

Programme update 2007



International Federation
of Red Cross and Red Crescent Societies

Health and Care

Appeal No. MAA00001

Programme update No 2

8 August 2007

This report covers the period of 01/01/2007 to 30/06/2007.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



A Red Crescent health worker prepares to vaccinate residents in the village of Pokal in the Allai Valley. International Federation.

In brief

Programme summary: During the reporting period, the Health and Care Department has been busy working on a number of activities in line with the Federation's Global Agenda. This period was marked by regional conferences in Istanbul for Europe and in Guayaquil for the Americas. In both conferences, health was given high priority on the agenda, as it was an opportunity to promote and discuss the Global Health Strategy.

In March, the Health and Care Department supported the Mediterranean conference that took place in Athens. The department also attended a meeting on Human Resources for Health, which took place in Nairobi. This meeting provided an opportunity for promoting the role of volunteers in Africa and discussing about the three feasibility studies in Mali, Kenya and Mozambique on the Village Health Workers initiative.

The Health and Care Forum 2007, which was held in Geneva from 9 to 11 May was an added opportunity to discuss the implementation of the Health and Strategy, with the presence of over 30 National Societies. The focus of the forum was to collectively discuss the quality of health programming and the ways to encourage improved quality of standards in health and care programming of the Red Cross and Red Crescent. The objectives were to provide a platform for National Societies to profile extraordinary achievements, lessons learned and new developments in their national health programmes in the communities as well as to share and learn from experiences of others during all phases of development and scale up of programmes. As part of

this event, a joint session with the World Health Organization (WHO) and the Ministers of Health from Kenya, Mali, Mozambique, Iran, Jordan and Canada was organized on 11th May. In addition, a Memorandum of Understanding (MoU) was signed between the World Health Organization Regional Office for Africa (WHO/AFRO) and the Federation. The MoU will strengthen the Federation's collaboration at the country level in helping governments in scaling up comprehensive programmes on HIV and AIDS.

Needs: Total 2006-2007 budget CHF 10,231,202 (USD 8,390,000 or EUR 6,125,000) out of which 68.2 per cent covered. Outstanding needs are CHF 3,253,478 (USD 2,665,000 or EUR 1,950,000). [Click here to go directly to the attached financial report.](#)

Our partners: The International Federation works in coordination with the United Nations agencies, Humanitarian organizations as well as Non-Governmental Organizations (NGOs).

Progress towards expected results

Water and Sanitation

The International 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 the first half of 2007 have continued to underscore the policy and have broadened these responsibilities, into the following core areas of focus:

- Water and sanitation in effective disaster management (both disaster preparedness and disaster response) at national, regional and global levels;
- Water and sanitation in effective recovery and rehabilitation (linking recovery, rehabilitation and development), especially post-large scale disasters and crises;
- Water and sanitation as effective, sustainable development (International Federation's Global Water and Sanitation Initiative – GWSI).

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

Expected result: Technical support to water and sanitation disaster response and developmental efforts is coordinated at global, regional and country levels, in order that vulnerable people's acute and chronic water and sanitation needs are both met.

Progress

Water and sanitation in disaster response and preparedness remains a core activity. Operationally, this has been clearly indicated in the scale of effective response during the Mozambique floods operation in 2007 and in the initial phase of the recent Pakistan flooding situation.

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 and thereby benefit from an improved linkage between relief and development.

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 was accomplished in 2005. This has led 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.

The 'software' component within developmental water and sanitation cannot be realized without sound baseline data, effective engagement with beneficiary groups and Red Cross/Red Crescent volunteers, improved and more realistic monitoring and evaluation and, in general, true long-term developmental objectives and sustainable actions.

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As a result of the experience gained during the last five years implementing the Participatory Hygiene and Sanitation Transformation (PHAST) programme and advocating the software component within the traditional water and sanitation programmes, a need to develop and publish 'International Federation Software Tools for Water and Sanitation programming', easy-to-use baseline questionnaire and monitoring and evaluation toolkits and to provide training-of-trainer courses for the use of these guidelines at selected regional/country delegations has been addressed. Follow-up missions will be conducted to measure PHAST usage and replication. The publication will be launched during the autumn of 2007.

During the reporting period, the activities have been demanding on the unit, but have been mostly met. The activities 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. There are now 42 water and sanitation delegates 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 Emergency Response Unit/Field Assessment and Coordination Team/Regional disaster Response Team (ERU/FACT/RDRT) system maintains a 'pool' of trained human resources for rapid deployment, combined with mostly standardized equipment/material packages.

The Health and Care Department also conducted the following activities:

- Produced a field manual 'Excreta Disposal in Emergencies' together with Oxfam, the Water Engineering and Development Centre and UNHCR;
- Redesigned the mass sanitation ERU module. This includes the 'rapid' latrine concept and a comprehensive hygiene promotion component. The final design, training curricula, equipment standards and job descriptions have been finalized;
- The CD 'WS Mission Assistant' has been extensively upgraded and expanded (including a new chapter about software component) and is now being distributed;
- Continued coordination of the ERU technical working group where deployment experiences are shared, new technologies are reviewed as well as planning of joint ERU training and curricula development is carried out. In May 2007, a meeting was held in Austria where a new set-up of the WatSan ERU was decided and will from now on consist of three Modules. More detailed info can be provided upon request.

Working in partnership

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. Support services are being provided to both Host and Partner National Society water and sanitation activities globally and at regional level.

The unit has, and is expanding, key representation at international forums to improve Federation positioning and external partnering vis-à-vis the UN Decade for water. The unit also played a key role with external partners at the WASH Cluster, Inter-agency Group and the Emergency Environmental Health Forum in May 2007 and other such opportunities.

The annual continental water and sanitation coordination meeting for Africa was held in Nairobi in June 2007. Further progress has been made in establishing good working relationships with potential corporate donors such as Nestlé. Strategic partnerships are envisaged with a number of different National Societies for various topics related to water, sanitation and hygiene promotion.

Contributing to longer-term impact

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 over 25 National Societies, the EU and corporate donors has led to the identification of over 22 large-scale, three to four year water and sanitation programmes (that began in 2007) as a result of GWSI resource mobilization.

Looking ahead

The Federation's proven capacity in safe water supply continues to operate well by providing effective rapid assessments as well as deployment of experienced water and sanitation delegates and/or ERU modules. However, majority of the morbidity and mortality cases 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 partly addresses the problem and needs upgrading together with the participation of the concerned National Societies. To this end, the newly revised water and sanitation ERU Mass Sanitation Module - hosted by British Red Cross on behalf of the Federation - is fully-developed and ready for its first deployment.

The International Federation advocates for the integration of hardware and software for water and sanitation interventions. In this context, "hardware" is defined as the engineering inputs related to appropriate equipment and construction such as tanks, pipes, pumps and latrines, and "software" is user engagement 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.

A International Federation-standard hygiene promotion package will be created and integrated into the standard disaster response and the ERU system. This work is in progress, and is part of the WASH Cluster Hygiene Promotion project.

Tuberculosis

Expected result: The Red Cross and Red Crescent will continue to contribute to the Global Tuberculosis Response through health promotion and disease prevention in tuberculosis high burden countries.

Progress

Red Cross and Red Crescent interventions in tuberculosis control continue to address the needs of the most vulnerable and socially excluded groups at community level. Principal services provided by Red Cross and Red Crescent staff and volunteers include direct observation of treatment (DOT), addressing different social factors/determinants of tuberculosis, education of clients and their families; pursued treatment adherence, activities to reduce stigma and to promote tolerant attitudes towards people with tuberculosis.

Tuberculosis/HIV

It is well known, that HIV and tuberculosis closely interrelated. Many people infected with HIV in developing countries develop tuberculosis as the first manifestation of AIDS. The two diseases represent a deadly combination, since they are far more destructive together than either disease alone.

Are HIV and tuberculosis controls currently linked in Red Cross Red Crescent programming? This was a main question for the exercise initiated by the British Red Cross and the Secretariat to study the level of tuberculosis burden in Red Cross Red Crescent community-based programmes and find ways for effective response.

In community home based care (CHBC) programmes, care and support is implemented for people living with HIV (PLHIV) and other chronic illnesses in their homes through their families and communities. This approach seeks to address their medical, nursing, emotional, spiritual, psychological, social and material needs. As tuberculosis is the major opportunistic disease for PLHIV, there is a need to strengthen both community-based health and CHBC programmes by highlighting prevention, care and support for people at risk of, and suffering from tuberculosis.

In June 2006, the Kenya Red Cross Society, in close cooperation with the Great Lakes University of Kisumu (Kenya) conducted a study on tuberculosis and HIV. The next exercise is planned in Mozambique for the end of July 2007. It is believed, that the results/outcomes from these studies will give to Red Cross and Red Crescent Societies clearer directions and more coordinated activities in tuberculosis and HIV programmes.

Multi-drug resistant tuberculosis (MDR TB) programme

The Federation continued to coordinate multi-drug resistant tuberculosis (MDR TB) programmes in the frame of Eli Lilly MDR tuberculosis Partnership. Programmes are ongoing in Kazakhstan and Romania. In 2007, activities in South Africa and Uzbekistan were also included in the programme. Over 400 MDR TB affected people in these areas are attended to by the concerned National Societies. Kazakh Red Crescent reported that over 30 per cent of the clients completed their treatments and have since been cured.

The European Ministerial Forum on TB

The WHO's regional office for Europe, in close collaboration with the Stop Tuberculosis Partnership, the International Federation, the Netherlands Tuberculosis Foundation (KNCV), the European Centre of Disease Control (ECDC), will organize a Regional Ministerial Forum on Tuberculosis as a follow up to the regional director's letter of 2005 to the member states, declaring tuberculosis a regional emergency and calling upon increased funds for its control. The forum will be hosted by the Ministry of Health of Germany and will take place in Berlin on 22 October 2007. The Federation is an active member of the steering committee. The Secretary General is invited to address the forum with a key note speech on behalf of communities and civil society.

World Tuberculosis Day 2007

The Federation was an important player during a number of events that took place in during World TB Day, through the support of the European Partnership as well as several National Societies. These events included:

- The Brussels/Scientific seminar in European Parliament, through the support of the European Stop TB Partnership;
- The Berlin/International Symposium and German Central Committee against TB, through the support of the European Stop TB Partnership as well as the German and Ukraine Red Cross Societies;
- The Paris/National Forum on R&D for TB and Amis du Fond Mondial, with support from the European Stop TB Partnership;
- The London/All Party Parliamentary Group on TB meeting with the European Stop TB Partnership and the British Red Cross;
- In South Africa and Kenya, World TB Day activities by National Societies were supported by the Federation;
- Two press releases have been issued. One of the press releases was done jointly with the World Health Organization Regional Office for Europe (WHO EURO).

Operational Guidelines for Red Cross and Red Crescent involvement in Tuberculosis Control

The first version of guidelines was produced in 2003. As per advice of Global Red Cross and Red Crescent TB working Group meeting (February 2006), the guidelines have been updated and will be printed out by September 2007 in all official languages as well as in Russian. The new version is

more convenient to use, it includes updated practical information for National Societies on how to start and implement tuberculosis programmes.

Regional Support

European Red Cross and Red Crescent Network to Fight TB and HIV (ERNA): The Health and Care Department continues to provide support to ERNA (board and Secretariat) through technical assistance, input in meeting agendas, organizing ERNA board meetings and developing information material. The next annual meeting of ERNA will take place in Estonia in September 2007. The theme will be community empowerment.

European Conference: The VIIth European Red Cross and Red Crescent Conference took place in Istanbul from 20 to 25 May 2007. The Health and Care Department significantly supported the Health and Care Working group by giving technical input, organizing meetings as well as by preparing and reviewing documents.

The Health and Care session provided an interactive environment for more than 30 National Societies during the conference. The session was focused on priority issues for many National Societies in the region; tuberculosis and HIV, unprecedented demographic change, global migration movements, increased inequalities, many new vulnerabilities, more frequent disasters and extraordinary social change. Many of these new problems know no borders and widen the gap between the rich and the poor, within and between countries, and many of them result in major health problems. In the circumstances, solidarity between National Societies was a main stream line for the workshop.

The agenda also included a special session on introducing the Red Cross and Red Crescent Health and Care Strategy. The Health and Care team made a significant contribution in developing the Istanbul Commitments and will continue working on the plan of action and indicators. One immediate follow up is the discussion that was initiated by the Swiss Red Cross, and later joined by the Swedish, Austrian and Finnish Red Cross Societies. The Group asked the Secretariat to bring together social determinants to health, and the interrelation between social care and health programmes. Moreover, the Group suggested holding a special meeting of all health and social care managers in Europe. The theme of the meeting is "Social Care and Impact on Health" and will be held on 13 and 14 December 2007 in Vienna. The background papers and objectives for this proposed European meeting have been developed and invitations will be sent soonest to all National Societies.

Harm reduction programmes: This is the fourth 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. Three new National Societies will join the programme in 2007. They include the Georgian Red Cross, the Kyrgyzstan Red Crescent Society and the Azerbaijan Red Crescent. Programmes of the National Societies of Kazakhstan, Uzbekistan, Tajikistan, Kyrgyzstan, Russian Federation, Ukraine, Byelorussia, Moldova, Armenia, Latvia, Lithuania, Croatia, Bulgaria, Macedonia and Romania continue to support more than 1,000 drug users in needles exchange offices and during outreach work. The National Societies distribute over 200,000 disposal syringes (around 40 per cent are returned). In addition, Some 50 per cent of the targeted intravenous drug users underwent voluntary HIV testing. The training curriculum in harm reduction includes tuberculosis as one of major topic.

Working in partnership

As regards the Regional Partnership to Stop TB in Europe and Central Asia, a total of four Executive Committee Meetings were organized from January to June 2007 together with the partners concerned. A new Executive Committee as well as chair and vice chair of the European Partnership have been elected. The Partnership activities were also presented to the Board of Global Stop TB Partnership by the Chair of the European Partnership in May in Geneva.

Based on discussions with the Europe Department and newly established Europe Zone, the Partnership Secretariat will continue to be hosted by the Health and Care Department until end of 2007. The new Coordinator of the Partnership's Coordination Office will be recruited by the Federation with the main task to mobilize resources.

First Aid

Expected result: Mortality and morbidity is reduced by applying effective first aid, adopting a community-based and integrated approach.

Progress

Continuous support is provided to the European First Aid Education Network taskforce in terms of increasing emphasis on their first aid activities with the more vulnerable communities. The activities will involve a community development approach and this will lead to the development of a resource pack and will encourage participation from more National Societies in this important area of work.

Phase 2 of the 'Community-based First Aid (CBFA) revitalization project' has been completed. Tools have been reviewed and developed based on the CBFA framework and the results of the two consultative workshops with National Societies in Asia Pacific and Africa regions. This includes manuals for volunteers, facilitators and an implementation guide for programme managers. They are now in draft forms and will be field tested. These tools aim to support an improve the CBFA in action approach as well as to focus on community participation and results-oriented actions at household levels. CBFA is not just training, volunteers are encouraged to 'learn by doing' and acquire skills and competence to dialogue with their neighbouring households so as to create behavioural change.

Building upon the success of the ARCHI 2010 Toolkit and the need for basic community-based materials for volunteers, the CBFA *in Action* Household and Community Toolkit is being developed. The tools will build upon what already exists in the ARCHI Toolkit, and will remain simple resources for disease prevention and health promotion activities at the community level.

Materials and sensitization meetings for CBFA in action and the revitalization project were organized within Red Cross Red Crescent partners, National Societies and delegations. A mapping of National Societies and delegations for further support in the implementation of the CBFA in action has been carried out.

A working group has been set up in the Health and Community Services Commission to review and revise the existing First Aid policy. After an initial consultation with key first aid practitioners and advisors, the draft has now been translated and sent out for comments and feedback from all National Societies.

Electronic first aid quarterly updates are sent out to National Societies, and this encourages experiences and tools sharing.

The Belgian Red Cross and regional delegation in Harare provided support during a meeting with National Societies in the Southern African region. A checklist on quality commercial first aid training was produced.

Constraints

The updating of tools and materials has taken more time than expected. Apart from the update of the contents, the manuals are now developed with the 'learning by doing' approach as well as activities in the learning environment and in the communities.

It is also a challenge to communicate CBFA in action to all National Societies and partners to ensure a common understanding of this 'strengthened' approach and its main features. A communication plan needs to be included in the phase 3 of the 'revitalization project'.

Working in partnership

The International Federation attended a follow up meeting of the NGO Group on health promotion in Geneva and contributed to the implementation of the action plan of the Bangkok Charter for Health Promotion. The Federation has also stressed the importance of civil societies, community organizations and vulnerable groups in the involvement and participation of the health promotion global meeting in 2009.

A statement on 'Scaling up by integrating health promotion activities into existing programmes' was delivered in the 60th World Health Assembly focusing on first aid, voluntary blood donors recruitment and health promotion. The International Federation also attended The First Consultation Meeting on the Prevention and Care of Burns. This includes the role of Federation in a WHO plan of Action for Burn Prevention and Care

Contributing to longer-term impact

Phase 3 of the CBFA revitalization project will initiate a pilot project to study the impact of volunteers in CBFA over a mid to long-term period in terms of capacity development and their contribution in preparedness and response to injuries as well as health priorities in the local context.

Looking ahead

In order to further position first aid and CBFA as one of the key vehicles to deliver the Global Health and Care strategy, it is necessary to continue the Federation's involvement and participation in evidence-based development of first aid guidelines and using these and good practices to further harmonize first aid among National Societies.

Blood

Expected result: The Federation will work with National Societies to promote voluntary, non-remunerated blood donation (VNRBD).

Progress

Two significant training workshops have taken place in 2007 in relation to the promotion of VNRBD:

- A regional workshop in Croatia, mainly focusing on Club 25 Programme. A total of 20 participants from eight National Societies attended the meeting;
- An introductory training programme in Pyongyang, in the Democratic Peoples Republic of Korea (DPRK) that involved 10 representatives from the Ministry of Health and DPRK Red Cross.

There has been a growing interest in Club 25 programmes, resulting in a new network (*International Club 25*) evolving to provide linkages between young people engaged in blood donor programmes across all regions: an African Club 25 Society was established last year and more recently 18 National Societies across the Americas have been rolling out 'pilot Club 25 programmes'. This is a 'work-in-progress' with an outreach into widespread population groups.

In 2007, the Federation's Global Advisory Panel (GAP) has continued to provide assistance to National Societies through its Corporate Governance and Risk Management Self Assessment Tool. GAP has developed a self assessment tool that allows the National Societies to check their activities against the key issues that help to help manage risk.

Working in partnership

Partnership with WHO has continued and has resulted in further refinement of a blueprint for a global vision and strategy for 100 per cent voluntary blood donation.

The World Blood Donor Day (WBDD) – that is normally held in 14 June - continues to provide a suitable opportunity for all countries to pay tribute to voluntary blood donors and, in a spirit of global solidarity, remind everyone of the special nature of their role in health care. According to WHO, the number of countries celebrating WBDD has grown from 80 just four years ago to almost all countries in 2007.

HIV and AIDS

Expected result: National societies are enabled to scale up and improve the effectiveness of their HIV/AIDS programmes.

Progress

The Global HIV Alliance, launched on World AIDS Day 2006, has been further developed during this reporting period. The Special Representative visited India and China to promote the Global HIV and AIDS Alliance and has planned visits to the Caribbean, East Africa as well as West and Central Africa during the second half of 2007.

A global meeting was held in Bangkok in early March to brief more than 50 Federation regional health and HIV staff and PNS representatives on the new HIV operating model and Global Alliance framework. The principal outputs of the meeting were to build consensus on the Global Alliance model and to develop regional action plans for Global Alliance development with the aim of preparing regional and country operational plans for consolidation into a global document by October 2007.

The first meeting of the Global Alliance Steering Committee was held in May. Five regions were prioritized for support from the global HIV team for developing their HIV alliances: Southern, Eastern, and West and Central Africa, South Asia, the Caribbean and East Asia. Other regions are still being encouraged to develop their Alliances where National Societies are keen to proceed.

Global Alliance planning meetings were held in Southern Africa in January with 10 National Societies, the Secretariat and Partner National Societies (PNS), as well as in Beijing in June 2006 with the National Societies of Mongolia and China, Secretariat and PNS partners. Subsequent meetings are planned for East Africa, South Asia, Latin America and West and Central Africa.

More than 40 submissions on Red Cross Red Crescent HIV prevention programmes were received from National Societies and regional delegations in response to an invitation to contribute to the development of the Federation's HIV Prevention guidelines. In particular, contributors were asked to provide input on key vulnerable populations, gender, cultural aspects and mobilization strategies.

Lady Jocelyn Keith gave the closing address at the International Harm Reduction Conference in Warsaw in May. This high profile invitation arose from her intervention for the Federation at the Narcotics Control Board meeting in Vienna the month before.

The training package for community-based volunteers on prevention, care, treatment and support is being translated into official languages and orientation workshops on the package have recently been conducted in Zambia and at the Southern Africa AIDS Conference in Johannesburg, in close partnership with WHO. A workshop will be conducted at the Young Women's Christian Association (YWCA) Women and AIDS conference in Nairobi in July and, further workshops are proposed for other regions in 2007/2008.

Technical support was provided to Southern Africa on the development of a Youth Peer Education (YPE) framework in January and on care, treatment and support programmes in South Africa, Zimbabwe, Lesotho and Kenya.

Briefings were conducted with new HIV and AIDS delegates from South East Asia and South Asia and regular follow-up provided to regional HIV and health delegates through global HIV focal people.

The Health and Prisons Project was presented at the Xth Mediterranean Conference of the Red Cross and Red Crescent Societies. It was an important milestone since it was the first time that the International Federation, National Societies and the ICRC were speaking about health and prisons

together in a common forum. The HIV Governance Group also welcomed the progress being made on the project and encouraged the continuation of the work. The Health and Prisons Project has developed at several levels including:

- Information gathering, consultations and collection of National Society work in the field of HIV, TB and psychosocial support work in prisons;
- Case study development, through field visits to detention facilities to gain greater understanding of the work of relevant National Societies, for example, the Danish Red Cross and the International Federation's PSP Centre in Copenhagen. In March, the Project Officer visited a high-security Danish prison, where Danish Red Cross volunteers have long-standing experience in providing psychosocial support to prisoners, and the Sandholm Asylum Centre, one of the six asylum centres operated by the Democratic Republic of the Congo (DRC). This case study will form part of the project focusing on the special circumstances surrounding asylum seekers in detention.

Constraints

- The time allocated from the global HIV team for the development of the Global HIV and AIDS Alliance was insufficient. This has particularly impacted progress towards the HIV prevention guidelines.
- Appeal coverage has been insufficient to fill the Anti-stigma/PLHIV partnership officer position, which means no new anti-stigma materials are being developed, the UNAIDS Collaborating Centre agreement with The Global Network of People living with HIV/AIDS (GNP+) has not been renewed, and work on Masambo Fund is inadequate.
- The Secretary General's HIV in the Workplace directive is not being actively rolled out, and Governance formally expressed concerns.
- The repeated request of Governance to allocate core funds to the HIV Unit has not been implemented.
- Development of a global data collection system to systematically report on the standard HIV Global Alliance indicators is not being prioritized by the Information Systems Department. In effect, a system for Southern Africa is being developed in the region by a local consultant.

Working in partnership

The Global HIV team has been involved in the development of the Global Alliance Operating Manual and has developed technical notes on the four outputs and their key strategies. The HIV team worked closely with the PMER Department and the Southern Africa team to develop global and regional HIV indicators. The manual will be peer reviewed within the Federation during second half of 2007.

The HIV Unit Manager is working with GNP+, International AIDS Society and other organizations to ensure there is an International PLHIV Conference prior to the AIDS 2008 Conference in Mexico. Support has been offered to prepare Mexico Red Cross to play an active support role for both conferences.

The HIV Unit manager has participated in two meetings to update the Inter-agency Standing Committee (IASC) guidelines on HIV in Emergencies and support their implementation. The HIV Special Representative attended the IASC meeting to speak in support of establishing this process. In addition, the HIV Unit Manager was a key speaker at a Norwegian Agency for Development (NORAD) hosted symposium on Evaluation of HIV programmes, drawing on the *8,000 Everyday* evaluation process and findings. The manager also spoke at the 4th Asia Media Summit 2007 on HIV Campaigning at the request of Asia Pacific Zone Manager.

The HIV Unit Manager visited Papua New Guinea to present and chair part of the International Olympic Committee's Oceania HIV Prevention through Sport Conference. This was followed by field visits with AIDS Competence Constellation. As a result, a number of National Societies have applied to become part of the Asia Development Bank-funded AIDS Competence Project in Asia.

The NGO Code of Good Practice project phase 2 commenced in 2007 and is being hosted by the Federation Secretariat. A Project Manager was recruited and commenced working in March and, a communications/administration assistant was also recruited and commenced in July. The project office is being managed by the Federation's HIV Unit Manager on behalf of the Steering Committee, comprising the International HIV/AIDS Alliance, International Planned Parenthood, International Council of AIDS Service Organizations, GNP+ and Care International.

Contributing to longer-term impact

Governance has endorsed the HIV Global Alliance approach, and this Alliance has become the model for other Federation alliances. The 'Rising to the Challenge' flier, outlining Federation scale-up intentions and methods has been published.

A set of HIV Global Alliance indicators is now in place and will be continuously improved through peer review and the experience gained in implementation.

The training workshops with WHO on community-based HIV prevention care and support not only develop skills, but also increase ministries of health understanding and support of the Red Cross Red Crescent role in each country. This will, in the long-term, increase inclusion of National Societies in national AIDS plans, coordination and funding.

The HIV prevention guidelines submission process and follow-up initiatives will contribute to stimulating further discussion within the broader Federation on working with the populations most vulnerable to HIV.

The Health and Prisons Project, through its focus on prisoners and former detainees and addressing public health challenges in prisons and post-detention settings, contributes to building a common platform of interest between the Federation, the ICRC and National Societies, and increases institutional cooperation in the area of health. Asylum seekers in detention represent an enormous challenge to the Movement. The International Committee of the Red Cross (ICRC) has extensive experience in the area of protection, and through the project, the Federation, the ICRC and National Societies can find complementary bases for work in this area.

Looking ahead

- Ideas for World AIDS Day are being worked on with Communications Department.
- Ideas for workshops at General Assembly/International Conference are being worked on.
- HIV Prevention guidelines are underway, including case study development, and a discussion on HIV prevention is expected to be developed on PassItOn, the Red Cross Red Crescent e-forum. This will build on the HIV prevention guidelines submission process.
- There is ongoing support to regions developing their Global HIV Alliances, with an emphasis on regions prioritized by the Steering Committee.
- A Global HIV Alliance document will be developed, including all National Society and regional support programmes participating in the first round of the Global HIV Alliance.
- Case study development in Prison and Health Project will include the HIV prevention activities in prisons of the Kenyan Red Cross Society in Malindi, the activities are being carried out by the Argentine Red Cross for prisoners and former detainees living with HIV; as well as the Russian Red Cross HIV and tuberculosis programme in penitentiary systems.
- By end of year, a draft Health and Prisons project publication will be shared with relevant components in the Movement.
- Continued progress towards rolling out the training package for community volunteers including training of master trainers, translations into official and local languages, and country level adaptations.

Public Health in Emergencies (PHE)

Expected Result: Knowledge and capacity of field staff and National Societies in PHE improved/updated.

Progress

The PHE Unit continued its support to the PHE trainings for health focal persons in National Societies covering National Societies from Eastern Africa, Middle East and East Asia: The trainings were conducted in Dar Es Salaam, Amman and Beijing, in partnership with the focal points in the regional delegations. The trainings, which started in 2005 in the Americas, aim:

- To achieve enhanced knowledge and capacity in PHE in National Societies through standardized training;
- To contribute to enhancing health response capacity for regional disaster response teams; and
- To catalyse application or introduction of PHE approaches at national level following the trainings.

The first PHE training for health delegates (international staff) and senior health staff in Berlin/Germany was carried out successfully by the unit (with a demonstrated knowledge gain of 25-30 per cent among participants) integrating new approaches from other sectors (WatSan, security, relief, recovery, medical logistics, disaster management systems and tools) and aiming at updating and increasing knowledge of experienced health delegates with prior PHE experience. This training aims at skills upgrade for experienced staff and as add on for FACT candidates from the health sector. The training was carried out in partnership with German Red Cross who hosted the event.

During the trainings and at all the different levels, priority is given to the following areas:

- Reproductive health;
- Sexual and gender based violence (SGBV), especially operationalization of the inter-agency SGBV guidelines to which the PHE Unit contributed;
- Gender and HIV and AIDS in emergencies;
- Awareness of new types of disasters and new approaches;
- Psychosocial support programme (PSP) and related sectors;
- Disaster management systems and tools.

The revision of the Federation's PHE guide (replacing the year 2000 edition) with Johns Hopkins University was finalized in June. Editing, printing and dissemination is envisaged for the second half of this year.

The PHE Unit supported ERU trainings of the Finnish Red Cross in Tampere, the German Red Cross in Berlin and Norwegian Red Cross in Oslo. The Canadian Red Cross has started training of staff for ERU secondments in the National Societies, aiming to achieve having 150 trained health ERU staff within three years. The Federation's special advisor in PHE and the Norwegian Red Cross supported the first Canadian Red Cross Society training.

Expected Result: Quality and accountability of Red Cross Red Cross health response at global regional and national level has improved.

Progress

The start up and the first pilot phase of the Field School (one pilot location and programme) was completed together with the Kenya Red Cross Society and Norwegian Red Cross in Kenya with 14 participants. The "Field School" project constitutes a coached mission in a field location enabling participants and facilitators on-the-job-transfer of knowledge and practical skills, communication skills and working with counterparts, working with communities as well as mimicking a public health in emergencies mission. A second pilot phase will be conducted in another region, with refined methodology and curriculum before finalization of a core curriculum during the second half of this year. Preparations and backup for the Field School Pilot Project, setting up back up material on FedNet and running dummy Disaster Management Information System (DMIS) in cooperation with communications department and the Operations Support Department (OSD) were supported by the PHE special advisor in cooperation with PHE programme manager. Further follow up meetings are being planned.

The operational health review of the health programmes in the tsunami-affected countries has recently started. It is aimed at documenting lessons learned and best practice from the large programme and identifying health components of post-emergency recovery. The Terms of Reference for the upcoming operational PSP programme review of approaches and best practice from main ongoing PSP programmes has been finalized. One more operational health review is envisaged for the second half of 2007.

The PHE Unit has provided continued support to the operations of the Pakistan earthquake, the Kenya floods, the Sudan health capacity building programme, the Iraq refugee health operation, the meningitis and yellow fever outbreaks in Sub Saharan Africa, the cholera response in Angola as well as the Mozambique floods and cyclone operation. To view these programmes, kindly go to: <http://www.ifrc.org/where/appeals/allappeals.asp>. New operational approaches linking ERU activities with the community level have been developed in Pakistan (coordinator and field monitor linked with community-based teams) and in the recent Kenya floods operation (ERU as operational hub for 2-3 community outreach teams).

The PHE Unit - through the PHE special advisor - in cooperation with the WatSan Unit and logistics, revised the existing Federation acute watery diarrhoea (AWD)/cholera approach and response strategy. It was presented and discussed at the Water-Sanitation Inter-agency Forum (Delft/The Netherlands). The Federation's cholera kit content was also revised, emphasizing further the social mobilization component of the volunteers' unit and medical contents. The new kit will be available in the second half of the year.

In recent operations (since the Bam earthquake), support needs to health ERUs in terms of medical logistics, logistics and Information Technology have been identified more specifically and addressed at this year's ERU meeting in Madrid. It was agreed to further work on issues such as speeding up kit deployments, better understanding of general and medical supply needs and timing as well as to address local procurement issues in health ERU context. Health supply needs need to be understood more widely among general logistics staff as well. Among the priority issues in ERU work for large operations, the unit is also working on improvement of the quality of National Societies medical logistics staff. A meeting with logistics, National Societies medical logistics staff and PHE Unit head is envisaged for October this year to draft a joint work plan addressing these priorities. The PHE Unit contributed to developing further the medical logistics training module (medical logistics) for PHE trainings.

The unit attended the second Global Immunization Meeting organized by UNICEF and WHO, which was held in New York early this year. It aimed at providing updates by countries, sharing new developments in the field of immunization by the private sector and to share good practice in selected countries and by key donors such as the Global Alliance for Vaccines and Immunization (GAVI) and the Bill and Melinda Gates Foundation (BMGF). A key concern remains that immunization campaigns have to be addressed in an integrated way with other initiatives such as reproductive health, community-based approaches and capacity building to be cost effective and sustained. There are plans for further integration of immunization activities in epidemic control and preparedness among the Red Cross/Red Crescent. This should be addressed in an upcoming guidance note on epidemic control preparedness and prevention.

One Health ERU Working Group meeting was chaired by PHE and outcomes from the 2005 ERU performance assessment monitored, including finalization of the German Red Cross new field hospital design. The meeting was hosted by the German Red Cross in Berlin. "Emerging" ERU National Societies¹ and traditional ERU National Societies², ICRC and the Federation jointly discussed technical and operational issues. This meeting, which is a key forum for standardization

¹ Canada, China/Hong Kong, Qatar, New Zealand, Australia

² Finnish, French, German, Japanese, Norwegian and Spanish National Societies

of approaches, and maintenance of technical standards in health ERU matters and accountability, is now conducted bi-annually to tackle the multitude of technical matters that need to be addressed. Highlighted, was the PSP integration into health ERU activities (the French and Japanese Red Cross Societies have already commenced these activities) and the formation of a community health sub-working group was decided: this sub-working group is composed of relief, WatSan, PSP and PHE, and is coordinated by one operational National Society. It will work on overlapping issues within these sectors and produce guidance material for integrated approaches in ERU settings. Enhancing joint deployments for ERU is seen as essential to address increasing staff needs for ERU deployments and to ensure more flexibility of response. More efforts will be put in joint trainings and deployments and sharing of trainers among National Societies. The British Red Cross developed a mass sanitation ERU module that was presented and discussed. At the end of the meeting, the PHE special advisor handed over the “chairing” to the PHE Unit head for forthcoming meetings. The next health ERU Working Group meeting will take place in Qatar.

Utilization and ERU adaptation of emergency-Health Monitoring system (HMS) was discussed in depth after the Norwegian, the Spanish and the Japanese Red Cross Societies had presented various versions, discussed and further refined at the PHE training in Berlin. The Japanese Red Cross version and the Spanish Red Cross version were chosen as most practical and specific to the field environment, possibly the norm. However, they still needed some adjustment. The ICRC judged the existing HMS versions as very useful for hospital application in ICRC settings.

Following the agreement and consensus over essential components of a general health ERU core curriculum for trainings in 2005 and 2006, the PHE Unit in partnership with the Norwegian Red Cross have started work on a Health ERU manual. It will outline key elements of health ERUs for field use and trainings and document good practice from past operational applications. This will further enhance standardization of health ERU trainings and approaches.

The PHE Unit has contributed along with other sectors to the general ERU Working Group meeting - led by the OSD - and to the annual Disaster Management Working Group meeting - led by deputy director in the disaster management division. From PHE perspective, the health component in FACT deployments should be further strengthened in order to have better and more accountable operational outcomes. Operational approaches should be more integrative and cross sectoral. Preparedness, contingency planning and recovery deserve further cross sectoral efforts and innovative approaches.

In order to substantiate our operational experience on PHE needs around smaller scale emergencies, the PHE Unit conducted a DREF review with focus on the PHE element in Disaster Response Emergency Fund (DREF) applications for 2004, 2005 and 2006. This was complementary to the general DREF review conducted by the disaster management department in 2006. As key outcomes, the DREF allocations for health emergencies/epidemics have increased from 7 per cent of all DREF allocations in year 2004 to 25 per cent in year 2006. In addition, it was realized that health-related DREF allocations were mainly requested for cholera outbreak response, mainly in Africa in the entire review period. This raises key questions in terms of preparedness, enhanced capacity building and integrated contingency planning in partnership with key humanitarian actors. The above mentioned PHE revision of the cholera response strategy therefore reacts timely and is well-targeted towards these findings. Further efforts must be placed in operationalizing these findings and putting them in practice at regional and national level.

While disseminating the Federation’s “Emergency Needs Assessment Methodology” in trainings, through the Field School and in operations (since its inception in 2005), the unit has further contributed to the revision into a “Field assessment manual”, led by the disaster preparedness department.

The PHE Unit contributed to disaster management strategic planning, identifying and planning for key issues, new approaches and disasters (as mentioned above) during two meetings. Further

cooperation with shelter and relief is envisaged to identify and address cross cutting issues and enhance integrated planning. For example, in emergency settlements, integrated malaria and epidemic control in emergencies and disability-related shelter planning, among others.

Expected Result: New approaches for regional/zonal/continental response to emergencies, including development of PHE component in disaster management unit (DMU) are addressed

Progress

The PHE Unit supported the Global Relief training run by the relief officer, the FACT induction training and the RDRT training in Montenegro. Integration of the PHE trainings with RDRT system in Asia has been envisaged and addressed through regional concept papers in South East and South Asia. In the Americas, the PHE training is considered as "RDRT-equivalent" training for National Society health staff.

The Pan American Disaster Response Unit (PADRU) appointed one Staff on Loan as PHE focal point. This is a very positive development and joint progress, as it gave an opportunity to further develop the PHE approach in the Americas. In future, this will contribute to maximize the use of PHE-trained regional health capacity for deployment and a better coordinated PHE team as well as to address health emergencies in a more systematic way, incorporating preparedness and contingency planning. Moreover, the PADRU PHE focal point was successfully deployed to the Mozambique operation for early assessment as health component of the FACT team and testing the cross regional role DMU health staff would have.

The profile and scope of the PHE component in upcoming DMUs was finalized during the first quarter, along with it a generic job description for the PHE role, coordinated with the WatSan component.

The Terms of Reference for a Volunteers' PSP study on posttraumatic growth in Indonesia were finalized. This study is conducted and supported in coordination with the Icelandic, the French, the Austrian, Indonesian (PMI) Red Cross Societies as well as the University of Amsterdam and the PHE Unit. The study is directed by a steering committee that aims to generate data on trigger factors for posttraumatic growth in volunteers exposed to the Yogyakarta earthquake relief operation. Findings from this study will enable an evidence-based formulation of guidelines for National Societies for prevention of posttraumatic sequelae in staff exposed to emergencies and relief operations. Standardized data collection at determined time points over two years and scientific analysis of the data will provide objective measurements to inform the guidance base. The data collection is ongoing with time point 2 measurements finalized in the reporting period.

The Inter-agency Gender handbook was published in the second quarter, with the PHE Unit's contribution. The unit plans to disseminate and integrate key points into trainings and operational approaches from the third quarter and onwards, to continue through 2008.

The Inter-agency PSP guidelines were published with contribution from the PHE Unit and key involvement of the PSP reference centre. The PHE Unit has also supported the printing of 10,000 copies in Arabic. The new PSP guidelines need to be as well integrated into PHE programming and preparedness and will follow the envisaged PSP operational review mentioned above. As an output, the unit conceptualizes the Red Cross Red Crescent role in PSP and early interventions in emergencies will be further specified/formulated during 2008 and integrated into systems and trainings (all components: Team Leader trainings, FACT, RDRT and PHE operational approaches).

In 2007, the PHE Unit maintained a technical support role to the avian and human influenza global programme. However, the nature of the subject requires a strong involvement in pandemic preparedness through the established PHE approaches and disaster management systems and tools. Multi-hazard preparedness and response is an important natural element in National Societies' work. The avian and human influenza checklists created during 2006 constitute important technical guidance for contingency planning, besides service continuity planning through the global programme.

Expected Result: New areas of involvement for PHE (climate change, recovery, global warming, urbanization and ageing, among others) are identified.

Progress

The PHE Unit contributed to the recovery policy formulation led by the disaster preparedness department as well as addressing early recovery in a more integrated way during the Yogyakarta earthquake operation (integrated recovery assessment). More work has to go into understanding timing and areas of health recovery work in communities and National Societies. There is a lot to learn from community-based NGOs on development approaches and to achieve more synergy with these.

The PHE Unit participated in two meetings on climate change with the reference centre in The Hague. Main issues for future involvement were discussed: The unit has already identified and addressed one of the issues associated with climate change, which is increased epidemic outbreak likelihood and response. The unit will further contribute technical guidance to preparedness and contingency planning addressed at regional and national level.

Extreme climate conditions such as heat and cold waves were addressed at the International Working Meeting on Seniors in Emergencies, held in Winnipeg/Canada by the Public Health Agency of Canada and WHO. The PHE Unit advocated for a stronger role and scope for engaging seniors/elderly people in emergencies and influenza pandemic planning and for mainstreaming existing guidelines and international expertise/knowledge in national level emergency planning and involvement of seniors.

At the World Health Assembly, the PHE Unit was represented on a panel on climate change and with an intervention regarding PHE preparedness. This topic was also major in the UN Economic and Social Council (ECOSOC) meetings and at the Asia Pacific Rim Universities (APRU) Symposium held in Beijing. The unit contributed in the panel on "Preparing for the Public Health Workforce", addressing emerging public health threats and response gaps. The "Field School" (field-based training) was highlighted among other preparedness mechanisms as key to addressing increasing health human resources gaps in operations and in general. Cooperation with universities and public health institutions will be even more important in the future, in that the federation can advise and inform on the needs in the field to generate more practice and community-oriented academia and operational staff. Health systems preparedness for outbreaks was addressed at a working meeting organized by WHO-Europe office in Barcelona. The PHE Unit contributed to the global Inter-agency health cluster work in various technical meetings which will continue throughout the year. Key outcomes will be a rapid health assessment tool, performance indicators for health in emergencies and various technical guidelines.

Working in partnership

The strategic orientation of the PHE programme is directed towards enhancing global PHE capacity among National Societies and international staff, while maintaining a broad range of public health-oriented operational support. It also aims to address new types of disasters and challenges such as ageing and climate change, look into new vulnerabilities, and maintain cooperation and coordination with the inter-agency cluster process in health and PSP as well as the UN agencies such as UNFPA, UNICEF and WHO. This is all geared towards improved and more targeted support to National Societies and vulnerable communities in emergencies, preparedness and early recovery. The main technical focus for the unit during its trainings and operational approaches has been to identify key health components of post-emergency early recovery as well as further integrating PSP, reproductive health, epidemic control, gender and HIV/AIDS in emergencies. This requires increased staff requirements at the Secretariat.

Close partnerships exist with the Kenya and the Norwegian Red Cross Societies for the implementation of the Field School. In addition, the Finnish and German Red Cross Societies as

well as DFID have been major supporters of the PHE programme. The main partners in the PSP volunteer's field study in Indonesia include the Icelandic, the Indonesian, the Austrian and the French Red Cross Societies as well as the University of Amsterdam.

Contributing to longer-term impact

Archiving will become a key element to document approaches and outcomes for comparison and research for best ways to support National Societies. The PHE Unit will further look into this through the second half of the year. The Field School second pilot phase and support to ERU and PHE trainings, PSP review, support for the inter-agency cluster work, gender, finalization of Rapid Health Assessment (RHA) tool and performance indicators for PHE will be key elements in the second half of this year.

Looking ahead

The five year plan foresees further enhancing of global, regional and national level PHE capacities, and a more varied palette of operational approaches. This includes better linking of health ERUs, through coordinators and field health delegates, with the community for primary health care, and integrating with relief and shelter. One key element to achieve this is enhanced trainings at various levels, conducting operational reviews, documenting best practices and incorporating lessons learned systematically into trainings and operational approaches.

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International Federation of Red Cross and Red Crescent Societies

MAA00001 - HEALTH & CARE

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2006/1-2007/6
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	10,231,202					10,231,202
B. Opening Balance	529,724					529,724
Income						
<u>Cash contributions</u>						
American Red Cross	105,013					105,013
Austrian Red Cross	20,090					20,090
Belgium - Private Donors	0					0
British Red Cross	89,587					89,587
Canadian Red Cross	31,113					31,113
Danish Red Cross	67,093					67,093
DFID Partnership	789,240					789,240
Diners Club	7,825					7,825
Eli Lilly Export SA	246,750					246,750
Finnish Red Cross	609,364					609,364
Foundation Board IFRC	49,066					49,066
France - Private Donors	653					653
French Red Cross	6,134					6,134
German Red Cross	6,443					6,443
Icelandic Red Cross	52,000					52,000
IOC/CIO	21,854					21,854
Irish Government	158,450					158,450
Italian Red Cross	350,106					350,106
Italy - Private Donors	8,914					8,914
Nestle	230,000					230,000
Netherlands Red Cross	48,980					48,980
Norwegian Red Cross	1,639,851					1,639,851
On Line donations	6,127					6,127
Other	14,508					14,508
OXFAM	11,840					11,840
Swedish Red Cross	564,928					564,928
Swiss Red Cross	10,000					10,000
UNICEF (UN Agency)	1,688					1,688
United States - Private Donors	0					0
WHO	111,410					111,410
C1. Cash contributions	5,259,027					5,259,027
<u>Outstanding pledges (Revalued)</u>						
American Red Cross	-91,840					-91,840
British Red Cross	10,020					10,020
Danish Red Cross	-67,093					-67,093
DFID Partnership	-6,959					-6,959
German Red Cross	97,269					97,269
Nestle	194,000					194,000
Netherlands Red Cross	6,186					6,186
New Zealand Red Cross	3,314					3,314
Norwegian Red Cross	504,812					504,812
Swiss Red Cross	-24,182					-24,182
WHO	12,200					12,200
C2. Outstanding pledges (Revalued)	637,727					637,727
<u>Reallocations (within appeal or from/to another appeal)</u>						
British Red Cross	-49,994					-49,994
Canadian Red Cross	0					0
Danish Red Cross	0					0
DFID - British Government	64,484					64,484
Eli Lilly Export SA	0					0
Finnish Red Cross	0					0

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<i>Irish Government</i>	0				0
<i>Italian Red Cross</i>	0				-0
<i>Nestle</i>	-45,631				-45,631
<i>Norwegian Red Cross</i>	22,565				22,565
<i>Swedish Red Cross</i>	0				0
<i>Swiss Red Cross</i>	-218,947				-218,947
<i>Switzerland - Private Donors</i>	170,000				170,000
<i>WHO</i>	0				0
C3. Reallocations (within appeal or	-57,523				-57,523

Inkind Personnel

<i>British Red Cross</i>	111,600				111,600
<i>Norwegian Red Cross</i>	52,204				52,204
<i>Other</i>	197,096				197,096
C5. Inkind Personnel	360,900				360,900

Other Income

<i>Miscellaneous Income</i>	247,869				247,869
C6. Other Income	247,869				247,869

C. Total Income = SUM(C1..C6)	6,448,000				6,448,000
D. Total Funding = B + C	6,977,724				6,977,724

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	529,724					529,724
C. Income	6,448,000					6,448,000
E. Expenditure	-4,881,635					-4,881,635
F. Closing Balance = (B + C + E)	2,096,089					2,096,089

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MAA00001 - HEALTH & CARE

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		10,231,202					10,231,202	
Supplies								
Food		27,748				27,748	-27,748	
Medical & First Aid	162,600	33,110				33,110	129,490	
Teaching Materials		4,196				4,196	-4,196	
Other Supplies & Services		7,801				7,801	-7,801	
Total Supplies	162,600	72,856				72,856	89,744	
Land, vehicles & equipment								
Vehicles	1,000						1,000	
Computers & Telecom	52,286	16,963				16,963	35,323	
Others Machinery & Equipment		63				63	-63	
Total Land, vehicles & equipment	53,286	17,027				17,027	36,259	
Transport & Storage								
Storage		2,795				2,795	-2,795	
Distribution & Monitoring		7,716				7,716	-7,716	
Transport & Vehicle Costs	1,000	12,319				12,319	-11,319	
Total Transport & Storage	1,000	22,830				22,830	-21,830	
Personnel Expenditures								
International Staff Payroll Benefits	4,427,571	2,322,079				2,322,079	2,105,492	
National Staff	70,000	36,048				36,048	33,952	
National Society Staff		48,486				48,486	-48,486	
Consultants	731,833	163,680				163,680	568,153	
Total Personnel Expenditures	5,229,404	2,570,293				2,570,293	2,659,111	
Workshops & Training								
Workshops & Training	1,650,000	486,397				486,397	1,163,603	
Total Workshops & Training	1,650,000	486,397				486,397	1,163,603	
General Expenditure								
Travel	770,860	637,390				637,390	133,470	
Information & Public Relation	1,052,000	414,448				414,448	637,552	
Office Costs	201,280	149,229				149,229	52,052	
Communications	123,569	165,468				165,468	-41,899	
Professional Fees	218,000	19,181				19,181	198,819	
Financial Charges		3,259				3,259	-3,259	
Other General Expenses	104,175	43,987				43,987	60,188	
Total General Expenditure	2,469,884	1,432,962				1,432,962	1,036,922	
Federation Contributions & Transfers								
Cash Transfers National Societies		19,332				19,332	-19,332	
Federation Contributions		3,291				3,291	-3,291	
Membership Fees		6,412				6,412	-6,412	
Total Federation Contributions & Tr		29,034				29,034	-29,034	
Program Support								
Program Support	665,028	315,539				315,539	349,489	
Total Program Support	665,028	315,539				315,539	349,489	
Operational Provisions								
Operational Provisions		-65,302				-65,302	65,302	
Total Operational Provisions		-65,302				-65,302	65,302	
TOTAL EXPENDITURE (D)	10,231,202	4,881,635				4,881,635	5,349,567	
VARIANCE (C - D)		5,349,567				5,349,567		

International Federation of Red Cross and Red Crescent Societies

MAA00001 - HEALTH & CARE

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Budget	APPEAL

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IV. Project Details

Project	Name	Opening Balance	Income	Expenditure	Closing Balance	Budget	Variance
		A	B	C	A + B + C	D	D - C
Health & Care							
G00040	TB & Ham Reduction	0	672,676	-361,256	311,420	557,070	195,814
G00041	First Aid	0	174,008	-108,964	65,044	276,364	167,399
G00042	Prevention & Health in prisons	0	164,314	-120,547	43,767	421,766	301,218
G33000	General Income	0	434,951		434,952		0
G33100	Community,Reg.coord.	17,141	1,376,549	-1,355,288	38,402	2,119,565	764,277
G33200	H&C HIV/AIDS & relat	237,778	632,219	-690,637	179,361	1,889,505	1,198,869
G33201	Africa HIV Init:ART+	0	716,776	-427,737	289,038	607,450	179,713
G33202	EPIDEMIC CONTROL	4,528	180,728	-234,271	-49,014	619,630	385,359
G33210	Blood general	175,158	388,479	-399,452	164,185	1,112,123	712,671
G33211	Blood transfusion	0	0		0		0
G33212	Blood Quality implem	0	0		0		0
G33213	Blood Working Group	0	0		0		0
G33220	Health in Emergencie	0	0		0		0
G33230	MCH/RH	0	0		0		0
G33240	HIV/AIDS	0	0		0		0
G33241	AIDS Conferences	0	0		0		0
G33242	AIDS networks	0	0		0		0
G33243	AIDS/HIV Video	0	0		0		0
G33250	Health Nutrition	0	0		0		0
G33300	Care to vulnerable g	0	0		0		0
G33400	Psychological suppor	0	0		0		0
G33500	H&C Health in Emerge	8,406	1,225,648	-755,352	478,702	1,500,783	745,431
G33501	WATER&SANITATION	86,712	481,652	-428,131	140,233	1,126,947	698,815
G33600	Measles in Africa	0	0		0		0
Sub-Total Health & Care		529,724	6,448,000	-4,881,635	2,096,089	10,231,202	5,349,567
Total	HEALTH & CARE	529,724	6,448,000	-4,881,635	2,096,089	10,231,202	5,349,567