on how to assist a neighbour’s child exposed to alcohol-related harm to ordinary Danish people.
- In addition, people were encouraged to sign a petition for local governments to increase support to the children. More than 1200 signatures of support were collected!
- Blue Cross second-hand stores set up exhibitions with photos, videos, and testimonies – to sensitise visitors on the main theme of the campaign.
- In support of the campaign, Blue Cross Denmark developed a website providing detailed information on the campaign’s purpose, goals, and actions. The website

also allowed people to sign the petition online.

- Blue Cross Denmark closely collaborated with the municipalities of the two cities to guarantee the effectiveness and sustainability of the campaign. As a follow up to the main campaign, over a hundred teachers were sensitised on how to recognise students who suffered from alcohol-related harm and how to best assist them. Furthermore, they were provided with videos in which affected young adults talked about their personal experience of growing up with alcohol-dependent parents and explained how they were able to obtain assistance.
- In Mariagerfjord, the municipality supported Blue Cross Denmark in its efforts to offer professional group therapy to the children. Several Children aged 7–14 continue to benefit from these services.

The chair person of the Danish National Council for Children, Lisbeth ZORNIG ANDERSEN, who happened to grow up in a family affected by alcohol-related harm, said in an article launching the campaign:

“Without the assistance from well-meaning and supportive adults, I surely would not have become what I am now.”

Per BREINDAHL, Chief Communications Officer at Blue Cross Denmark, explains the basic concept behind the campaign as follows:

“Once you notice that your neighbour’s son or daughter or your own child’s classmate suffers from inadequate parental care due to addiction-related problems, why wait for a social worker to appear on the doorstep? You can make a difference in the child’s life right away by caring for her, listening to her, inviting her to a cup of tea or even giving her a lunch box in the morning as she leaves for school. The child will see that your home is a safe place and, consequently, will feel greatly empowered.”

Blue Cross Denmark is currently assessing the outputs of the campaign 2011 to learn from its experience. The second phase of the campaign is already planned for autumn 2012!

Denmark – Some facts and figures

- Children brought up in families affected by alcohol-related harm use the health care system four times as often as children who grow up in families where there are no dependence-related issues.
- 30% of children of alcohol-dependent parents themselves end up as addicts in their adult lives.
- 30% of children of alcohol-dependent parents suffer from depression, eating disorders, anxiety, and learning disabilities.
- 40% of people who undergo addiction-related therapy as adults grew up with alcohol-dependent parents.

Source: National Board of Health, Denmark, 2007



Danish Child throwing alcohol bottles into a container.
©Blue Cross Denmark

Blue Cross in Africa – A Perspective from the Field

An Interview with David Kabiswa – Independent Consultant, Uganda

International Blue Cross (IBC):

David, as an independent consultant with extensive experience of social, health, and education related development projects within and outside the Blue Cross portfolio, how would you best describe the nature and purpose of the work you do?

David: The nature of my work as a consultant is predominantly to develop the capacities of organisations. A key purpose of my work is to provide affirmation to organisations whenever I find that they lack belief in themselves about the quality of work that they are doing. The ability – or the lack thereof – of organisations to assert their identities is often an issue that I find myself dealing with as I work with organisations. The aim is to enable people and organisations to become confident so that they can decide what they can do to overcome challenges and to define the future that they want.

IBC: Please share your main impressions of the Blue Cross work that you have encoun-

tered so far in Africa, with us. What, in your view, would you consider the most significant development outcomes that have resulted from the work that you have seen? What do you think are the main challenges in achieving these outcomes?

David: I was able to visit Blue Cross work in three countries namely, Chad, Congo-Brazzaville, and Namibia. The visits all had different features, but in all of them the desire to bring change was strong.

The three country organisations share similarities in the challenges they face. They all struggle as they try to bring a 'new' message to the communities with whom they work. Ironically, in all three countries alcohol laws are clear but enforcement is weak. Blue Cross is like a breath of fresh air in that it makes a difference on the ground, bringing the subject to the fore in practical and tangible ways.

Another major challenge is the social acceptance of alcohol. In such contexts where

the greater part of the population find drinking acceptable or even see it as an income generating opportunity for families to survive, they don't see the negative side effects and consequently, at times, feel that the message of Blue Cross is too extreme. There is therefore the need to change the national mindsets... and we know it can be done. Reaching out to the communities will grow the critical mass of people that have been positively influenced – this in turn will affect the national consciousness over time to recognise the negative effects of large scale alcohol misuse, even if socially sanctioned.

IBC: Given that the WHO has identified that the harmful use of alcohol is among the four major behavioural risk factors for noncommunicable diseases worldwide (Global Status Report on Noncommunicable Diseases, 2010) – what according to you can an organisation like the Blue Cross do to contribute to addressing this significant global health concern?

David: Unfortunately there is a seemingly lukewarm response at government level to WHO findings. The will and commitment of governments to deal with alcohol misuse as a major contributor to non communicable diseases seems low.

Blue Cross organisations can assist by doing more proactive advocacy and lobbying. This will require the active engagement of people with a high-level skills set, who can approach policy and decision makers and speak to them in a manner that can yield positive results. There is need for large scale lobbying to ensure that laws are put in place where they do not exist and that they are complied with when they do exist.

A notable rampant violation of existing laws is the continued presence of shebeens (drinking points) around schools, a thing forbidden in the countries but happening nonetheless.

Blue Cross can bridge the gap by increasing awareness among various role players such

as decision makers, people in micro-finance, government etc. It is not just an issue of having policies in place, but also creating awareness programmes which inform people about what is in the laws. There is need to establish forums where matters like income generation through alcohol brewing are openly discussed for example. That is where you can spark people's dedication.

IBC: David, one final question: What words of personal encouragement would you have for those in and outside the Blue Cross who may be concerned about problems relating to the harmful use of alcohol?

David: Continue to do the quality work you are doing, maintain the passion for making a change. Strengthen structures of support so that people know there is help out there.

I encourage you to use the experiences gained to strive to higher levels of professionalism, reflection, and quality in everyday work. Draw confidence from the lessons

your work has taught you! These skills will provide you with the right to provide input into policy formation and influence of practices in your own countries.

Continually check and critique your work - always seek ways to make what you are doing better. If Blue Cross practices this they will become a formidable force.

In short, deliberately and carefully foster validation, confidence, self-belief, and determination, and it can be done!



David Kabiswa

Independent Consultant, Uganda

Blue Cross Worldwide

EUROPE

- Austria
- Belgium
- Czech Republic
- Denmark
- Estonia
- Faroe Islands
- Finland
- France
- Germany
- Hungary
- Latvia
- Norway
- Poland
- Portugal
- Romania
- Russia
- Serbia
- Sweden
- Switzerland (French/German)
- Ukraine

ASIA

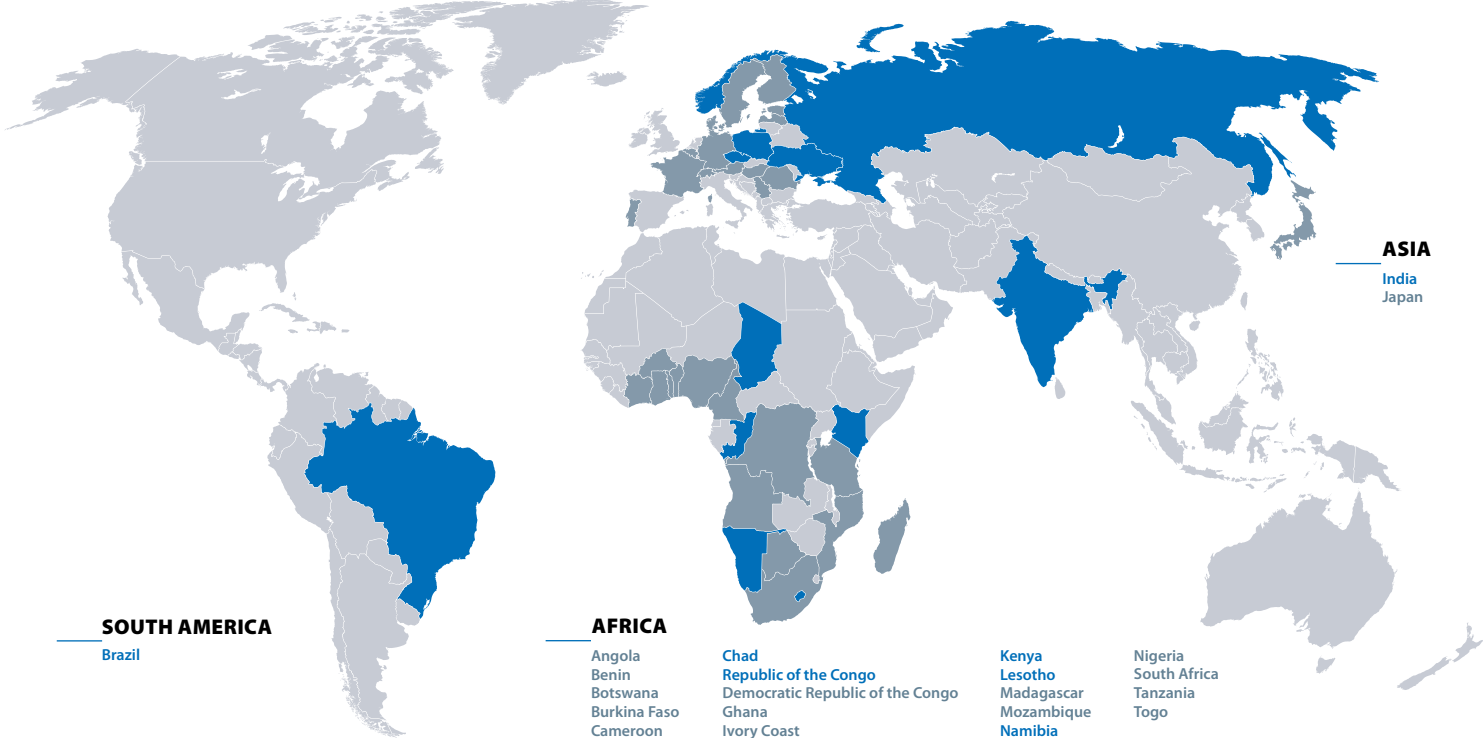
- India
- Japan

SOUTH AMERICA

- Brazil

AFRICA

- Angola
- Benin
- Botswana
- Burkina Faso
- Cameroon
- Chad
- Republic of the Congo
- Democratic Republic of the Congo
- Ghana
- Ivory Coast
- Kenya
- Lesotho
- Madagascar
- Mozambique
- Namibia
- Nigeria
- South Africa
- Tanzania
- Togo



Blue Cross Brazil

Project: Since 2009. Expansion of the network of self-help groups through training of professionals and volunteers.
Location: Southern Brazil

Blue Cross Brazil

Project: Since 2009. 'Helping the Helpers' – Improving the quality of services in the field of dependence by developing a course offer for professionals and volunteers working in addiction care.
Location: Southern Brazil

Blue Cross Chad

Project: Since 2009. Education and prevention among disadvantaged children by means of extracurricular activities.
Location: N'Djamena

Blue Cross Czech Republic

Projects: Since 2009. Expansion of network of counselling and aftercare services for dependent people.
Location: Moravian-Silesian Region

Blue Cross India

Pilot project: Since 2010. Community prevention programme with a special focus on women from rural areas.
Location: Chhatisgarh, Maharashtra, Kerala, Andhra Pradesh

Blue Cross Kenya

Project: Since 2010. Establishing a treatment and rehabilitation centre for dependent men.
Location: Mtito Andei

Blue Cross Lesotho

Project: Since 2009. Capacity building for care givers ('International Child Development Programme').
Location: Maseru (Lesoto)

Blue Cross Namibia

Project: Since 2009. Education and prevention in high-schools, and counselling services for students at risk.
Location: Windhoek

Blue Cross Norway

Project: Since 2009. Training programme on evidence-based alcohol policy.
Location: Botswana, Malawi, Namibia, Chad, Lesotho, Madagascar

Blue Cross Poland

Projects: Since 2009. Expansion of therapy and aftercare services for 'adult children of alcoholics', victims of violence, and homeless people affected by dependence.
Location: Bielsko-Biała, Czechowice-Dziedzice, Żywiec

Blue Cross Republic of the Congo

Pilot project: Since 2011. Prevention – A peer education programme for children and adolescents.
Location: Brazzaville

Blue Cross Romania

Project: Since 2011. 'Potters House' – Establishing a new in-patient therapy centre for dependent men.
Location: Sura Mica

Blue Cross Russia

Project: Since 2009. Training of professionals and volunteers in counselling with a special focus on family settings.
Location: Saint Petersburg, Moscow

Blue Cross Ukraine

Project: Since 2009. Prevention and early intervention: Drop-in centre for disadvantaged children and young people at risk.
Location: Mariupol

Abridged Version of the Financial Statements based on Swiss GAAP FER 21

BALANCE SHEET – consolidated

	31.12.2011 CHF	31.12.2010 ¹⁾ CHF	31.12.2011 CHF	31.12.2010 CHF
Assets				
Cash and cash equivalents	1'672'206.10	1'633'895.05		
Marketable securities	122'144.79	128'020.00		
Short-term receivables	135'505.14	289'723.60		
Accrued assets	72'365.67	88'047.71		
Total Current assets	2'002'221.70	2'139'686.36		
Investment	70'000.00	70'000.00		
Furniture and equipment	3'341.00	2'151.00		
Total Fixed assets	73'341.00	72'151.00		
Total Assets	2'075'562.70	2'211'837.36		
Liabilities and equity				
Trade accounts payable			36'680.91	65'279.66
Liability due to Blue Cross Norway			1'276'469.12	1'389'182.87
Deferrals			106'896.42	78'727.26
Total Current liabilities			1'420'046.45	1'533'189.79
Solidarité			330'762.94	77'412.10
Organisational Development			263'507.03	0.00
BC Netherlands			0.00	517'388.79
Other funds			0.00	27'242.81
Total Funds			594'269.97	622'043.70
Paid in capital			433.25	433.25
General reserve			10'000.00	10'000.00
Organisation reserve			27'249.67	27'249.67
Retained earnings Balance from prior year			18'920.95	10'568.74
Result for the year			4'642.41	8'352.21
Total Equity			61'246.28	56'603.87
Total Liabilities and equity			2'075'562.70	2'211'837.36

¹⁾ The Financial Statements 2010 were retroactively adapted to the Swiss GAAP FER 21 financial reporting standards.
The full version of the Financial Statements based on Swiss GAAP FER 21 is available on www.ifbc.info in the category 'Annual Reports'.

INCOME STATEMENT – consolidated

	2011 CHF	2010 CHF	2011 CHF	2010 CHF
Income				
Contributions Blue Cross Norway	2'820'497.75	2'703'378.34		
Donations and contributions	97'629.99	96'299.36		
Other income	180.15	6'317.82		
Income TV Campaign	2'918'307.89	2'805'995.52		
Membership contributions	182'338.76	273'572.03		
Donations and contributions	23'501.86	51'305.14		
Services	60'000.00	60'000.00		
Income IFBC	265'840.62	384'877.17		
Total Income	3'184'148.51	3'190'872.69		
Expenses				
TV Campaign	-2'918'307.89	-2'805'995.52		
Other projects	-23'520.47	-16'946.73		
Direct project expenses	-2'941'828.36	-2'822'942.25		
Personnel expenses	-169'076.55	-258'440.41		
Travel and representation expenses	-8'673.98	-29'378.64		
Rental expenses	-10'157.06	-9'363.82		
Maintenance IT expenses	-8'543.88	-10'677.26		
Administrative expenses	-4'890.52	-26'958.64		
Fundraising expenses	-30'626.43	-14'781.93		
Depreciation	-2'208.00	-2'150.00		
Expenses General Secretariat	-234'176.42	-351'750.70		
Travel and representation expenses			-9'237.85	-8'253.21
Administrative expenses			0.00	-1'749.06
Strategy Process			-10'989.27	0.00
Expenses Federation			-20'227.12	-10'002.27
Total Expenses			-3'196'231.90	-3'184'695.22
Operating result			-12'083.39	6'177.47
Financial income incl. foreign exchange profit			6'239.67	11'242.11
Financial cost incl. foreign exchange loss			-13'218.28	-44'738.80
Financial result			-6'978.61	-33'496.69
Other income			5'414.78	5'801.91
Other expenses			-9'484.10	0.00
Other result			-4'069.32	5'801.91
Operating result before changes in funds			-23'131.32	-21'517.31
Allocation donations other funds			0.00	-600.00
Withdrawal project expenses other funds			28'723.73	12'071.47
Financial income from BC Netherland fund			-950.00	38'398.05
Funds result			27'773.73	49'869.52
Result before allocation			4'642.41	28'352.21
Allocation to Organisation fund			0.00	-20'000.00
Result for the year			4'642.41	8'352.21

International Blue Cross

Audit 2011

For the first time, the Financial Statements 2011 have been prepared according to Swiss GAAP FER, in particular standard 21 'The accounting for charitable, social non-profit organisations.' BDO AG, as statutory auditor, has examined the Financial Statements including the following projects: **Brazil, Chad, Republic of the Congo, Czech Republic, India, Kenya, Lesotho, Namibia, Norway, Poland, Romania, Russia, Ukraine, other project activities.**

The examination was conducted in accordance with the Swiss Standard on Limited Statutory Examination. This standard requires that the examination is planned and performed to identify material misstatements in the Financial Statements. Based on the limited statutory examination, nothing has come to the statutory auditor's attention that causes him to believe that the Financial Statements of the International Federation of the Blue Cross do not give a true and fair view of the financial position, the results of operations, and the cash flows in accordance with Swiss GAAP FER or do not comply with Swiss law and the association's article of incorporation.



About Us

Who we are

- The International Blue Cross is a health development organisation dedicated to caring for people harmed by alcohol and/or illicit drugs.
- It is a non-governmental umbrella organisation that brings together national Blue Cross societies – called member organisations.
- It is a project funding and implementation organisation. It helps member organisations to build skills and exclusively supports projects that make a difference. It also functions as a networking hub and coordinator.
- There are national Blue Cross organisations in 42 countries. These organisations are independent, non-denominational Christian organisations.

What we do

- The International Blue Cross provides healthcare development support and aims to promote holistic well-being.
- It works to prevent and reduce the harmful use of alcohol and illicit drugs, and to help

mitigate the associated negative health, social and economic consequences. This is done through development projects and support work and through evidence-based alcohol policy training programmes and advocacy.

What makes us different

- Blue Cross presence and assistance is non-discriminatory.
- The Blue Cross approach is integrated and holistic. It incorporates the physical, psychological and social aspects of a person's life, as well as its spiritual dimensions, into all its care and therapy.
- Blue Cross practitioners and volunteers are guided by their professional ethics as well as by Christian values of respect, dignity, solidarity, and inclusiveness.
- Blue Cross practitioners and volunteers are deeply connected with local communities with whom they work.
- Blue Cross supported international projects are committed to apply shared standards of professional practice in prevention and care, leadership and governance.

Did you know that ...

- over 76 million people worldwide – adolescents and adults – suffer from alcohol-use disorders (The Lancet, Volume 373, Issue 9662, 7 February 2009).
- 155 to 250 million people, or 3.5% to 5.7% of the world's population aged 15–64, use psychoactive substances (WHO, 2011).
- alcohol consumption is the world's third largest risk factor for disease, disability, and premature mortality; in middle-income countries, it is the greatest risk (WHO, 2011).
- lower socio-economic status and educational levels result in a greater risk of alcohol-related death, disease and injury – a social determinant that is greater for men than women.
- that rising levels of consumption are most pronounced in women and young people, with the latter more prone to heavy binge drinking (The Lancet, Volume 373, Issue 9662, 7 February 2009).

International Blue Cross – Bodies

Network Committee

Geir Gundersen, President of the IFBC, Secretary General of Blue Cross Norway

Albert Moukolo, Vice President of IFBC

Daniel Lüscher, Director of Blue Cross Bern (Swiss Cantonal Society), and board member responsible for finance

Timo Mutalahti, Esq., Former President of Blue Cross Finland

Rolf Hartmann, Secretary General of Blue Cross Brazil

Reinhard Jahn, Secretary General of Blue Cross Germany, Representative of the BC Youth Associations

Matsepo Letlola, Director of the Thaba-Bosiu Treatment Centre in Lesotho

Shekhar Singh, Secretary General of Blue Cross India

Kirstie Rendall-Mkosi, Senior Lecturer at the University of Pretoria (Health Promotion), South Africa

Holger Lux, MD, Director of the Reha-Centre for Addicted Men 'House Nazareth' in Romania

Rakotobe Andriamaro A., MD, President of Blue Cross Madagascar

Secretariat

31 May 2012

Madeleine Bolliger, Interim Manager and Project Officer

Christine Häberli Jeng, Project Assistant

Tabéa Rominger, Administrative Coordinator

Marijke Meyer, Administrative Assistant

Tania Diederiks, Regional Coordinator

Lehloenya Mahao, Regional Coordinator

Katrin Schmidt, Finance Officer

Franziska La, Finance Assistant

Christine Aebli, PR and Communication Officer

Word of Thanks

The content of this Annual Report is testimony to the tireless dedication and devotion of our 42 member organisations throughout the world. It is with deep appreciation that we express our gratitude to each member organisation for going the extra mile in our mutual quest to empower and afford a better life to those affected by substance abuse and to create a healthy environment for all.

The picture would not be complete without thanking our external partners, with whom we are tirelessly united in our mission and vision to make a difference in people's lives. Our thanks in particular to the Swiss Agency for Development and Cooperation, Bread for all, Third World Solidarity, the Salvation Army of

Switzerland, the foundations SAB and Widmer, the Swiss Blue Cross Societies 4+5 Zürich, Nyon and Sankt Gallen C, the Blue Cross Music Association Frauenfeld, the parishes of Köniz and Rickenbach, the travel agencies Polyglott and Raptim, and A+M Informativ GmbH.

To our Board of Directors: Thank you for your continuous guidance and commitment. Lastly our deepest thanks go to our private donors for their generosity, to those who volunteer their valuable time and skills and to the friends of the International Blue Cross for their unfailing support.

It is the fortunate amalgam of all of the above that makes it possible for us to reach our goals.

– We are doing it together!

Imprint

Cover pictures: Ludka, a Blue Cross Poland client. ©Reto Albertalli _ IFBC
Blue Cross Treatment Centre 'Thaba Bosiu', Lesotho:
Prevention amongst children. ©Anthony Smyth
Christine Aebli, Anthony Kasozi
Proof-reading: Pierre-Yves Barrelet, Ishwar Haritas, Suzana Strobel, Christine Häberli Jeng
Layout: fortissimo: think visual, www.fortissimo.ch
Printing house: Blaukreuz-Zentrum Hagen, Germany



Ivana undergoes therapy at Blue Cross Czech Republic.
©Reto Albertalli _ IFBC

Feeling gratitude and not expressing it –
is like wrapping a present and not giving it!
William Arthur Ward



International Blue Cross

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We encourage and invite individuals and organisations to support us in our work internationally, or alternatively support a specific local project. You can find more detailed information about projects on our website: www.ifbc.info

If you have any questions about fundraising and support you can also get in touch with us at: c.aebli@ifbc.info

Please feel free to make contributions directly using one of the following accounts:

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Account No. EURO: 16 9.686.096.00
IBAN No.: CH09 0630 0016 9686 0960 0

Postfinance, SWIFT: POFICHBEXXX
Account No. CHF: 40-25648-4
IBAN No.: CH97 0900 0000 4002 5648 4