1. Background
1.1 Context/Problems Needs
The needs and experiences of MENA region national societies differ in relation to the priorities of the populations served. While progress was achieved in the health and care program over 2003, activities were largely influenced by the March 2003 war in Iraq as all neighboring societies mobilized resources and personnel to cope with the potential impact. By early summer and late fall of 2003, many of the planned activities were resumed including community based first aid training in Yemen, regional Reproductive Health & HIV/AIDS awareness training of trainers workshops in Syria, Lebanon, Iran, Egypt, and Tunisia; psychological support workshops for Red Crescent volunteers in Lebanon, Syria, Egypt and Yemen. Additionally, nurses and health workers have received customized training related to counseling, patient care and family support. Youth also received special attention through peer education support programs.

Most national societies in the region are now able to handle the highly sensitive issue of HIV/AIDS and reproductive health with ease as compared to three years ago. While much work remains to be done to address the denial and stigma associated with the disease, a solid foundation for expanded prevention and promotion programs is in place. Many societies have tactically and successfully integrated this sensitive topic into exiting primary health care programs associated with sexually transmitted infections (STI) and are in many cases the leading agency addressing HIV/AIDS issues.

Activities related to psychological support in the region have addressed both the abilities of volunteers to cope with the stress and trauma of crisis, as well as providing them with required skills to be able to offer support to victims and vulnerable groups, like children, women and elderly, as seen in Algeria and Iraq.

MENA region national societies continue to manage a wide range of health programs addressing priority needs, prevention and promotion. A recently completed questionnaire\(^1\) of national society priorities points to key areas that need to be addressed (see chart). IFRC health and care programs in 2004 will work in alignment with those priorities and provide targeted support building on recent achievements. Moreover, many of those programs, with the support of partner National Societies, have positively impacted the lives of the local population through rapid interventions at times of crisis, prevention of HIV/AIDS and other infectious diseases, primary health care services targeting vulnerable groups, integrated psychosocial support programs, and networks of community based trained first aid volunteers.

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\(^1\) July 2003 questionnaire circulated to MENA national societies and completed by senior leadership
More specifically, the International Federation strategy in health and care will focus on supporting the achievements of MENA region and major stakeholders in monitoring, and managing awareness and information campaigns in HIV/AIDS and other infectious diseases inline with local mandates and defined priorities. The program will include targeted information campaigns, training of trainers, capacity building for health care professionals, networks of national society coordinators, and sharing of resources and expertise. All training and workshops will be program/project related and not stand alones.

Additionally, the health and care program will act to support the work of partner National Societies supported programs in the areas deemed as priorities. This support will take the form of regular and emergency updates, program follow up when requested, and provision of results of various health services and impact assessments.

The IFRC regional health team aims to provide practical recommendations, advice, and relevant information to ensure timely interventions, support for local priorities, integration and continuity, and sharing of knowledge upon request from National Societies.

Community based first aid training will continue with a focus on standardization of curricula, more practical content, and integration with psychosocial support programs, disaster management and primary health care programs. It is essential to support and motivate trainers and trainees by creating incentives focusing on upkeep of knowledge and skills, retention, and recognition.

The ongoing psychological support program has successfully demonstrated the vast need and demand for psychological support interventions addressing short and long term needs of NS staff and volunteers, as well as the affected population. This program will be continued with a focus on integrating (institutionalize/mainstream) key components of psychosocial support into relevant national programs.

The health team will also provide assistance in the form of an area wide health exchange forum, support for evaluation and monitoring, research and development, quality assurance programs, and deal with
arising priority problems. The type of support planned for entails guidance to national society staff and country delegations engaged in such activities. The health team will work directly and indirectly with national society program managers to support operations, develop programs, and follow up on reporting, and closely monitor needs and evolving health issues, as well as addressing problems during implementation.

1.2 Challenges
A number of challenges remain to be addressed particularly in relation to the shift from curative to preventive care, as well as harmonization of global health priorities with local and national ones. National society priorities are often rooted in past experiences, community needs, local mandates, and available resources and expertise. Expanding such programs and/or bringing ones online can face many obstacles when the national society human resources are over stretched. Therefore, programs need to adequately account for, provide, and be sensitive to expected national society staff/volunteer levels of effort, financial and other resources, while simultaneously factoring into the program the roles and demands of stakeholders. The stigma associated with HIV/AIDS remains an obstacle to be addressed in some nations.

1.3 Health Team Support Functions
In view of the above, the health team will be uniquely positioned to address issues related to health program integration, standardization, sharing of regional/international human resources, and exchange of skills and knowledge. The health and care team will offer services to regional and country offices, as well as national societies in key areas to address proper assessments, catalyzing programs, introducing and supporting new initiatives, and supporting both national societies, and partner participating national societies to fine tune and better target programs/interventions. Training and workshops will be program/project related and not stand alones.

To help inform and guide decision makers at various levels of health program development and implementation, the health team will act as a resource base and provide:
- Country focused health needs assessment mapping updates
- Country focused national society needs/priorities updates
- Support to country delegations
- Health program impact assessments related to movement activities
- Health human resources database of experts and delegates
- Crisis related information and guidance when necessary
- Relevant updates with implications to health managers and professional and related activities including activities of relevant stakeholders
- Liaison with Arab Red Crescent Secretariat, ICRC, WHO and other UN agencies

1.4 Stakeholders
The health and care program aims to support MENA NS health staff and leadership in improving the effectiveness and efficiency of existing or new programs. The ultimate beneficiaries are the vulnerable groups in various MENA countries that are able to access and/or be reached by the respective NS. The direct beneficiaries will be NS health professionals, volunteers, and managers.

Additionally, various NS (both MENA and partners(national authorities, ICRC, UN, WHO and other NGO bodies are key players in the shaping and development of the various activities proposed that aim at standardization, national policy/strategy development, and skills/information exchanges.

2. Overall Goal
Strengthen preventive health and care programs and capacities for MENA region national societies to address health promotion, disease prevention, psychosocial support, and first aid.

3. Objectives

3.1 Objective: Information Networking, Knowledge Sharing & Skills Exchange
Establish and support mechanisms, tools and forums for timely and targeted exchange and sharing of relevant information, best practices, and skills to sustain program development and implementation

4.1 Expected Results
1. Health human resources databank have been established focusing on regional expertise and selected international links
   Indicators
   - Databank is established, operational, and accessible by 3rd quarter of 2004
2. Updated informative electronic bulletin on health priorities, assessments, programs, current developments is circulated to national societies and partner MENA desk officers
   Indicators
   - Bulletin is produced/circulated monthly or quarterly as per assessment
3. Information Gateway (manual and automated) for access to relevant references, software, expertise, and practical guidelines is established and accessible to delegations and national societies.
   Indicators
   - MENA NS specific resource centre is providing resource material to key NS health focal points on proactive needs basis.
   - Material is assembled from IFRC, Movement, MENA NS resources, WHO, UN, and other NGO as appropriate
4. Two external health program impact assessments have been conducted addressing priority programs.
   Indicators
   - Two focused assessments (HIV/AIDS and CBFA) are conducted, printed and circulated within IFRC and to NS.
   - Key recommendations from assessments are further elaborated in plans of action to feed 2005 appeal/planning process.
5. Three priority national society health and care assessments have been conducted (Lebanon, Yemen, Jordan)
   Indicators
   - Three reports are produced providing NS referenced above with key recommendations and strategic options for guiding development of health services
   - Key recommendations from assessments are further elaborated in plans of action to feed 2005 appeal/planning process.
6. Implementation strategies have been drafted/developed for each of the three sub regions (ME, NA, Gulf) to operationalize the MOU signed with WHO EMRO
   Indicators
   - MENA NS attend sub regional meetings/consultations to discuss the MOU
   - Operational plans of actions are formalized with majority of MENA NS

5.1 Activities
- Assemble and catalogue required resources for information gateway/resource centre to include references, human resources database and material to establish a resources centre and exchange forum (see separate support document further elaborating the issue)
- Establish advisory working group from national society focal points to guide the development of the resource centre
- Set up the health human resources databank and make available online where appropriate or via other methods to NS.
- Circulate one page eBulletin to MENA desk officers, national societies, and technical departments with relevant updates and targeted information.
- Support and strengthen Sub regional RC/RC and WHO EMRO, UNFPA, UNICEF, UNAIDS forums/networks for exchange of latest epidemiological trends, knowledge, techniques and findings
- Participate in sub-regional meetings with above networks and advocate for core focus areas as per appeal
• Draft TORs for external impact assessments, recruit suitable assessors and monitor the process. Assessments to focus on impact of IFRC health and care supported/conducted activities in HIV/AIDS and CBFA over past 4 yrs.
• Draft TORS for health services assessments, recruit suitable assessors and monitor the process with country delegations/sub regional offices as appropriate
• At sub-regional levels, jointly with country delegations/sub regional offices and national societies, draft strategy papers and plans to operationalize WHO EMRO-IFRC MOU signed in Mar 2002, circulate to national societies.
• Pilot activities as per item above where appropriate in the region, draft lessons learned paper(s) to feed 2005 appeal/planning processes.
• Support partner national society programs by providing timely and relevant information on activities of interest both at times of crisis and during routine operations.
• Build network of NS coordinators (ensure integration with other networks related to IFRC core activities)

3.2 Objective: Psychosocial Support Program (PSP)

Also See separate PSP log frame document

Support the integration and formalization of psychosocial support services within relevant programs and structures in National Societies of the MENA region.

4.2 Expected results
1. Awareness of the need for skills in PSP and ability to manage PSP is present within a majority of the National Societies in the MENA, RC.
2. Five National Societies have developed a Plan of Action addressing psychosocial and psychological needs based on the societies’ acknowledgement and awareness of the importance of rebuilding the people’s emotional well-being following stressful and/or traumatic events.
3. Psychosocial support is integrated into curriculum of DP/R, HIV/AIDS, CBFA and OD and the process of full integration in all these activities is in process.
4. Demonstrated ability and capacity for NS staff/volunteers to manage and sustain psychosocial support in 5 countries.
5. Training material on PSP is available in French and Arabic and adjusted to the needs of the individual National Society.

5.2 Activities
See separate PSP log frame document

3.3 Objective: HIV/AIDS & Other Infectious Diseases

Support targeted national society efforts to monitor and manage awareness related to the course of HIV/AIDS and other infectious diseases in accordance with country priorities and defined mandates.

4.3 Expected results
1. All country and regional delegations offer training of trainers support to national societies in the region as to appropriate activities linked to monitoring, and managing awareness
   Indicators
   - Yemen, Lebanon, Palestine, Tunis and Kuwait offices/delegations have and offer necessary resources/material support for NS in appropriate user friendly packages.
2. Up to ten national societies have established/strengthened formal partnerships with relevant national HIV/AIDS authorities and other stakeholders
   Indicators
   - Formalized agreements/MOUs between NS and HIV/AIDS authorities
3. Additional 20 trainers are added to youth peer support and awareness networks (to account for attrition)
   Indicators
   - Two workshops are conducted
4. Social and health workers involved in the management of STI offer quality counseling to patients and families
Indicators
- Establish/circulate sub-regional guidelines to quality counseling
- Exchange of personnel/skills amongst MENA NS with relevant experiences in field

5. STI training is formally integrated into relevant training programs including disaster preparedness/response, organizational development, and community based first aid

Indicators
- Integrated curriculum is developed and utilized in region

5.3 Activities
- Re-map national societies’ progress and achievements as to HIV/AIDS and STIs.
- Support and strengthen sub regional RC/RC and WHO EMRO, UNIFPA, UNICEF forums/networks for exchange of latest epidemiological trends, knowledge, techniques and findings
- Establish formal links with Regional Arab Network for AIDS (RANA)
- Assemble required references, human resources database and material to establish a resources centre
- Integrate appropriate HIV/AIDS awareness module(s) into community based volunteer first aid, DM, OD and PSP training
- Support appropriate advocacy networks with national societies to support local needs and priorities
- Organize 2 training of trainers workshop(s) to address attrition due to loss of trained personnel over past 2 to 4 yrs.
- Raise RC NS leadership/management awareness as to HIV/AIDS activities in regions currently needing support to address issue (Gulf)
- Promote and support NS ownership of HIV/AIDS and STI related activities through assistance to secure funds and resources from non-traditional sources.
- Link experienced NS with those with minimal experiences in fields of awareness raising, stigma, discrimination and national campaigns
- Assist NS in exploring utilization of mass media locally and nationally on items above

3.4 Objective: CBFA

Support community based first aid programs and networks focusing on integration with relevant programs and on priority emergency medical services.

4.4 Expected results
1. Curricula that are increasingly standardized with more practical/relevant contents have been utilized including relevant nation specific modules

Indicators
- Existing Arabic CBFA curriculum is formally reviewed
- Task force for review/standardization minutes
- Modules are finalized and adopted

2. Two Regional CBFA and FA training centers are offered technical support for programming and function (Jordan and one in North Africa)

Indicators
- Programs in Amman centre are finalized
- Appropriate existing centre is identified in NA (with Tunis Office)
- Meetings minutes for ME region task force
- Minutes of meetings addressing translation of IFRC web on FA

3. Region wide volunteer policy has been adopted by national societies focusing recruitment, support, mobilization, and retention.

Indicators
- Collection of MENA NS volunteer policies where appropriate
- Draft new policy
- Committee/Task force to review and adopt minutes
- Finalized approved policy

4. Critical gaps in personnel skills/hardware and material availability in emergency medical and ambulance services have been identified.
   **Indicators**
   - Collection of report addressing critical gaps for MENA NS offering EMS services
   - Summary report is communicated to partner NSs

5. Road safety campaign material and resources are offered to sub regions and countries with activities targeting vulnerable groups (school children)
   **Indicators**
   - Standard package tailored to NS activities is mailed/reaches to focal points

5.4 Activities
- Review existing curricula and formalize integrated modular curriculum and manual offering core components and customized sections for each country/region
- Establish review task forces to address curricula referenced above.
- Support/Strengthen two formal CBFA networks (North Africa, Middle East,) with focal points in each national society
- Support regional and country CBFA training programs inline with the integrated approach and with a focus on impact assessment and quality assurance.
- Support the training and curriculum development for paramedics and emergency medical technicians
- Support high priority improvements of emergency medical and ambulance services operations including cross sharing of skills and knowledge amongst MENA national societies as well as integration with relevant disaster management programs.
- Map current national society activities related to Road Safety, set priorities and facilitate/support regional exchange and programs.
- Explore venues to translate relevant FA material and IFRC web sections on topic

6. Monitoring and evaluation
Monitoring will be a joint activity involving Amman IFRC office health team, country and regional offices, NS focal points, and Geneva health and desk. The planned impact assessments to be conducted in 2004 may provide key information that may result in fine tuning of proposed activities in the appeal. Reporting will be in accordance with standards IFRC appeal formats unless otherwise requested by donors.

7. Implementation and timeframe
Project activities will be conducted from Jan 1 to Dec 31 2004.

8. Risks and Assumptions
The successful implementation of the proposed regional health and care programs is highly correlated to the commitment from national societies, tangible outcomes, and practical applications that can be demonstrated through proposed activities and results. Training and similar activities must be presented as tools towards achieving expected results, and not as an end. Additionally, the sensitive nature of the proposed HIV/AIDS awareness program deems it necessary to exercise diplomacy, sensitivity to local culture, and respect for the wishes of national societies. New programs, no matter how vital, risk failure if the national society is “burdened” by their presence and is unable to cope with the projected effort and needed resources.

The following factors are identified as critical if the programs are to achieve set objectives:
- Qualified National Society focal points are identified, recruited, supported and retained through appropriate financial and non-financial incentives
- National societies accept to integrate and formalize psychosocial support programs into relevant programs.
• Adequate financial and technical resources are channelled to support the proposed programs
• Programs allow for flexibility and customization to account for national society priorities and viewpoints.
• Health team is easily accessible, visible and offers timely and practical support to delegations and national societies
• National Societies maintain HIV/AIDS and other infectious diseases issues as a high priority
• National authorities lend support to HIV/AIDS awareness programs

9. Sustainability

The key element in the 2004 appeal/plan involves ensuring MENA NS ownership of the proposed activities. IFRC health and care team support involves coaching, technical support, advise and networking. Additionally, the health and care team will heavily utilize the staff-on-loan approach to ensure retention of skills and knowledge within the movement and region/sub-regions. Special efforts will be made to support NS in seeking funds from non-traditional sources for activities that the NS proposes (local embassy small funds, private donors). Training programs will not be stand alone activities and will be supported/developed with the view as to what comes next? How will participants apply knowledge and skills for later use in respective NSs? Such an approach aims at ensuring that skills are shortly/immediately put to use by NSs and this implies that proposals for workshops and other types of training will be developed to fit into a more holistic program(s) for the NS that will necessarily look at the NS health plan/strategy, and support participant selection, and post training resource availability.

10. Budget

A detailed budget is available upon request from the Regional department and or the regional Office

Percentage split among projects is as follows:

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<thead>
<tr>
<th>11%</th>
<th>30%</th>
<th>13%</th>
<th>46%</th>
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<td>Hlth Networking</td>
<td>HIV/AIDS</td>
<td>CBFA</td>
<td>PSP</td>
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