PROGRAMME UPDATE

International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

HEALTH & CARE

18 August 2006

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries. For more information: www.ifrc.org

In Brief

Appeal No. MA00001;
Programme Update no. 1;
Period covered: 1 January to 30 June 2006;
Appeal target for 2006-2007: CHF 9,069,495 (USD 7.3 million or EUR 5.8 million);
Appeal coverage: 20%;
Outstanding needs: CHF 7,286,101 (USD 5.9 million or EUR 4.6 million).

Related Emergency or Annual Appeals:

- **Global Water and Sanitation Initiative**
- **Africa Health Initiative: Measles and Polio**
- **Africa Health Initiative: Malaria**
- **Africa Heath Initiative: HIV/AIDS and Anti-retroviral (ARV) Treatment.**
- **Masambo Fund**

Programme summary:
Numerous health and care activities took place during the first half of 2006 in alignment with the goals of the Federation's Global Agenda, particularly the first two which aim to reduce the number of deaths, injuries and impact from disasters; and deaths, illnesses and impact from diseases and public health emergencies. Efforts were focused on prevention of communicable diseases such as malaria and polio while at the same time providing technical support for numerous new emergencies that occurred during the reporting period. The Federation also continued to focus on HIV prevention and supporting access to treatment. Funding constraints limited activities, particularly for supporting national societies in implementing malaria prevention programmes.

For further information specifically related to this operation please contact:

- *In Geneva: Dr. Bruce Eshaya-Chauvin, Head, Health and Care Department; phone: +41 22 730 4862; email: bruce-eshaya-chauvin@ifrc.org*

All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response in delivering assistance to the most vulnerable. For support to or for further information concerning other Federation programmes or operations in specific countries, please access the Federation's website at http://www.ifrc.org

COMMUNITY HEALTH AND REGIONAL COORDINATION UNIT

First aid and regional support to Asia

First aid and community-based first aid (CBFA)

- The framework for national society programming in first aid in the community is developed, building on the lessons learned and experiences worldwide. This simple document was produced and disseminated in the four official languages supported by regional health delegates. Discussion on how to use the framework to improve community-based first aid programmes are being carried out with national societies and the Health and Community Commission. Some national societies will use it as a marketing document to discuss their community programmes with other stakeholders. Others will use it as their strategic planning tool in first aid/CBFA.
- A consultant is working with the senior officer in the second phase of the 'community-based first aid revitalization project'. Two regional consultation workshops are planned to ensure that new and revised tools reflect the reality of practice and are grounded on the experiences of practitioners.
- The community-based approach was discussed with national societies in the European First Aid Education network. Support was provided to a working group meeting in June organized by the British Red Cross Society to discuss and share good practices in first aid education for vulnerable groups in Europe.
- The report of national societies on World First Aid Day 2005 was compiled and posted on the Federation's website.
- An electronic update on first aid/CBFA activities has been sent out to all national societies in May.
- The Federation's Secretariat is supporting the co-chair of the Standing Committee on Victim Assistance and Socio-Economic Reintegration of the Ottawa Anti-Personnel Mine Convention to develop key recommendations in promotion of quality of, and access to, medical first aid for mine victims. Other partners involved are the International Committee of the Red Cross (ICRC), the World Health Organization (WHO), UNICEF, Tromso and Handicap International.
- Continuous support was provided to Belgian Red Cross to finalize the European First Aid Guideline. The guideline is produced by the Red Cross using an evidence-based guideline development process funded by the European Commission. A representative of the WHO/European office was also brought into the collaboration and contribution to this process.
- After discussion with Organizational Development and Principle and Values departments, the theme for the forthcoming World First Aid Day on 9 September is 'Red Cross Red Crescent first aid volunteers: saving lives without discrimination'. Information packs produced in the four official languages are being sent to regions, national societies and branches. This is to raise awareness and to recognize the role of first aid volunteers in risk preparedness and of first aid in saving lives and making a difference with discrimination.

Regional support

- The Asia Pacific five-year HIV/AIDS marketing document is printed and ready to be distributed and used by national societies. Support was given to this production, the first of its kind of document taking a developmental, long-term approach to the HIV/AIDS response across a continent with indicative budget lines. National societies will be supported and advised to use it as a tool to discuss with different partners and potential donors in country.
- Support and advice were given to initiate and develop the Asia Pacific health section in the Asia Pacific region with documents and evaluation reports sent by national societies and delegations.
- Participation in the South East Asia Measles partnership teleconferences on an ad-hoc basis but ensured follow-up discussion bringing national societies (Indonesia, Bangladesh, Myanmar) and in-country partners to discuss and plan their social mobilization in measles campaigns.
- Coordinated support from the global HIV/AIDS unit and the Global Advisory Panel on Corporate Governance and Risk Management (GAP) was presented to national societies in the February regional health meeting in South Asia. The effort was much appreciated with concrete follow-up actions agreed by the national societies at regional and country levels.
- Lessons learned from other regions are shared and support was provided to the revised operational framework of the South Asia Regional Network on HIV/AIDS.
- Regular support was provided to the new regional health delegate in East Asia mainly in HIV/AIDS and support to the Red Cross Society of China.

Community health and health promotion

- Facilitation was provided to a session on community health in the Global Health Forum in May. There was agreement on recommendations addressing key roles of volunteers for quality community programmes and precondition of national societies' capacity in order to have recognition as a preferred partner at country level for planning and implementation of national health programmes.
- After the Bangkok Charter on Health Promotion meeting in 2005, the Federation's Secretariat participated in a follow-up meeting in February in Geneva organized by the NGO advisory group on health promotion. The community health promotion project post-SARS period '5-Star Health, 5-Star Family' by the Hong Kong Red Cross was included in a joint WHO/NGO publication.
- At the 59th World Health Assembly in May, an intervention was delivered by the International Federation on health promotion. The dissemination of the NGOs' action framework for the implementation of the Bangkok Charter on Health Promotion will continue, as will follow-up discussions with national societies.

TB and regional support to Europe

The major health threats in Europe are related to a number of key health determinants: personal behaviour and life style; community characteristics which are supportive or damaging to health, living and working conditions; and, access to health care and a wide range of socio-economic, cultural and environmental conditions. These health determinants call attention to the broad approaches needed to address health topics such as HIV/AIDS and tuberculosis.

To fill the gaps and complement existing services, the International Federation and national societies work with international partners to mobilize resources and address the issues effectively through programmes of national Red Cross and Red Crescent societies.

Harm reduction programmes

This is the third year of the implementation of the Federation's and the Italian Red Cross' programme aimed at increasing the capacity in harm reduction of 15 national societies in Eastern Europe and Central Asia. Two new societies joined the programme – Romania Red Cross and Serbia Red Cross. Programmes of the national Red Cross and Red Crescent societies of Kazakhstan, Uzbekistan, Tajikistan, Kyrgyzstan, Russian Federation, Ukraine, Byelorussia, Moldova, Armenia, Latvia, Lithuania, Croatia, Bulgaria and Former Yugoslav Republic of Macedonia aim to increase awareness of HIV/AIDS and sexually transmitted diseases among drug users, promote safe behaviour and first aid in case of overdose, and promote tolerant attitudes and reduce discrimination towards drug users and people living with AIDS.

Every year, programmes target over 1,000 drug users in needles exchange offices and during outreach work. National societies distribute over 170,000 disposal syringes (around 20 per cent are returned back). Some 50 per cent of targeted intravenous drug users underwent voluntary HIV testing.

Tuberculosis (TB)

Currently more than 50 TB projects are implemented by national Red Cross and Red Crescent societies in Russia, Ukraine, Central Asian countries, Armenia, Romania, and Myanmar complementing those of their national health services. Programmes involve Red Cross and Red Crescent nurses and volunteers to support more than 15,000 of the most vulnerable TB patients – homeless, alcohol and drug abusers, former prisoners, displaced persons – most prone to default and unreachable by national health services.

The Federation organized the Red Cross and Red Crescent working group on tuberculosis from 9-10 February 2006 in Geneva. The members of the working group decided to intensify actions in TB control through:

- Scaling up TB activities in the African and Southeast Asian regions
  - Collect information and find possibilities to expand TB activities in Kenya, Mozambique, Zimbabwe
  - Provide support to Namibia Red Cross with the Global Fund against AIDS, Tuberculosis and Malaria funding for TB.

  - Provide training in TB intervention to the care givers in HIV/AIDS home care programmes in Kenya, Mozambique, Namibia, and Mozambique.
- Strengthening TB/HIV and multi drug-resistant TB programmes
  - Link between community TB and HIV/AIDS programmes in Myanmar and Russia.
  - Expand TB/HIV activities in Central Asia using the model of Kazakhstan on TB/HIV co-infection
  - To prepare the TB/HIV and multi drug-resistant guiding points for the TB guidelines
  - Use the model of multi drug-resistant TB pilot projects in Kazakhstan and Romania and expand this component in ongoing TB programmes.
- Increase participation of patients / clients in the TB working group and in the RC/RC programmes
  - To invite representatives of TB patients (those cured and still under the treatment) to participate in the working group.
  - The Red Cross and Red Crescent programmes will focus on involving support groups of TB patients in all stages of planning and implementation.
  - Roles and responsibilities of representative of affected communities to be included in the TB guidelines.

Experience exchange between European societies
Cross-regional cooperation was supported by the Federation's delegations in the beginning of 2006 offering the national societies of Serbia and FYRO Macedonia to visit other TB programmes implemented by the Russian Red Cross with the aim of strengthening the capacity to recognize vulnerabilities and act accordingly. The Moscow visit was organized in April 2006 with participation of two representatives from each national society (Macedonia and Serbia). The main benefit of the visit demonstrated project management and working with target groups at the community level so that the national societies were able to create a plan of action and define partnerships with their governments. The knowledge gained from the visit will lead to increased awareness on Federation guidelines that can be implemented in the field. Due to organizational problems in Albanian Red Cross representatives were not able to participate in the study visit, but showed interest in taking part in some future activities and experience exchanges.

Partnership
The Federation through the Europe and Health and Care departments and European Red Cross/Red Crescent Network on HIV/AIDS (ERNA) agreed with Stop TB Partnership and WHO to take the lead in establishing new regional partnerships and to house the secretariat, with the support of start-up funding provided by the Stop TB Partnership.

The Secretariat of the European Stop TB Partnership has the following specific objectives:
- To serve as a coordination platform for all involved agencies and organizations contributing to the fight against TB in Europe;
- To raise resources to improve TB control in the region (human, technical and financial);
- To advocate for the active involvement of community/civil society representations at the level of national TB programmes; and,
- To create greater public and government awareness by increasing visibility through media, web-based forums, regional and national TB organizations.

World TB Day 2006
The International Federation participated in the special event jointly organized by different partners on the occasion of World TB day on 21 March 2006. Nobel Peace Laureates Archbishop Desmond Tutu and Betty Williams helped highlight the need to provide necessary human resources to fight the growing TB threat in high burden countries. They also called on governments to immediately commit to fund, train and scale-up the health care workforce to combat TB and help prevent 5,000 deaths that occur daily due to this curable disease.

To address this, the Federation, the World Economic Forum, the International Council of Nurses, the International Hospital Federation, and the World Medical Association outlined their programmes to: introduce TB prevention and treatment into the workplace and communities, so that workers and families can be diagnosed correctly and the social stigma of the disease reduced; and new on-site and distance learning TB training programmes for

nurses, hospital managers, doctors and laboratory technicians, which are being rolled-out in the high-burden countries.

The Ministerial Forum
The WHO's regional office for Europe in close collaboration with the Stop TB Partnership, the Royal Netherlands Tuberculosis Association, the Federation and the European Centre for Disease Prevention and Control, the Finnish Lung Health Association, and the United States Agency for International Development (USAID) will organize in 2007 a Ministerial Forum on Tuberculosis as a follow up to the regional director's letter of 2005 to the member states, declaring TB a regional emergency and calling upon increased funds for its control.

In order to raise awareness of the TB emergency in Europe and build consensus towards the Ministerial Forum in 2007, partners are organizing advocacy media workshops in selected countries in the region. In most of the places workshops are being hosted by national societies. The first workshop took place on 8 June 2006 in Rome at the offices of the Italian Red Cross.

Mother and child health and regional support to Africa

Regional support and coordination
- Southern Africa – The regional HIV and AIDS programme has been revised to align it with the global changes in HIV and AIDS care treatment and support. The Health and Care and Africa departments are working closely to provide the necessary technical assistance to develop the document into a marketable tool.
- In an effort to ensure that children are given the same focus in care including treatment, the other vulnerable children (OVC) programme in Southern Africa was officially launched with support from the Swedish Red Cross.
- To scale up efforts to reduce child mortality, the national societies of Chad, Central Africa Republic, Cameroon, Namibia and Nigeria were provided with varying levels of support to enable them to access funding from a variety of sources that included the Measles Partnership and the Disaster Relief Emergency Fund (DREF). National societies were assisted as required in preparing proposal documents.
- Global survey and mapping of health and care activities in Africa was conducted. Fact sheets and case studies were prepared and used during the board meeting's special session an Africa. The work was conducted in collaboration with the Universities of Geneva and Zimbabwe.
- The East Africa region was supported to elaborate programming to integrate sexual reproductive health into the HIV and AIDS component.
- The Central Africa region was supported to establish electronic communication for some of the national societies.
- West and Central Africa – Collaborative work continued between the health departments in the region and supporting partner national societies are helping to develop a regional health strategy in consultation with the region's national societies.
- Support was provided to nine national societies in Southern Africa and East Africa to access long lasting insecticide treated nets from World Swim for Malaria for integration into the home-based care programmes. Distribution is in progress.

Partnership building
- A joint proposal between the Federation and WHO's Roll back Malaria department was prepared and submitted to the EU. The funding will support regional and country level capacity building in Central Africa for the mitigation of malaria
- Participation in weekly partnership conference calls where partners discuss funding issues, implementation of planned activities, achievements and challenges in: measles campaigns; integrated measles malaria campaigns; vitamin A distribution during campaigns; and other activities such as through home-based care for people infected with HIV.
- Collaborative relationship between the Federation and the Maternal, New born and Child health department in WHO has been created. A strategic framework for working with women, families and communities to contribute to their empowerment and to increase their access to quality maternal and child health services is being developed.
- Mapping of mother and child health activities in Africa has been conducted.

Communication

- Regular African Red Cross/Red Crescent Health Initiative (ARCHI) 2010 bi-weekly news letters were prepared to disseminate information on health activities and special events within and outside the Red Cross/
- An article on the use of theatre for health promotion in Africa was prepared submitted and accepted by the Lancet Journal.

HIV/AIDS UNIT

Advocacy, communication, representation

- Contacts were maintained with AIDS Competence Constellation which has acknowledged the innovative work of Togo Red Cross in adapting the AIDS competence model to malaria competence. The manager of the Federation's HIV global programme was a panellist at an AIDS Competence related satellite meeting during UNGASS + 5 meeting, and will co-facilitate a skills building workshop on AIDS Competence at the 16th International AIDS Conference.
- The Federation chairs the HIV Code of Good Practice project, and has participated in four teleconferences and two face-to-face coordinating committee meeting. The model for phase two implementation has been agreed, a proposal drafted and meetings with donors are occurring. The manager of the Federation's HIV global programmes was a speaker in a Code satellite meeting at UNGASS +5, and will speak at the 16th International AIDS Conference in a non-abstract driven session on accountability.
- The Federation's Vice-President delivered a statement to UNGASS + 5, and the chair of the Health and Community Services Commission participated in a formal round table. The manager of the HIV global programme maintained strong contact with the civil society delegates who had a strong impact on strengthening the declaration passed at the meeting. The AIDS Ambassador for Norway mentioned the role of RC/RC volunteers as she chaired a satellite meeting on health sector workforce development.
- Input was made to the WHO 'Decent Care' process and workshop designed to reintroduce considerations of empowerment and partnership with communities into WHO's work.
- The Federation supported GNP+ to meet with donors to discuss the future of the PLHIV Movement given the networks have not increased much in capacity over the last 15 years. Donor accountability regarding the lack of implementation of the GIPA principle remains weak.

Field support

- A meeting took place with PharmAccess about its collaboration with Namibia Red Cross, where it became apparent that the most vulnerable in any community are unlikely to be able to benefit from the private insurance/private medicine model they are seeking to develop.
- Regional HIV Network meetings were contributed to, including CARAN, SARHNA, and planning of the next ERNA meeting.
- Input was made to the Home Care Symposium held in Johannesburg in April, including presentation on Action Research, a meeting with PLHIV delegates, and support to have the PLHIV declaration incorporated into the main conference declaration.

Coordination and cooperation

- Input was made to the Health and Community Services Commission on HIV matters, including management of drug use related risks. Discussion occurred on the PEPFAR conditionality and conflict with the Federation's Fundamental Principles.
- The HIV Governance Group focused on mainstreaming HIV, orphans and vulnerable children, and also began discussion regarding Presidential Emergency Plan for AIDS Relief (PEPFAR) conditionality.

HIV/AIDS prevention

The senior officer for HIV prevention commenced duties in the second half of April 2006. The main focus for the position during 2006 will be the drafting of HIV prevention guidelines with the involvement of national societies. A process for development of the guidelines has been identified and was presented to the HIV Governance Group in June 2006. Within the Federation, the prevention officer is conducting informal consultations and information sharing with relevant stakeholders, and externally with relevant institutional partners. An extensive literature

search has been conducted, with particular focus on key populations, gender, cultural change and mobilization strategies.

Advocacy, communication, representation
- Participation in the Federation's Global Health Forum and provided support to the moderator and presenters in the HIV/AIDS session.
- Liaison with Health Development Network regarding support for Pass It On moderators and had initial meeting with ERNA coordinator.
- Met with visiting representatives from Red Cross societies of Indonesia, Netherlands, Australia and Britain to discuss HIV programming and HIV prevention.
- Made a presentation to German Red Cross staff and volunteers on the Global HIV/AIDS programme.
- Attended the IAVI/IPM presentation on the development of HIV microbicides and vaccine held to coincide with the UNAIDS PCB meeting.
- Attended briefing on Australian Red Cross' evaluation of HIV/AIDS programme of the Xinjiang branch (of the Red Cross Society of China).
- Provided feedback to the Australian Red Cross proposal for establishing a Federation HIV/AIDS team within the regional delegation in Bangkok.
- Participated in the NGO meeting held prior to the UNAIDS PCB meeting, and in the PCB meeting in June 2006.

Field support
- Provided briefings on the HIV/AIDS global programme to new regional and country-based health delegates (West Africa, Pacific, Afghanistan and East Timor).
- Provided technical support to Lesotho and Namibian Red Cross societies on HIV prevention.

Coordination and cooperation
- Assisted WHO to identify national societies to participate in a global consultation on strengthening prevention, treatment, care and support for young people living with HIV. The consultation will take place in Malawi in October with representation from Indonesian and Namibian Red Cross societies.
- At the invitation of the Asia Pacific Unit, participated in a meeting with the IOC and Red Cross Society of China (RCSC) held in Lausanne in June regarding cooperation with the Beijing Coordinating Committee.
- Liaison with Youth and Media units and Principles and Values department regarding information sharing and potential cooperation.

Treatment access

Support to regional delegations and national societies in planning and project development
The regional delegation in Harare and the 10 national societies in Southern Africa region have been given technical and normative support in the development of comprehensive project documents on HIV/AIDS covering a period of five years.

Development of tools
The development of a generic training package for community-based volunteers on HIV prevention, treatment, care and support that was started in 2005 in partnership with WHO and SAFAIDS has been completed. In the first two quarters of 2006 further consultations with partners on the refinement of the draft were carried out. Moreover, field testing of the modules was successfully conducted by independent consultants and based on the findings further refinement of the modules has been effected. Currently the publication of the training package is in process. The generic training package consists of modules on:
- Basic facts about HIV/AIDS (simplified epidemiology of HIV/AIDS);
- Treatment literacy;
- Community mobilization and treatment preparedness;
- Adherence to treatment;
- Counselling for lay counsellors;
- Nutrition for people living with HIV/AIDS;
- Palliative care; and,

- Care for the caregiver.

In addition, a handbook for trainees that captures the essentials of the eight modules, flip chart for client education at household level by the home-based care facilitators, an evaluation instrument that helps trainers to assess acquisition of knowledge and skills following training, and leaflets that capture the very essential facts for each module and that can be distributed at community level have also been developed

Technical support in programme organization and implementation
Technical support has been given to two national societies involved in ART pilot project and which have secured funding support. The support includes:

- Zimbabwe Red Cross Society (ZRCS) was supported in the selection of two project areas for the implementation of comprehensive intervention on HIV/AIDS including rolling out of ART in collaboration with district hospitals belonging to ministry of health or other organizations.
- Supported regional delegation in Harare and Zimbabwe Red Cross in the development of protocols for operational research and instruments for conducting baseline data survey in the project areas.
- Assisted ZRCS in the training of 22 home-based care volunteers for a comprehensive programme on HIV/AIDS utilizing the training modules developed by Federation with partners. This performance is part of the field testing being conducted of the generic training tools.
- Facilitated the transfer of funds for Kenya Red Cross and assisted in the creation of ground work for initiating implementation of the comprehensive programme on HIV/AIDS including ART in collaboration with the government's district hospital and Family Health International.

Fostering partnership

- Contacted and dialogued with WHO regional office in Africa (WHO/AFRO) for establishing stronger collaboration with the Federation. The effort has already started bearing fruit in that WHO/AFRO has started connecting some national societies with WHO country offices. As WHO is the technical advisor of ministries of health of the respective countries, this can eventually foster national society collaboration with ministries of health.
- Continued maintaining good collaboration with Nestlé headquarters and for 2006 and 2007 some funding support has been secured for development of tools.

COMMUNICABLE DISEASES UNIT

Malaria

The Federation's global Malaria Programme Initiative continues to grow rapidly with an increasing number of integrated campaigns planned for 2006 and 2007. These campaigns are planned in partnership with WHO, ministries of health, the Centers for Disease Control (CDC) and others through weekly telephone conferences. Post-campaign longer term integrated "Keep-Up" programmes are planned with Red Cross national societies to ensure proper hanging and utilization of nets. The need to conduct these long-term post-campaign follow-up campaign activities is globally acknowledged and has become a recommended approach to fight malaria.

During the first six months of 2006 integrated vaccination and long lasting insecticidal net distribution campaigns took place in Niger and Kenya and in two refugee camps in Chad. Post-campaign "Keep-Up" programmes and long lasting insecticidal net distribution programmes through routine services are ongoing in Togo, Malawi and Mozambique. By the end of 2006, similar programmes are planned to take place in Kenya, Uganda, Rwanda, Sierra Leone and Niger. The "Keep-Up" programmes are integrated and closely coordinated with ongoing bi-lateral and multi-lateral health programmes and thus aim at strengthening these ongoing programmes. The value added by involving civil society is unfortunately often underestimated and neglected. This is reflected in the lack of sufficient funding to grassroots organizations at country or global levels for follow-up activities after large-scale campaigns. Follow-on "Keep-Up" includes: malaria prevention activities through social mobilization and health promotion and prevention work at community level. Linked to the "Keep-Up" programmes, the Federation is carrying out studies to document the value of civil society's role in implementing community-based health programmes.

A new partnership agreement has been signed with World Swim for Malaria (WSM), a London-based charitable Foundation. A total of 28,000 long lasting insecticidal nets were donated to the Federation for distribution in nine national societies: Botswana, Ethiopia, Kenya, Namibia, Malawi, Rwanda, Uganda, Zambia and Zimbabwe. The target group for the WSM are RC/RC HIV/AIDS home care clients and the general population in communities where these programmes are implemented. The aim is to ensure that all RC/RC home care clients living in malaria endemic areas have access to long lasting insecticidal nets.

Two staff-on-loan positions from the American and the Norwegian Red Cross societies are currently supporting and further developing the concepts and documentation of the Federation's global Malaria programme.

Polio and Measles

Despite tremendous global progress that has been made in reducing the incidence of polio, the threat of polio transmission from the remaining polio endemic countries of Nigeria, India, Pakistan, and Afghanistan to other parts of the world remains real. This has been demonstrated by the June outbreak of polio in Namibia, a country that had been polio-free for more than a decade. The disease was unusual in that it affected more adults than children and resulted in 106 cases and at least 15 deaths prompting the neighbouring countries to be on high alert. The virus was genetically traced to India. In general, measles outbreaks have also been significantly reduced but outbreaks with case fatalities are still being experienced in developing countries among the underprivileged populations where access to health facilities is limited. A June measles outbreak in Kenya killed at least 10 children underscoring the need for the global coalition to fight both diseases.

Achievements:
- Representation of the Federation at global level through participation in measles and vitamin A programme telephone conference calls.
- National societies of Kenya, Central Africa Republic, Chad, Rwanda, and Burundi were assisted with the preparation of proposals.
- Advocacy on behalf of the national societies at global and regional levels resulted in Nigeria and Rwanda Red Cross societies accessing funding from the Measles Partnership and the American Red Cross.
- Funding was provided to the national societies of Kenya, Bangladesh, Chad and Central Africa Republic to enable them to participate in their national immunization campaigns.

Challenges
- The greatest challenges faced during the first part of this year related to very limited funding to support the Red Cross national societies to fully participate in the national immunization campaign.
- In addition, the national societies of Nigeria, Kenya, Rwanda, Burundi, and Angola in particular also experienced difficulties in accessing Measles Partnership funding at country level. This, coupled with lack of available funding from the Federation, has led many national societies to reduce activities which contribute to a reduction in child mortality and morbidity.
- Missed opportunities – the national societies of Angola, Eritrea, Burundi and Zimbabwe were eager to participate fully in the measles and malaria prevention campaigns conducted in their countries but failed to do so due to lack of funding.
- Participation of Nigeria Red Cross in the last mile to eradicate polio is crucial as this is the last polio endemic country in Africa and Red Cross volunteers have been instrumental in increasing polio vaccination coverage in the most inaccessible areas.
- Reduced visibility of the national societies at country level planning and implementation of activities is detrimental to their image.

Integrated measles campaigns are planned for the second half of 2006, in Rwanda, Ethiopia, Uganda, Cameroon, Nigeria Sierra Leone, Democratic Republic of Congo, Ghana, Senegal and Guinea Conakry.

BLOOD UNIT

Overall goal: To retain international leadership in the promotion of voluntary, non-remunerated blood donation, ensuring a source of low-risk donors continues to be available.

From January-June 2006 the Federation has taken the following measures/activities to advocate for voluntary, non-remunerated blood donation thus ensuring a global source of low-risk donors continues to be available:

- Commenced the development of a blueprint for 100 per cent voluntary, non-remunerated blood donation for all countries consisting of a joint vision and strategy prepared in collaboration with WHO;
- Participated in an international colloquium on voluntary, non-remunerated blood donation in Chile during March that had 260 participants from 60 countries in attendance;
- Completed development of training of trainer curriculum materials for a five-day workshop on developing a voluntary blood donor programme for blood safety (Federation/WHO);
- Attended and helped facilitate workshop at the South Asia regional delegation's regional health meeting;
- Established, via Red Cross Youth network a suitable vehicle to promote International Club 25 programmes whereby young people become actively engaged in voluntary blood donation and health promotion;
- Helped coordinate the global promotion of World Blood Donor Day, 14 June, which resulted in well over 100 countries celebrating with a large variety of events to acknowledge the contribution of voluntary blood donors to public health care;
- Agreement reached with Egyptian Red Crescent Society to host 2008 international colloquium on voluntary, non-remunerated blood donation;
- Update and reprint of Federation's toolkit entitled *Making a difference…recruiting voluntary, non-remunerated blood donors* and distribution of toolkit for workshops in Africa, Asia and Americas regions;
- The Federation's Global Advisory Panel (GAP) on risk management and corporate governance for national societies with blood programmes has continued its work in focusing on the distribution of the self-assessment and conducting regional discussions to ensure all societies understand the importance of adhering to quality standards in blood service delivery and minimizing risk to themselves and the Federation. The Chairman of GAP has consolidated responses received from national societies and progress is underway to complete the self-assessment in most regions throughout 2006.

PUBLIC HEALTH IN EMERGENCIES (PHE)

Response to epidemics, including newly emerging diseases (e.g. Avian Influenza)

This task is covered largely by the PHE unit after the position for senior officer for epidemiology ended.

- **Yellow Fever:** PHE unit noted a trend of increasing numbers and scale of disease outbreaks mainly in Africa since 2004 requiring response at local, regional and global levels that were supported through Federation disaster response emergency funding. PHE unit supported the yellow fever response in Western Africa and Sudan deploying one consultant to Sudan's South Kordufan region to support Sudanese Red Crescent (as reported in 2005 annual report). A second consultant was deployed early this year for technical follow-up and to start up volunteer trainings, capacity building for outbreak control at community level and start up of branch development within the pan-Sudan health programme. In total, 1.2 million doses of yellow fever vaccines were released through the ICG system from the GAVI-funded emergency stockpile administered by WHO.
- **Meningococcal meningitis:** Outbreaks have been many and fierce in Western, Central and Eastern Africa (Cote d'Ivoire, Niger, Nigeria, Mali, Burkina Faso, Sudan, Eritrea, Kenya), a clear upsurge in the last three to five years. PHE unit supported the release of vaccines through its function in the International Coordination Groups/Meningitis (made up of the ICG, WHO, Federation, UNICEF and MSF). It is important to review membership in this group and to assess its usefulness. Within this group led by WHO a new toolkit has been developed with the Federation's input for mass immunization campaigns and will be available for field testing at the end of the year.
- **Cholera:** Outbreaks are particularly severe this year and widespread in Africa. The response to the largest cholera outbreak in Angola in decades was a challenge to the capacity of the national society and the regional monitoring and response mechanisms. Endemic cholera lingers on in areas like Eastern Congo and at times burst into an increased number of cases. To improve response preparedness and action, the previously used cholera strategies and approaches need revitalization at all levels, in particular at the regional ones. Lessons learned from addressing disease outbreaks after last year's Marburg disease response at community level and from previous response to outbreaks of diarrhoeal diseases were applied to the response profile. PHE unit supported the deployment of a field assessment and coordination team (FACT) to enhance the response capacity and to design a capacity building programme to further build knowledge and capacity within the national society for response to outbreaks in the future.

- **Epidemic control:** This is a challenge now more than ever, especially as a part of the regionalization. Old and new approaches have to become more uniform, well known and standardized. The PHE unit is now drafting an epidemics control package/manual, advising senior managers, branch people and in particular the volunteers themselves on the simple actions in various types of outbreaks.
- **Avian Influenza (AI):** Incidence in birds has dramatically increased its spread around the globe during the last six months, mainly through migratory birds. AI is now endemic in birds in all continents but Americas, with human cases mainly in Asia but also in the Middle East, Northern Africa and in Europe. The threat for human infections has increased worldwide and is expected to further increase during the next migration cycle of wild birds. The PHE unit, mainly one officer, has coordinated the preparedness and response for avian and human influenza. An appeal was launched at the end of April 2006, where action already taken and planned AI activities are reported. In preparation for the appeal, PHE unit carried out a global mapping survey of national society preparedness and needs, and the result was used for designing the appeal. In addition, the PHE unit designed a national society checklist as guidance for AI prevention and preparedness. Extensive briefings and consultations have been carried out, advocacy at all levels within the organization, with national societies and partners (ICRC, WHO, UN, etc), through existing structures, meetings (e.g. Federation management meetings in Cairo and Tunis, the extended management meeting in Geneva, meetings of the DM managers, information delegates, health and care forum, etc.), and workshops. Strategic international meetings have been attended and attendance coordinated with focal points in the regions. The PHE unit participated in WHO consultations resulting in two guidance documents related to avian and human influenza preparedness. One PHE Unit officer is dedicating 50 per cent of time to this subject and taking on the overall programme coordination (until a programme coordinator is recruited), which has tremendously increased in workload and involvement. Work on avian and human influenza preparedness and prevention has gone beyond the health and care sector, involving disaster management, regional desks and other technical departments including security, administration and IT telecommunications in this work. A Steering group and interdepartmental Task Force was created to coordinate and further plan the work related to this.

Development of tools, guidelines, training

- The *Emergency Needs Assessment Methodology Field Manual* was completed last year, and is available in English. The document is being disseminated to national societies through Public Health in Emergencies trainings and guidance is being provided for field testing of the manual within the next year.
- Public Health in Emergencies training courses for national society health staff were held in Lima and Dhaka, focused on building up better knowledge and capacity of national societies in the regions. The development of a PHE training curriculum with a full set of presentations made in response to poor operational capacity and poor PHE knowledge found in the field and among people involved in relief, is in process. This curriculum will be further revised based on the ongoing revision of the current 2000 *Public Health Guide for Emergencies*. A training for health delegates is foreseen at the end of this year. The training in Bangkok for the South East Asian region is pending availability of funds.
- *Management of dead bodies after disasters, a field manual for first responders* was produced by PAHO, WHO, ICRC and the Federation has been published and is available.
- The inter-agency emergency health kit (IEHK) is now replacing the new emergency health kit. It took two years and there are more than 25 changes between the two types of kits. The Federation, WHO, MSF, UNICEF and some few other NGOs collaborated extensively on this project.
- A regional disaster response team (RDRT) review was held by the Federation with participation of the PHE unit, in Colombo. Lessons learned from the Pakistan operation are invaluable for the system's further development and critical issues were addressed, like uniform standards in selection criteria, contractual issues and basic equipment – and how the RDRTs concept fits into the overall Federation response system regionally and locally.
- Performance indicators and health ERU performance report prepared by the PHE Unit during the tsunami ERU deployments, was followed up via ERU technical meetings in Oslo (last year) and Tampere. The result is some changes into the ERU system approach on the health side and in terms of training standardization, roles and responsibilities of team leaders, reporting systems, etc. New approaches such as mixed national society teams, new ERU developments, possible triage ERU, links with FACT and RDRT are currently underway.
- Bi-annual health ERU meetings keep abreast with developments and monitor further implementation of the above recommendations. The last two meetings held in Oslo and Tampere, Finland were particularly effective in capturing the ICRC's growing interest in utilizing the ERUs (good experience from Pakistan). ICRC will

recruit a focal point for looking into better coordination and cooperation on this. Also, there are more and more concrete ideas on how to incorporate into the system the "new" national societies with ERU ambitions (e.g. societies in Canada, China (Hong Kong branch), Malaysia, Singapore and several Gulf states).

- The disaster management working group meeting in Kuala Lumpur was attended, to ensure PHE is well covered in the further design of disaster management centres (DMC). The regional DM meeting in Tokyo, covering that very subject, was also attended. So far, the core issues of what a DMC should cover in the future are not decided.
- The "Public Health Guide for Emergency Situations" was reprinted due to extraordinary demand and the delayed revision of the 2000 version is now underway with Hopkins University: a number of chapters need updating and others were added like reproductive health, psycho-social support, AIDS in emergencies, new disasters, emerging diseases, etc.
- A university will undertake the PHE training curriculum and manual's further development; several are interested. This curriculum and training manual are to support to the PHE courses next year, further standardizing the approach about how the Federation deals with main PHE issues and how the national societies can conduct their own training. The printed version, when developed, with additional background and reference materials, will help the regional delegation and national societies to form their own PHE training courses and further build capacity in the regions and among RDRTs.
- A regional disaster managers training of experienced disaster managers from national societies in the Middle East was held in Syria in May 2006 was supported by the PHE unit upon request. Topics addressed were mainly avian influenza preparedness and response, group work on ethical issues in pandemic response and management and general health consideration regarding needs assessments.
- The food basket calculator (FBC) was finally completed. Field testing is ongoing and results from the ICRC's first test round are very encouraging. TUFTS University is to field test it and do further improvement.
- The AIDS food basket calculator, using a similar technology is planned to be researched and developed for HIV/AIDS patients. Tufts University is interested in developing this further and initial contacts have been made.
- The distribution module is connected with the FBC to ensure better control of delivered foods (items). This one is now ready for use and logistics and relief specialists are looking into connecting it to the Federation's monitoring systems. The FBC and distribution module have been developed with Nestle, free of charge.
- Health ERU trainings are important to attend, ensuring technical standards but also to meet the new generation of delegates and pick up ideas. Pakistan ERU operations follow-up in Oslo came up with an excellent solution on ERU field management compatible with both ICRC and the Federation.
- A consolidated training programme built on experiences from many national societies was developed and successfully tested by the Norwegian Red Cross. Norwegian RC has also developed its own "Training Web site", a very innovative approach.
- The health delegate from Indonesia has been recruited to the PHE unit for capacity building, and further work on the public health in emergencies concept, materials and tools.

Operational Support:

- **Sri Lanka:** Tsunami operations are not up to expected output, suffering from management constraints and how to ensure best possible work and good coordination between all the bilateral national societies' efforts. During field visits, the PHE unit has repeatedly advised against involvement in mega-projects inside the health care rehabilitation efforts prior to ensuring full support to Red Cross core business. A revision of plans has now taken place, including change of management; core business is the effort now, but the bilateral efforts need to be on the same track.
- **Indonesia:** Community-based first aid trainings of trainers and volunteers took place and the transition process into rehabilitation has been speeding up. The Nias baseline health survey for health data and indicators has been completed and is pending evaluation. It will serve as an important tool for monitoring and follow-up and will supplement missing data. Learning from psycho-social support programme directions and different approaches and comparing with Sri Lanka findings will be an important exercise towards formulation of a Movement-wide approach to psycho-social support before, during and after disasters.
- **Pakistan:** The massive challenge – to reach the people in difficult to access areas before the winter – has started. The PHE unit paid frequent visits during the early start up phase with FACT, consolidation phase and follow up. Some highlights include: the encouraging ICRC/Federation cooperation in most technical fields and politically, our insistence to concentrate on providing health service in the most peripheral areas – and not

falling pray to constant pressure from various ministries and organizations to bring in sophisticated hospitals, etc. Instead, some innovative methods were tested; the terrain did not allow wheeled transport of any kind (huge rocks, boulders, etc). However, snowmobiles and snow scooters could be used and were tested as very valuable, reaching areas no one else could ever dream of reaching. Health management wise, a new "old" system were used and found valuable. One health coordinator concentrated on the international coordination and the overall function of his team. A field health coordinator was the actual operator. Last but not least, technical people in health, water and sanitation, PSP, mobile clinics, etc did their job supervised by the field health coordinator. The same system is now being implemented in the Java earthquake operations.

- **Java:** The earthquake's impact in the Yojakarta area is quite devastating despite a relatively low death toll. Resilience is amazingly high among people. The PHE unit assisted in setting up the early operations. There are many lessons learned, but particularly one must be noted: professionals already engaged in the ongoing tsunami operations were used to deal with the Java earthquake. Despite good local knowledge, the decision to bring in already tired professionals was not effective. A "real" FACT should have been deployed, supported by available tsunami delegates. It is not the first time the same lesson is learned; delegates already in country should be used, but in a clever way.
- **Angola:** The cholera outbreak highlighted a number of shortcomings in preparedness and response capacity at various levels. Management-wise there is a need for revisiting the actual functions of the regional department and delegations in PHE situations as well as in disaster management centres. Also in need of revisiting are the early warning and start-up function, as well as reviving some of the old operational standards that seem to be forgotten; and to merge those with new approaches. PHE has already started such work. However this is not limited to technical work.
- **Avian Influenza:** The recruitment of a consultant to support Nigeria Red Cross to start up its avian flu programmes was supported by the PHE unit. One of the outcomes was the formulation of a West Africa strategy for avian influenza preparedness and response finalized during a regional workshop in Dakar and also supported by field visit and technical input from the PHE unit.
- In **West Africa** the regional delegation was supported in developing a regional health strategy. Addressing health emergencies and preparing for them has become a major concern in the region, as well as contribution to the pool of trained RDRT members with health background and integration with the work of other sectors. The PHE unit supported the workshop actively and followed up on strengthening the regional health structure and programmes with health in emergencies component. Special emphasis is given to the early warning and to the start-up phase, in which national societies can have an enhanced role in initial needs assessment and response planning.
- **Chad:** The health operation has moved slowly and would benefit from a process of revisiting priorities and implementing the planned capacity building programme through CBFA in the eastern branches. The programme lacked funds temporarily. A follow-up progress evaluation (from 2005 February mission) would be important to help redirect the programme.
- **Sudan:** The head of the PHE unit conducted and coordinated the all-inclusive partner and host national society and UN/ministry of health pan-Sudan health assessment, aiming at direct support to beneficiaries and capacity building of the Sudanese Red Crescent to establish a clearer future role in the health sector including water and sanitation. Four separate assessments were made in various corners of the country following the same protocol. The consolidated report "Towards capacity building and complementarity in health programming – a Multi-sectoral and integrated health assessment in Sudan" outlines a number of problems, potentials and possible action to be taken by the Sudanese Red Crescent, supported by the Federation and its donor societies. The mission clearly states that the Sudanese national society has great potential to intervene and develop its capacity further and points out ways ahead. The implementation of the clear directions is slow, due to various political obstacles, but holds on its technical merits.

Psychological support programme

PSP support has grown in importance to national societies. This particular specialist area is now well recognized as a very important aspect of essential emergency and recovery support in the community. During the tsunami, WHO highlighted this to be one of the most important interventions.

- A Federation/Danish Red Cross framework agreement was drafted in 2005, outlining better the working relationships, roles and responsibilities between the Secretariat and the Federation's Reference Centre for PSP in Copenhagen. In the meantime, the head of the PSP centre changed. A more in-depth briefing session for the

new head and the adoption of the framework is planned for the third quarter of 2006. A closer link with the PSP centre in the Americas has to be established and nurtured.

- To make the Federation's Reference Centre more effective and able to meet the growing demand, a roster meeting was held in Canada in 2005, where specialist needs in various operational areas were identified and discussed. This competence diversification has been identified during last years of operations. Psycho-social specialists are needed for urgent assessments and related to FACT, developing programmes, managing long-term programmes as well as for evaluations and training, respectively. The roster pool has to be adapted to be more operational and field-oriented for early emergency deployments of members. The next roster meeting will be held in October later this year.
- Several national societies have actively supported PSP development and implementation: the Danish, Icelandic, American and Norwegian. A similar set-up in Latin America is under further development. More and more national societies are developing capacity for PSP including some in the Middle East and North Africa region.
- The tsunami operation may provide further opportunities to diversify the pool of PSP expertise and to work towards a PSP policy in which a common denominator for one approach should be found.

Coordination, cooperation, strategic partnerships and operational alliances

- Part of WHO consultations, Inter-Agency Standing Committee (IASC) working groups and, through avian influenza work, increasingly engaged in cooperation with UNSIC, CARE, animal sector and governments.
- Cooperation with ICRC particularly at health ERU level and in general in looking at new approaches to public health response in various types of emergencies, thinking through existing tools and how to better adjust them to health functions within the public health response.
- A meeting called by the Chinese government on improvement of standards for delivery of humanitarian services gave the opportunity to support the Red Cross Society of China and contribute to the meeting (on request from the field): technical contribution of health standards in operations, SPHERE revisited, to network and to contribute to the national process on this. RCSC has shown increased interest in further gaining emergency health expertise and building its capacity in this area.
- Health cluster work within the IASC: WHO was selected as lead agency for the IASC health cluster. The PHE unit was actively involved in the actual creation and design of the health cluster, but also in food and nutrition clusters and separately, the mental health clusters. The operations in Pakistan, Horn of Africa and indeed in Java earthquake, clearly show that the aim to create an international body, like a health cluster, that provides NGOs, UN and other organizations an operational coordination and a cooperation platform in support to governments and their ministries of health in emergencies is far from fulfilled and lots of work is still necessary to reach this.
- Cooperation with universities and academia: The evaluation of the avian flu preparedness mapping gave an opportunity to try out "emergency" mode cooperation with a local university. Further work has to be done to make this cooperation more fruitful.

WATER AND SANITATION UNIT

The Federation's water and sanitation policy (adopted in 2003) lays out responsibilities in both the disaster response context and the approach to developmental water and sanitation programming. Developments and events in 2005-2006 have continued to underscore the policy and in fact have broadened these responsibilities wider, into the following core areas of focus:

- Water and sanitation in effective disaster management (both disaster preparedness and disaster response);
- Water and sanitation in effective recovery and rehabilitation (linking recovery, rehabilitation and development); and,
- Water and sanitation as effective, sustainable development (Federation's Global Water & Sanitation Initiative – GWSI).

Crosscutting to all three above elements, is the further establishment and development of water and sanitation 'software' (community participation, capacity building and hygiene promotion).

Water and sanitation in disaster response and preparedness remains a core activity. Operationally, this has been clearly indicated in the scale of effective response to the tsunami-affected countries (Indonesia, Sri-Lanka and the

Maldives) with the largest water and sanitation ERU and staffing deployment in its history. Despite the sheer scale of the tsunami operation, significant responses to the Pakistan earthquake, food security operations in three regions of Africa, responses to the hurricane season in Central America and Caribbean, Yogyakharta (Indonesia) Earthquake, Romania floods and other smaller operations were served by Federation-coordinated water and sanitation interventions during 2005-2006.

Increasingly, the more effective application of recovery and rehabilitation methodologies has led to a new approach, still being structured, to implement medium and longer term water and sanitation interventions (especially post-tsunami) and thereby benefit from an improved linkage between relief and development.

The Global Water and Sanitation Initiative (GWSI) is perceived as the way forward to a ten-year developmental commitment to the Federation's contribution to meeting the water and sanitation Millennium Development Goals and being an effective water and sanitation player during the second UN Decade for Water (2005-2015) that was officially launched in March 2005. A significant buy-in from national societies, the EU and corporate donors has led to the identification of 11 large-scale, three year water and sanitation programmes to commence in 2006 as a result of GWSI resource mobilization, with others in the preparation phase. The second call for proposals has just been completed for projects to commence in 2007. Another 12 large-scale programme proposals were submitted by the end of June 2006.

The Federation advocates for the integration of hardware and software for water and sanitation interventions, in this context defining "hardware" as the engineering inputs related to appropriate equipment and construction such as tanks, pipes, pumps, and latrines, but also on user engagement "software" through activities in the areas of hygiene promotion, local capacity building, stakeholder involvement, monitoring and evaluation of impact and encouraging behavioural change to ensure that water and sanitation systems deliver the optimum and most sustainable health and social benefits to the end users.

The establishment of a global focal person for water and sanitation 'software' and increasing emphasis on its development and application in all aspects of water and sanitation interventions has been accomplished in 2005, and is leading to an expanded number of field positions to effectively 'roll-out' this increased emphasis, as well as provide a pool of expertise to feed into the further development of tools, processes and 'best practice' for the Federation. As an example, one year after the tsunami the PMI (Red Cross Society of Indonesia) is fully engaged into the PHAST – Participatory Hygiene and Sanitation Transformation – process and capacities and resources have been created and mobilized in the field. A very clear strategy in terms of 'water and sanitation software' has been established within the national society supporting both the resources already developed at central level and creating an identical basis at local branches in terms of training and implementation.

The 'software' component within developmental water and sanitation cannot be realized without sound baseline data, effective engagement with beneficiary groups and RC/RC volunteers, improved and more realistic monitoring and evaluation and, in general, true long-term developmental objectives and sustainable actions. As a result of the experience gained during the last five years implementing the PHAST programme and advocating the software component within the traditional water and sanitation programmes, the need has been addressed to develop and publish PHAST field guidelines, easy-to-use baselines and monitoring and evaluation toolkits and to provide training-of-trainer courses for the use of these guidelines at select regional/country delegations; follow-up missions will be conducted to measure PHAST usage and replication. The publication will be launched at the end of 2006 (November).

The activities and new developments during 2005-2006 have been demanding on the unit, but have been mostly met, and have also resulted in a significantly increased demand for field staff, not only to undertake the variety of field operations and support responsibilities, but also to, where possible, reduce the workload and demands upon the unit in Geneva. This trend is continuing in 2006. In June 2006, 51 water and sanitation delegates were deployed world-wide (multi-lateral).

Disaster preparedness and response activities included coordination and technical support in disaster response; research and further development of response mechanisms will continue in cooperation and coordination with other humanitarian organizations active in disaster response. The ERU/FACT/RDRT system maintains a 'pool' of trained human resources for rapid deployment, combined with mostly standardized equipment/material packages.

The Federation's proven capacity in safe water supply continues to operate well by providing effective rapid assessments, deployment of experienced water and sanitation delegates and/or ERU modules. However, much of the morbidity and mortality in post-disaster scenarios relates to poor or inadequate sanitation facilities, or poor hygiene practice.

The existing response capacity to sanitation and hygiene promotion needs in disasters only partly addresses the problem and needs upgrading together with the national societies concerned.

Planned activities include:

- Producing a field manual 'Excreta Disposal in Emergencies' together with Oxfam, the Water Engineering and Development Centre and UNHCR. Work is in progress.
- Redesign the mass sanitation ERU module, field test it, and include the 'rapid' latrine concept and a comprehensive hygiene promotion component. The final design, training curricular, equipment standards, job descriptions, etc. have been finalized and agreed upon during a meeting in June 2006. The first training course will take place in the UK, organized by British Red Cross in September/October 2006.
- Create a Federation-standard hygiene promotion package to be integrated into the standard disaster response and the ERU system.
- Revisions and updates of the water and sanitation ERU manual and parts and the CD 'WS Mission Assistant'. This CD will be developed together with an information, education and communication material database CD. The process to upgrade the CD is in its final stages and will be completed during July 2006.
- Continue coordination of the ERU technical working group where deployment experiences are shared, new technologies are reviewed, and planning of joint ERU training and curricula development is carried out.

The GWSI concept provides a framework within which national societies can increase their contribution to meeting the water and sanitation/health components of the Millennium Development Goals. The GWSI does not limit national society participation to multi-lateral activities, but encourages a common approach, methodology, timescale and economy of scale.

- Development of a new support function, at the global and regional/country level, to assist national societies to assess and identify beneficiary groups that meet with some basic criteria as expressed in the GWSI, and develop long-term water and sanitation programmes accordingly. During the first six months of 2006 the water and sanitation unit at the Secretariat supported by the EU Red Cross Office in Brussels and regional water and sanitation delegates and staff assisted in detailed preparation of 12 multi-lateral large-scale, long-term projects to commence during 2007. GWSI, in its second year of operation, is therefore on target, and has in fact exceeded the targets set. A total of CHF 26 million has been mobilized to provide long-term sustainable water and sanitation facilities to 1.5 million people over the next three years. A second call for proposals for the EU Water Facility has been completed at the end of June 2006 worth a total of CHF 35 million.
- National societies requesting assistance in their water and sanitation programming will continue to be supported at the regional or country level, or directly from the Health and Care department in Geneva (water and sanitation unit), but with greater emphasis on larger and longer term water and sanitation programming.
- This has continued during 2006, with support services being provided to both host and partner national society water and sanitation activities globally and at regional level.
- Further internalize and fine tune the GWSI at all levels. Further engagement with potential partners and donors at all levels. The launch of GWSI took place in February 2005 and since GWSI has been disseminated at internal and external meetings, workshops and seminars. A new set of GWSI publications was finalized and distributed to host and partner national societies, regional delegations, potential external partners and the ICRC.
- Continue and expand key representation at international forums to improve Federation positioning and external partnering vis-à-vis the UN Decade for water. Continue playing a key role with external partners at the Inter-Agency Group, Public Health Forum during 2006 and other such opportunities. A Global water and sanitation delegates' workshop covering core DR/DP issues was held in March 2006.
- The annual water and sanitation coordination meeting held in Mexico in March 2006 was an opportunity to further disseminate GWSI criteria.

The fourth World Water Forum took place in Mexico City in March 2006 with strong participation from the Federation. The forum was combined with the annual water and sanitation coordination meeting and all water and sanitation coordinators and key delegates met to discuss operational and strategic issues. Numerous presentations were held at the forum and a stand was manned with the help of the Mexican Red Cross. The forum also collided with the World Water Day on 22 March and a press release was issued and a press conference was held in Mexico City. This forum takes place only every three years and has been a very useful platform for disseminating activities to a global audience. More then 25,000 participants from governments, NGOs, governmental organizations, the commercial sector, donors, beneficiary groups, and academia participated. Special linkages have been established in the water and sanitation software field with key partners and closer collaboration will be explored in the future, especially with the 'Gender and Water Alliance' and the 'WASH Movement' (Water and Sanitation-Hygiene Movement, a UNICEF-led initiative).

Further progress has been made in establishing good working relationships with potential corporate donors such as Coca-Cola and Nestlé.

Federation water and sanitation Reference Centre
In an attempt to "outsource" and with the aim to address a wider range of much needed activities, discussions are ongoing with the Austrian Red Cross to establish a water and sanitation reference centre that would:

- Screen and test new technologies;
- Conduct operational research, studies, and evaluations;
- Document and disseminate best practices and lessons learned;
- Establish and strengthen links to universities, joint partnerships and projects; and,
- Market, publish, print documents, and conduct presentations and training.

A further meeting with the Austrian Red Cross is planned to advance the discussion. Some activities, such as the workshop on different technologies, have already taken place.

Interim financial report below;
Click here to return to the title page and contact information

International Federation of Red Cross and Red Crescent Societies

MAA00001 - HEALTH & CARE

Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/5
Budget Timeframe	2006/1-2007/12
Appeal	MAA00001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	9,069,495					9,069,495
B. Opening Balance	529,724					529,724
Income						
Cash contributions						
American Red Cross	*91,840*					*91,840*
Belgium - Private Donors	*0*					*0*
British Red Cross	*18,120*					*18,120*
Canadian Red Cross Society	*6,495*					*6,495*
Danish Red Cross	*67,093*					*67,093*
DFID Partnership	*149,673*					*149,673*
Diners Club	*7,036*					*7,036*
Eli Lilly Export SA	*126,050*					*126,050*
Finnish Red Cross	*166,204*					*166,204*
Foundation Board IFRC	*49,066*					*49,066*
France - Private Donors	*97*					*97*
German Red Cross	*6,443*					*6,443*
Great Britain - Private Donors	*0*					*0*
IOC/CIO	*21,854*					*21,854*
Irish Government	*78,900*					*78,900*
Italian Red Cross	*194,306*					*194,306*
Italy - Private Donors	*8,914*					*8,914*
Nestle	*50,000*					*50,000*
Norwegian Red Cross	*475,650*					*475,650*
On Line donations	*1,886*					*1,886*
Swedish Red Cross	*10,000*					*10,000*
Swiss Red Cross	*10,000*					*10,000*
United States - Private Donors	*0*					*0*
C1. Cash contributions	*1,539,627*					*1,539,627*
Outstanding pledges (Revalued)						
American Red Cross	*-86,068*					*-86,068*
British Red Cross	*-18,120*					*-18,120*
Canadian Red Cross Society	*22,040*					*22,040*
Danish Red Cross	*-67,093*					*-67,093*
Finnish Red Cross	*45,298*					*45,298*
Great Britain - Private Donors	*1,889*					*1,889*
Swedish Red Cross	*46,746*					*46,746*
C2. Outstanding pledges (Revalued	*-55,308*					*-55,308*
Reallocations (within appeal or from/to another appeal)						
British Red Cross	*-49,994*					*-49,994*
Danish Red Cross	*-51,356*					*-51,356*
Italian Red Cross	*0*					*0*
Nestle	*-128,100*					*-128,100*
Norwegian Red Cross	*22,565*					*22,565*
Swedish Red Cross	*0*					*0*
Swiss Red Cross	*-240,554*					*-240,554*
Switzerland - Private Donors	*90,000*					*90,000*
C3. Reallocations (within appeal or	*-357,440*					*-357,440*
Inkind Personnel						
British Red Cross	*31,000*					*31,000*
Finnish Red Cross	*12,400*					*12,400*
Norwegian Red Cross	*51,894*					*51,894*
Other	*31,496*					*31,496*
C5. Inkind Personnel	*126,790*					*126,790*

Selected Parameters	
Reporting Timeframe	2006/1-2006/5
Budget Timeframe	2006/1-2007/12
Appeal	MAA00001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

C. Total Income = SUM(C1..C6)	1,253,670					1,253,670
D. Total Funding = B +C	1,783,394					1,783,394

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	529,724					529,724
C. Income	1,253,670					1,253,670
E. Expenditure	-1,385,314					-1,385,314
F. Closing Balance = (B + C + E)	398,080					398,080

International Federation of Red Cross and Red Crescent Societies

MAA00001 - HEALTH & CARE

Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/5
Budget Timeframe	2006/1-2007/12
Appeal	MAA00001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL	
	A						B	A - B
BUDGET (C)		9,069,495					9,069,495	
Supplies								
Food		4,852					4,852	-4,852
Medical & First Aid	162,600	10,209					10,209	152,391
Teaching Materials		2,813					2,813	-2,813
Other Supplies & Services		1,461					1,461	-1,461
Total Supplies	162,600	19,336					19,336	143,264
Land, vehicles & equipment								
Computers & Telecom	52,000	5,827					5,827	46,173
Others Machinery & Equipment		63					63	-63
Total Land, vehicles & equipment	52,000	5,890					5,890	46,110
Transport & Storage								
Distribution & Monitoring		153					153	-153
Transport & Vehicle Costs		3,602					3,602	-3,602
Total Transport & Storage		3,756					3,756	-3,756
Personnel Expenditures								
Delegates Payroll	4,019,000	443,622					443,622	3,575,378
Delegate Benefits		96,561					96,561	-96,561
National Staff		11,135					11,135	-11,135
National Society Staff		5,497					5,497	-5,497
Consultants	746,000	27,586					27,586	718,414
Total Personnel Expenditures	4,765,000	584,401					584,401	4,180,599
Workshops & Training								
Workshops & Training	1,608,720	251,897					251,897	1,356,823
Total Workshops & Training	1,608,720	251,897					251,897	1,356,823
General Expenditure								
Travel	563,310	165,273					165,273	398,037
Information & Public Relation	832,000	131,793					131,793	700,207
Office Costs	198,400	26,468					26,468	171,932
Communications	73,940	60,996					60,996	12,944
Professional Fees	100,000	18,061					18,061	81,939
Financial Charges		3,186					3,186	-3,186
Other General Expenses	124,008	26,832					26,832	97,176
Total General Expenditure	1,891,658	432,610					432,610	1,459,048
Federation Contributions & Transfers								
Federation Contributions		3,291					3,291	-3,291
Total Federation Contributions & Tra		3,291					3,291	-3,291
Program Support								
Program Support	589,517	89,510					89,510	500,007
Total Program Support	589,517	89,510					89,510	500,007
Operational Provisions								
Operational Provisions		-5,375					-5,375	5,375
Total Operational Provisions		-5,375					-5,375	5,375
TOTAL EXPENDITURE (D)	9,069,495	1,385,314					1,385,314	7,684,181
VARIANCE (C - D)		7,684,181					7,684,181	