

Appeal 2001-2002



International Federation
of Red Cross and Red Crescent Societies

HEALTH AND CARE (Appeal 01.76/2001)

Click on figures to go to budget

	<i>In CHF</i>
Health and Care	2,591,914
Total	2,591,914

Background and progress to date

Strategy 2010 outlines how the Federation can maximise its impact on community health and well-being; the strategy and priorities proposed in *Strategy 2010* form the basis for this global programme.

With new health policies adopted in 1999 and a new health vision, strategy and priorities developed in the year 2000, the global programme will develop tools and methodology, document, systematise and promote relevant good practice through innovative ways of knowledge sharing, while consolidating the partnerships initiated in 2000.

The great majority of national societies' services world-wide are related to improving the health and welfare of vulnerable people. Domestically health and social welfare services account for the bigger part of national societies' CHF 24,000 million annual expenditure. Internationally health is a major component of most (around 70%) *ad hoc* emergency appeals and over 30% of the Appeal 2001 are health programmes. This is a recognition of the centrality of health as a critical input to development, as a fundamental right with a value in itself, and as a cornerstone of humanitarian assistance.

Some 100,000 people were killed by disasters in 1999, while 13,000,000 died from infectious diseases like diarrhoea, HIV, pneumonia and malaria. HIV/AIDS alone will kill more people this decade than all wars and natural disasters in the past 50 years. These are striking figures from the *World Disasters Report 2000* which called for a different type of response from the Red Cross / Red Crescent and other humanitarian agencies.

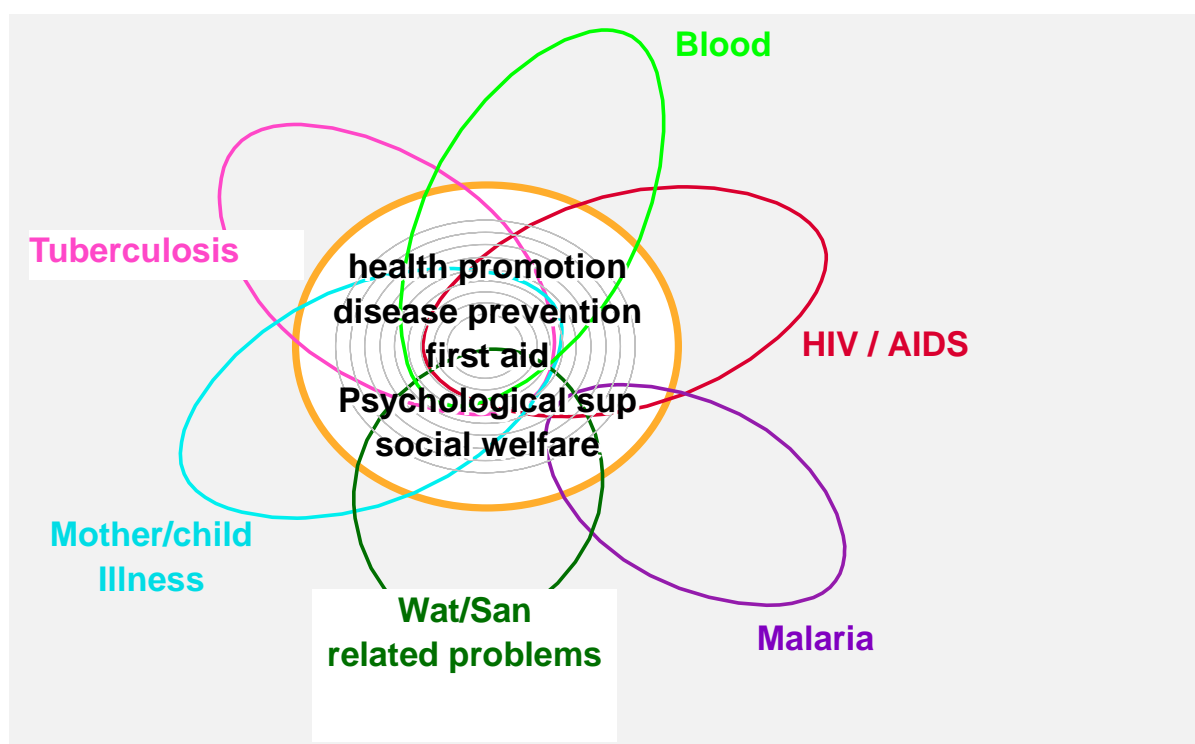
The international community has become, through the year 2000, much more engaged in considering health investments as central to development and poverty alleviation strategies. A major initiative is being developed (the "Massive Effort") by the international community and there clearly is a momentum to be caught. ARCHI 2010 and the recent Pan African Conference have shown the potential of Red Cross and Red Crescent when working through an agreed methodology for collective prioritization and scaling up of health activities through volunteer networks.

Goal To improve health and care in the community and the Federation's response to public health crises, continuing the work initiated in 2000. More specifically, to improve the Federation's capacity to:

- enable communities to reduce vulnerability to disease and to care for their people.
- prepare and respond to public health crises.

national societies individually, and the Federation at large can contribute to these goals through three strategic pillars:

- **Advocacy:** *Strategy 2010* explicitly recognizes that “as much can be achieved through mobilizing people and influencing decision-makers – whether through private face-to-face advocacy or public campaigns – as through delivering services.” The Health Commission approved health advocacy priorities for the year 2001: it called for articulating around volunteers and volunteering key messages related to HIV/AIDS, psychological support and first aid.
- **Build capacity to bridge the gap:** Regardless of the society we live in, there is always a gap between vulnerable individuals/households and the formal health and social welfare system. With a network of volunteers that work from within vulnerable communities, the Red Cross / Red Crescent can reduce vulnerability to global public health threats and contribute to building caring communities. HIV/AIDS, with its enormous toll on human and socio-economic development is the number one priority for the health Department. The following figure presents the Federation’s global public health priorities as approved by the Health Commission in August 2000:



These need, of course, to be adjusted at regional and country level.

- **Scale up interventions.** Disasters cause, in many cases, major public health crises. Last year’s *World Disaster Report* also showed that public health crises are, in many cases, a major contributing factor to disasters. When the formal health system collapses due to a disaster, National Societies take (on a temporary basis) a more comprehensive approach to health care while advocating and supporting coverage by the formal systems.

Progress in these strategic areas will be achieved through national and regional programmes funded domestically and/or with international support. This global programme aims at developing tools and methodology; documenting, systematising and promoting best practice in these areas; and ‘connecting’ the international and the local health communities, through innovative ways of knowledge sharing.

Objectives and Activities planned

Objective 1 To consolidate the integration of the health team and improve its capacity to leverage the knowledge and capacity of its delegates and national society health advisers/coordinators through innovative tools for knowledge sharing. Activities to achieve this objective include:

- Improve our capacity to develop quality criteria and standards and establish partnerships with academic institutions to develop operations research.
- Enable communities to reduce vulnerability to disease and to care for their people this global programme will:
- Integrate the health team.
- Develop business cases and other marketing material.
- Develop tools for knowledge sharing/innovative ways of working.
- Build evaluation capacity through agreements with academic institutions.

Objective 2 Assert Red Cross and Red Crescent international leadership in first aid, and develop mechanisms/tools to ensure that these efforts result in profile, opportunities and resource mobilisation for National Societies through innovative ways of knowledge sharing.

Activities to achieve this objective include developing the Federation's First Aid global project – a tool for cooperation as well as a showcase of first aid to the public.

Objective 3 Psychological support. Take the opportunities provided by World Health Day and World Health Assembly 2001 being designed around “mental health” by WHO to profile the psychological support programme and develop it further. Activities to achieve this objective include compiling and publishing a collection of Red Cross and Red Crescent best practices in psychological support, and developing communication tools and train delegates and NS staff by supporting and linking the Reference Centre.

Objective 4 Scaling up of the prevention and management of HIV/AIDS and other community health activities. ARCHI 2010 has already started proving the impact that a collective strategy for prioritizing and scaling up health interventions can have in terms of NS programming and profile. During 2001 this programme will focus on:

- building on lessons learnt from ARCHI 2010 in other regions;
- providing support for country plans with special consideration provided to scaling up programmes to prevent/control communicable diseases in a way that builds overall health capacity of NS;
- building partnerships, with specific focus on developing/building on the international partnerships established in 2000 (International Partnership Against AIDS in Africa - UNAIDS; massive effort; stop TB, RBM-WHO; World Bank) and using them to frame joint experiences in pilot countries.

Activities to achieve this objective include:

- evaluating/adapting ARCHI tools;
- carrying out the Ouagadougou follow up - build into European Strategy;
- TB lessons learned workshop (feeding in to guidelines and policy);
- supporting short-term teams for pilot countries/partnerships;
- facilitating knowledge sharing amongst National Societies in the Chiang Mai Conference (this Conference, hosted by the Thai Red Cross has the objective of refining approaches to scaling up of care and support for PLWHA and family members;
- compiling of what the Federation is doing in malaria to develop a best practice compilation of experience and community mobilization for malaria control.

Objective 5 Retain international leadership in the promotion of voluntary, non-remunerated blood donation through innovative ways of knowledge sharing. Activities to achieve this objective include developing guidelines (recruitment and education) to be utilised by all NS to promote the principle of voluntary, non-remunerated blood donation and increase their donor base; and producing the newsletter *Transfusion International* as well as ad hoc publication on voluntary, non-remunerated blood donation.

Objective 6 Explore, compile and promote best practice (from within and outside the RC/RC) regarding social welfare approaches and community services that provide support to vulnerable groups. Activities to achieve this objective include developing generic guidelines and models of good practice based on successful experiences and/or on lessons learnt related to national society responses to social needs. Field test the feasibility of these tools involving selected national societies.

Objective 7 Develop surveillance systems, international preparedness and fast response mechanisms for dealing with epidemic outbreaks. Improve the Federation's health disaster mitigation, preparedness and response capacity at regional level through training, propositioning of resources in coordination with DMC. Providing care to vulnerable groups. Activities to achieve this objective include contribute to the development of modules and kits that can help National Societies' dealing with health in relief situations. Assist in developing strategies and approaches for post conflict programming and support as well as doing research and explore new innovative approaches to health in emergencies, enabling National Societies to respond in a more effective way. Work towards establishing "Regional Health Disaster Response Resources" pre-positioned in Harare, Abidjan and Bangkok as pilots. This includes further development of the concept, expanded regional human resources database with staff ready to act, and health/watsan emergency stocks to cater for up to 5,000 people.

Objective 8 Increase effectiveness of national society water, sanitation and hygiene promotion projects and provide an effective technical support to them. Activities to achieve this objective include conducting research and identifying best-practice for water and sanitation problems. Further strengthen and increase the global, regional and country based network of water and sanitation delegates and develop tools to facilitate their work more efficiently and more sustainable. Strengthen the global partnership with organisations like OXFAM, MSF, UNHCR, UNICEF, ICRC to further streamline and standardise approaches and equipment.

Expected results

In relation to improving health and care in the community, expected results from this specific global programme are:

- Comprehensive tools (publications, web-site) to promote best practice in the field of first aid available. Partnerships with relevant partners benefit National Societies.
- Guidelines compile best practice and provide practical guidance to National Societies regarding collective planning and scaling up of health programmes with community involvement.
- Red Cross and Red Crescent increases its profile and advocates more actively in this core area through National Societies participation at international fora and a more systematic approach to developing and promoting our health messages.
- Practical guidelines assist National Societies developing community services that support vulnerable groups.
- NS have access to a tool box and training modules and support that help them respond quickly and in a standardised way to health crises in relief situation, provide psychological support and deal with water and sanitation problems.

Indicators

- Tools/best practice compilations have been developed for the stated priorities.
- Knowledge exchange and coordination (joint planning) of RC/RC HIV/AIDS interventions has been achieved.
- Advocacy in health becomes more strategic, coordinated and effective.
- More and better health and care programmes in the appeal 2002.
- Partnerships that go beyond knowledge sharing established at both international and country levels.

Monitoring and Evaluation arrangements

This global programme will be monitored, reported on and evaluated within the normal appeal structure and the demands placed on all global programmes. The International Federation's *Strategy 2010*, that defines health and care in the community as one of the four core areas of Federation work and outlines a strategy for it; the recently approved health policy and the establishment of a new Health Department created from the merger of what used to be the Community Health & Social Welfare Department and the Relief Health Service create the basis for implementation and monitoring of this global health and community care programme.

Main implementation responsibility will fall on the Geneva Health Department, progress indicators being tracked on a semi-annual basis. Progress reports shall be prepared and distributed to all key stakeholders. We will also look at innovative ways of working through which major contributors to this programme can get more directly involved in implementation as well as participate in monitoring and evaluation.

Critical assumptions

The Health Department is now staffed to initiate the activities described provided funds are made available early in the year. Support to regional and country health / community care programmes, including preparation of appropriate health response to emergencies, will take up most of the Department's staff time; this programme is based on the assumption that innovative ways to work through other departments, national societies and partners will be developed.

This programme also assumes that through the Secretariat re-organization process underway, Regional Delegations will take on some of the functions currently undertaken by the Secretariat in terms of programme support.

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GLOBAL PROGRAMMES									
PROGRAMME	Disaster response	Disaster Preparedness	Health & care in the community	Fundamental principles & Humanitarian values	Human Resources & Organisational Development	Evaluation & Org. Learning	Finance & reporting systems	Advocacy, communications & Partnerships	TOTAL
Computers & telecom	134,500					30,000	100,000	166,000	430,500
Sub total capital	134,500					30,000	100,000	166,000	430,500
Programme management	247,857	50,129	174,640	25,360	151,400	91,219	73,429	123,391	937,425
Technical services	73,997	14,966	52,138	7,571	45,200	27,233	21,922	36,838	279,865
Professional services	82,510	16,687	58,136	8,442	50,400	30,366	24,444	41,076	312,061
Sub total programme support	404,364	81,782	284,914	41,373	247,000	148,818	119,795	201,305	1,529,351
Personnel (delegates & expatriates)	300,000	193,200	180,000		888,000	45,000	288,000	315,000	2,209,200
Personnel (local staff)								86,000	86,000
Sub total personnel	300,000	193,200	180,000		888,000	45,000	288,000	401,000	2,295,200
Travel & related expenses	237,900	60,000	350,000	35,000	250,000	145,000		30,500	1,108,400
Information expenses	420,045	45,000	591,000	105,000	364,000	90,000		230,200	1,845,245
Expert fees	875,000	204,000	395,000	80,000	85,000	585,000	220,000	217,300	2,661,300
Admin. - general expenses	106,160	40,000	186,000	30,000	63,000	90,000	10,000		525,160
Training workshops / seminars	1,200,600	120,000	605,000	85,000	950,000	220,000	352,000	585,000	4,117,600
Sub total travel, training, general exp.	2,839,705	469,000	2,127,000	335,000	1,712,000	1,130,000	582,000	1,063,000	10,257,705
Total budget	3,678,569	743,982	2,591,914	376,373	2,847,000	1,353,818	1,089,795	1,831,305	14,512,756