

Belgian  
Red Cross  
Flanders

helps  
people help

Annual report 2014

# Table of content

Table of content .....	1
Foreword .....	2
Activity report.....	3
Promoting self-reliance.....	3
Caring for the vulnerable .....	5
Geared up for emergencies.....	9
Leaders in blood supply .....	13
Organisation .....	19
Red Cross volunteers .....	19
The Red Cross as an employer.....	21
Disseminating and sharing expertise .....	25
Progress report - Pledge 2015.....	28
Management bodies.....	29
Financial report.....	40
Belgian Red Cross Flanders' costs .....	41
Statement of results.....	45
How is any profit used? .....	45

# Foreword

Dear Reader,

December 23, 2014: At our offices in Mechelen, 17-year-old Navid chats to his mother in Afghanistan on Skype. It's an emotional moment, as mother and son have not seen each other for seven years. Thanks to close cooperation with other Red Cross societies we were able to put the pair back in contact.

Our role in Navid's online reunion with his mother is just one example of what we do as an organization; we help people in a myriad of ways. Much of our work takes place behind the scenes, as it were, but it is no less important. We visit the elderly, run enjoyable vacations for disabled people, help vulnerable children with their homework, offer asylum seekers a warm welcome...and much, much more.

In some cases, we provide assistance directly, but increasingly we are giving people the opportunity to help others themselves. For example, 187,734 people in Flanders are helping to save lives by donating blood, plasma and platelets. Then there are the over 40,000 who are learning how to administer first aid in an emergency situation, not to mention the thousands of others who have made a donation or bequeathed a legacy to the organization, or who have bought stickers during our 14-days sticker sales. They, too, are a crucial link in the chain because without their financial support we would not be able to provide the services we do.

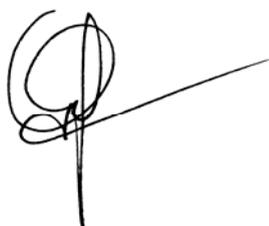
The close cooperation and coordination between our 13,468 volunteers and 1,150 staff makes our organization stronger each and every day. We ensure that assistance is provided in the most appropriate and effective way to those who need it. We strive for efficiency in and seek to establish a solid scientific basis for everything we do: professionalism is paramount for us.

Our annual report demonstrates that in 2014 we were once again able to provide effective assistance when and where it was needed – both at home and further afield. It is important that we get this message across to as many people as possible, because the more aware the public is of what we do and why we do it, the more people will be encouraged to join us in our work – and, thus, the more people will be able to help others.

Thank you so much for your trust and support.



Prof. dr. Philippe Vandekerckhove  
Chief Executive Officer



Christ'l Joris  
President

Want to know more about the Red Cross in 2014?

Discover all the figures and extra information at [www.rodekruis.be/jaarverslag](http://www.rodekruis.be/jaarverslag)

# Activity report

## Promoting self-reliance

### **23,146 trained in first aid**

Imagine that something happened to a member of your family or a work colleague: would you know what to do? Could you administer first aid to someone with a sprain or a burn? We believe it is important for people to know how to help one another, and as such we run free first-aid training sessions across Flanders. The sessions are led by a team of 605 trained instructors and 426 enthusiastic volunteer accident 'victims'.

In 2014, a total of 23,146 people attended one of our training sessions. The most popular ones were our basic First Aid course to which 4,804 people signed up, and the follow-up Helper course, which was attended by 3,526 people. To be awarded their certificate, attendees must pass an examination at the end of the course.

All sessions, courses and theme lessons in first aid combined, Belgian Red Cross-Flanders provided 12,251 hours of training in 2014: this represents a drop of 6% compared with 2013.

### **2,980 company first-aid certificates awarded**

In any workplace, it is vital that there is always someone on hand to be able to help in the event of an accident. Belgian Red Cross-Flanders therefore organizes tailor-made first-aid training for companies. In 2014, our trainers delivered 12,985 hours of training to company staff and trained up a total of 2,980 new company first-aiders.

A new course was offered in 2014: First Aid for Designated Individuals. This training course is aimed at companies with fewer than 20 employees, and which are required to have at least one 'designated individual' responsible for administering first aid. Since its launch, we have run 19 such courses, totaling 112 hours of training.

### **17,662 people learn CPR techniques**

In 2014, we trained 17,662 people in how to resuscitate someone and perform defibrillation. Participants learned how to perform cardiac massage and mouth-to-mouth resuscitation, and how to use an automated external defibrillator or AED. An AED is a life-saving device: resuscitating someone using an AED within the first three to four minutes following a cardiac arrest can increase their chances of survival by up to 70%.

Belgian Red Cross-Flanders offers a choice between a short course focusing solely on learning how to resuscitate someone and perform defibrillation, and an extended course which covers other first-aid topics, too. In 2014, we ran 1,506 training sessions on CPR and defibrillation. All sessions and courses are delivered by experienced Red Cross trainers.

Some training courses also involve an examination, with participants who pass the examination being awarded a certificate. In 2014, we awarded 10,780 certificates to participants who had demonstrated that they were proficient in CPR and defibrillation as per the guidelines issued by the European Resuscitation Council (ERC).

## **256 heart-safe companies**

Through our Heart-Safe project, we work in partnership with cities and communities, companies, schools, sports clubs and other organizations to teach as many people as possible how to perform CPR using an automated external defibrillator or AED. The project teaches people how to save the life of a person who has suffered a cardiac arrest. It also raises awareness of AEDs since the more people are able to use one to resuscitate someone, the more heart-safe Flanders will be.

By the end of 2014, a total of 256 organizations had been awarded the Heart-Safe label: 83 cities and communities, 78 companies, 36 sports clubs, 31 organizations and 28 schools. Some 91 new projects were launched during the year, and 56 organizations pledged to undertake training to extend their Heart-Safe label status for a further two years. In 2013, there were 18 extensions, but in 2014 this number had leapt to 56.

## **589 teachers receive first-aid training**

At Belgian Red Cross-Flanders, we are keen to ensure that as many teachers as possible are able to administer first aid, not only to enable them to help their pupils in an emergency situation, but also so that they can pass on their first-aid knowledge and thus educate others.

We run first-aid programs to train teachers in primary and secondary schools how to administer first aid for the most commonly occurring wounds/injuries either in the classroom or in the playground. In 2014, we ran 45 such programs, providing 137 hours of training for 559 teachers. Between the beginning of 2008 the end of 2014, we have trained a total of 6,151 teachers through this initiative.

We also train secondary-school teachers and teacher-trainers to become School First-Aid Trainers, who can then teach first-aid to their pupils themselves and issue Red Cross certificates. Using this train-the-trainer model, in 2014 we trained 30 teachers and teacher-trainers, bringing the total number of trained School First Aid Trainers to 512 (2008-2014 inclusive).

## **2 pillars of structural assistance**

One of the Red Cross's seven fundamental principles is universality: helping and showing solidarity towards each other is the very reason why our organization was founded. We operate all over the world, providing long-term assistance where it is need. In doing so, we always work closely with the local Red Cross society and spread the structural help we provide across two pillars: first aid, and clean water, health and hygiene.

In many countries, medical care is not always available due to poor infrastructure and limited medical facilities. A good knowledge of first aid can therefore be life-saving! In 2014, we helped the local Red Cross societies in Malawi, Burundi, Uganda, Nepal, Namibia and India offer more people more

thorough first-aid training. We are developing appropriate techniques and drawing up suitable guidelines in each of these countries.

We also help our sister organizations in the South to install and maintain clean and efficient water and sanitation facilities. By raising hygiene awareness among the population, we can prevent a great many diseases, in the long as well as the short term. In 2014, we provided assistance in Malawi, Namibia, Burundi, Uganda and Nepal.

## Also in 2014

### *International guidelines on CPR and first aid*

Through our Centre for Evidence-Based Practice (CEBaP), we work with the International Liaison Committee on Resuscitation (ILCOR) in drawing up international CPR and first-aid guidelines. The ILCOR is a worldwide network of CPR councils and publishes updated CPR guidelines every five years based on scientific studies. During the current five-year cycle, a first-aid working group has been set up, of which the CEBaP is also a member. Together, we have identified scientific studies and formulated corresponding recommendations on first-aid issues (e.g. what is the best body position to adopt for individuals suffering from shock?).

### *Research into retaining first-aid knowledge*

At Belgian Red Cross-Flanders, we believe it is important that people are able to help each other. Every year, we teach thousands of people in Flanders how to administer first aid. However, we want not only to be able to train as many people as possible in first aid, but also to be sure that they will retain what they have learned and will be able to provide high-quality first aid when required. However, we don't know how long our 'students' are able to retain the knowledge and skills they have learned. There have been very few scientific studies into how long people tend to retain first-aid knowledge and skills, so we decided to research the topic ourselves.

In 2014, we launched an initial project in Nepal. For three years, we will be researching retention of first-aid knowledge and skills across over 400 volunteers split into two groups: a test group and a control group. All participants will follow the same basic training in first aid as well as additional training after a period of one year. During the additional training sessions, the test and control groups will be taught different first-aid topics. We will test the knowledge and skills of all participants following both the basic training and the further training. By comparing the responses from the test and control groups, we will be able to determine whether and to what extent further training affects an individual's knowledge and skills.

## Caring for the vulnerable

### **790 people take a vacation**

In 2014, 271 people who, because of disability, illness or their age would otherwise find it difficult to go on vacation unaccompanied, were able to enjoy one of Belgian Red Cross-Flanders' ten Adapted Vacations in the Netherlands: at the Hotel De Valkenberg, the De Paardestal Vacation Home, the Hotel

Merlinda and the cabin vessel the *J. Henry Dunant*. For five days, guests were given the VIP treatment by our volunteers. Our Adapted Vacations are designed both for people living in institutions and for those who receive care in their own homes. In 2014, we ran vacations for 241 people requiring care and 30 carers.

For children living in poverty or whose family circumstances are difficult, going on vacation just isn't an option. Belgian Red Cross-Flanders therefore organizes Vacation Camps, and in 2014, 467 children from vulnerable families were able to go on one of 13 camps. A total of 261 volunteers also mucked in to ensure that the children had a fun and carefree vacation.

Thanks to *Europa Kinderhulp*, 52 children were able to go on vacation to a host family in the Netherlands for two-and-a-half weeks. Seven of these returned to their host families during the Christmas vacation.

## **11,815 seniors visited**

Elderly people who, due to their age, are dependent upon others really enjoy receiving visits or getting out and about. Through our Just Pop In project, we give elderly people a helping hand at home. Our volunteers stop by for coffee and a chat, a game of cards or a short stroll. In 2014, Just Pop In had 127 volunteers across 29 branches.

Through our Home in my Home project, Belgian Red Cross-Flanders visits people in hospital, in care centers and in institutions for those with disabilities, the emphasis being on togetherness: taking a walk in the garden, having a chat or enjoying some entertainment. Through activities like this, we make where you live feel like home. Home in my Home has 669 volunteers across 66 branches.

## **11,868 pieces of medical equipment loaned out**

In 2014, we loaned out 11,868 pieces of medical equipment, which is an increase of 6.6% compared with 2013. Medical equipment is loaned out by 309 volunteers at 151 locations in Flanders; Belgian Red Cross-Flanders loans out 33 different types of medical equipment.

## **2,615 children given help with their schoolwork**

Some children find school difficult, despite a school's best efforts to help them. They need extra, individual support either at home or in school, so volunteers on our Bridging the Gap scheme spend an hour each week with children from underprivileged or immigrant families. In 2014, there were 74 Bridging the Gap volunteers across 74 different branches.

## **97,875 visits by Zorgbib**

When you're in hospital or a healthcare center, a good book, CD or DVD can work wonders – which is why Belgian Red Cross-Flanders set up Zorgbib. Our volunteers travel around loaning out library items and making time for a chat. In 2014, a total of 135,103 elderly and sick people and children borrowed 45,167 books, CDs and DVDs. Our 913 Zorgbib volunteers spent 88,843 hours on 97,875 chats and visits: that's 8% more visits than during 2013. Zorgbib clearly means more than simply borrowing a book.

In 2014, eight additional lending points were introduced. In total, we now have 292 lending points: 165 in care centers, 87 in general hospitals, 32 in psychiatric centers and eight in asylum seeker reception centers.

## **3,738 asylum seekers welcomed**

Millions of people are fleeing war, starvation or persecution. Some end up in Belgium looking for safety and temporary accommodation. At the request of the government, Belgian Red Cross-Flanders helps to provide reception services; in doing so, we consider the needs of asylum seekers to be paramount but we work in partnership with the local area.

In 2014, the number of asylum applications made in Belgium dropped. We took in a total of 3,758 asylum seekers in 14 reception centers; 2,531 of these were new arrivals (compared with 3,099 out of a total of 4,620 in 2013). Some 2,446 asylum seekers left a reception center. Of the asylum seekers taken in, 47.82% were families, 41.68% were single men and 10.5% were single women. Our residents come primarily from Asia and the Middle East (39.67%), Africa (37.06%), and Russia & Europe (17.74%).

## **309 guardianships**

Our team of professional guardians supports minors arriving in Belgium from outside the European Economic Area without their parents or a legal guardian. They ensure that the young people entrusted to their care are looked after and discuss with them the possibilities of family reunification, remaining in Belgium or returning voluntarily to their country of origin.

In 2014, Belgian Red Cross-Flanders provided 309 such guardianships. Of these, 159 cases have since been closed. The most common reasons for cases being closed were the minor in question becoming an adult (88), minors absconding (21), family reunification either in Belgium or Europe (20) and voluntary return (6). Minors generally came from Afghanistan (24), Morocco (10), Serbia (8) and Syria (8).

Our guardians always keep a child's best interests in mind. But what are their best interests and who determines them? Who takes the ultimate decision? The United Nations High Commissioner for Refugees (UNHCR) and Unicef have drawn up a theoretical framework, and as a stakeholder and expert Belgian Red Cross-Flanders has been invited to implement it in Belgium. Part of the process involved a two-day discussion.

## **312 new missing persons cases**

The chaos which ensues in the event of a conflict or following a natural disaster can rip countless families apart. People flee in different directions and lose contact with family and loved ones. We are part of the worldwide Red Cross network and specialize in tracking down missing persons, reestablishing contact between individuals and reuniting separated families.

- In 2014, our Tracing Service opened 312 new missing persons cases (compared with 408 in 2013). We were able to close 89 cases successfully: the missing persons in question were either located or their fate confirmed.

- We endeavor to reunite separated family members: we provide information about Belgian legislation and procedures, and we help to organize family members' journeys to Belgium. In 2014, Belgian Red Cross-Flanders dealt with 466 requests for family reunification and closed 152 cases successfully.

The Red Cross Tracing Application is designed to make the search for family members easier and to improve the chances of a positive outcome to a case. In 2014, seven cases were dealt with successfully using this online tracing tool. Family Links is another tool used to help trace family members. People searching for missing family members can display a photograph of the person they are looking for on posters or on the website [familylinks.icrc.org](http://familylinks.icrc.org). A total of 21 national Red Cross societies in Europe are involved in this initiative. In Flanders, we distribute the posters in our asylum seeker reception centers and encourage federal reception centers and migration services to do so too. In 2014, we published 229 photographs on Family Links and were able to trace four missing persons.

## Also in 2014

### *Care manager of the year*

Between 2010 and 2013, Belgian Red Cross-Flanders handed out the annual Quality Award for Excellence in Hospital Management, highlighting a specific project each year. For 2014, the concept underwent an overhaul and was renamed the Care Manager of the Year Award; it is a joint initiative between Belgian Red Cross-Flanders, *Zorgnet Vlaanderen* (the Belgian Care Network) and KU Leuven's Centre for Health Services and Nursing Research. In 2014, the independent judging panel, led by Professor Walter Sermeus, was made up of well-known names from academia, business and government.

The award was won by Joris Rombaut, general manager of the St Elisabeth residential care facility in Eeklo, for his work as leader of the *Zandkorrel* (Grain of Sand) project.

The *Zandkorrel* is a community for people suffering from early-onset dementia, i.e. dementia affecting those under the age of 65. The community puts on special activities seven days a week for people with the condition, and there is also a music, relaxation and fitness area. In addition to nurses and healthcare staff, there are also educators, a speech therapist, a physiotherapist and an occupational therapist available. Autonomy is central to the *Zandkorrel* philosophy: community members are free to choose which activities they participate in.

### *Dignified and professional reception of asylum seekers*

2014 was the year in which we were able to put the crisis around reception of asylum seekers and its aftermath behind us; it was a year in which relative calm was restored and in which we were able to take the time to address many practical aspects in more detail. We already had a clear vision of how we wanted to approach the issue of asylum seeker reception, and during 2014 we were able to continue with this work and broaden it further. On the one hand, we remained steadfastly true to the core values of our work. Based on the Red Cross's underlying principles and our own code of ethics, we identified those values which apply directly to our work: humanity, impartiality, neutrality, respect, customer focus and professionalism – our 'framework of values' as we refer to it. On the other, we considered the results our work was designed to achieve: offering asylum seekers the opportunity to

live a dignified life while in Belgium, enable them to remain strong, and prepare them for the period after a decision has been made about their asylum application. We want to be able to achieve these goals in a cost-efficient and professional manner.

Even more importantly, we want to be able to demonstrate that we are doing this, and with this in mind we have set a number of benchmarks. For each field of our work, we have set out in precise detail what we want to achieve, and are making the transition from vision to reality. We will continue to use these benchmarks going forward to monitor our progress and retain a critical overview.

We have also begun the process of instilling this policy in our employees, too, and as such have launched a training program to raise awareness among staff of how to assimilate the stated values and benchmarks into their work, particularly where often complex situations arise in which simply stipulating a set of requirements is neither appropriate nor feasible.

### ***Voluntary return project***

In 2013, Belgian Red Cross-Flanders guardians for unaccompanied foreign minors launched a pilot project around voluntary return, in partnership with the Federal Agency for the Reception of Asylum Seekers (Fedasil). The project came about as a result of the realization that voluntary return is considered a taboo by many minors and their families; we wanted to shatter this perception since an asylum seeker opting to return to their country of origin voluntarily has become one of the most sustainable solutions.

The fundamental premise of the project was that right from the outset guardians assigned to minors should talk to them about and explain voluntary return, in just the same way as we consult a lawyer about the options as regards them remaining in Belgium legally. Through this approach, we present voluntary return immediately as a valid alternative to potentially remaining in Belgium.

Once a month, we organize an information session with a representative from Fedasil. The young people who attend are given a broad – and accessible – explanation of the option of voluntary return; since it is conducted as a group session, it is less intimidating for them. The next stage in the process is to arrange a one-to-one session for any young person who has specific questions about voluntary return. Where a minor has specific questions about voluntary return as soon as their guardianship commences, a one-to-one session will be arranged for them immediately.

In 2014, we invited 44 unaccompanied foreign minors to come and find out about voluntary return, with 24 young people subsequently attending either a group or one-to-one session.

## **Geared up for emergencies**

### **Emergency relief provided to 8 countries**

There is a Red Cross society operating in virtually every country. This local presence makes us unique and ensures that no precious time is wasted. Wherever an emergency situation arises, our local Red Cross staff can offer assistance immediately. In addition, if they consider it necessary, they can also issue a call to our worldwide network for assistance. If such an appeal for assistance is made, we look

at how best we can help, be that by providing financial aid, purchasing and transporting relief supplies, or deploying a specialist response team.

In 2014, we provided emergency relief in eight countries:

- Burundi: flooding and landslides
- Turkey: mining disaster
- Bosnia-Herzegovina: floods
- Serbia floods
- Iraq: assistance to displaced persons
- The Philippines: aid in the aftermath of typhoon Haiyan
- Sierra Leone: measures to combat Ebola
- Syria: support for victims of the civil war

## 9,031 preventive first aid stations

Wherever a large number of people are gathered together, there is always an increased risk of accidents. Organizers of sporting and general events, concerts and the like can ask Belgian Red Cross-Flanders to provide preventive first aid services. Our experienced and highly trained staff can provide high-quality first aid.

In 2014, our first-aiders were on standby at 9,031 events, ranging from a local *kermiskoers* race to large-scale rock festivals. In total, 45,155 volunteer first-aiders provided 216,552 hours of assistance. However, only 59,038 people required treatment (1,761 were taken to hospital).

Interesting facts:

- First aid cover is provided, on average, for seven hours and 42 minutes
- A first aid cover assignment generally requires five first-aiders on average
- 66% of first aid cover is provided at the weekend
- The average number of individuals requiring treatment per first aid cover shift is 7.72

## 121 alerts

In 2014, we received 121 alerts for emergency assistance. This works out to an alert on average every three days and is an increase of 23% compared with 2013.

Most alerts are issued by 112 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. Out of a total of 121 alerts, 89 were early warnings, and 32 were genuine alerts.

Of the total number of alerts issued, 45% were from Flemish Brabant, 22% were from Antwerp, 18% were from East Flanders, 8% were from West Flanders and 7% were from Limburg.

The most common reasons for alerts being issued are fire (48 alerts), a gas leak or escape of toxic substances (27 alerts) and train accidents (13).

## 56 psychosocial interventions

In 2014, our Social Intervention Service (SIS) took action on 56 occasions; this figure is largely in line with those in previous years.

The reasons for such action varied widely, and included providing assistance following a traffic accident, dealing with misconduct, and repatriation of Belgians abroad. This kind of psychosocial intervention requires a great deal of dedication and expertise from our 268 volunteers.

Every instance is unique and requires us to respond in a particular way. The scale of the action taken in a given emergency situation is no reflection of the latter's complexity: there will frequently be a complex background to a suicide, while a wide-scale evacuation will entail practical, and logistics-related difficulties.

Belgian Red Cross-Flanders' biggest task in 2014 was supporting bereaved relatives of the victims of the crash of flight MH17 in Ukraine.

## 29 Rapid Response Teams

When an emergency situation arises, the normal emergency services often do not have the resources to cope. In such situations, our Rapid Response Teams (RRTs) are deployed, bringing with them all the equipment required to set up a medical station quickly: inflatable tents, lighting, stretchers, medical equipment and emergency medication. In Flanders, we have 29 RRTs on standby to help other emergency services to provide relief to victims – fast.

## Dit was ook 2014

### *Frits Kalshoven Competition*

Between February 24 and 28, 2014, the seventh Frits Kalshoven International Humanitarian Law Competition took place in Brussels and The Hague. This annual English-language competition is run by Belgian Red Cross-Flanders in partnership with The Netherlands Red Cross to bring international humanitarian law into focus. International humanitarian law is designed to protect people who are not – or are no longer – involved in hostilities, such as the wounded and the sick, civilians, medical personnel and prisoners of war. For five days, students are immersed in this particular field of law through a mixture of role-plays, lectures and moot courts.

The competition is open to teams of three law students attending the same university or military academy in Belgium or the Netherlands. In 2014, 24 students from eight different universities took part, including from three institutions in Belgium: KU Leuven, the Royal Military Academy and UCL. Following an all-Belgian final, KU Leuven was crowned overall winner. Jozef Cnops from the Royal Military Academy won the prize for best individual speaker, while the role-play prize was awarded to Leiden University.

## ***Boosting self-reliance in South America***

Some regions find themselves having to cope with the same types of disasters year after year, for example flooding and landslides. Every time they occur they claim lives and destroy the homes, crops and belongings of already vulnerable populations.

In 2014, we helped local communities in Bolivia, Honduras, Peru and the Dominican Republic to be better prepared for the types of disasters which occur in those countries every year. We helped people to be able to respond more effectively in the event of a disaster and thereby save their lives, belongings and livelihoods.

We were able to make people in these countries more self-reliant by explaining the risks, establishing early-warning systems and training people in disaster-preparedness and first aid. Local Red Cross branches were also issued with the equipment required for them to deploy quickly in the event of a natural disaster.

## ***Emergency relief in Iraq***

In the wake of heavy fighting in northern Iraq, many communities have found themselves forced to flee conflict in their own country. These refugees live in difficult circumstances in refugee camps or in temporary accommodation with host communities. Sharya, a sub-district of Dohuk, has seen its population more than quadruple from 17,000 to 80,000 due to the influx of refugees.

Between September 1, 2014 and late May 2015, with the help of the Flemish Community Belgian Red Cross-Flanders has been distributing emergency relief supplies such as blankets and hygiene kits to refugees. We are also building emergency latrines and installing water tanks, and are helping the Iraqi Red Crescent to improve and extend existing water systems. Local teams from our Iraqi sister organization are on the road visiting communities to provide information about basic hygiene.

## ***Effective psychosocial first aid***

The Red Cross provides high-quality and efficient assistance in the aftermath of disasters. Our Social Intervention Service (SIS) provides special psychosocial support during the acute phase of aid provision. To enable us to provide the most effective psychosocial aid possible, we have studied in detail the scientific basis for a range of international guidelines. We have also sought to identify specific scientific studies highlighting how effective specific forms of psychosocial assistance are in disaster situations. Based on the data gathered, it is our assessment that more field research is required in this domain. However, the existing guidelines, which are based on a consensus between experts worldwide, provide an adequate basis for SIS course material. Our SIS research has been published in the scientific journal *PLOS ONE* and formed the basis for a discussion evening with staff, volunteers and an external speaker.

## **63 sections support the South**

Solidarity between Red Cross societies throughout the world is one of the fundamental principles underlying our organization. In 2014, 63 local branches in Flanders made a commitment to helping improve water, sanitation and hygiene in the South. Thanks to their efforts, Belgian Red Cross-Flanders has been able not only to generate financial support for projects in the South, but also to strengthen the international ties between Red Cross volunteers.

In 2014, nine Red Cross branches supported our water, sanitation and hygiene projects in Nepal, while 54 supported our water well project "Stronger Together" in Burundi.

## **Leaders in blood supply**

### **41,339 new donors**

In 2014, we were pleased to welcome 41,339 new donors to our register who were donating blood, plasma and platelets for the first time – that's 8.27% more new donors in 2014 than in 2013. Many of these new donors got in touch with us in response to our campaigns: that run in partnership with the cast of *Thuis* and *Familie* generated 2,714 new donors, whilst our campaign during the football World Cup attracted 8,347 new donors. This is the biggest rise in donor numbers in the past ten years!

Our *Bloedserieus* (Bloody Serious) campaign also attracted a large number of new donors. Bloody Serious is a campaign to recruit students as donors and takes place twice a year to provide a valuable top-up to donations. We are seeing a great many students returning as committed donors. In 2014, the campaign celebrated its 25th anniversary, and a total of 17,494 students came to donate blood and plasma.

### **372,759 successful donations**

In 2014, we collected 372,759 donations from 184,734 donors. The number of successful plasma donations in 2014 was up 1.6% on the previous year, but the number of successful blood donations fell by 4.8%. This was due to less demand from hospitals in Flanders; we try to match supply with hospital demand as closely as possible.

- The majority of donors give blood (161,049), while 20,402 give plasma and 3,268 give platelets. The number of plasma donors rose by 3% in 2014.
- 50.66% of donors are women: among plasma donors, the proportion of women is somewhat higher.
- 91% of donors are aged between 20 and 60. In 2013, the upper age limit for plasma and platelet donors was raised to 71 for those who had donated within the past three years; as a result, donors aged over 60 accounted for 9% of all donors in 2014.
- Rhesus-positive blood groups are more common than rhesus-negative ones, a trend which is reflected in our donor community, within which 81% of donors are rhesus-positive. The majority of people who come to donate blood are either O+ or A+.

## **391,557 donations tested**

Regardless of how frequently someone donates, we always test donated blood, plasma and platelets thoroughly. This ensures that we are able to guarantee the highest possible safety levels in the blood products we supply. Our Central Laboratory (CELA) identifies the blood group of each blood sample received, as well as the number of different types of blood cells. It also tests all blood samples for HIV, hepatitis B and C, and syphilis. Using a highly automated system, we are able to analyse blood samples quickly and supply blood products to hospitals when they need them.

In 2014, the CELA tested 391,557 successful donations. It also provides services to external players: in 2014 we received 3,704 external requests from hospital tissue banks and from the Central Fractionation Unit (a Belgian organization specializing in plasma fractioning and producing stable plasma derivatives). Overall, the volume of tests conducted by the CELA in 2014 fell by 4%, in line with a drop in donor numbers.

## **335,768 blood products supplied**

Following road traffic accidents, and during operations and childbirth large quantities of blood are frequently required to save lives. In 2014, Belgian Red Cross-Flanders once again supplied hospitals in Flanders with the safe blood products they needed. We visit hospitals several times a week to keep their blood banks topped up. We also remain on standby 24/7 to supply additional blood, plasma and platelets in the event of unexpected or emergency situations.

In 2014, we supplied 335,768 blood products, which is fewer than in 2013: supply of platelets was down by 4.99%, red blood cells by 6.84% and plasma by 15.8%.

## **Score of 8.8/10 in donor-satisfaction survey**

We are always delighted when new donors join us and we set great store on their opinions. As such, we ask all our new donors why they have chosen to donate and what has prompted them to do so, and how often they wish to donate. We also conduct extensive research into their experience of blood donating. Based on the responses received, it would seem that new donors are very happy, giving the experience an average satisfaction score of 8.8 out of 10. They also appear to be highly motivated to donate again in the future, with 97% saying that they would return to do so.

In 2014, the satisfaction score for waiting time rose for the third year in a row. We make every effort to keeping waiting times to a minimum and to achieve the highest possible satisfaction scores from donors in this domain. One of the ways in which we do this is by enabling donors to book donation slots, and in 2014 85,582 made use of this service. The majority of bookings were made by those coming to donate plasma and platelets: 85% of all plasma donors and 63% of all platelet donors gave their donations during a booked slot. In 2015, we will be endeavoring to reduce waiting times further still and introduce an online booking facility.

## 157,158 DNA and antibody tests

Our Central Laboratory for Histocompatibility and Immunogenetics (HILA) specializes among other things in the DNA and antibody testing required in connection with the transplantation of organs and stem cells. The HILA tests blood, organs and stem cells in order to 'match' donors with recipients.

By way of example, in 2014 there were 561 patients on the waiting list for a kidney transplant at the university centers for which HILA conducts testing. The HILA carried out 2,242 antibody tests in preparation for possible transplants, and 255 kidney transplants were ultimately performed at the centers. Following transplants, the HILA conducted 1,317 antibody tests to monitor patients' progress.

In 2014, the DNA of 7,975 new potential stem cell donors was typed, along with 819 samples of umbilical-cord blood for stem cell transplants.

In total, the HILA performed no fewer than 157,158 tests in 2014 to help both patients and blood, stem cell and organ donors!

## 24 successful audit days

All our staff play a part in providing safe, high-quality products and services. We conduct internal audits to ensure that procedures are being performed correctly and to test quality standards. Any deficiencies or areas requiring improvement are recorded and remedial action implemented.

External bodies, too, assess our operations to ensure that we are complying with the relevant legislation and standards. In 2014, 24 audit days were completed successfully:

- The Federal Agency for Medicines and Health Products (FAMHP) conducts extensive inspections as to the quality, safety and efficacy of our blood products. Following a successful audit, our status as a recognized blood establishment has been renewed.
- In 2014, the Central Fractionation Unit (CAF-DAF) inspected two mobile collections, two donor centers and two laboratories. Once again the outcome was positive and there were no major deficiencies observed.
- ISO 9001: This certification provides external and independent confirmation that our quality-management system is functioning correctly.
- ISO 15189: An international quality standard applicable to medical laboratories which evaluates both the efficient organization and the quality of the medical research carried out.
- The European Federation of Immunogenetics (EFI) verifies whether our Central Laboratory for Histocompatibility and Immunogenetics (HILA) meets the standards laid down by the EFI.
- NetCord is a non-profit association of umbilical cord blood banks seeking to improve the quality of umbilical cord blood. Our accreditation has been extended for three years. The most recent inspection was based on new guidelines (NetCord-FACT International Cord Blood Standards Accreditation Manual, Fifth Edition).

### ***Opening of a donor center in Ghent's student district***

On September 8, 2014 Belgian Red Cross-Flanders opened a brand new donor center on Sint-Pietersnieuwstraat in Ghent. The center is in a busy area, the heart of the student district, which was an important factor in choosing this location: we're hoping to be able to attract many new and young donors. The illuminated canvas banner completely covering the wall catches the attention of passers by until 1 a.m.. It is also the center of attention in the student cafeteria – no-one can miss it!

The center is open Monday to Friday. Anyone can drop in to donate blood, plasma or platelets, or to book a donation slot. A friendly, enthusiastic team is on hand every day to give a warm welcome to everyone stopping by. What better way to start your blood-, plasma- or platelet-donating 'career'?

To ensure that donating runs smoothly, we prefer donors to book a slot if they intend to donate plasma. Where an individual wishes to donate platelets, s/he *must* make an appointment since platelets can only be kept for a maximum of five days, and we work to hospitals' specific requirements. At the moment appointments are generally arranged by telephone but we hope to be able to offer an online booking facility in the future.

### ***Relationship between blood-donating and sport investigated***

We are constantly on the look-out for new donors to keep the blood banks topped up. Using a systematic review process (overview of relevant scientific studies), we wanted to research whether sportspeople could be encouraged to come and donate blood regularly. To date, there has been a great deal of ambiguity surrounding the effect of blood donating on sporting performance and physical parameters, a reason frequently cited as a reason for declining to give blood. In 2014, we conducted meticulous research on a range of medical and biomedical data banks. We have analyzed 18 studies in detail.

Our research revealed that non-professional sportspeople could give blood without it having any long-term impact on their performance. However, the studies we identified were very poor quality, and further research will be carried out to provide greater clarity. In partnership with KU Leuven, in 2015 we will be launching a study to further ascertain the impact of blood-donating on sporting performance.

### ***Quality guidelines for blood transfusions***

We are always on standby throughout Flanders to provide hospitals with adequate supplies of safe and reliable blood products, which are used primarily for blood transfusions. Since we want our products and service to be as effective and efficient as possible, we believe it is important for our recommendations concerning blood transfusions to be based on scientific evidence. We have therefore researched the quality of the methodology of 13 sets of blood-transfusion guidelines, as well as the scientific evidence supporting a number of recommendations. Our research revealed that the quality of existing guidelines was extremely patchy and that not all recommendations were underpinned by scientific evidence. We therefore advise the hospitals, policymakers and so forth using and developing these transfusion guidelines to approach them with caution.

## ***Research into pathogen-reduction technology***

Platelet concentrates are administered where a patient has a serious platelet deficiency, for example in the case of leukemia, complex surgical procedures involving severe blood loss, trauma and some hereditary conditions. To reduce the risk of infectious diseases being transmitted from donor to patient, pathogen-reduction technology (PRT) can be used to process platelets. However, such processes may affect platelet function.

Our Transfusion Research Center (TREC) has proven that three commercially available pathogen-reduction systems (Intercept by Cerus, Mirasol by TerumoBCT and TheraflexUVC by Macopharma) can all affect platelet function. In the case of Intercept, some aspects of platelet activation are affected. Mirasol affects both platelet activation and metabolism, while Theraflex affects the fibrinogen receptor.

However, it was not known why platelet function was affected in these ways and as such the Transfusion Research Center initiated a comprehensive biochemical study into two internationally recognized methods. Both methods have caused a significant decline in platelet function in vitro. Further research should determine the effects of these processes on platelet function following transfusion in humans.

## ***Technology to ensure safer platelet transfusions***

Naturally, we want to ensure that no infections are transmitted to patients through blood transfusions. We therefore seek to make sure that blood transfusion is a safe procedure by applying stringent rules as regards donor selection and conducting extremely high quality laboratory tests. Pursuant to the Royal Decree of June 17, 2013 laying down the requirement for pathogen-reduction for platelets, in 2014 significant progress was made in the way in which the Intercept method is implemented and validated. The Intercept pathogen-reduction method involves processing platelet concentrates using a photochemical technique, i.e. adding a photoactive substance to the blood product. We then shine UV light on the blood product which attacks the RNA (Ribonucleic Acid) and DNA (Deoxyribonucleic Acid) contained in pathogens so that they can no longer multiply, thereby reducing further still the already extremely small likelihood of germs being transmitted via platelet concentrate.

We validated the Intercept method in multiple stages: first, we checked that the pathogen-reduction technology was functioning properly, then that the blood bank IT system was coordinating and monitoring the process, and finally the quality of the platelets being processed. After each of these stages was complete, we were able to move on to what is known as performance classification or evaluation during routine use. During the final stage of validation, we assessed whether, in operational terms, the Intercept method was functioning without any noteworthy problems (organization of work in the production lab, product loss, timely availability of pathogen-reduced platelet concentrates). Of course, we also made sure that hospitals were fully informed of the significance, importance and practical implications of pathogen reduction.

By the end of 2014, the evaluation of this phase of routine use of Intercept was completed successfully, with 1,060 'standard' platelet concentrates having been processed and distributed using Intercept. We will therefore be looking to roll out pathogen-reduction further in 2015.

## ***Particles in platelet concentrates***

When collecting platelets via apheresis (or indeed cytapheresis) platelet aggregates (particles) can be produced which sometimes remain present in the blood product. Unfortunately, the presence of such particles means that we cannot release the blood product in question to hospitals. It is not known why the particles occur so Belgian Red Cross-Flanders' Transfusion Research Center decided to conduct some research into the phenomenon. We compared products which contained particles with ones which did not, and found that the products without particles were also the 'smaller' ones, i.e. products containing more platelets were more likely to give rise to particles. We also identified a link between particles and donor: the blood of donors who have previously donated concentrate containing particles is more likely to contain particles again in the future. These findings have been published in *Vox Sanguinis* and will be researched further in 2015.

## ***Two additional collection centers for umbilical cord blood***

Umbilical cord blood is the blood left behind in the umbilical cord and placenta after a baby is born. This blood contains cells which share the same characteristics as bone marrow cells, or 'stem cells'. These cells can be used to cure patients with diseased bone marrow caused by blood disorders such as leukemia, via transplantation using umbilical cord blood.

We help to collect and process donations of umbilical cord blood. Until 2011, the umbilical cord blood we processed came from two collection centers. In 2011, the Umbilical Cord Blood Bank at Ghent University Hospital launched a campaign for more such centers to be provided. By 2013, we were receiving umbilical cord blood from seven permanent collection centers. Then, in 2014, two further centers were opened: Delta Roeselare and Delta Menen, bringing the total number of permanent collection centers to nine. Thanks to the additional collection centers, in just three years we have seen the number of umbilical cord blood bags delivered to Belgian Red Cross-Flanders' Umbilical Cord Blood Intermediary Structure (IMS) double: in 2011, the IMS received almost 3,000 units for processing, of which approximately 1,400 were from the Umbilical Cord Blood Bank at Ghent University Hospital.

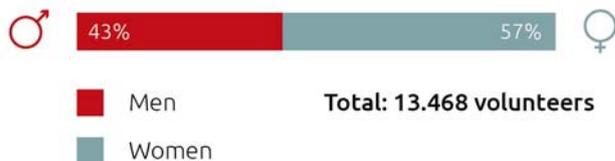
# Organisation

Belgian Red Cross-Flanders is an independent volunteer organization. This means that we rely largely on volunteers to enable us to help vulnerable people in a wide variety of ways. Thanks to the reliable interaction between our 13,468 volunteers and 1,150 employees we are able to provide assistance in an efficient manner wherever it is required. We attach particular importance to research and innovation since it is these which will enable us to offer more effective and more efficient help in the future. A clearly formulated set of long-term goals also helps to keep us on track.

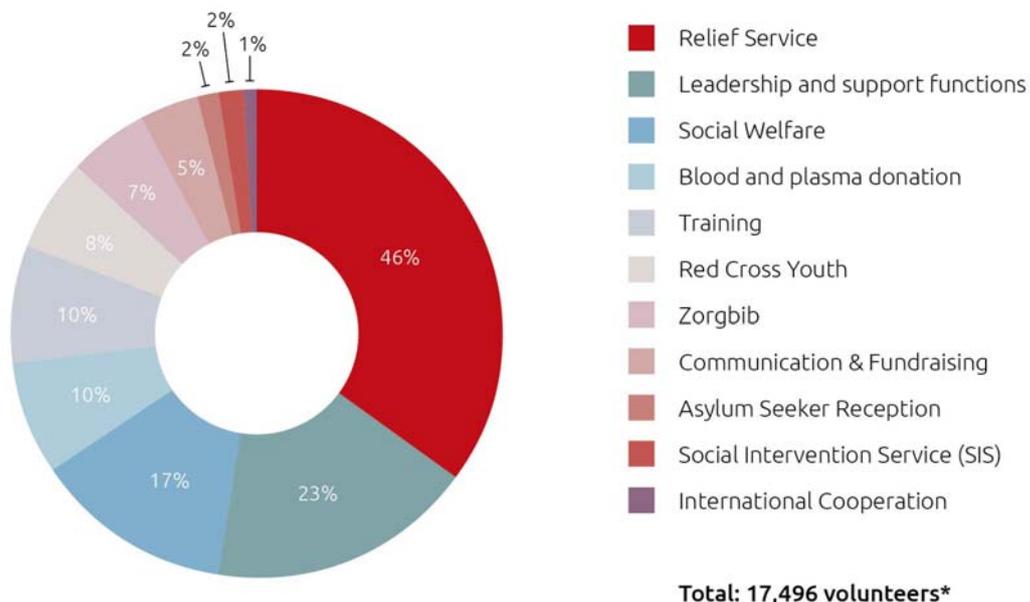
## Red Cross volunteers

Volunteers are the backbone of Red Cross operations. In Flanders, a total of 13,468 volunteers are ready to help in a number of ways: on a one-off or daily basis, as support workers, trainers or first-aiders, alone or in groups. The vast majority of them are active in local branches.

### Proportion of male and female volunteers

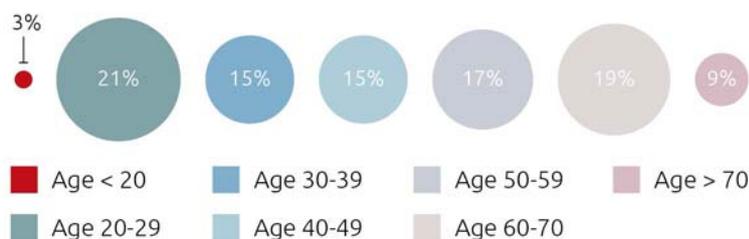


### Proportion of volunteers by activity

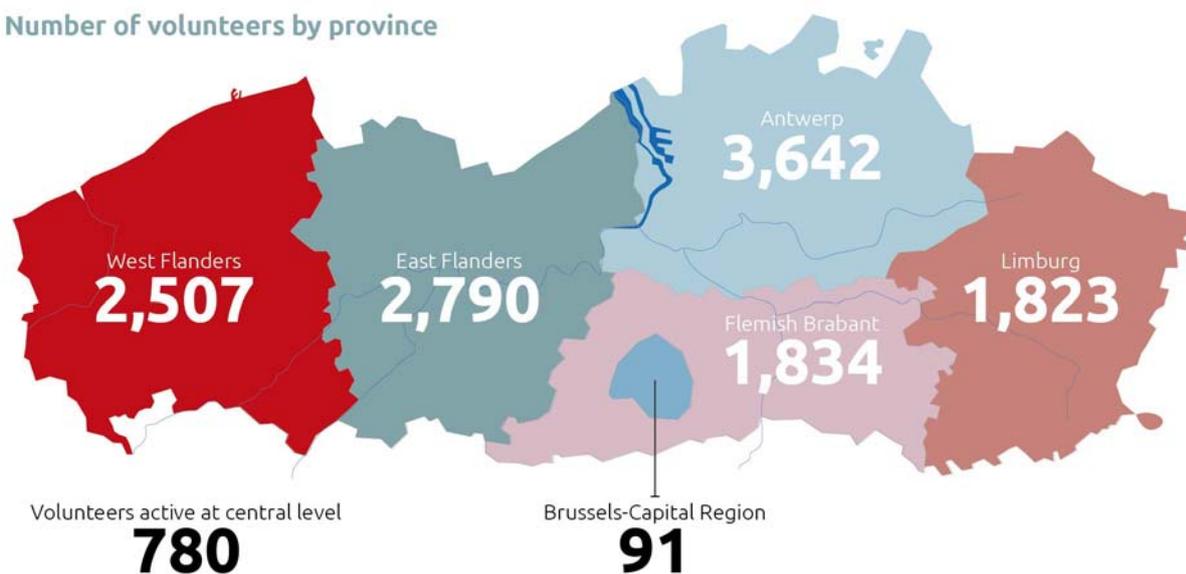


\*The number of volunteers in this chart is higher than the total number of Belgian Red Cross-Flanders volunteers as some volunteers perform more than one role.

## Proportion of volunteers by age



## Number of volunteers by province



## Local branches in Flanders

Belgian Red Cross-Flanders has 249 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 identify 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 sections. At the end of 2014, we had 103 youth sections, which organize first aid courses for children and young people as well as a variety of other activities.

## Red Cross Youth leadership training

Red Cross Youth provides high-quality training for Red Cross volunteers. Once again in 2014, a wide range of training was offered, totaling some 400 hours, and numerous prospective youth leaders, officers and deputy officers, initiators and youth counselors were able to choose from many different training courses. Since all leadership training programs are set to undergo reform, concerted efforts were made in 2014 since the Agency for Socio-Cultural Work for Young People and Adults (*Agentschap Sociaal Cultureel Werk voor Jeugd en Volwassenen*) has stipulated that all accredited training courses must be streamlined across the various youth associations. This will mean considerable changes for Red Cross Youth, and 2014 was thus the final year in which training courses in their existing form were offered.

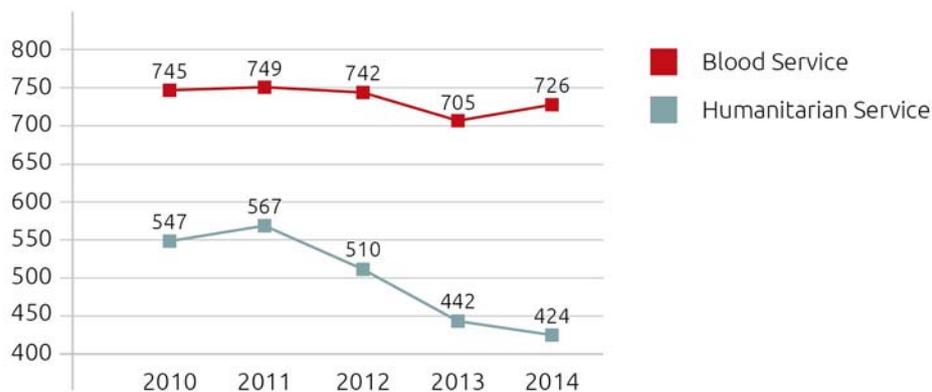
# The Red Cross as an employer

As a volunteer organization, 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 2014, we had 1,150 employees offering a wide range of talents: some roles are extremely specialized and high-tech, while in others the emphasis is on social and interpersonal skills.

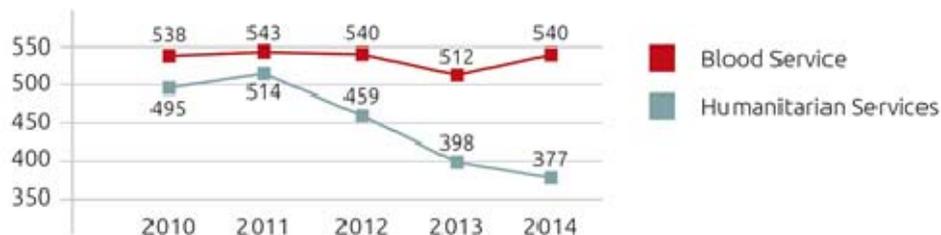
We provide the right environment to enable our employees to perform their work as efficiently as possible, and we are also keen to be an attractive employer to work for: we are exploring and introducing new working methods via our Fenix project.

## The Red Cross as an employer

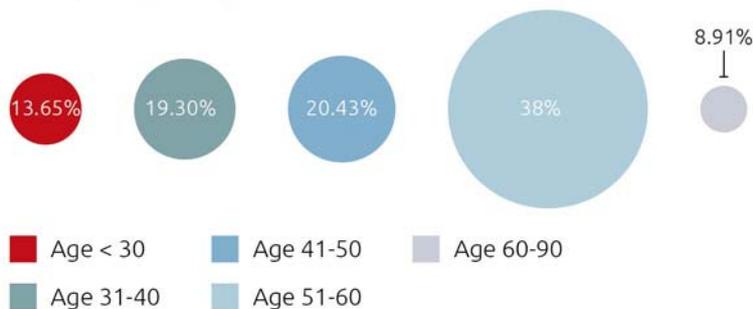
### Trend in employee numbers



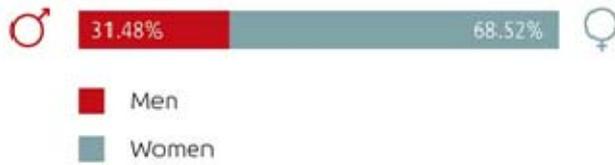
### Trend in number of FTEs



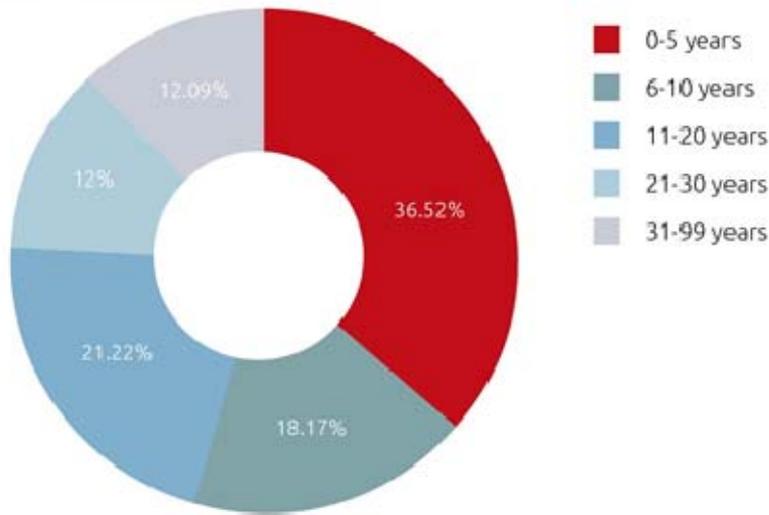
### Employee age ranges



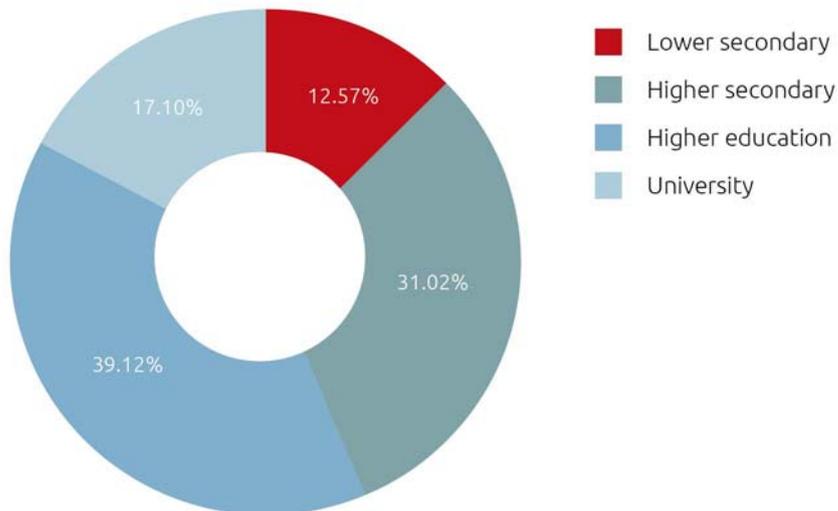
### Proportion of male and female employees



### Length of service among employees



### Employee education/qualifications



# Working for the Red Cross

## *The Fenix project: a new way of working*

In 2013, we launched the *Het Nieuwe Werken* (A New Way of Working) initiative. The Fenix project as it is known is aimed at enabling us to move with the times and be an attractive employer that people actively want to work for, both now and in the future. We asked employees from several services to lend us their support – on a voluntary basis – in four key areas:

- **Digitalization** (making data available in digital format): we conducted a survey within the organization to determine what was required, and based on the information gathered, we identified a set of priorities which will be implemented in 2015.
- **Sustainability** (reducing waste, and operating in a sustainable, forward-looking manner): in 2014, we began using cleaning and general products bearing an ecolabel, and a hybrid car for business travel. We sort our waste and provide staff with fruit at work.
- **Mobility** (tapping into mobility trends, Mechelen Mobility Plan): As an example, we organized two car-free days and collectively managed to save 1,200 kilometers of travel.
- **Refurbishing existing buildings and fitting out new ones** (e.g. meeting rooms and activity areas): in 2014, our focus was on refurbishing our premises in Ghent and fitting out our new Sango building in Mechelen. The first services moved into Sango in November 2014.

During 2014 we also took stock of our telehomeworking project, and implemented it throughout the organization.

## *Development of the SJT selection tool*

We are always looking for ways in which to improve our recruitment and selection process. We are keen to ensure that it runs as smoothly as possible, and, where possible, is supported by scientific evidence. Devising a situational judgement test – or SJT – was therefore the ideal approach.

In 2014, we developed an SJT to support the selection process within Humanitarian Services. Given the latter's specific context, it is crucial that staff are able to work calmly, professionally and in a rational and business-like manner. The SJT highlights four key characteristics every employee should display: a professional attitude, a results-driven mindset, an understanding of business considerations, and commitment to the organization.

We devised the test in various stages and in doing so worked closely with Humanitarian Services managers and Helga Peeters, lecturer and expert in developing and implementing SJTs. The test has been integrated into our existing testing system and applicants can access it online. During the course of 2015, we will be analyzing the quality of the SJT further.

## ***Feedback on leadership styl via CLS 360°***

As part of our leadership-development activities, in the fall of 2014 we organized Managers' Day at which we launched the CLS 360° assessment tool. CLS stands for Circumplex Leadership Scan, a scientifically supported tool for analyzing styles of leadership, and is aimed at managers who are responsible for leading a team. The CLS gives them a clear picture of how others view their leadership style. The '360°' refers to the fact that they receive comprehensive feedback from a range of sources – their own manager(s), direct employees, colleagues and internal customers – to enable them to improve their own leadership skills.

## ***Psychosocial stress: asylum seeker reception staff***

In late 2013, the Occupational Health Service IDEWE (External Service for Prevention and Protection at Work) published the findings of research into psychosocial stress amongst Belgian Red Cross-Flanders staff. We analyzed the results for the Asylum Seeker Reception Service and asked each team at the various reception centers which issues they felt we needed to address most urgently. The feedback we received highlighted the need for better internal communication at centers, the fact that there were too many stipulations residents were required to meet and that the purpose of them was unclear, that working conditions were unsatisfactory, and that there were too few training opportunities. Based on this feedback, we drew up an action plan which we presented to all Asylum Seeker Reception Service staff during information sessions. Given budgetary constraints we were unable to address the issue of improving terms of employment. During 2014, efforts were focused on improving internal communication, adopting a more professional approach to the way in which we operate, and enhancing staff training. We also took advantage of lower occupancy rates to organize an exchange program between staff in the various reception centers. This action plan is also being used to help update the 'content' side of our work, as it were: the framework of values governing everything we do, and translating our vision into reality contribute directly to us being able to operate in a more professional manner.

## ***Collective agreement in connection with Blood Service centralization***

In 2015, a number of departments within the Blood Service were centralized and moved to the new Sango building in Mechelen. This move and the centralization of departments was the subject of much discussion during 2014 with union representatives. To ensure that the move went as smoothly as possible for all staff involved, Belgian Red Cross-Flanders drew up a set of measures which have been collated into a collective agreement. We decided to seize the opportunity afforded by centralizing departments to streamline employment terms.

## ***Deploying staff to meet requirements***

We manage our resources and staff in an informed manner. A cost-center structure enables us to determine and monitor the costs and services required for a particular activity. Using this structure we can compile a targeted management report to enable us to determine HR policy: headcount (salaried staff and effective FTEs), absenteeism and overtime.

In 2014, we applied the cost-center structure to our Blood Service, bearing in mind the new situation and its new format. We also compiled a cost-center structure for our Humanitarian Services to enable us to produce a similar management report.

## ***Reception centers embrace digitalization further***

In 2014, asylum seeker reception centers took steps towards further digitalizing their processes and operations. A new resident-management software package – Adabase – has been installed in all centers and the old paper logbook recording day-to-day communication between the various departments has been replaced by a digital version. All reception centers are now also using a center site on the Belgian Red Cross-Flanders intranet where all information, arrangements and reports can be shared. Finally, we also laid the foundations for further digitalization in 2015, namely an operating system for residents' computers, and wireless Internet for residents and staff).

Thanks to the enhanced digital processes introduced, we are now able to use our hardware more flexibly, manage residents' case files more efficiently (including between centers), and monitor/follow up operational communication from any computer at a center. Centers now have immediate access to all the most up-to-date information and forms. In 2014, printer usage at reception centers fell by no less than 28% compared with 2013.

## ***Health-worker pilot project***

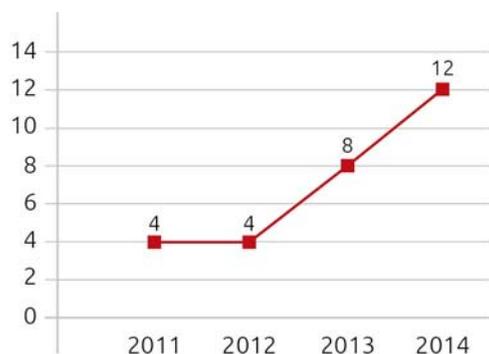
Safe blood is our top priority and the donor-selection process we follow prior to every collection is a crucial part of ensuring safe blood products. In 2014, we launched a pilot project to train health workers in how to perform donor selection. The health workers involved (A1-level nurses) were given theoretical and practical training before going on to perform donor selection (interview and brief cardiovascular examination) themselves at collections at which a doctor was present. The health workers also processed donors' responses/results under the supervision of a doctor.

## **Disseminating and sharing expertise**

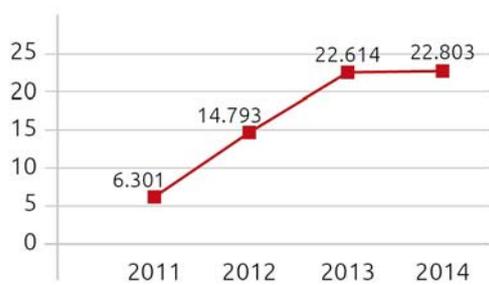
For over 150 years, Belgian Red Cross-Flanders has managed to successfully reinvent itself time and again and continuously improve. This has only been possible by constantly questioning and challenging what we are doing. Since very little high-quality independent research is carried out into our activities, we make a concerted effort to research and innovate to enable us to provide higher quality and more efficient assistance.

Since our knowledge and skills are useful for everyone, we also give lectures and attend conferences. We also share our knowledge and expertise via a range of scientific publications.

### Number of publications with impact factor, where RKV is either the first or last author



### Trend in Cumulative Impact Factor of scientific publications where RKV is either the first or the last author



Coene J, Devreese K, Sabot B, Feys HB, Vandekerckhove P, Compernelle V. *Paired analysis of plasma proteins and coagulant capacity after treatment with three methods of pathogen reduction*. *Transfusion* 2014, 54(5):1321-31.

De Buck E, Pauwels NS, Dieltjens T, Vandekerckhove P. *Use of evidence-based practice in an aid organisation: a proposal to deal with the variety in terminology and methodology*. *Int J Evid Based Healthc*. 2014, 12(1): 39-49.

De Clippel D, Baeten M, Torfs A, Emonds MP, Feys HB, Compernelle V, Vandekerckhove P. *Screening for HLA antibodies in platelet apheresis donors with a history of transfusion or pregnancy*. *Transfusion* 2014, 54(12):3036-42.

Dieltjens T, Moonens I, Van Praet K, De Buck E, Vanderkerckhove P. *A systematic literature search on psychological first aid: Lack of evidence to develop guidelines*. *PLoS ONE* 2014, 9(12):e114714.

Feys HB, Van Aelst B, Devreese K, Devloo R, Coene J, Vandekerckhove P, Compernelle V. *Oxygen removal during pathogen inactivation with riboflavin and UV light preserves protein function in plasma for transfusion*. *Vox Sang* 2014, 106(4):307-15.

Lieberman L, Devine DV, Reesink HW, Panzer S, Wong J, Raison T, Benson S, Pink J, Leitner GC, Horvath M, Compennolle V, Scuracchio PS, Wendel S, Delage G, Nahirniak S, Dongfu X, Krusius T, Juvonen E, Sainio S, Cazenave JP, Guntz P, Kientz D, Andreu G, Morel P, Seifried E, Hourfar K, Lin CK, O'Riordan J, Raspollini E, Villa S, Rebulla P, Flanagan P, Teo D, Lam S, Ang AL, Lozano M, Sauleda S, Cid J, Perreira A, Ekermo B, Niederhauser C, Waldvogel S, Fontana S, Desborough MJ, Pawson R, Li M, Kamel H, Busch M, Qu L, Triulzi D. *Prevention of transfusion-transmitted cytomegalovirus (CMV) infection: Standards of care*. Vox Sang 2014, 107(3):276-311.

Muia J, Zhu J, Gupta G, Haberichter SL, Friedman KD, Feys HB, Vanhoorelbeke K, Westfield LA, Roth R, Tolia NH, Heuser JE, Sadler JE. *Allosteric activation of ADAMTS13 by von Willebrand factor*. Proc Natl Acad Sci USA 2014, 111(52):18584-9.

Nightingale MJ, Ceulemans J, Ágoston S, van Mourik P, Marcou-Cherdel C, Wickens B, Johnstone P. *The value to blood establishments of supplier quality audit and of adopting a European Blood Alliance collaborative approach*. Blood Transfus 2014, 12(1):91-8.

Pauwels NS, Leila Cusack, Emmy De Buck, Veerle Compennolle, Philippe Vandekerckhove. *The effect of pre-donation hypotension on whole blood donor adverse reactions: a systematic review*. JASH 2014, 8(6):429-36.

van der Meer PF, Reesink HW, Panzer S, Wong J, Ismay S, Keller A, Pink J, Buchta C, Compennolle V, Wendel S, Biagini S, Scurocchio P, Thibault L, Germain M, Georgsen J, Begue S, Dernis D, Raspollini E, Villa S, Rebulla P, Takahashi M, de Korte D, Lozano M, Cid J, Gulliksson H, Cardigan R, Tooke C, Fung MK, Luban NLC, Vassallo R, Benjamin R. *Should DEHP be eliminated in blood bags?* Vox Sang 2014, 106(2):176-95.

van der Meer PF, Dumont LJ, Lozano M, Bondar N, Wong J, Ismay S, Pink J, Nussbaumer W, Coene J, Feys HB, Compennolle V, Devine DV, Howe D, Lin CK, Sun J, Ringwald J, Strasser EF, Eckstein R, Seltsam A, Perseghin P, Proserpio P, Wakamoto S, Akino M, Takamoto S, Tadokoro K, Teo D, Shu PH, Chua SS, Jimenez-Marco T, Lozano M, Cid J, Castro E, Muñoz I, Gulliksson H, Sandgren P, Thomas S, Petrik J, McColl K, Kamel H, Dugger J, Sweeney JD, Gorlin JB, Sutor LJ, Heath D, Sayers MH. *Aggregates in platelet concentrates*. Vox Sang 2015, 108(1):96-100.

Vandewalle G, Baeten M, Bogaerts K, Vandekerckhove P, Compennolle V. *Evaluation of 6 years of confidential unit exclusion at the Belgian Red Cross Flanders*. Vox Sang 2014, 106(4):354-60.

#### **Other publications:**

Fias D, Vandekerckhove P (promotor). *Does donating blood influence sports performances? A systematic review and meta-analysis. Masterproef neergelegd tot het behalen van de graad van Master in de Biomedische Wetenschappen*. Faculteit Geneeskunde, KU Leuven, June 2014, 52 p.

#### **Presentations:**

*Are individuals presenting with hypotension eligible as whole blood donors? A systematic review to base donor selection criteria on*. 1st European Conference on Donor Health and Management 2014, Den Haag, The Netherlands; 3-5 September. (by Pauwels N.)

*Beleid van pretransfusietesten voor zuigelingen jonger dan 4 maanden.* WVTV symposium 2014, Ghent; 14 November. (by Vanhonsbrouck A.)

*HLA en HPA antistoffen in allo-immune cytopenie.* WVTV symposium 2014, Ghent; 14 November. (by Emonds M.)

*Implementation of evidence-based African First Aid Materials (AFAM) in Sub-Saharan Africa.* GIN conference 2014, Melbourne, Australia; 20-23 August (by De Buck E.)

*Implementation of research in disaster settings.* Master in Public Health course, Queens University Belfast, Belfast, UK; 26-28 February. (by Vande Veegaete A.)

*Risk based analysis in practice. Examples at the Belgian Red Cross-Flanders.* Lentesymposium BVWB-ABBT 2014, Ghent; 22 May. (by Compernelle V.)

*Standard wording for formulating evidence conclusions and implications for recommendations.* GIN conference 2014, Melbourne, Australia; 20-23 August. (by De Buck E.)

*The protection of IDPs and refugees under IHL.* Introductory seminar on IHL organized by ICRC, NOHA en het Belgische Rode Kruis; 29 April. (by De Grève L.)

*Voorstelling van de Internationale Beweging van het Rode Kruis en Rode Halve Maan en de conclusies van de Health care in Danger workshop gehouden te Brussel in januari 2014.* Informatiesessie 'Health Care in Danger' door het Belgische Rode Kruis in de Senaat; 12 December. (by De Grève L.)

## Progress report - Pledge 2015

As the saying goes: "If you don't move forwards, you move backwards." This general premise applies to us, too, and we are therefore constantly seeking to evolve and adapt. Belgian Red Cross-Flanders is an experienced, dynamic and forward-looking organization which knows where it is headed. A clearly formulated set of long-term goals also helps to keep us on track. In 2011, Belgian Red Cross-Flanders launched Pledge 2015, the organization's five-year plan for the period 2011-2015. It 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:

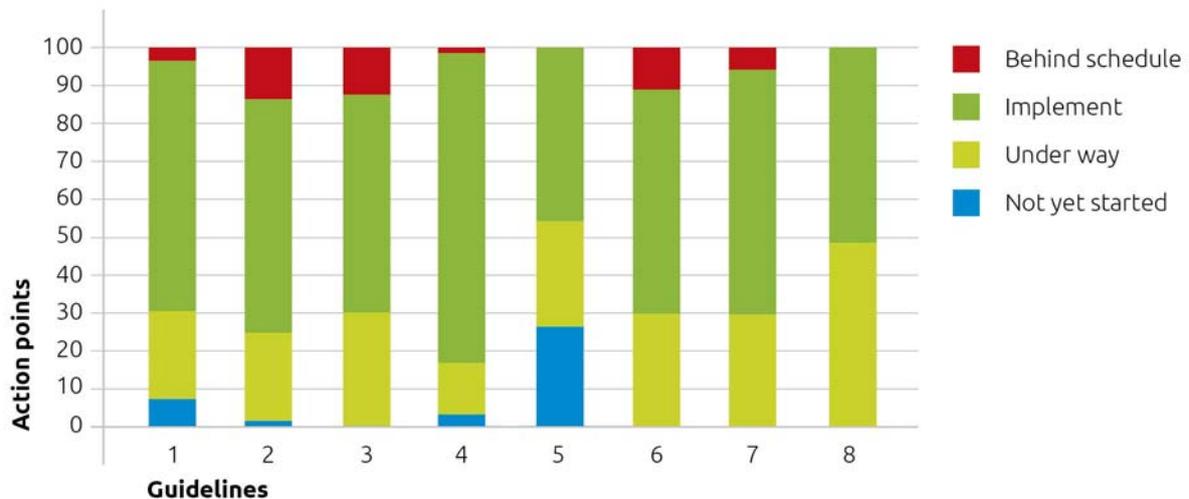
- Promoting self-reliance
- Geared up for emergencies
- Leaders in blood supply
- Caring for the vulnerable
- Inspiring volunteers
- Working together to achieve greater impact
- Offering a top-level, top-quality service
- Maintaining a high profile

The plan has paved the way for structured development with measurable results. The core guidelines are translated into 41 goals and 427 tangible action points. This enables us to accurately measure whether we have achieved our targets.

## Still one year to go

After four years, the implementation of Pledge 2015 is largely on track: more than 61% of action points have been implemented and 26% are under way. The remainder will be started in 2015. 6% are behind schedule.

### Progress action points Pledge 2015



In 2014, we began preparing for the next strategic plan for the period 2016-2020, which will build further on previous plans and achievements, such as well coordinated deployment of volunteers, modern management and an evidence-based foundation for our activities. The new plan will not be seeking to identify new paths, but will instead focus on consolidating and extending existing activities. This does not mean, though, that it will be any less ambitious: it will contain sound innovations. A central focus will also likely be enhancing the effectiveness of Belgian Red Cross-Flanders' strategy at local level. Experience has shown that this is a slow process, not least given that in recent years our branches have taken on a considerable number of new activities.

## Management bodies

### Management and policy levels

#### *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 13,468 volunteers and 249 local Red Cross branches 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 2014, the Community Council met on March 29, June 28, October 4 and December 20.

## Members

Liesbeth Adriaenssens, Representative of Humanitarian Services personnel (until January 31, 2014)

Melissa Bastiaen, Chairwoman of the Red Cross Youth Advisory Committee

Dominique Beernaert, Regional President, North-West Flanders (as of March 12, 2015)

Stefan Beerten, Provincial President, Limburg (until November 28, 2014)

Paul Broos, Chairman of the Medical Committee for Humanitarian Services

Pol Casteleyn, Provincial President, Flemish Brabant

Guy de Marneffe, Regional President, Central Limburg

Christ Declerck, Regional President, South-West Flanders (until March 26, 2014)

Marijke Dedecker, Regional President, South-West Flanders (as of March 26, 2014)

John Dejaeger, Deputy Community President

Bruno Detloff, Regional President, Antwerp

Mireille Deziron, Board member, Blood Service and Humanitarian Services

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

Christ'l Joris, Community President

Tessa Kam, Representative of blood and plasma donors

Pieter Laekeman, Regional President, North-West Flanders (until March 12, 2015)

Geert Maelfait, Community Treasurer

Liesbeth Maes, Regional President, Dendermonde/Sint-Niklaas

Stef Meynendonckx, Regional President, Taxandria/Provincial President Antwerp *ad interim* (as of March 10, 2015)

Guy Peeters, Board member, Humanitarian Services

Charly Potloot, Regional President, Westhoek

Rudy Pypops, Regional President, East Brabant

François Segers, Regional President, West

Brabant

Yolanda Simons, Chairwoman of the Zorgbib Advisory Committee

Frank Sloomans, Provincial President, West Flanders

Freddy Snoeck, Deputy Community President (until May 20, 2014)

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, Provincial President, Antwerp (until March 10, 2015)

Johnny Thijs, Board member, Blood Service and Humanitarian Services (as of October 4, 2014)

Marjan Thijssen, Regional President, South Limburg / Provincial President Limburg *ad interim* (as of November 28, 2014)

Willy Van De Wauw, Regional President, North and East Limburg

Luc Van Hauwenhuyse, Provincial President, East Flanders (until December 20, 2014)/Deputy Community President (as of October 4, 2014)

Christine Van Herzele, Regional President, Aalst-Oudenaarde (as of November 20, 2014)

Francis Van Leemputte, Regional President, Zuiderkempen *ad interim*

Wim Van Nieuwenhove, Chairman of the Communication & Fundraising Advisory Committee (until March 9, 2014)

Pascal Van Waeyenberghe, Regional President, Aalst-Oudenaarde (until December 20, 2014)/ Provincial President, East Flanders (as of December 20, 2014)

Philippe Vandekerckhove, Chief Executive Officer

Clark Vande Geuchte, Regional President, Het Gentse *ad interim*

Geert Vermeersch, Chairman of the Education Advisory Committee (as of March 29, 2014)

Jos Verschoren, Regional President, Mechelen

Pedro Vervliet, Regional President, Ghent-Eeklo

## ***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 2014, the Governing Board of the Blood Service met on April 24, June 12, September 25 and December 4. The Governing Board of Humanitarian Services met on January 9, March 20, May 22, September 11 and 25, and November 6.

### **Members**

#### *Members of both Governing Boards with voting powers*

Christ'l Joris, Community President (Chairwoman)	(until May 20, 2014)
John Dejaeger, Deputy Community President	Laurette Steenssens, Board member, Blood Service
Mireille Deziron, Board member, Blood Service and Humanitarian Services	Johnny Thijs, Board member, Blood Service and Humanitarian Services (as of October 4, 2014)
Dirk Huyghe, Chairman of the Audit Committee	Luc Van Hauwenhuyse, Board member, Blood Service (until December 20, 2014)/Deputy Community President (as of October 4, 2014)
Geert Maelfait, Community Treasurer	Philippe Vandekerckhove, Chief Executive Officer
Guy Peeters, Board member, Humanitarian Services	
Freddy Snoeck, Deputy Community President	

#### *Members of the Governing Board – Humanitarian Services with advisory powers*

Stefan Beerten, Provincial President, Limburg (until November 28, 2014)	Hugo Tant, Provincial President, Antwerp (until March 10, 2015)
Pol Casteleyn, Provincial President, Flemish Brabant	Marjan Thijssen, Provincial President, Limburg <i>ad interim</i> (as of November 28, 2014)
Stef Meynendonckx, Provincial President, Antwerp <i>ad interim</i> (as of March 10, 2015)	Luc Van Hauwenhuyse, Provincial President, East Flanders (until December 20, 2014)
Frank Sloomans, Provincial President, West Flanders	Pascal Van Waeyenberghe, Provincial President, East Flanders (as of December 20, 2014)

## ***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 2014, the Audit Committee met on March 12, April 23, September 24 and December 17.

### **Members**

Dirk Huyghe, Board member (Chairman)

Christ'l Joris, Community President

Geert Maelfait, Community Treasurer

Freddy Snoeck, Deputy Community President (until May 20, 2014)

Internal auditing is carried out by Deloitte under the supervision of Joris Bulens (partner). In 2014, Deloitte audited the operations of the Insurance entity and the Quality department of the Blood Service, as well as the Gentbrugge, Groot-Kortrijk, Kampenhout-Herent, Ostend, Putte, Riemst and Zelem branches.

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 2014, the Financial Committee met on March 12, July 2, September 17 and December 17.

### **Members**

Geert Maelfait, Community Treasurer (Chairman)

Hugo Lasat, Expert

Guy Peeters, Board member

## 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 2014, the Remuneration Committee met on February 25, June 10, September 15 and December 8.

### Members

Mireille Deziron, Board member (Chairwoman)

Christ'l Joris, Community President

## Operational level

### *Board 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 2014, the Board of Directors for Humanitarian Services met on January 9 and 23, February 20, March 6 and 20, April 3 and 24, May 22, June 12 and 26, July 17, August 28, September 11 and 25, October 23, November 6 and 20, and December 5 and 19.

#### Members

##### *Voting members*

Philippe Vandekerckhove, Chief Executive Officer  
(Chairman)

Stefan Beerten, Provincial President, Limburg  
(until November 28, 2014)

Pol Casteleyn, Provincial President, Flemish  
Brabant

Stef Meynendonckx, Provincial President,  
Antwerp *ad interim* (as of March 10, 2015)

Frank Sloomans, Provincial President, West

Flanders

Hugo Tant, Provincial President, Antwerp (until  
March 10, 2015)

Marjan Thijssen, Provincial President, Limburg *ad  
interim* (as of November 28, 2014)

Luc Van Hauwenhuyse, Provincial President, East  
Flanders (until December 20, 2014)

Pascal Van Waeyenberghe, Provincial President,  
East Flanders (as of December 20, 2014)

### *Non-voting members*

Kenneth Arkesteyn, Humanitarian Services Director

Luc Botten, Finance and Administration Director (until April 30, 2014)/Communication & IT Director (as of April 30, 2014)

Peter Catry, HR Director

Karolien Geudens, Finance and Administration Director (as of April 30, 2014).

## **Board of Directors for the Blood Services**

### **Meetings**

In 2014, the Board of Directors for the Blood Service met on January 21, February 4 and 18, March 1, April 1 and 22, May 20, June 10 and 24, August 11 and 26, September 9, October 7, november 4 and 18 and December 2.

### **Members**

Philippe Vandekerckhove, Chief Executive Officer (Chairman)

Luc Botten, Finance and Administration Director (until April 30, 2014)/Communication & IT Director (as of April 30, 2014)

Peter Catry, HR Director

Jan Ceulemans, QA Manager

Veerle Compernelle, Medical Director

Luc Botten, Finance Director (as of April 30, 2014)

Wilfried Vantghem, Operational Director

## ***Advisory bodies***

### **Medical Committee of the Blood Service**

#### **Meetings**

In 2014, the Medical Committee of the Blood Service met on January 14 and 28, February 25, March 25, April 22, June 3 and 17, July 1, August 12 and 26, September 9 and 23, October 7 and 21, November 4, 18 and 27, and December 16.

#### **Members**

Prof. Dr. Veerle Compernelle, Medical Director (Chairwoman)

Dr. Martine Baeten, Deputy Medical Director and medical expert on blood-taking (until January 28, 2014)

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 De Smet, clinical biologist, medical expert – donor laboratory

Dr. Marie-Paule Emonds, clinical biologist, medical expert HILA

Dr. Philippe Vandekerckhove, Chief Executive Officer

Dr. Giovanni Vandewalle, medical expert on blood-taking (as of January 15, 2014)

Dr. Anne Vanhonsbrouck, clinical biologist, medical expert in immunohematology

## Medical Committee of the Humanitarian Services

### Meetings

In 2014, the Medical Committee of the Humanitarian Services met on January 10, March 14 and November 14.

### Members

Prof. Dr. Paul Broos (Chairman)	province of East Flanders (until December 31, 2014)
Dr. Martine Baeten, Deputy Medical Director of the Blood Service (until January 28, 2014) and Chief Physician for the province of Antwerp (as of April 17, 2014)	Dr. Jan Van Heuverswyn, representative of the Flemish Minister for Public Health
Dr. Veerle Compernelle, Medical Director of the Blood Service	Dr. Karel Vandevelde, Chief Physician for the province of West Flanders
Dr. Erwin Dhondt, representative of the Minister for Defense	Dr. Marc Vanpoecke, Chief Physician for the province of Limburg
Dr. Evi Steen, Chief Physician for the province of East Flanders (as of February 11, 2015)	Dr. Pascal Vranckx, Chief Physician for the province of Flemish Brabant
Dr. Ive Van Cauwenbergh, representative of the Minister for Defense	
Dr. Marc Van Goethem, Chief Physician for the	

## 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 in 2014:

- Advisory Committee on Communication & Fundraising: no meetings – chaired by Wim Van Nieuwenhove (until March 9, 2014)
- Advisory Committee on the Social Intervention Service: January 10, March 14, June 14, September 19, November 21 and December 12 – chaired by Manu Heyse
- Advisory Committee on the Relief Service: February 18, June 19, August 21 and October 2 – chaired by Johan Gillebeert
- Advisory Committee on International Cooperation: March 5 and October 15 – chaired by Jan Standaert
- Advisory Committee on Red Cross Youth: February 19, April 13, May 26, September 22 and November 28 – chaired by Melissa Bastiaen
- Advisory Committee on Social Welfare: February 14, April 25, June 13, September 12 and December 5 – chaired by Lut Swennen
- Advisory Committee on Education: February 9, March 25, September 16 and December 16 – chaired by Geert Vermeersch (as of March 29, 2014)
- Advisory Committee on Zorgbib: February 13, May 22, September 11 and December 11 – 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 2014:

- 2020 Strategy steering group – chaired by Christ'l Joris
- Patient Transportation taskforce – chaired by Luc Van Hauwenhuysse
- Fundraising working group – chaired by Luc Botten
- Basic Logistical Support working group – chaired by Patricia Vrancken
- Local Roots working group – chaired by Jeroen Van Keer
- Relief Service working group – chaired by Luc Van Hauwenhuysse
- Provincial Offices working group – chaired by Luc Van Hauwenhuysse
- Clean Clothes working group – chaired by Pedro Vervliet
- Care Hotel working group – chaired by Luc Botten

## External offices

External offices held by members of the Community Council, Governing Boards and Boards of Directors:

### **Kenneth Arkesteyn**

Director Belgische Beroepsvereniging van Ambulancediensten | Director Casino vzw | Member Commissie Niet-Dringend Liggend Ziekenvervoer | ad interim member Nationale Raad Dringende Geneeskundige Hulpverlening

### **Luc Botten**

Vice Chairman Board of Directors GO! SG9

### **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, Verso

### **Jan Ceulemans**

Chairman of the EBA Working Group on Collaborative Quality management | Ad hoc expert EDQM Council of Europe

**Veerle Compernelle**

Visiting academic advisor, Faculty of Medicine and Health Sciences, Ghent University | Director Centrum voor Medische Innovatie | Director Wetenschappelijke Vereniging Transfusie Vlaanderen.

**Mireille Deziron**

Chief Executive Officer, Jobpunt Vlaanderen | Director, Fluxys

**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 (until January 25, 2015)| President, Stichting Gillès; Director, GIMV | Censor National Bank of Belgium | Chair of the Supervisory Board, Parfibel NV | Member AV Technopolis/F.T.I. vzw | Member of University Hospital Antwerp | GM; Member of the Management Committee, FEB

**Geert Maelfait**

Corporate Secretary Delta Lloyd Life nv | Director, Identifin vzw

**Guy Peeters**

Chair of Governing Board, Turnhout General Hospital

**Freddy Snoeck**

Program manager AG Insurance | Director, Vlaams Communicatie Assistentie Bureau voor Doven vzw (CAB)

**Johnny Thijs**

Chairman Spadel nv | Chairman Max Green nv | Director Carmeuse nv | Director Delhaize Group | Director Essers nv | Member of the Board of Auditors USG People

**Philippe Vandekerckhove**

President, European Blood Alliance | President of the Global Advisory Panel on Corporate Governance and Risk Management of Blood Services in Red Cross and Red Crescent Societies (GAP) | Member Governing Board of the International Federation of Red Cross and Red Crescent Societies | Member Flanders Care Investment | Member Flanders Care healthcare modernization platform | Part-time lecturer at the Faculty of Medicine, KU Leuven | Visiting professor at the Faculty of Medicine, Ghent University

**Wim Van Nieuwenhove**

Member Adviesraad Magistratuur

**Wilfried Vantuyghem**

Director Maatschappij voor Brandherverzekering cvba | Deputy Chairman cv Plaatselijke Brandverzekering van Torhout | Chairman Sint-Pietersbanden church wardens

# 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 Global Advisory Panel on Corporate Governance and Risk Management of Blood Services in Red Cross and Red Crescent Societies (GAP), the International Liaison Committee on Resuscitation (ILCOR) and the Biomedical Excellence for Safer Transfusion (BEST) Collaborative.

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, 2015

### *Blood Service*

#### **Employee Representative**

Ignace Amant  
Karina De Becker  
Anne Gossye  
Chantal Lambert  
Wilfried Mertens

Paul Tamsin  
Jos Van Ermen  
Rita Vanmaele (Secretary)  
Thérèse Vanruymbeke

#### **Employer Representatives**

Philippe Vandekerckhove (Chairman)  
Peter Catry (Deputy Chairman)  
Luc Botten  
Veerle Compernelle  
Tuur Hoste

Dominiek Vanaudenaerde  
Wilfried Vantyghem  
Piet Waterkeyn (until March 31, 2014)  
Annick Willemen (advisory member as of  
September 8, 2014)

### *Humanitarian Services*

#### **Employee representatives**

Dominiek Baron  
Anne-Marie Beirnaert (until 31 december 2014)  
Marleen De Kegel  
Stephan De Sloovere

Herman Jacob  
Eddy Pieters  
Guido Van Den Spiegel (Secretary)

## **Werkgeversafvaardiging**

Philippe Vandekerckhove (Chairman)  
Peter Catry (Deputy Chairman)  
Kenneth Arkesteyn (as of November 6, 2014)

Luc Botten  
Tuur Hoste  
Hilde Van Gastel

# **Committee for Prevention and Protection in the Workplace**

## ***Blood Service***

### **Employee Representatives**

Karina De Becker  
Erik De Meester  
Ann Gossye  
Badr Iddin Lagmouri  
Danny Lems

Patricia Leysen  
Wilfried Mertens  
Paul Tamsin  
Joseph Van Ermen  
Thérèse Vanruymbeke

### **Employer Representatives**

Philippe Vandekerckhove (Chairman)  
Peter Catry (Deputy Chairman)  
Veerle Compernelle  
Tuur Hoste

Katrien Kimpe (as of November 1, 2014)  
Dominiek Vanaudenaerde  
Wilfried Vantyghem  
Piet Waterkeyn (until March 31, 2014)

## ***Humanitarian Services***

### **Employee Representatives**

Dominique Baron  
Anne-Marie Beirnaert (until December 31, 2014)  
Melissa Cowpe

Marleen De Kegel  
Eddy Pieters  
Roland Ummels  
Guido Van Den Spiegel

### **Employer Representatives**

Philippe Vandekerckhove (Chairman)  
Peter Catry (Deputy Chairman)  
Kenneth Arkesteyn (as of November 6, 2014)

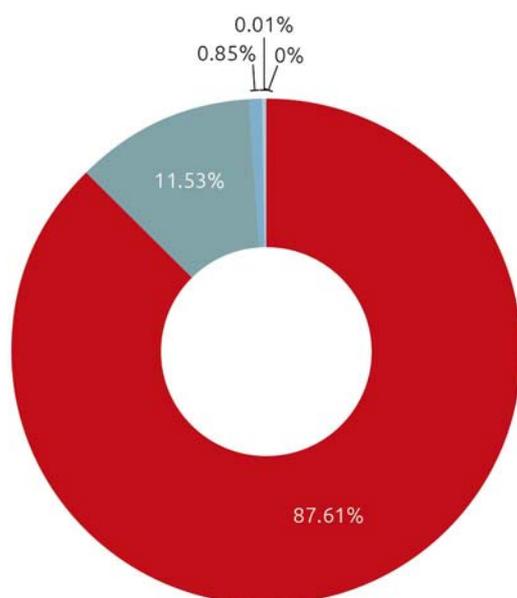
Luc Botten  
Tuur Hoste  
Hilde Van Gastel

# Financial report

## General income

In 2014, Belgian Red Cross-Flanders' income totaled €137.67 million: €79.02 million for the Blood Service and €58.66 million for Humanitarian Services. This income came from a range of sources.

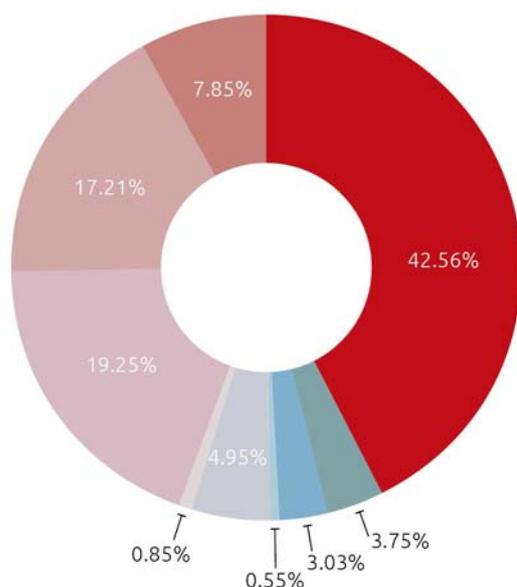
### General income Blood Service



- Payment for blood products
- Various wage subsidies
- Services to individuals
- Gifts and legacies
- Structural subsidies

**Total: 79,016,301 euro**

### General income Humanitarian Services



- Asylum Seeker Reception
- International aid contribution
- Subsidies from Flemish government for non-profits
- Providing aid in emergencies and for repatriation
- Various wage subsidies
- Subsidies from provinces/local branches
- Services to individuals
- Gifts and legacies
- Structural subsidies

**Total: 58,655,536 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.

## Gifts and legacies from individuals and companies

7.34% (€10.09 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 520,000 000 loyal buyers of Red Cross stickers. Sponsoring companies included Dovy, Jetair, Thomas Cook, Kinopolis and Park Molenheide. We also received support from a number of partners: the National Bank of Belgium. AG Insurance, Hansaplast, Electrabel GDF SUEZ, Canon, BNP Paribas and Fortis.

## Structural subsidies for general operation

3.35% (€4.61 million) of our income consisted of structural subsidies from the federal government and the National Lottery.

## 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.

Humanitarian Services (operations in Flanders and worldwide, excluding Asylum Seeker Reception)	32,325,408 euro
Blood Service	78,377,967 euro
Asylum Seeker Reception	25,712,400 euro
<b>Total</b>	<b>136,415,774 euro</b>

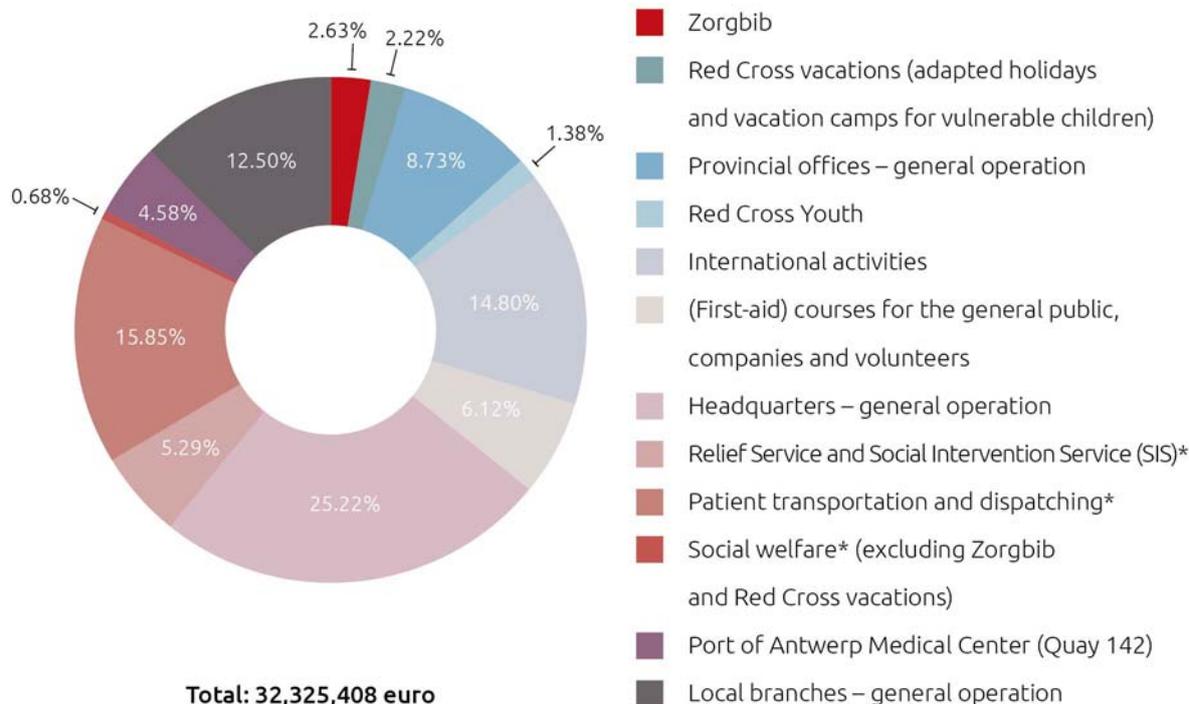
In contrast to our income, Belgian Red Cross-Flanders' costs are not consolidated. Income comprises only revenue from external sources. Where costs are concerned, the amounts posted include sums paid from one Red Cross entity to another. This arrangement ensures that we provide a complete picture of the costs of the various Red Cross entities.

The consolidated result was €3.76 million.

# Humanitarian Services

The costs incurred by Belgian Red Cross-Flanders' Humanitarian Services totaled €32.3million. These costs can be broken down into a number of activities.

## Costs Humanitarian Services



\* The share of costs incurred by local sections in these figures is based on a relevant sample of the 249 branches.

# Contributions to the International Red Cross

Belgian Red Cross-Flanders paid the mandatory membership contribution of €383,229 to the International Federation of Red Cross and Red Crescent Societies (IFRC).

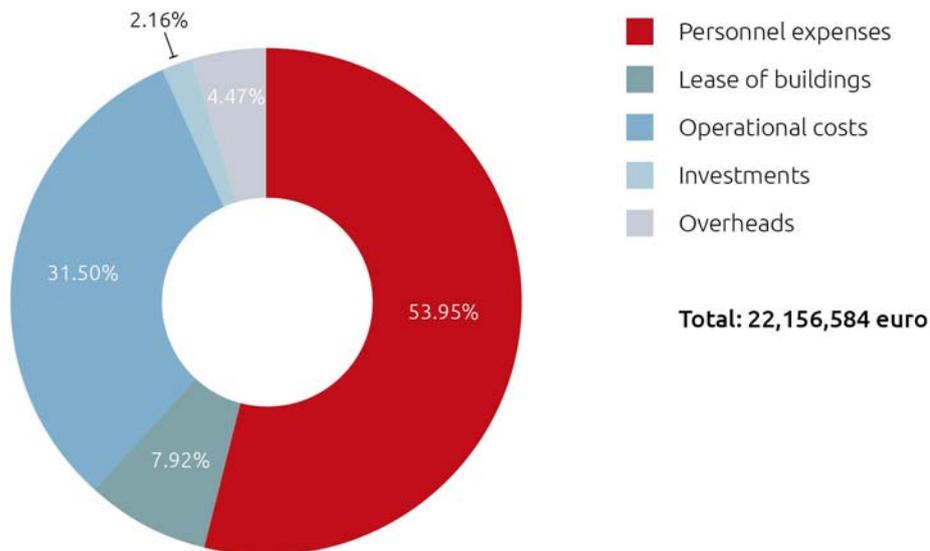
The Red Cross/EU Office, which acts as a link between the National Red Cross Societies in the countries of the European Union and the European Union itself, received a membership contribution of €27,592.

# Asylum seeker reception

## 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 2014 specified a maximum daily price of €40.83 per reception place per day. This expenditure includes all costs for basic asylum seeker reception: personnel expenses, lease of and investment in buildings, operational costs and overheads (use of the Belgian Red Cross-Flanders Central Supporting Services).

### Costs under reception agreement

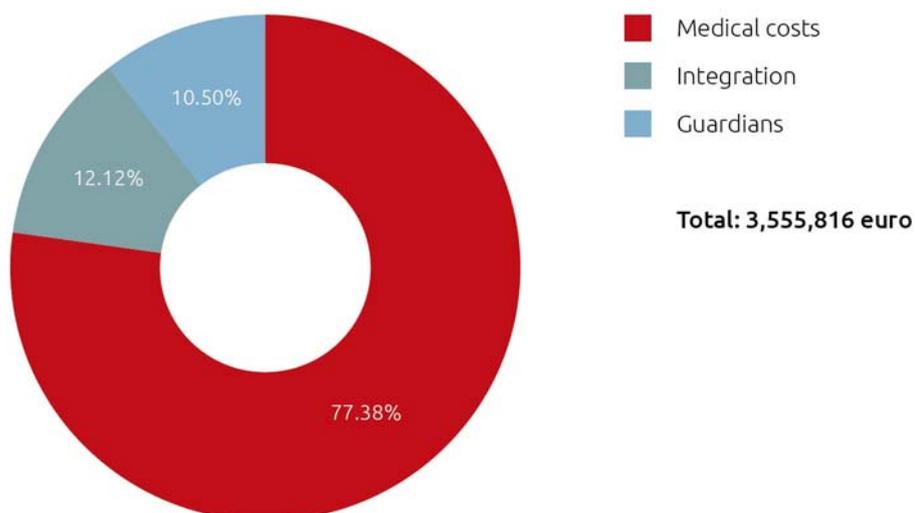


### Additional costs

Some expenditure is not included in this daily price, but 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 2014, 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.

### Additional costs

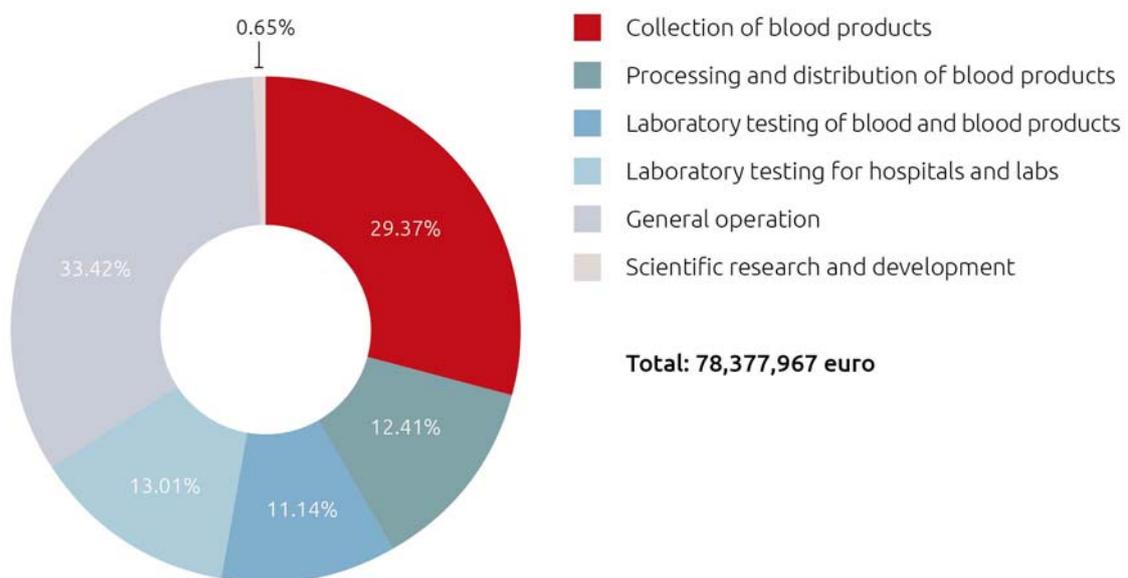


# Blood Service

The Blood Service's income consists of the amounts paid by hospitals for supplied blood products, fees for laboratory testing and a few subsidies. This income is used to cover the costs of donor recruitment and retention, blood collection, testing and processing of blood products and the distribution of blood products to hospitals. For our Blood Service, it is crucial to maintain continuity and to keep on improving. That's why we reinvest a proportion of resources into new techniques, equipment and developments.

The total operating costs of the Blood Service amounted to €78.38 million. These costs can be broken down by activity, as follows:

## Costs Blood Service



- **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, operational and infrastructure costs for mobile and static collection facilities, and so forth.
- **Processing and distribution of blood products**  
Once the blood has been tested and approved, we process it into the various blood components requested by hospitals. To ensure that the blood we supply is as safe as it can possibly be, we often apply additional pathogen-inactivation techniques. It is then stored under strictly monitored conditions. Finally, it is distributed in line with stringent rules.
- **Laboratory testing**  
Specific laboratories perform either tests on donor blood or specialist tests at the request of hospitals and external laboratories. This item of expenditure includes the cost of laboratory equipment, infrastructure and personnel.

- **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.

## Statement of results

	<b>2013</b>	<b>2014</b>
<b>Income</b>	<b>147,558,287 euro</b>	<b>137,671,837 euro</b>
Turnover	78,113,977 euro	75,622,623 euro
Change in stocks	-311,390 euro	-64,141 euro
Membership fees, gifts, legacies and subsidies	66,206,831 euro	59,401,399 euro
Other income	3,548,869 euro	2,711,957 euro
<b>Charges</b>	<b>143,590,566 euro</b>	<b>133,907,835 euro</b>
Consumables	25,230,318 euro	20,831,241 euro
Services and other goods	46,892,395 euro	43,408,525 euro
Wages, social security costs and pensions	60,220,474 euro	57,350,218 euro
Depreciation	10,379,057 euro	9,839,914 euro
Amounts written off	-3,079,766 euro	318,570 euro
Provisions for liabilities and charges	2,067,894 euro	357,837 euro
Other charges	1,880,193 euro	1,801,529 euro
<b>Result</b>	<b>3,967,721 euro</b>	<b>3,764,002 euro</b>
<b>Financial result</b>	<b>1,332,123 euro</b>	<b>1,314,188 euro</b>

## How is any profit used?

We reinvest any profit we make into bolstering various Red Cross funds or channel it into special large-scale projects, such as our new premises in Mechelen and our care hotel in Zuienkerke, which require significant investment.

To ensure that we are able to finance and implement our strategic work plan, we have set up a number of different funds. With the exception of the emergency relief fund, we only use the interest earned on our capital. This enables us to guarantee the long-term investment required for our activities and means that we are less reliant on fluctuating annual subsidies or available funds within the Red Cross.

## 2014

Social fund	3.4 million euro
Education fund	0.3 million euro
Emergency Relief fund	0.5 million euro
Disaster-preparedness fund	0.7 million euro
Development fund	4.0 million euro
Blood Service Scientific Research and Development fund	17.1 million euro

Our **Social fund** comprises the financial resources required to develop and implement care activities from a structural standpoint, e.g. vacations for vulnerable children and Adapted Vacations for people with disabilities. In 2014, we used the interest earned on our capital to reimburse vacationers' travel expenses.

Our **Education fund** provides financial support to all manner of new educational initiatives.

Our **Emergency relief fund** enables us to respond quickly to a disaster without having to wait for funds to be raised, which generally only become available several days after a disaster has struck. If we need to use money from this fund, we always top it up again afterwards through public fundraising or from government funds.

Our **Disaster-preparedness fund** is used to finance limited capacity-building (primarily training sessions) in disaster management and preparedness. We also use resources from this fund to set up targeted pilot projects in potential new partner countries as test cases for a new partnership. Finally, this fund is also used to finance the 20% own contribution required once we have secured larger-scale cofinanced donor projects through the steps mentioned and based on our knowledge and experience. In this way, we are able to increase the available amount fivefold through donor financing.

Our **Development fund** ensures that our international development projects continue and grow. We use this money to fund our own contributions to Red Cross projects which are partly funded by government. This enables us to fund more such projects. We can also use resources in this fund to support difficult-to-finance projects (such as past disasters which are no longer headline news and to bolster Red Cross societies in the South).

The **Blood Service Scientific Research and Development fund** promotes development work, medical practice founded on evidence-based criteria, and scientific research within our Blood Service. This takes the form of providing support to researchers directly or to external institutions with which we are involved in scientific research.

As part of our Pledge 2015 strategy plan, we have concluded a number of agreements in principle to enable funds to be built up more quickly. This should enable us to use our own funds to set up more projects of the sort we would be unable to fund via conventional sponsorship.