


Report 2006-2007

 International Federation
of Red Cross and Red Crescent Societies

Health and Care

Appeal No. MAA00001

25 June 2007

This report covers the period of 01/01/06 to 31/12/06 of a two-year planning and appeal process.

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.



Recent workshops in Myanmar, with focus on voluntary blood donor recruitment, help to demonstrate the added value of involving young blood donors in wider health promotion activities. International Federation.

In brief

Programme Summary: In preparation for the coming June 2007 Regional Conference for the Americas, national societies are already using the Global Health and Care Strategy to organize their objectives. This tool will be used extensively to provide a “common identity” for national societies in their health and care activities.

The International Federation was asked to host the first Stop Tuberculosis (TB) Partnership for Europe, with the Swedish Red Cross representing National Societies from Europe. The partnership’s official launch on 10 October 2006 was a great success. It shows the confidence external partners still have in the Federation’s capacity to combat TB in Europe, where the World Health Organization (WHO) has declared the disease to be a priority.

Africa still remains the priority. The health and care department has been busy working on the International Federation’s special session of the Governing Board that took place on 17 June 2006 in Geneva. Several initiatives supporting the Algiers Plan of Action have since been started, including a partnership with the Millennium Project on village health workers. This is an attempt to respond to the human resources crisis in Africa and to promote the role of volunteers as important forces in their own countries. The *Global Agenda* helps achieve the Millennium Development Goals (MDGs) by having its volunteers collaborating with various countries’ ministries of health.

In 2006, the Community Based First Aid (CBFA) project was revitalized. This is seen as a very important element for national Societies to show how volunteers can be trained more efficiently and according to their countries' priorities.

Overall objective: Significantly reduce the incidence of death, illness and injury caused by natural disasters, public health emergencies and communicable diseases.

Needs: Total budget CHF 10,231,202 (USD 8,249,257 or EUR 6,156,549) out of which 44.9% covered. [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).

Current Context

The International Federation's Senior Management adopted the Global Health and Care Strategy and distributed it to the Governing Board in October 2006. Finalizing the strategy took a year and it involved all national societies, including the second Health and Care Forum held in Geneva in May 2006.

This strategy follows the recommendations taken from the *Strategy 2010 Mid Term Review*. This review advocates going a step further in the health and care field. The document was presented at meetings around the world, and in particular at the November 2006 Asia Pacific Regional Conference in Singapore, where health was an important part of the agenda.

Progress towards objectives

HIV and AIDS

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

Advocacy, Communication and Representation

United Nations General Assembly Special Session (UNGASS) +5

The Vice President for Africa, the Chair of the Health and Community Services Commission and the Global Programme Manager, represented the Federation at UNGASS +5 held in New York. The Manager of the HIV Global Programme maintained strong contact with the civil society delegates who succeeded in strengthening the declaration passed by the meeting. He was also a panellist at an AIDS competence-related satellite meeting, and chaired an information session on the Code of Good Practice for NGOs responding to HIV.

HIV Global Alliance

As a next step in implementing the recommendations of the '8000 Everyday' evaluation, a HIV Special Representative of the Secretary General was appointed in mid-September 2006. The HIV Global Alliance concept was developed to provide a platform for cooperation in order to scale up the Federation's HIV programming over the next five years. The Global Alliance concept was endorsed by the HIV Governance Group in October 2006. The Southern Africa regional component of the Global Alliance was launched (on 1 November 2006) as the largest appeal in Federation history.

Consultation on the 'Rising to the Challenge' paper was conducted, including a set of basic indicators for all partners to use. More comprehensive guidance notes have since been issued, and the Special Representative has been active in explaining the Global Alliance concept to national societies and donors.

WHO AND UNAIDS

The Federation Secretariat participated in UNAIDS programme coordinating board (PCB) meetings in Geneva and Zambia. Input was made to the WHO 'Decent Care' process and a workshop has been organized to reintroduce it into WHO's work considerations of empowerment and partnership with communities.

16TH International AIDS Conference

The Federation was represented by more than 50 delegates at the 16th International AIDS Conference in Toronto. The Global Programme Manager discussed on accountability and greater involvement of people living with HIV (PLHIV). Among other issues addressed included HIV testing without consent. The Global Network of People living with HIV/AIDS (GNP+) has since proposed a joint approach with WHO to address empowerment issues during implementation, and requested the Federation to be part of this process. The Federation Secretariat also developed a broadsheet on Malaria and HIV that was distributed at the conference.

The 16th International AIDS Conference was also the venue for the Federation's 'Beyond the Clinic Door' event. The event drew the attention of activists who felt that the Federation's emphasis on volunteerism could undermine their campaign for massive increase in paid health professionals. Discussions were also held with a senior President's Emergency Plan for AIDS Relief (PEPFAR) representative, who thanked the Federation for raising challenges it faces when engaging with PEPFAR conditionality.

The conference also enabled a meeting with Health and Development Networks about the Pass It On e-forum and Red Cross/Red Crescent (RC/RC) participation in country level forums (Zimbabwe and Uganda, among other countries), given that the e-forum is now fully moderated by a team within the Federation. This link also meant that the Federation was invited to the Irish Aid private meeting. The Global Programme Manager also met with Ford Foundation on behalf of the NGO Code of Good Practice project, and a grant has subsequently been approved.

International Federation Partnership with GNP+

At the 16th International AIDS Conference, DFID announced core funding for GNP+. This grant ensured the survival of GNP+, which is now able to start a renewal process. The partnership at the global level did not progress much in 2006 due to the GNP+ focus on its own survival and internal renewal process. It was decided to delay renegotiation of the UNAIDS Collaborating Centre work plan until GNP+ can fully engage, as serious discussion is needed about what role RC/RC can realistically play in capacity building of PLHIV networks. This probably means that most national societies still have no joint work plan with the local PLHIV networks. The planned Lima PLHIV Conference has been deferred and will now likely be a satellite to the Mexico AIDS Conference. Steps have been taken to generate support for Mexico Red Cross to fulfil its role in relation to the next International AIDS Conference (2008) including major mobilization of AIDS competent volunteers.

NGO Code of Good Practice Project – Phase 2

The Federation has been selected as the host of Phase 2 of the code implementation project after chairing the interim (fund raising) phase, which was hosted by the International HIV/AIDS Alliance. Over one million dollars of funding has been secured for the project, mainly from DFID and Ford Foundation. The project office will be managed by the Federation Secretariat on behalf of a steering committee made up of the Federation, the International HIV/AIDS Alliance, International Planned Parenthood Federation, International Council of AIDS Service Organizations, GNP+ and CARE International.

Home Care Symposium

Input was made to the Home Care Symposium held in Johannesburg, including a presentation on Action Research, a meeting with PLHIV delegates and support to have the PLHIV declaration incorporated into the main conference declaration. Since the cancellation of the International Home and Community Care of PLHIV Conference in Lima in 2005, no partnership has emerged to hold such a conference again. It is important that the Federation continue to develop and improve this work through internal knowledge exchange.

AIDS Competence Constellation

Contacts were maintained with the AIDS Competence Constellation, which has acknowledged the innovative work on Togolese Red Cross in adapting the AIDS Competence model for Malaria Competence. The Global Programme Manager participated in AIDS Competence events at UNGASS +5 and the 16th International AIDS Conference. A representative of the Panama Delegation was introduced to the AIDS Competence Network at the Toronto Conference as a first step of mentoring as a coach, and links were made with the team introducing AIDS Competence to Papua New Guinea.

Australian Red Cross Learning and Closure Event

The Federation Secretariat contributed to the Australian Red Cross learning and closure event in December 2006 to mark their reorganization after about 14 years of bilateral HIV support in East and South East Asia. The event marked the closure of the Australian Red Cross' Bangkok office, shared with the Asia Pacific Network of people living with HIV/AIDS (APN+). The Cambodian and Indonesian national societies in particular, provided a strong historical overview in capacity building partnerships. The Australian Red Cross involvement in HIV work continues in the region through provision of HIV technical expertise at the Bangkok Delegation as well as with existing partners and new priority countries, including Papua New Guinea.

World AIDS Day 2006

The Secretary General launched his revised directive on HIV in the Workplace on World AIDS Day, a major change being guarantee of access to HIV treatment for Secretariat staff regardless of their place of employment. As recommended by the '8000 Everyday' evaluation, the human resources department is developing a two-year programme to support HIV in the workplace implementation throughout the Federation. It is anticipated that a change in culture in Secretariat workplaces, where PLHIV can be more open, will impact on national societies, thus increasing demand for Masambo Fund places. The HIV Special Representative spoke on behalf of international organizations at the World AIDS Day event in Geneva, emphasising issues around gender-based violence and the need to ensure global level work benefits PLHIV and vulnerable communities in direct and practical ways.

Field Support

The HIV Global Programme contributed to RC/RC regional HIV network meetings, including the Caribbean Red Cross HIV/AIDS Network (CARAN), the South Asia Regional Red Cross and Red Crescent Network on HIV/AIDS (SARNHA), the European Red Cross Red Crescent Network on HIV/AIDS and TB (ERNA) and the Asian Red Cross and Red Crescent AIDS Taskforce (ART). During the ART meeting in Japan, the Japanese Red Cross presented the model they will use for a systematic approach to changing attitudes in the workplace (mainly hospitals), involving baseline surveys and assessment of changes over time. The ART/Australian Red Cross HIV Discrimination Project Report was tabled showing real progress in work with men who have sex with men, workplace programming and responding to the needs of PLHIV in the Asian Tsunami.

The Global Programme contributed to the South Asia Regional Health and HIV meeting in Nepal in September. This included the design and co-facilitation, with regional HIV staff, of a two-day workshop on peer education and life skills, and input into the regional HIV meeting and HIV monitoring and evaluation workshop.

To promote a comprehensive HIV programme with universal access, technical support was provided to two national societies involved in the ART pilot project and which have secured funding support. The Zimbabwe Red Cross Society has been supported in the selection of two project sites for implementation of comprehensive HIV intervention, including antiretroviral therapy (ART) roll-out, in collaboration with district hospitals administered by the Ministry of Health (MoH) or other organizations. The Regional Delegation in Harare and Zimbabwe Red Cross Society were supported to develop a protocol for operational research and an instrument for conducting baseline data survey in the project areas. Similarly, Kenya Red Cross Society has been supported to implement a comprehensive HIV project in Nakuru District, in collaboration with the government district hospital.

Technical input was provided to the Turkey Regional Delegation to support the development of new anti-stigma materials. Technical input was also provided to the Panama Regional Delegation for a proposed new Caribbean HIV prevention and anti-stigma campaign.

The HIV Unit has provided regular briefings and debriefings of Federation health delegates, heads of delegations and visiting Partner National Societies (PNS) staff. Technical input was provided to regional delegations and national societies on HIV concept papers, strategies, funding proposals and evaluations.

Support was also provided on an individual basis to communications staff working on HIV stories at global, regional and country levels, and to the editors of the RC/RC magazine and the Red Cross Youth newsletter. Where possible, the HIV Global Programme has maintained contact and coordinated with HIV and health experts in PNS.

Resource development

Generic Training Package for Community-based Volunteers

The Federation, in partnership with the World Health Organization and Southern Africa HIV/AIDS Information Dissemination Service (SAFAIDS) developed a generic training package for community-based volunteers. The training package was launched in Harare in October and an orientation workshop was co-facilitated by the Federation, WHO/AFRO and SAFAIDS for national societies, regional delegations and NGOs. The training event enabled the Federation's HIV technical experts to ensure a sound basis for global roll-out of the package in 2007. WHO/AFRO and UNAIDS have expressed willingness to collaborate in the implementation of the training package at country level.

The translation of the package into French, Portuguese, Spanish and Russian is ongoing. WHO/AFRO will assist with the French translation, and the Regional Delegation in South America is collaborating on the Portuguese translation. A CD-Rom is being produced to facilitate country level adaptation.

HIV Prevention Guidelines

The development of HIV Prevention Guidelines is underway with initial research undertaken and consultations conducted in Harare and Bangkok with Secretariat and National Society staff. The Harare consultation provided guidance on the process for developing the guidelines, while the Bangkok consultation provided greater input into content and design. Relationships have been established with relevant partners, including the Prevention in the Health Sector team at WHO, UNAIDS and the International HIV/AIDS Alliance. Key resource people have been identified from within the wider Federation.

To maximize participation from national societies, a submission process has been developed calling for input on key aspects of HIV prevention and examples of good practice HIV prevention work. The response from national societies and delegations has been positive and the deadline was extended until January 2007.

Coordination and Cooperation

Input was made to the Health and Community Services Commission on HIV matters, including management of drug use related risks. Donor conditionality and potential conflict with the Federation's Fundamental principles was also discussed.

The HIV Governance Group met twice in 2006 to discuss on mainstreaming of HIV, HIV prevention, orphans and vulnerable children (OVC), donor conditionality, health in prisons, and the role of the HIV Special Representative.

Discussions have started with Principles and Values department about the *8000 Everyday* evaluation report's recommendation to mainstream HIV anti-stigma work, but their ability to pick this up is limited by resources and lack of campaigning experience in that department and in the communications department.

The Federation has been approached by networks working on HIV and vulnerable population groups including men who have sex with men (MSM) and injection drug users (IDU) networks, and will participate in their activities in 2007 depending on availability of resources.

The HIV Global Programme and PLHIV participated in the Federation's TB working group. The programme also facilitated the participation of two young National Society staff living with HIV, from Namibia and Indonesia, at the WHO Global Consultation on Prevention, Care, Treatment and Support with Young People living with HIV, held in Malawi in November.

The Federation was approached by the World Young Women's Christian Association (YWCA) to promote and participate in the International Women's Summit on Women's Leadership on HIV and AIDS "Changing Lives, Changing Communities", including a one-day Positive Women's Forum, to be held in Kenya in July 2007. The Federation's Special Representative accepted an invitation to participate as a speaker on the high level sessions on Securing Women's Rights. The Federation is expected to participate in this event if resources are available. The partnership officer from the Regional Delegation in Nairobi has also been invited to join the steering committee for the Positive Women's Forum.

The Inter-agency Standing Committee (IASC) on HIV in Emergencies reconvened in late 2006 to mandate a process in 2007 that includes updating the Federation guidelines treatment issues/adherence support and to plan a better roll-out.

Fostering Partnerships

In October, the global programme manager and the Regional Delegation in Harare representatives attended a treatment access activists forum convened by the Indonesian Trade Promotion Center (ITPC) in Johannesburg, to clear up misunderstandings in the Federation/WHO/SAFAIDS generic training modules. A Memorandum of Understanding (MoU) has been drafted for strengthening collaboration between WHO/AFRO and the Federation in supporting governments in the sub-Saharan region in the implementation of HIV-related programmes.

Health in Prisons Project

At the end of 2006, as part of its contribution to "building a common platform of interest" between the International Federation, the ICRC and national societies and, more generally, increasing institutional cooperation in the area of health, the International Federation launched a project "National societies health activities in post-detention and prison settings." The main objective of the project is to review specific public health activities (particularly HIV and AIDS and TB) and psychosocial support work of national societies with prisoners and/or former detainees when they return to their communities. The other objective involves using the lessons learned and good practices that emerge from these examinations, including presenting a set of recommendations that will be shared within the Movement.

As part of the project process, the project officer presented the project to the HIV Governance Group in Geneva in October 2006. Several discussions with ICRC, relevant national societies already active in this field of work as well as with other actors have taken place and are ongoing. Preliminary information has been gathered, by looking at existing research and specific health activities of national societies in this field. Certain national societies have been identified as potential "best practise" examples to illustrate and promote the health activities of national societies in this specific area of work.

Measles and Polio

Expected result: National societies are supported to significantly decrease measles mortality by 2009 and contribute total eradication of polio by 2007

The health and care department worked with partners including WHO, UNICEF, Center for Disease Control (CDC), UN Foundation and Rotary International in the continuing effort to reduce the number of polio endemic countries. Funds in this appeal allowed for communications including publications and reports, advocacy, local meetings as well as providing field personnel with policies and guidelines for

participation in polio eradication vaccination days and mass measles campaigns as part of the global measles initiative.

- Refer to: <http://www.measlesinitiative.org/index3.asp> for more information on the measles initiative.
- Refer to: http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA60001Measles&PolioRep0607.pdf for more information on the annual report of the global measles and polio programme.

Malaria

Expected results: National societies are supported to contribute to decreasing malaria mortality through distribution in insecticidal nets and related initiatives.

The International Federation's global Malaria Programme Initiative continues to grow rapidly with an increasing number of integrated campaigns conducted in 2006 and others planned for 2007. These campaigns are implemented in collaboration with several partners. For longer-term community follow-up after a campaign, national societies are conducting keep-up programmes to ensure proper hanging and utilization of nets in communities. WHO, UNICEF and ministries of health consider the keep-up programmes as a new and vital part of any service delivery campaign.

Funds from the 2006 Global Health and Care Appeal enabled staff to plan, coordinate and advocate for malaria activities. It is necessary to maintain a limited number of staff in Geneva to enable them to provide regional delegations and partners with plans and operational guidelines. This is a critical component in view of the success that has been demonstrated in the International Federation's malaria initiative. Refer to <http://www.ifrc.org/docs/appeals/annual06/MAA60002Rep0607.pdf> for more information on the annual report of the global malaria programme.

Tuberculosis

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

In 2006, the International Federation continued providing support to national societies' involvement in increasing access to tuberculosis services to most vulnerable and those difficult to reach in tuberculosis high risk countries. Currently, over 17 national societies involve Red Cross and Red Crescent nurses and volunteers to support more than 20,000 most vulnerable communities affected by tuberculosis and HIV. Programmes include prevention, raising public awareness about tuberculosis and HIV, case finding and social support. It has improved links between prison and civilian tuberculosis services (Russian Red Cross) and resulted in decreased rates of interrupted treatment among tuberculosis patients.

On 8 and 9 February 2006, the Secretariat organized a meeting for the RC/RC societies as well as members of the RC/RC Global Tuberculosis working group. Issues discussed included:

- Scaling up tuberculosis activities in Africa Region and South East Asia Regions;
- Strengthening tuberculosis/HIV and multidrug-resistant tuberculosis (MDR TB);
- Increase participation of affected communities in the tuberculosis working group and in the Red Cross and Red Crescent programmes.

The Regional Delegation in Moscow, together with the Russian Red Cross, will develop the tool "Integrated Protocol for Adherence to Treatment in Tuberculosis Intervention" for the Red Cross' intervention in Directly Observed Therapy Short course (DOTS). Based on this protocol, a training model has been developed and tested in the Russian Red Cross branches and in Ukraine and Belarusian national societies.

The International Federation joined its partners to fight the growing MDR TB threat in high-risk countries. The members of the MDR Partnership include the International Council of Nurses (ICN), International

Hospital Federation (IHF), the World Medical Association (WMA), the World Economic Forum and the International Federation. The partnership continued supporting the International Federation in MDR TB projects in Kazakhstan, Romania and Uzbekistan. The South African Red Cross Society will be included in the project in 2007.

Cross-regional cooperation was supported by the International Federation's delegations in the beginning of 2006, where national societies of Serbia and Macedonia visited other tuberculosis programmes implemented by the Russian Red Cross with the aim of strengthening the capacity to recognize vulnerabilities and act accordingly. The visit to Russia was organized in April 2006 with participation of two representatives each from the Macedonia and Serbia national societies.

The International Federation participated in the World TB Day jointly organized by different partners. The TB Partnership outlined their programmes that included: introduction of tuberculosis prevention and treatment into the workplace and communities to enable workers and families to be diagnosed correctly and the social stigma of the disease reduced; 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.

Stop TB Regional Partnership for Europe and Central Asia

Summary of achievements:

1. Successful outreach to 30 leading European health, donor and advocacy organizations to join the new partnership;
2. Meeting of core partners in October 2006 to reach agreement on main goals, structure, interim leadership and initial 10-point Action Plan of activities, of which the "Stop TB Partnership for Europe" was formally established to cover the WHO/Europe Region, including Central Asia;
3. Generation of high-level media coverage of the partnership launch across Europe and the world.
4. Organization of the first two meetings of the Executive Committee to develop detailed scenarios for implementation of the 10-point Action Plan;
5. Formation of "Brussels group" to lead advocacy efforts vis-à-vis the European Commission and Parliament, including the European Centre for Disease Prevention and Control (ECDC), European Respiratory Society (ERS), Red Cross-EU and the Standing Committee Of European Doctors Enter (CPME¹) (to be joined by a new global Partnership consultant in 2007);
6. Mobilization of the International Federation Secretariat and selected Red Cross societies in EU countries including Sweden, Germany, France and the United Kingdom to support Partnership activities.

Blood

Expected result: The Federation will work with national societies to promote voluntary, non-remunerated blood donation.

In March 2006, the 10th International Colloquium on the recruitment of voluntary blood donors took place in Santiago, Chile. More than 60 countries agreed to work together towards the achievement of 100 per cent voluntary blood donation in all countries.

There was growing interest in Club 25 programmes, resulting in a new network (*International Club 25*) to provide linkages between young people engaged in blood donor programmes across all regions. An African Club 25 Society was established and this group shares experience with other continental networks via the youth web site www.ifrc.org/youth/activities/club25/index.asp. In addition, a regional youth workshop was conducted in Thailand to coincide with World Blood Donor Day that was on 14 June. Plans are in place for similar events to be conducted in the Americas, Asia and Europe.

¹ In French: Comité Permanent Des Médecins Europeens - CPME

More than 100 countries participated in the World Blood Donor Day events, with the major media celebrations being hosted by the Thai Red Cross Society, which provided an outstanding example of community involvement.

Two delegates from the Myanmar Red Cross Society attended the voluntary, non-remunerated blood donation workshop in Phuket, Thailand in September 2006. Subsequently, the Myanmar Red Cross Society hosted two training workshops in Yangon, a country workshop with special focus on development of Club 25 Programmes, and a regional follow-up workshop, where country plans were reviewed and progress evaluated against original objectives. This has resulted in steady progress by many countries in the region.

Public Health in Emergencies

Expected result: National societies are enabled to prepare and respond effectively to epidemics and health aspects in disasters in order to reduce morbidity and mortality.

Response to epidemics, including newly emerging diseases, epidemic preparedness and control

Due to several factors, but in particular climate change (including El Nino), urbanization and migrations, the spread of communicable disease and epidemics has increased and is expected to become worse. These factors also contribute to increased number of disasters such as droughts and floods.

The PHE Unit is acting on several fronts so as to enhance preparedness and response capacities worldwide. They include:

- The Global *Outbreak Alert and Response Network (GOARN)* led by WHO and where the International Federation is a member. The network serves as an information tool as well as an area of increased cooperation in the field;
- *Cluster Mechanism for Emergency Response Coordination:* In 2005, after a UN review of disaster response effectiveness, the IASC formed nine clusters intended to improve predictability and accountability of services in emergencies in the nine sectors identified for improved coordination. The PHE Unit has been involved in the design of the health, nutrition and mental health clusters. The health cluster (WHO-lead agency) has been of great interest to the unit and, on several occasions, it has been directly involved in its actual operation in the field. There have been several challenges particularly during rapid onset of disasters. This is currently the unit's focus for improvement. In addition, the International Federation's Reference Centre for Psychological Support has contributed substantially to the operations in the mental health cluster;
- A *Federation Volunteer Manual for Epidemic Prevention and Control* is under development. This manual will consist of three parts, one for national societies headquarters and senior managers in the branches, one for volunteer trainers and managers and the third one for the volunteers. This material is developed complementarily to the WHO field manual on communicable disease control in the community (published May 2006). The PHE Unit also contributed to its development.

A revised International Federation cholera strategy is under formulation, and was expected to be completed in the first quarter of 2007. This document highlights RC/RC preparedness as well as prevention and treatment measures. New elements, including a revised International Federation Cholera Kit, have been introduced. This is in response to the cholera outbreaks that occurred in 2006 in sub-Saharan Africa, challenging the response capacity of the national societies involved and the support mechanisms in place. There is a clear need for scaled up capacity, technical knowledge as well as increased preparedness to cholera and diarrhoeal disease at community level in general.

Avian Influenza (AI): The PHE Unit is leading the avian influenza risk reduction and pandemic influenza preparedness activities. It has guided national societies to prepare for possible pandemics as well as contributed to the influenza preparedness activities being conducted by WHO and partner states to WHO.

Since the end of 2005 and throughout 2006, PHE advocated for the need of a scaled up involvement and maintained the momentum. This was the starting point for systematic briefings of other sectors,

management, governing board, regional departments in Geneva and in the field (Beijing, Bangkok, Cairo, Tunis and Finland), and the technical commissions on the issues of avian and human influenza through existing meetings and conferences.

More than 60 teleconferences have been held with designated focal points in delegations in all regions and selected national societies. Two guidance documents to advise national societies on avian and human influenza preparedness were created by the PHE Unit and released in March and June 2006. National societies follow these guidelines in designing and implementing prevention, preparedness and response, with emphasis on integration of this topic into existing programmes and delivery structures.

In the first quarter of 2006, the unit conducted a global mapping of National Society preparedness and involvement in avian influenza activities, to identify the scale of involvement of national societies, the needs for support and to serve as a baseline for progress measurement. A hundred national societies responded and the result showed that national societies would have a major participatory role in avian and human influenza. This mapping served as solid basis to prepare for the global appeal programme on influenza risk reduction and preparedness. The strategy is to support national societies in affected areas including south-east Asia, Central Asia, Eastern Europe and the Caucasus, Western Africa as well as national societies in Egypt and Iraq.

In April 2006, the Federation launched a global appeal to reduce risks of avian influenza outbreaks, and ensure flexible response as well as preparedness measures. A total of CHF 17.4 million was appealed for to respond to avian influenza programmes for 12 months. By the end of 2006, the funding had been allocated to Armenia, Georgia, Central African Republic, Chad, Cambodia, Cameroon, Indonesia, Vietnam, Cambodia, Morocco and Egypt. The total coverage secured by the end of October 2006 was 31%. The main partners included AUSAID, CIDA, DFID, UNICEF, NZAID, the German Red Cross, Japanese Red Cross, Monaco Red Cross, Libya Red Cross, United Arab Emirates Red Cross, American Red Cross, Danish Red Cross, Netherlands Red Cross and the Canadian Red Cross.

In the third quarter of 2006, the PHE Unit further contributed to the development of a training manual for pandemic preparedness among displaced populations, together with other key agencies. It was finalized in 2006 and was expected to be released in the first quarter of 2007.

For the Americas, the challenge is to advocate for national societies involvement in pandemic preparedness, which remains important irrespective of non-occurrence of avian influenza in the continent. A planning workshop was organized by the Americas regional focal points, supported by the PHE Unit, in November 2006. It brought together 24 national societies from Central America, the Caribbean and from Southern America. The PHE Unit supported the formulation of regional avian flu strategies in West Africa, South East Asia and the Americas.

In the third quarter of 2006, the unit coordinated the creation of the International Federation's Service Continuity and Contingency Plan. This was done in cooperation with a disaster manager, hired as consultant, and in consultation with focal points from other departments, field offices and management. This document outlines measures to be put in place in order to enhance multi-hazard preparedness of the Federation, taking into consideration specific effects and triggers of a highly communicable disease such as avian influenza, which may affect human health in several or many locations at the same time and will therefore require a different approach for preparedness.

In the third and fourth quarter of 2006, the unit placed much emphasis on creating a global alliance for cooperation and coordination with CARE International, World Vision International, Oxfam, Save the Children, the Academy for Educational Development (AED) and other agencies involved in avian and human influenza activities.

Meningococcal Meningitis: The International Federation is a founding member (together with MSF, UNICEF and WHO) of the Inter-agency Coordination Group (ICG). The PHE Unit participated in the further development of the ICG and coordinated emergency vaccine stocks. The major challenge at the moment is the relatively new strain (W 135), which is becoming more and more common and increasing

the costs for vaccines. Led by WHO, the PHE Unit contributed to the development of a new toolkit for immunization campaigns. In addition, it coordinated social mobilizations in support of mass vaccination campaigns through the regional health delegates. The unit also participated in the Central African national societies health coordinators meeting that addressed the issue of outbreak control.

Yellow Fever: Based on the experience with ICG for meningitis, a similar operation for yellow fever has been created. The Federation is part of the management committee for the emergency stock on yellow fever vaccine and supported the release of 1.7 million doses. Outbreaks in West Africa and in Sudan (South Kordufan) called for additional technical support. To support the Sudanese Red Crescent Society and the Regional Delegation in Dakar, the PHE Unit deployed a consultant to support the investigation of the outbreak and to assess and support the Sudanese Red Crescent Society's role in the response. The second phase of the vaccination campaign and technical follow-up support was facilitated through a second delegate who revised the training curricula and began volunteer trainings, capacity building and branch development in south Kordufan as part of the starting Pan-Sudan health programme. This training was replicated on one more branch

Cholera: Africa has been experiencing frequent cholera outbreaks with unusual patterns and prolonged epidemics. The Southern Africa region, West Africa, Sudan, Congo and Angola have all faced massive epidemics. The PHE Unit drafted a new cholera strategy that was to be finalized in the first quarter of 2007. The unit is also revising the cholera kit contents.

Malaria: Malaria in emergencies is not recognized as one major issue in many countries. Distribution of long lasting insecticide-treated bed nets (LLITNs), spraying and modern treatment as well as simple malaria tests are available. However, utilization is not yet streamlined. The PHE unit will look further into drafting a strategy for integrated malaria control in emergencies, together with related sectors.

Development of tools, guidelines and training

Operational Standardization: The updated operational standards in PHE, rules and regulations, policies and guidelines, reference websites, standard formats and job descriptions for emergencies and key health presentations were distributed to all participants at PHE trainings in Lima, Dhaka and Bangkok, and will be distributed and disseminated at the PHE training for delegates in 2007.

PHE Workshops: Three one-week regional PHE workshops were held for national societies in Lima, Dhaka and Bangkok. These workshops are essential to update knowledge, to address operational strategies for health in emergencies, new approaches and new topics as well as to enhance networking. Feedback from these workshops are very good and follow up of deployments of trained people in health missions or further trainings - such as the Regional Disaster Response Team (RDRT) and Field Assessment and Coordination Team (FACT) is undertaken through the Pan American Disaster Response Unit (PADRU) and regional delegations to ensure capacity building for international and national missions.

The experience from Pakistan and Jogjakarta has illuminated its usefulness, but also the need for developing Standard Operational Procedures (SoP) and core training curricula is evident. At the Colombo RDRT evaluation workshop, a south-east Asia SoP was used as base for drafting a general SoP. Very few health, psychosocial and water and sanitation specialists are trained and this needs further attention. Furthermore, the number of trained RDRT members worldwide does not correspond at all to their current utilization and availability. This is the case in Asia, East and Southern Africa; on the other hand, in West Africa they are frequently used.

Disaster Management Units (DMU): In connection with regionalization efforts and the creation of seven zones, three continental DMUs are expected to be established. The PHE Unit has been heavily involved in designing the outfit and strategy as well as ensuring that PHE and WatSan are core and well-integrated elements.

The Field School: Throughout the Movement, there is a shortage of delegates at various levels. There is an uneven capacity of regional health delegates and programme coordinators, among which a few are

PHE specialists. The Field School approach has been designed to address the above gaps and to increase the unit's pool of trained PHE staff. Supported by the Norwegian Red Cross, two specialists will be hired for creating the curricula and the actual management of the Field School and the first pilot programme is to take place in the first half of 2007

The revision of the International Federation's – John Hopkins University public health guide for emergencies is ongoing. It will contain a number of new chapters such as reproductive health, gender-based sexual violence, water and sanitation, among other topics.

Inter-agency Emergency Health Kit (IEHK): This kit replaces the New Emergency Health Kit '98 (NEHK). The revision required substantial PHE Unit input and the process has been complex and time consuming (over two years). The contents were agreed upon and they included "modern" antibiotics, latest form of malaria treatment and Malaria Rapid Tests as well as emergency contraceptive treatment and PEP modules. The only constraint is the cost; IEHK is more than double the price of the previous NEHK 98, specifically because of the malaria component.

Guidelines for Emergency Needs Assessment: These guidelines are available in several languages and on the Web. Unfortunately, the guidelines are not much used in the field: During field visits, it was discovered that very few people know about its existence. In collaboration with the ICRC, the unit plans to revise it and make it more of a Movement field handbook and guideline.

Management of Dead Bodies after Disasters: A Field Manual for First Responders was released with the joint effort of the Pan American Health Organization (PAHO), WHO, ICRC and the International Federation's PHE unit. This document was released in the second quarter of 2006.

The Food Basket Calculator, which was created by the PHE unit in 2005, has been successfully tested by ICRC in various settings and is now in use in the field.

A field manual on **communicable disease control** was published in May 2006 by WHO, with contributions from the PHE Unit. The outbreak control manual for volunteers, which the unit is drafting, will be integrated into this manual.

Guidelines for Gender-based Violence Interventions in Humanitarian Settings (or emergencies) were published by the IASC working group, where the PHE Unit has been omnipresent. An inter-agency field testing is ongoing. The unit disseminated the guidelines in all PHE trainings. National societies are increasingly interested to work in this field. Further mainstreaming of this subject into the unit's health operations needs to be addressed.

The Central African national societies are addressing the issue of female genital mutilation and have started programmes aimed at behaviour change in Chadian communities. In the Pakistan post-emergency health operation, traditional birth attendants (TBA) trainings to address better quality of deliveries, prenatal care and infant care form an important part of the health recovery. The operation was piloted before in Gujarat/India after the Bhuj earthquake in 2001. Emergency obstetric care and community-based primary care is applied through the health ERUs during emergencies. Progress on this is monitored through the health ERU working group. Further work is needed to promote and disseminate the Minimal Initial Standards Package (MISP) within the system. This is being addressed in the PHE trainings and operations, and improved application of the package in initial needs assessments is vital.

ERU operations, development and changes

A big number of "emerging" PNS as well as the South Korean, Hong Kong, Australian, Qatar, Emirates, Malaysian and Canadian national societies have all ambitions towards participating in the health ERU system. Considerable efforts have been made by the PHE Unit and the ERU officer, with frequent visits to many of the aspiring members (Qatar, Emirates and Canada) to ensure that there is a good understanding of required ERU standards, commitment and maintenance. Most have chosen to start up by training their own delegates, but the Canadian Red Cross will form the health ERUs. To assist them, the PNS and the Secretariat deployed a training team to these areas.

Eleven Association of South East Asian Nations (ASEAN) countries have merged their efforts to create rapid response mechanisms, partly based on RDRT and their own domestic response teams in health, water and sanitation and relief. Specific support has been given to the Malaysian Red Crescent in its task and, on several occasions, the teams have been successfully deployed. They have also made rapid interventions, such as in Jakarta, filling a crucial intervention gap of the first week together with the host National Society.

At the same time, in the south-east Asia region, national societies in South Korea, Hong Kong, Singapore and ultimately China have expressed a specific interest in developing their own rapid response mechanisms in health. The Japanese Red Cross also expressed the same interests. The Australian and New Zealand national societies want to build up a systematic intervention approach in the Pacific. In addition, the development of a DMU in Kuala Lumpur aims to prepare and coordinate disaster response accordingly.

The Japanese Red Cross volunteered to mentor and train national societies in the region. During the Jogjakarta earthquake operations, Japanese Red Cross mentored colleagues from the new PNS. It has also conducted its first multinational health ERU training. During the Kenya floods operations, the Japanese Red Cross fielded a multinational team with Australian Red Cross and Hong Kong branch. The outcome of this approach will be reviewed.

Health ERU Training: The PHE Unit contributed to and facilitated in eight health ERU trainings; three in Japan, one in France, Germany, Spain and another two in Norway, including the Norwegian Rapid Deployment Hospital training. The PHE Unit was invited to an internal performance review of the Finnish/Norwegian ERU operations in Pakistan. Training input was provided in FACT and team leader courses. In Damascus, a Middle East training for experienced disaster managers from national societies in the region was conducted. The use of Health ERUs is still high. There are seven in Pakistan and a split operational Basic Health Care ERU approach in Kenya.

Health ERU working group meetings were hosted by the Finnish Red Cross in March, and the Canadian Red Cross in October. Rapid response has been a debated issue with respect to the need of filling the rapid response gap (0-7 days) where ERUs are normally not in operation yet. Several approaches were to be tested and, the Norwegian Red Cross has succeeded in creating a Rapid Deployment Hospital (RDH), now ready for field operations. It mainly consists of two trailers that can serve as triage, community health and outreach or as a part of the big hospital.

Another issue discussed was the poor performance of the outreach/community health part of the Basic Health Care ERU. A new concept paper has been drafted, taking a more global approach to assist communities to help themselves in what they consider being their major health problem. ICRC is now a well-established part of the working group. A shortage of human resources was also discussed during the meeting

Working in partnerships

The PHE Unit working relations with international partners has been intensified further. Clusters continued coordinating and, this resulted in more firm approaches and plans on how to operate. The mental health cluster is the most advanced. The PHE Unit contributed to the creation of the communicable diseases control manual with WHO, the management of dead bodies in the field with PAHO and ICRC, the avian flu and pandemic preparedness guidance with WHO, the training manual for pandemic preparedness in displaced populations. The unit also created the checklists for avian and pandemic influenza guidance for national societies.

Water and Sanitation

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.

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 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) 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 an effective, sustainable development (International Federation's Global Water and Sanitation Initiative – GWSI).

The activities and new developments in 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. There are now 43 water and sanitation delegates deployed worldwide (multi-lateral).

WatSan in Disaster Preparedness and Response

Expected result: Vulnerable people's acute water and sanitation needs are met by maintained, improved and expanded water and sanitation capacities in disaster preparedness and response.

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 International Federation's proven capacity in safe water supply continues to operate well by provision of effective rapid assessments and 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 partly addresses the problem and needs upgrading together with the national societies concerned. To this end, the newly revised water and sanitation ERU – Mass Sanitation Module – hosted by the British Red Cross on behalf of the International Federation is fully developed and ready for its first deployment.

Developmental Water and Sanitation

Expected result: Vulnerable people's chronic water and sanitation needs are met by maintained, improved and scaled-up capacities for sustainable developmental WatSan.

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.

The fourth World Water Forum took place in Mexico City in March 2006 with strong participation from the International 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. The forum also collided with the World Water Day on 22 March and a press conference was held in Mexico City. This forum takes place every three years and has been a very useful platform for disseminating activities to a global audience. More than 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 Water and Sanitation-Hygiene (WASH) Movement; a UNICEF-led initiative. Further progress has been made in establishing good working relationships with potential corporate donors such as Nestlé.

International Federation water and sanitation strategic partnerships

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 strategic water and sanitation partnership 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. Strategic partnerships are envisaged with a number of different national societies on various topics related to water, sanitation and hygiene promotion.

First Aid

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

In the first phase of the 'Revitalizing community-based first aid project', the framework for National Society programming in first aid in the community was 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. Discussions on how to use the framework to improve CBFA programmes are being carried out with national societies and the Health and Community Commission. Some national societies have already used the paper 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.

In the second phase, two consultative workshops were organized in Nepal and Nairobi for CBFA and health practitioners from across Asia and the Pacific region. More than 21 national societies discussed and made very important recommendations in order to develop revitalized training and implementation manuals. Similar recommendations were also given by national societies in the Middle East and North African region. The manuals will be developed adopting a 'Learning by Doing' approach. The participants strongly supported that volunteers needed to use the acquired skills at household and community levels. The development of the revitalized training and implementation is underway. Consultations and discussions on tools development with national societies and experts will continue.

The Secretariat and WHO/Europe worked with the European First Aid Education Network and the Belgian Red Cross (Flanders) in an evidence-based research in Europe. As a result, a set of first aid guidelines was produced.

The Secretariat is supporting 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-affected people. Other partners involved include the ICRC, WHO, UNICEF, Tromso and Handicap International.

World First Aid Day 2006: More than 50 national societies worldwide reported their activities on the World First Aid Day on 9 September. The theme was 'Red Cross Red Crescent save lives without discrimination.' More than 6,000 youths and first aid volunteers from over 700 branches organized first aid demonstrations, media communication and parades to create awareness about the principles of the Movement

Working in partnership

Asia Pacific Regional Conference in Singapore: In the 7th Asia and Pacific Red Cross and Red Crescent Conference in Singapore, national societies' leaders adopted The Singapore Declaration. The national societies agreed to:

- Use the Global Health and Care Strategy to work with communities to promote health and reduce vulnerability, especially to HIV and AIDS;
- Develop clear guidance for effective partnership for health and care activities and guidelines for the formalization of partnerships, ensuring clarity of national societies responsibilities in their auxiliary role, as well as in the relationships with other organizations and the private sector;
- Develop and strengthen health and care programmes that empower women and involve young volunteers.

European Regional Conference: The main themes discussed during the 7th European Conference included health and care as well as migration. The French Red Cross, the Russian Red Cross and the European Network of RC/RC on HIV/AIDS (ERNA) were selected as chair and co-chairs

Harm reduction programmes: Since 2004, the International Federation's health and care department, with financial support from the Italian Red Cross, has been implementing a programme aimed at increasing the capacity in harm reduction of national societies. Other national societies joined the training programme. They include the Afghanistan Red Crescent, Syrian Red Crescent, Georgian Red Cross and Chinese Red Cross.

The Kazakhstan, Uzbekistan, Tajikistan, Kyrgyzstan, Russian Federation, Ukrainian, Byelorussian, Moldovan, Armenian, Latvian, Lithuanian, Croatian, Macedonian and Romanian national societies programmes aim to increase awareness of HIV and AIDS as well as sexually transmitted diseases among drug users, promote safe behavior and first aid in case of overdose, as well as promote tolerant attitudes and reduce discrimination towards drug users and people living with HIV. The programmes target an average of 1,000 drug users using needles. Over 400 drug users and sex workers are involved in peer education activities. National societies distributed over 200,000 disposal syringes. However, over 50 per cent were returned.

International Representation: After the Bangkok Charter on the health promotion meeting in 2005, the International Federation's Secretariat participated in a follow-up meeting - in February 2006 in Geneva - organized by the NGO advisory group on health promotion.

At the 59th World Health Assembly in May, the International Federation conducted an intervention on health promotion. The dissemination of the NGOs' action framework for the implementation of the Bangkok Charter on Health Promotion will continue, as well as follow-up discussions with national societies. In addition, the International Federation participated in the Global Stop TB Coordination Board Meeting on 29 and 30 November in Jakarta. The regional campaign to Stop TB in Asia was also launched.

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To support or find out more about the International Federation's programmes or operations, click on www.ifrc.org

International Federation of Red Cross and Red Crescent Societies

MAA00001 - HEALTH & CARE

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

Annual Financial Report

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	109,849					109,849
Austrian Red Cross	3,690					3,690
British Red Cross	22,956					22,956
Canadian Red Cross Society	28,535					28,535
Danish Red Cross	67,093					67,093
DFID Partnership	302,282					302,282
Diners Club	7,825					7,825
Eli Lilly Export SA	246,750					246,750
Finnish Red Cross	331,414					331,414
Foundation Board IFRC	49,066					49,066
France - Private Donors	653					653
German Red Cross	6,443					6,443
Icelandic Red Cross	52,000					52,000
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	230,000					230,000
Netherlands Red Cross	48,980					48,980
Norwegian Red Cross	982,968					982,968
On Line donations	2,964					2,964
Spanish Red Cross	4,836					4,836
Swedish Red Cross	529,428					529,428
Swiss Red Cross	-134,332					-134,332
UNICEF (UN Agency)	1,688					1,688
United States - Private Donors	0					0
WHO	61,410					61,410
C1. Cash contributions	3,260,472					3,260,472
<u>Outstanding pledges (Revalued)</u>						
American Red Cross	-91,840					-91,840
British Red Cross	-18,120					-18,120
Danish Red Cross	-67,093					-67,093
Swedish Red Cross	35,500					35,500
Swiss Red Cross	655,688					655,688
WHO	-21,225					-21,225
C2. Outstanding pledges (Revalued)	492,910					492,910
<u>Reallocations (within appeal or from/to another appeal)</u>						
British Red Cross	-49,994					-49,994
Danish Red Cross	0					0
Eli Lilly Export SA	0					0
Finnish Red Cross	0					0
Italian Red Cross	0					0
Nestle	-45,631					-45,631
Norwegian Red Cross	22,565					22,565
Swedish Red Cross	0					0
Swiss Red Cross	-218,947					-218,947
Switzerland - Private Donors	170,000					170,000
C3. Reallocations (within appeal or from/to another appeal)	-122,007					-122,007

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<u>Inkind Personnel</u>			
American Red Cross	25,296		25,296
British Red Cross	74,400		74,400
German Red Cross	37,200		37,200
Norwegian Red Cross	52,204		52,204
C5. Inkind Personnel	189,100		189,100
<u>Other Income</u>			
Miscellaneous Income	247,627		247,627
C6. Other Income	247,627		247,627
C. Total Income = SUM(C1..C6)	4,068,102		4,068,102
D. Total Funding = B + C	4,597,827		4,597,827

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	529,724					529,724
C. Income	4,068,102					4,068,102
E. Expenditure	-3,074,881					-3,074,881
F. Closing Balance = (B + C + E)	1,522,945					1,522,945

International Federation of Red Cross and Red Crescent Societies

MAA00001 - HEALTH & CARE

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Annual Financial Report

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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	
BUDGET (C)		10,231,202					10,231,202	0
Supplies								
Food		16,198				16,198	-16,198	
Medical & First Aid	162,600	22,731				22,731	139,869	
Teaching Materials		4,196				4,196	-4,196	
Other Supplies & Services		4,863				4,863	-4,863	
Total Supplies	162,600	47,988				47,988	114,612	
Land, vehicles & equipment								
Vehicles	1,000						1,000	
Computers & Telecom	52,286	5,001				5,001	47,285	
Others Machinery & Equipment		63				63	-63	
Total Land, vehicles & equipment	53,286	5,064				5,064	-48,222	
Transport & Storage								
Storage		2,201				2,201	-2,201	
Distribution & Monitoring		4,309				4,309	-4,309	
Transport & Vehicle Costs	1,000	9,314				9,314	-9,314	
Total Transport & Storage	1,000	15,824				15,824	-14,824	
Personnel Expenditures								
Delegates Payroll	4,427,571	1,318,385				1,318,385	3,109,186	
Delegate Benefits		172,597				172,597	-172,597	
National Staff	70,000	27,274				27,274	42,726	
National Society Staff		24,944				24,944	-24,944	
Consultants	731,833	58,653				58,653	673,180	
Total Personnel Expenditures	5,229,404	1,601,854				1,601,854	3,627,551	
Workshops & Training								
Workshops & Training	1,650,000	360,499				360,499	1,289,501	
Total Workshops & Training	1,650,000	360,499				360,499	1,289,501	
General Expenditure								
Travel	770,860	378,203				378,203	392,657	
Information & Public Relation	1,052,000	268,151				268,151	783,849	
Office Costs	201,280	88,866				88,866	112,414	
Communications	123,569	117,829				117,829	5,740	
Professional Fees	218,000	18,061				18,061	199,939	
Financial Charges		2,537				2,537	-2,537	
Other General Expenses	104,175	28,145				28,145	76,030	
Total General Expenditure	2,469,884	901,793				901,793	1,568,092	
Federation Contributions & Transfers								
Federation Contributions		3,291				3,291	-3,291	
Membership Fees		4,399				4,399	-4,399	
Total Federation Contributions		7,690				7,690	-7,690	
Program Support								
Program Support	665,028	199,068				199,068	465,960	
Total Program Support	665,028	199,068				199,068	465,960	
Operational Provisions								
Operational Provisions		-64,899				-64,899	64,899	
Total Operational Provisions		-64,899				-64,899	64,899	
TOTAL EXPENDITURE (D)	10,231,202	3,074,881				3,074,881	7,156,321	
VARIANCE (C - D)		7,156,321				7,156,321		