

# ANNUAL REPORT



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

## HEALTH AND CARE IN THE COMMUNITY

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in 178 countries. For more information: [www.ifrc.org](http://www.ifrc.org)*

**Appeal No. 01.65/2002; Appeal target: 4,442,993; Appeal coverage: 103.2%**

### Overall analysis of the programme w

The Health and Care global programme has proved to be a much needed tool to complement regional and country level efforts to scale up the health response of the Red Cross and Red Crescent. In addition to funding global advocacy initiatives, it has made an important contribution to health policy and strategy development. The African Red Cross and Red Crescent Societies' Health Initiative (ARCHI 2010) proved to be a successful approach that enabled progress in improving the public health impact of interventions in Africa. Through the global programme, the Americas region is building on lessons learned through ARCHI to address the fragmentation of the Red Cross/Red Crescent's health and care response in the region and developed a proposal to be approved by the forthcoming Inter American Conference; a memorandum of understanding (MoU) signed with the Pan American Health Organization (PAHO) in the presence of 12 ministries of health proved the interest that this initiative is creating. Other initiatives of strategic importance not initially contemplated in the global programme objectives resulted from Red Cross Red Crescent being elected to the boards of directors of the Global Alliance for Vaccines and Immunization (GAVI) and a stronger than expected interaction with the NGO delegations to the Global Fund against AIDS, Tuberculosis and Malaria (GFATM). The global programme also proved instrumental in supporting a process for improved coordination with bilateral health efforts of participating national societies (PNSs) consistent with the Secretariat's new *Strategy for Change*. A health meeting in Bangkok which included bilateral delegates from all PNSs in the region identified mechanisms for increased collaboration.

In addition, the global programme has been instrumental in helping the Federation develop its marketing strategy and tools to access to new sources of funding from private sources for health projects. This has produced some exciting opportunities and the global health profile of the Federation continues to expand. As a consequence the Federation is facing increasing demands from other international organizations to play an active role in partnerships (see below), putting added pressure on the Secretariat to perform efficiently. Adequate coverage proved vital for the Secretariat's Health and Care department to fulfil its role in serving National Societies.

### Objectives, Achievements and Constraints w

Some 100,000 people die every year as direct consequence of disasters; over 13,000,000 people die every year from infectious diseases. The Federation's work in health and care has been geared towards:

- a. enabling households to reduce vulnerability to disease and to care for their people; and
- b. preparing for and responding to public health crises.

Building on the achievements of the global programme in 2000 and 2001, three strategic pillars frame the support provided to National Society interventions through this global programme:

- advocacy;
- building capacity to bridge the gap between vulnerable households and the formal health and social welfare system; and
- developing tools to better respond to public health crises.

These strategies, working through a global programme that has been able to complement country level health programmes led to significant achievements for each of the seven objectives of the global programme; they are presented below. Constraints have been of a more general nature and are consolidated at the end of the report.

**Objective 1: Assert Red Cross and Red Crescent leadership in first aid, and develop mechanisms/tools to ensure that these efforts result in profile, opportunities and resource mobilization for National Societies through innovative ways of knowledge sharing.**

Efforts to retain Red Cross and Red Crescent leadership in first aid - too often taken for granted - continued throughout the year. Global programme funds allowed the Secretariat to provide seed support that led to European Union funding for the *European Road Safety* campaign that engaged 26,000 volunteers targeting two million citizens was such a success that the EU decided to support an enlarged phase II to include accession states.

The recently introduced First Aid Day (14 September) was celebrated by 50 NSs. An intranet-based first aid knowledge sharing system was launched in a limited way. The *2001 First Aid and HIV/AIDS guidelines* were translated into existing youth, home care and first aid programmes for drivers, seafarers and others and progress has been made in standardizing the curriculum for the Asian First Aid certificate.

In recognition of previous achievements, the Federation has been requested to contribute guidelines on first aid training and kit specifications to the United Nations' road safety working group on implementation of the resolution on "Assistance to victims of road accidents". Preparation has begun in collaboration with NS through a consultation process. These initiatives open up new opportunities for first aid training to be provided by NSs for vehicle drivers.

A MoU was signed in May with a company to explore the joint development and distribution of 'safe travel packs' through selected international airports. The initiative's proposal received support from participating NSs where a distribution trial will take place. Funds from a share of product revenues will help finance first aid development activities at the national and international levels.

**Objective 2: Psychological Support**

Global programme funding allowed for the development of a comprehensive training manual in psychological support capturing previous experience and lessons learned as well as new technical developments. The manual is co-authored with a consultant from the Disaster Mental Health Institute at the South Dakota University. The manual consists of a 30-hour training programme with six different modules. The manual was field tested in three workshops on psychological support in Beirut, Budapest and Seoul.

Support was given to the re-establishment of the Reference Centre for Psychological Support in Copenhagen in terms of participation in a steering committee meeting in Copenhagen, preparation of an action plan for the Reference Centre for the coming two years, taking part in the recruitment process for the head of the centre (advertisement, interview, briefing) and ongoing policy issues. A National Society working group with Secretariat support led the "Psychological support and first aid" theme at the European Conference in Berlin, April 2002. The conference addressed psychological support as a crosscutting issue, defining the area for collaboration between psychological support and first aid, and put forward ideas for a strategy to approach and support people combining psychological support and first aid.

**Objective 3: Scaling up of household and community interventions that reduce vulnerability to HIV/AIDS and other communicable diseases.**

The Federation participated in the *Stop TB* campaign and the development of TB operational guidelines; its participation in *Roll Back Malaria* led to the secondment of a malaria expert from the World Health Organization (WHO) and strengthened the basis for expanding the Federation's response to TB and malaria. The main investment made through the global programme was directed, however, to supporting the scaling up of the Red Cross and Red Crescent's AIDS response. A number of activities and results led to major achievements under this objective:

Global programme funding contributed to the development of a (more) solid AIDS policy framework. A new, more developed, HIV/AIDS policy was approved by the board in November. Successful Red Cross Red Crescent regional conferences in Europe (Berlin in April) and in Asia/Pacific (Manila in November) strengthened regional health agendas and represented a breakthrough in terms of the Federation's approach to harm reduction.

The publishing of the Federation's global programme *Reducing household vulnerability to HIV/AIDS and other infectious diseases*, covering 2002-2005, was produced in the four official languages and widely distributed at the beginning of the year. This document articulated a common strategy approach for all National Societies and, for the very first time, a programme of the Federation was able to capture all projects and needs supported directly via the Secretariat, but also bilateral programming globally. The publication brought greater cohesion and visibility to the scaling up effort and proved to be an effective marketing tool. An updated version, reflecting progress made was commissioned at the end of the year.

The global programme contributed to building National Societies' AIDS competency and commitment through leadership development and advocacy at the XIV International AIDS Conference in Barcelona. The programme supported the participation of leaders from 46 National Societies and 12 persons living with HIV/AIDS. "Leadership cannot be delegated" became the theme of the series of workshops run by Red Cross/Red Crescent. This led to advocacy statements from diverse National Societies such as those from Indonesia and Australia as well as to a partnership through which the Ugandan Red Cross will host the secretariat of the next International Conference of Persons Living with HIV/AIDS. The leadership development process influenced the Board of Governance passing a strong new HIV policy that included harm reduction for the first time (see above). The Red Cross/Red Crescent also ran an exhibition of anti-stigma campaign posters in a Gaudi designed house (*La Pedrera*) that was supported by Justice Edwin Cameron and Milly Katana. The association of Red Cross/Red Crescent with HIV/AIDS work was further reinforced in the minds of conference participants by the sheer number (400) of volunteers from the Spanish Red Cross supporting the conference's organization.

A key reason for the spread of HIV/AIDS is the stigma attached to it. Individuals who have it, may not know or do not want to admit or talk about it. Governments refuse to acknowledge its existence,

cultural barriers and beliefs have made the topic taboo, and people living with AIDS are actively discriminated against. The Federation successfully launched the global campaign to reduce AIDS related stigma and discrimination with the active participation of NSs, governments and international organizations. The campaign, under the signature *The truth about AIDS. Pass it on....*, is an integral part of the Federation's global programme on HIV/AIDS in conjunction with the Global Network of People Living with HIV/AIDS (GNP+), UNAIDS and Saatchi and Saatchi. Launched on 8 May 2002 (World Red Cross Day), more than 80 National Societies participated in the activities and it has resulted, in many countries, in long-lasting collaboration between the National Societies and groups/organizations of people living with HIV/AIDS. Communications packs were developed in four languages for both these days. Towards the end of the year, a contract was negotiated between the Federation and the Health and Development Network (HDN) for provision of electronic networking support to broaden the campaign.

Another component of the AIDS response which received support from the global programme was the coordination with WHO and production of tools to retain international leadership in the promotion of voluntary, non-remunerated blood donation. The programme financed the printing, publication and distribution of the English version of a new tool kit, *Making a difference... recruiting voluntary, non-remunerated blood donors* (MaD). Its primary objective is to serve the needs of those tasked with recruitment of blood donors. A first workshop using the new tool kit was conducted in Zagreb for blood donor recruiters from Central Europe and three regional task forces are helping with implementation of MaD in Europe and Asia and Pacific (South East Asia). The manual has been extremely successful: WHO listed the MaD package as the chief resource for the facilitators of its regional workshops on blood donor recruitment scheduled for 2003-4; PAHO produced a Spanish version of MaD and is using it as part of its standard training in the region; a Portuguese translation is also available and work commenced in preparations of other versions including Arabic, Russian, Greek, Hungarian, and French (all expected to be released in 2003). Negotiations with the American Red Cross in 2002 also resulted with an undertaking to have a Mandarin version of MaD be available in time for publication on the occasion of the 9th International Colloquium on Voluntary, Non-Remunerated Blood Donation to be held in China in October 2003. The programme also financed the publication of the quarterly newsletter, *Donor Recruitment International*, the most widely read blood-related publication in developing countries.

The first phase of an in-depth evaluation of the HIV/AIDS programmes of eight NSs selected from Africa, the Americas, Caribbean, South-East Asia and Europe was completed. The objective was to identify lessons learned in terms of project successes and major problems encountered and then share the experience with all NSs.

The Secretariat supported NSs working towards membership of the country coordinating mechanisms submitting proposals to the Global Fund against AIDS, Tuberculosis and Malaria. An Internet-based system (linked to the Federation's Disaster Management Information System, DMIS) was created to track progress of National Societies in their interaction with GFATM country coordination mechanisms and enable the Secretariat to provide more targeted support.

International support through the Federation for the AIDS response has grown from CHF 3 million in 1999 to CHF 30 million in 2002. Short-term funding cycles continue to hamper the Red Cross' AIDS response, but 2002 saw the signing of agreements that will provide significant resources for these efforts: Nestle; Netherlands, Swedish and Irish embassies in Southern Africa and the OPEC International Fund agreed to provide over CHF one million per year in multi-year agreements. The partnership with the OPEC Fund is particularly worth highlighting as an example of how new partners can come together to contribute in a cost-effective way to the response.

**Objective 4: Explore, compile and promote best practice (from within and outside the International Red Cross and Red Crescent Movement) regarding social welfare approaches and community services that provide support to vulnerable groups.**

Support to the Health and Care global programme allowed the Federation to advocate strongly for community support to elderly people, orphans and other children affected by HIV/AIDS. The World Assembly on Ageing, which took place in Madrid in April, gave the Federation the opportunity to focus on the issues around older people and HIV/AIDS: the need for recognition of the role of older people as a vital community resource in the fight against HIV/AIDS; the need for community support for their role as caregivers for huge numbers of orphaned children; and the need to provide appropriate peer education on prevention for older people. The Federation's delegation included representatives from the National Societies in Mongolia, China (Hong Kong), South Africa and El Salvador. The assembly also enabled the strengthening of partnerships with WHO and HelpAge International regarding older people and HIV/AIDS. The UN Special Session on Children (in May in New York) was an ideal opportunity to advocate for community support for orphans and other children made vulnerable by HIV/AIDS and the Federation held a joint side event with UNICEF on this subject. The Federation was represented on the panel discussion by a young HIV/AIDS activist from Zimbabwe. This was also a good opportunity to strengthen links between the Federation and UNICEF.

The global programme financed the writing, printing and publication of the English version of a new framework for National Society programming in the area of home-based care. Many National Societies have identified community home-based care as a niche and there was a need to develop a standard approach in the conceptualization and implementation of the programme. The purpose of this document is to outline generic approaches that can be adapted to the specific conditions of each country and enable National Societies to reach the most vulnerable populations - developing a 'common language' for the implementation of the programmes while recognizing the need to adapt to local contexts.

A working group developed operational guidelines for working with orphans and other children made vulnerable by HIV/AIDS. Since children become vulnerable long before their parents die and the need for families to plan for the future of the children, global programme funding was used to design and initiate the piloting of a 'memory project' through Zimbabwe Red Cross' integrated HIV/AIDS programme. HIV-positive parents and their children will work together on the creation of memory books. The project aims to help children to understand the past and feel more secure about the future so that when the parents finally die, the children retain a sense of identity and belonging and they can plan for the future.

**Objective 5: Strengthen surveillance systems, international preparedness and rapid response mechanisms for dealing with epidemic outbreaks.**

Through this global programme, the Health and Care department assisted the development of regional disaster response teams (RDRT) and about 60 professionals were trained to ensure more effective response to disasters at the regional level. Likewise, further development of the emergency response unit (ERU) concept took place as well as introduction of the concept to additional NSs, such as Spain, Japan, Austria, Switzerland, and France.

The *Interagency guidelines for HIV/AIDS in emergencies* are undergoing revision, with heavy involvement of the Federation. Work on the WHO/UNHCR/Federation publication on *Environmental health in emergencies and disasters* was completed in June.

The most significant change in relation to what was originally foreseen and planned for in the Health and Care global programme was the strong focus on supporting stronger National Society

involvement in routine immunization and campaigns. A separate appeal helped the Federation mobilize technical and financial support to enhance the Red Cross and Red Crescent contribution to the final phase of the polio eradication campaign and 2002 saw the consolidation of the RC-led international partnership to accelerate measles mortality reduction (a separate funding source was used to support National Societies mobilizing more than 38,000 volunteers to vaccinate 70 million children (compared to 22 million in 2001), but global programme resources had to be tapped to support NS initial involvement in the micro planning. The greater focus on reducing vaccine-preventable deaths was triggered by Red Cross Red Crescent being elected to the NGO position on the GAVI board and made possible through the end-of-year contribution from Norwegian Red Cross/NORAD. The representative is the President of the Sierra Leone Red Cross and technical/administrative support to this position is provided by the Federation's Secretariat (through the global programme) and by the American Red Cross. Towards the end of the year, the Federation signed a contract with Health and Development Networks for the provision of electronic networking support to the development of an NGO coalition for infant immunization coverage. Specific objectives of this collaboration include: support the representation of international NGOs and civil society organizations with an interest in the work of GAVI in its decision-making bodies at global, regional and country levels; promote operation of national interagency coordination committees (ICCs) as fora for partner coordination and greater participation of local NGOs in community mobilization activities for immunization; and provide a networking and communication platform for exchange of information and tools to address community-based obstacles to effective immunization coverage.

Cyclical epidemics of meningococcal meningitis were responsible for 700,000 cases over the last 10 years in sub-Saharan Africa, including 33,000 cases and 2,500 deaths in 2002. *Neisseria Meningitidis serogroup A* is responsible for the majority of the epidemics. In 2002 however, a strain known as *N. Meningitidis W-135* was identified as the main cause of a large outbreak in Burkina Faso, causing 12,000 cases and 1,500 deaths.

Since 1997, the Federation has been part of the International Coordinating Group (ICG) for provision of vaccines for epidemic meningitis control, together with UN agencies, NGOs, vaccine manufacturers, and other technical and financial institutions. The purpose of the ICG is to manage contingency stocks of vaccines, safe injection supplies, and antibiotics for meningitis case management. Strong advocacy through the ICG led to WHO and the pharmaceutical industry rapidly developing a new trivalent meningitis vaccine suitable for outbreak response in Africa.

In November 2002, ICG partners issued a joint funding appeal to replenish the contingency stocks to adequate levels, including 10 million doses of Meningo A+C vaccine (of which only 3.5 million doses remained in stock). The end-of year contribution by the Norwegian Red Cross/NORAD allowed the Federation to procure 1,170,000 doses of bivalent Meningo A+C vaccine, including shipping costs.

**Objective 6: Increase the effectiveness of national societies' water, sanitation and hygiene promotion projects and provide an effective technical support to them**

A manual and parts list for the modular water/sanitation ERU was finalized. Investment in further training and qualification of identified local and regional resources led to an increase of wat/san staff to be deployed globally.

Global programme-funded participation and presentation of papers at international conferences, particularly the International conference of assessment and planning for emergency sanitation in Loughborough UK, contributed to an inter-agency publication on sanitation in emergencies currently in preparation; the Federation was one of the main contributors.

A staff-on-loan supported through the global programme was brought in to assist further expansion of water and sanitation programmes: 16 National Societies in Africa, 15 in Asia Pacific, eight in

Americas and three in Europe are now providing impoverished communities and victims of disasters with 20 million litres of water per day as well as access to basic sanitation facilities, benefiting some one million people. Hygiene promotion and educational programmes reached over 400,000 beneficiaries and are an integral part of water and sanitation programmes.

**Objective 7: Contribute to the implementation of a document management system to facilitate the capture and retrieval of all Federation produced materials.**

Due to changes in the Secretariat's approach and structure in relation to knowledge management, implementation of the document management system was not implemented. Two smaller initiatives took place to facilitate the dissemination of health related policies and tools:

- A CD-ROM, *Health and Care Mission Assistant*, was produced in March containing all relevant health and wat/san related policies, reference documents and other materials which could be of use to delegates. It was distributed to all regional health delegates and heads of delegation, receiving much positive feedback.
- A CD-ROM, *Reducing Vulnerability to HIV/AIDS*, was produced in June and includes policies, images, videos and technical AIDS-related documents which could be of use to health delegates in their daily work, including documents on personal health matters. This CD-ROM was distributed during the International AIDS Conference in Barcelona, Spain in July 2002.

**Main constraints**

The Health and Care global programme received financial contributions from many different institutional donors that adequately covered the appeal (including opening balance 2002). The timing of the contributions was, however, a large problem as 40 per cent of total contributions were made available in December.

Managing simultaneous participatory processes to produce policies, guidelines and manuals that are inter-linked (e.g. home based care and work with orphans and children made vulnerable by HIV/AIDS) and provide psychological support also proved to be a challenge. Changes in the Federation's knowledge management strategy and structure referred to above did not allow for the achievement of the seventh and last objective.

Preparation and willingness of NSs and other partners to build on the opportunities generated by a stronger public health agenda is very encouraging, but the main constraint remains the limited amount of long-term financial resources that prevent national societies from embarking on large interventions that need to be sustained for the long-term.

*All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.*

*For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.*

**INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES**

Interim report	
Annual report	X
Final report	

**Appeal No & title: 01.65/2002 Health & care in the community**

**Period: year 2002**

**Project(s): G33000, 33100, 33200, 33210, 33220, 33240, 33250, 33300, 33400, 33500, 33600**

**Currency: CHF**

**I - CONSOLIDATED RESPONSE TO APPEAL**

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Comments	Goods/Services	Personnel	
Appeal budget	4,442,993				
less					
Cash brought forward	296,121				
<b>TOTAL ASSISTANCE SOUGHT</b>	<b>4,146,872</b>				
<i>Contributions from Donors</i>					
American Red Cross (DNUS)	279,498				279,498
Australian Red Cross (DNAU)	16,775				16,775
Austrian Red Cross (DNAT)	10,000				10,000
British Red Cross (DNGB)	28,724				28,724
Canadian Red Cross (DNCA)	23,168				23,168
DFID - British Government (DFID)	245,000				245,000
DFID 3- British Government (DFID03)	154,905				154,905
Donor - Unidentified (D000)	1,793				1,793
Finnish Govt.via Finnish Red Cross (DGNFI)	161,392				161,392
Finnish Red Cross (DNFI)	49,454				49,454
Italian Red Cross (DNIT)	25,404				25,404
Luxembourg - Private Donors (DPLU)	168				168
Norway - Private Donors (DPNO)	100,383				100,383
Norwegian Govt.via Norwegian Red Cro (DGNNO)	1,103,265				1,103,265
Norwegian Red Cross (DNNO)	122,585				122,585
Orles Foundation (DM01)	14,201				14,201
Private Donors-online donations (DPOLD)	2,422				2,422
Swedish Govt.via Swedish Red Cross (DGNSE)	454,023				454,023
Swedish Red Cross (DNSE)	24,197				24,197
Unilever/Domestos (DPS007)	1,075,125				1,075,125
United States - Private Donors (DPUS)	446				446
<b>TOTAL</b>	<b>3,892,926</b>				<b>3,892,926</b>

**II - Balance of funds**

OPENING	296,121
CASH INCOME Rcv'd	3,892,926
CASH EXPENDITURE	-3,692,137
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CASH BALANCE	496,910

**Appeal No & title: 01.65/2002 Health & care in the community**

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**III - Budget analysis / Breakdown of expenditures**

Description	APPEAL Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction						
Clothing & Textiles						
Food & Seeds						
Water & sanitation						
Medical & First Aid		428,347			428,347	-428,347
Teaching materials						
Utensils & Tools						
Other relief supplies						
<b>Sub-Total</b>		<b>428,347</b>			<b>428,347</b>	<b>-428,347</b>
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles						
Computers & Telecom equip.		12,806			12,806	-12,806
Medical equipment						
Other capital expenditures						
<b>Sub-Total</b>		<b>12,806</b>			<b>12,806</b>	<b>-12,806</b>
<u>TRANSPORT &amp; STORAGE</u>		18,105			18,105	-18,105
<b>Sub-Total</b>		<b>18,105</b>			<b>18,105</b>	<b>-18,105</b>
<u>PERSONNEL</u>						
Personnel	580,000	711,149			711,149	-131,149
		12,066			12,066	-12,066
<b>Sub-Total</b>	<b>580,000</b>	<b>723,215</b>			<b>723,215</b>	<b>-143,215</b>
<u>GENERAL &amp; ADMINISTRATION</u>						
Assessment/Monitoring/experts	360,000	282,791			282,791	77,209
Travel & related expenses	320,000	624,472			624,472	-304,472
Information expenses	1,770,600	376,594			376,594	1,394,006
Admin./general expenses	179,000	272,390			272,390	-93,390
External workshops & Seminars	745,000	160,348			160,348	584,652
<b>Sub-Total</b>	<b>3,374,600</b>	<b>1,716,594</b>			<b>1,716,594</b>	<b>1,658,006</b>
<u>PROGRAMME SUPPORT</u>						
Programme management	299,363	232,752			232,752	66,611
Technical services	89,374	69,687			69,687	19,687
Professional services	99,656	77,304			77,304	22,352
<b>Sub-Total</b>	<b>488,393</b>	<b>379,744</b>			<b>379,744</b>	<b>108,649</b>
Operational provisions		-4,598			-4,598	4,598
Transfers to National Societies		417,924			417,924	-417,924
<b>TOTAL BUDGET</b>	<b>4,442,993</b>	<b>3,692,137</b>			<b>3,692,137</b>	<b>750,856</b>