

Appeal 2003-2004



International Federation
of Red Cross and Red Crescent Societies

HEALTH AND CARE

Appeal no. 01.100/2003

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	2003
	(In CHF)
Health and Care	3,120,752
Total	3,120,752 ¹

Introduction

Background and progress to date:

For every life lost to disasters over 100 lives are lost to infectious diseases. HIV/AIDS will kill more people this decade than all wars and disasters in the past 50 years. In 2002 alone, over five million people became infected world wide. Tuberculosis causes two million preventable deaths annually.

The great majority of national societies' services world-wide are related to improving the health and welfare of vulnerable people. Internationally, health and care are a major component of most *ad hoc* emergency appeals; the proportion of our consolidated Appeal dedicated to health programmes has consistently grown since the year 2000². This is a recognition of the central importance of health as a critical input to development, as a fundamental right with a value in itself, and as a cornerstone of humanitarian assistance.

Following the release of the *2000 World Disasters Report* -with a focus on public health- and the adoption of the Ouagadougou Declaration, the global programme has made a substantial contribution to building a solid Federation's basis for scaled up community-based public health interventions. A short summary of 2002 global programme achievements is highlighted below:

- Produced "*Reducing household vulnerability to HIV/AIDS and other infectious diseases*" presenting agreed objectives and strategies and a global overview of all programmes being implemented by national societies (NS) to achieve them -whether bilaterally and multilaterally supported. This global overview and the lessons learned from the first phase of an in-depth evaluation of the HIV/AIDS programmes of eight NS selected from Africa, the Americas, Caribbean, Southeast Asia and Europe have boosted Red Cross scaling up efforts, particularly in Africa and, towards the end of the year, in Asia/Pacific.
- The XIV International AIDS Conference Barcelona was used as a leadership development opportunity and lead to significant changes in a number of national societies, particularly in terms of making them a better home for people living with HIV/AIDS (PLWHA). 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 UN Special Session on

¹ USD 2,248,556 or EUR 2,138,957.

² Health and care long-term programmes represent 32 per cent of the Appeal 2002-2003.

Children that took place in New York in May was an ideal opportunity to advocate for community support for orphans and other children vulnerable by HIV/AIDS; the International Federation held a joint side event with UNICEF on this subject. A number of programmes of the Red Cross Red Crescent targeting orphans and other children made vulnerable by AIDS have started since.

- The European Red Cross and Red Crescent regional conference in Berlin, 14-19 April, had significant implications, particularly in terms of advancing the Federation's position on harm reduction for injecting drug users and validating the operational guidelines for tuberculosis control.
- The Federation successfully launched the global anti stigmatization campaign with the active participation of the NS, governments and international organizations. Over 80 national societies have reported on their launch activities on the Red Cross Red Crescent web site.
- New partnerships (e.g. UNAIDS, PAHO, and UNFPA) and funding arrangements (e.g. OPEC International Fund and Nestle) were signed in 2002.
- Measles is the main vaccine preventable cause of death worldwide. The Federation added value to the measles initiative, where the American Red Cross is a leading partner and had helped many African national societies gain access to the US\$ 20 million a year interagency partnership which aims at reducing mortality caused by measles in Africa. The Federation is expanding its role in this area through a separate appeal³.
- A comprehensive training manual in psychological support was developed and field tested in three workshops on psychological support in Budapest, Seoul and Fiji during 2002.
- A memorandum of understanding (MOU) was signed with the UNHCR on the use of Red Cross Red Crescent national societies as preferred suppliers of first aid training for staff of the UNHCR and dependants in the field.
- *The Interagency Guidelines for HIV/AIDS in Emergencies* are undergoing revision, with heavy involvement of the Federation and the work on a WHO/UNHCR/Federation book on *Environmental Health in Emergencies and Disasters* was completed in June.
- The "*Food Basket Calculator*" electronic programme has had a logistics module added, and is undergoing a field trial in Kenya.
- The English and Spanish versions of a new tool kit "*Making a difference... recruiting voluntary, non-remunerated blood donors*" were printed and distributed.

The global programme 2003-2004 will build on these achievements and it is a crucial component of the Federation's health and care programming which without its activities and results the country level response will lack the required leadership and coordination.

Overall Goal

The goal of this global programme is to improve health and care in the community⁴ and the Federation's response to public health crises, building on the achievements of 2002. More specifically, to improve the Federation's capacity to:

- enable communities to reduce vulnerability to disease and to care for their people; and
- prepare and respond to public health crises.

³ A separate consolidated multi-country appeal was issued for immunization related activities [include link].

⁴ Ultimately, it is the role of the government to ensure that its health and social welfare system is capable of meeting the needs of its population, particularly the most vulnerable. However, national societies can play a complementary role and make a significant difference to the health of vulnerable people by focusing on the household and community factors that are closely related to health outcomes.

Most of the Red Cross/Red Crescent work is in countries, in the communities, and at the family level, but a part of it is at the international level, providing international support to in-country work. The global programme includes areas where national societies have agreed to coordinated strategy and requested leadership from Geneva in terms of advocacy, coordination, tools and guidelines to:

- reduce family vulnerability to HIV/AIDS and related infectious diseases (TB, Malaria);
- remain the world's leading definer and provider of first aid, enabling individuals and families around the world to protect and save lives;
- improve the preparedness for and the response to international public health emergencies; and
- reduce vaccine-preventable deaths by taking an expanded role in immunization.⁵

Objectives and expected results

Objective 1

Reduce family vulnerability to HIV/AIDS and related infectious diseases (TB, Malaria).

Expected results

- Lead a global campaign ("The truth about HIV/AIDS. Pass it on") that will contribute to reducing HIV/AIDS-related stigmatization and discrimination⁶.
- Provide the leadership, coordination tools and guidelines required to support the scaling up of HIV/AIDS, TB and malaria programmes and utilize related international conferences as effective leadership development opportunities.
- Mainstream the psychological and social support in the Federation's policies and strategies, long-term programmes and relief operations, with a particular focus on HIV/AIDS.
- Retain international leadership in the promotion of voluntary, non-remunerated blood donation, ensuring a continuous source of low risk donors to be available.

Objective 2

The Red Cross Red Crescent will remain the world's leader in first aid, enabling individuals and families around the world to protect and save lives.

Expected results

- revalue and market first aid as a strategic response to social needs.;
- support the development of innovative first aid products and knowledge sharing mechanisms; and
- mobilize support and resources to maintain the first aid strategic partnership.

Objective 3

Improve the response to international public health emergencies..

Expected results

⁵ A separate consolidated multi-country appeal was issued for immunization related activities [include link].

⁶ Across the world, successful responses to AIDS were built on respect for human rights, dignity of those affected, and social solidarity. Red Cross / Red Crescent launched in May 2002 a global campaign to prevent, reduce and ultimately eliminate HIV/AIDS related stigma and discrimination that will continue in 2003. For a more detailed project proposal that presents plans and resources needed to implement phase II (years 2003-04) of the campaign the truth about AIDS. Pass it on as well as a brief progress report on results of phase I [include link]

- Provide the leadership, coordination tools and guidelines required to support a quicker and better response to public health emergencies with a smoother transition to reconstruction and rehabilitation.
- Take the opportunity of the International Year of Fresh Water to advocate for greater investment and community-based solutions to water issues.

1. Main activities

1. *Reduce family vulnerability to HIV/AIDS and related infectious diseases.*

- **Have lead a global campaign [”The truth about AIDS. Pass it on”] that has contributed to reducing AIDS-related stigma and discrimination.**
- Make the HIV/AIDS epidemic (more) visible at the country and district level by promoting “Ambassador of Hope” missions; supporting the production and dissemination of “Positive Development” as a tool for building the capacity of local positive support groups and supporting active engagement of Red Cross Red Crescent’s campaign on PLWHA and sponsoring participation at the International Conference of PLWHA [October/November, 2003; Kampala].
- Prevent, reduce and eventually eliminate irrational myths and fears by developing and implementing a communication campaign that challenges myths and fears; supporting the development of model workshops to train editors and journalists to develop HIV/AIDS competencies. The area of promotion and facilitation of the development of the Federation’s position and a model ensuring the access to care and treatment at the country level evolves.
- By reaching out to most vulnerable groups and challenging discrimination when it occurs by supporting advocacy work that ensures governmental authorities and political leaders understand the impact stigmatization and discrimination have on the epidemic and will challenge specific legislation and behaviour when it occurs. Through the development of the Red Cross Red Crescent’s harm reduction policy and strategy and supporting initial implementation at the country level, developing partnerships with organizations linked to harm reduction and building the capacity of the national society to engage with MSM, IDU, CSW.
- Understanding stigmatization and discrimination better and learn more about effective interventions and how/why they work through developing an electronic discussion forum and organizing conference coverage of stigmatization related issues through HDN correspondents.
- Review/support the development of HIV/AIDS in the workplace guidelines for Geneva, delegations (including local staff), and national societies and generate guidelines for managers supporting PLWHA in the Federation.
 - **Have provided the leadership, coordination tools and guidelines required to support the scaling up of HIV/AIDS, TB and malaria programmes and utilized related international conferences as effective leadership development opportunities.**
- Support continent and region-wide efforts to consolidate and scale up their volunteer-based health interventions with a particular emphasis on the Americas and Europe in 2003. Support

integration of HIV/AIDS in all possible programmes and the development of volunteer management systems required for the scale up effort.

- Ensure active participation at major conferences and events particularly the 14th International Conference on the Reduction of Drug Related Harm, (April, Chiang Mai, Thailand); 13th International Conference on HIV/AIDS and STDs in Africa, (October, Nairobi, Kenya); International PWA Conference (October and November Kampala, Uganda) and the 6th Home and Community Care Conference, (December, Dakar, Senegal), 7th Stop-TB Partnership/IUATLD meeting (Paris, November 2003).
- Facilitate the development of new partnerships and resources: support development of country plans and their consolidation into a global marketing document; conduct resource mapping; promote/support active participation in the UN theme group on HIV/AIDS.
- Lead the evaluation of selected HIV/AIDS programmes in order to learn and develop models that can facilitate adaptation and replication as well as to build a track record/profile.
- Finalize ("globalize") the work on TB operational guidelines and support a carefully planned and monitored expansion of RC/RC TB interventions outside of Europe.
- Malaria: continue exploring and developing best ways to link roll back malaria objectives with RC/RC activities and programmes.
 - **Have mainstreamed psychological and social support in Federation policies, strategies, long-term programmes and relief operations with a particular focus on HIV/AIDS.**
- Provide frameworks, guidelines and training to ensure that psycho-social approaches are considered in the implementation of the RC/RC HIV/AIDS response, in particular in dealing with PLWHA, OVC and supporting care facilitators and RC/RC staff living with HIV/AIDS. Develop psychological support strategy (PSP) and tools for HIV/AIDS care providers, both RC/RC care providers and family care providers.
- Consolidate PSP through agreement on the conceptual framework, adaptation of a policy and a strategy on PSP.
 - **Have retained international leadership in the promotion of voluntary, non-remunerated blood donation, ensuring a source of low risk donors continues to be available.**
- Translate, distribute and support implementation of the active learning package "Making a difference... working together" and training of trainers (ToT) volunteer blood donor

recruiters. Printing of new resources section of the package with updated “success stories” on blood donor recruitment strategies from around the world

- Organize a successful 9th International Colloquium (Beijing, October 2003) with all co-sponsor and collaborative organizations, and publish a Mandarin version of the above mentioned active learning package as one highlight of the occasion.
- Maintain and enhance readership of the newsletter Donor Recruitment International (former Transfusion International) through better web-based distribution and through provision of an Arabic translation.
- Support and help facilitate the recently created blood advisory panel as a means of addressing specific needs of some national societies in relation to their involvement in blood service delivery, either alone or in partnership with other agencies.

2. Remain the world’s leading definer and provider of first aid, enabling individuals and families around the world to protect and save lives.

- **Have revalued and marketed First Aid as a strategic response to social needs.**

- Promote the institutionalization of a World First Aid Day [September 13] with participation of over 60 per cent of national societies from all regions.
- Support phase II of the European road safety campaign.
- Development and registration of a commercial brand for first aid products to facilitate engagement with and communication with the public through commercial means and channels.
- Implement the plan of action integral to the cooperation framework established with the WHO’s department of injuries and violence prevention.

- **Have supported the development of innovative First Aid products and knowledge sharing mechanisms.**

- Manage and evolve the Intranet site for first aid and continue its development with multi-language support and knowledge base development. Include simulation of accidents and first aid interventions on the first aid intranet following the agreement signed with a distance learning company in 2002.
- Continue development of the partnership launched in 2002 and have successful sales trial of the safe travel kit in the duty free zones of selected European airports.
- Produce two issues of first aid networks (in four languages).

- **Have mobilized support and resources to maintain the first aid strategic programme.**

- Service the global agreement for first aid training with the UNHCR and assist the national societies in its implementation. Raise cash (over CHF 400,000) and in-kind investments.

2. Preparing for and responding to public health crisis

- **Have provided the leadership, coordination tools and guidelines required to support a quicker and better response to public health emergencies with a smoother transition to reconstruction and rehabilitation.**

- Contribute to the development of regional disaster response teams (RDRT) and intensify participation in field assessment and coordination team (FACT) training to ensure that public health in emergencies is better managed.
 - Further develop the emergency response unit (ERU) concept that has taken place as well as introduction of the concept to additional national societies and regions (e.g. MENA).
 - Harmonized the ERU system between the Federation and the International Committee for the Red Cross (ICRC).
 - Contribute to the development of the health sections in the web based disaster management information system (DMIS) and the Federation's intra-net to improve the possibilities to monitor various preparedness and operational phases in emergencies, ensuring that public health is comprehensively covered and that vital information is available to delegations and NS.
 - Implement the renewed Federation/UNFPA agreement signed in June 2002 to ensure that reproductive health needs in emergencies is addressed more effectively.
 - Provide and disseminate to the national societies basic information and guidelines on nuclear, biological and chemical warfare agents, possible protection and actions.
 - Finalize and promote implementation of the interagency guidelines for HIV/AIDS in emergencies.
 - Finalize and promote the implementation of the international guidelines for TB in emergencies.
 - Complete the international review of reproductive health in emergencies and via the interagency steering group and provide a report.
 - Design and test a field school concept, which allows intensive training of various categories of staff, delegates, volunteers of the Federation and the NS, integrated with university and commercial sector postgraduate field studies, research and testing, aiming at operational improvement of the Federation, particularly in public health in emergencies.
 - Assist in developing strategies and approaches for post conflict programming and support.
 - Develop tools to facilitate the integration of psychological and social support, HIV/AIDS and reproductive health into the Federation's response to emergencies.
- **Have taken the opportunity of the International Year of Fresh Water to advocate strongly for greater investment and community based solutions to water issues**
- Papers presented at international conferences have contributed to international networking efforts and raising the profile of Federation's water sanitation activities, particularly at the Kyoto Forum.
 - Strengthen the global partnership with organizations like OXFAM, MSF, UNHCR, UNICEF, ICRC to further streamline and standardize approaches and equipment.

3. Risks and assumptions

In relation to improving health and care in the community, four partnerships are particularly critical to achieving the objectives highlighted above:

- The World Health Organization (WHO) was a long-standing partner of the International Federation at the Geneva level. More needs to be done to work towards systematic and strategic partnerships at the regional level. The Americas region provides a great opportunity to pilot a regional approach with PAHO. Initial contacts with PAHO were very positive and are establishing an operational partnership that would drive an ARCHI 2010 type approach for the region. Ten percent of the resources included in this global programme will be specifically used to support the pilot regional and country activities that further the partnership.

- The partnership with UNAIDS has become more operational as membership with the International Partnership against HIV/AIDS in Africa and the Caribbean regional partnership occurs. The year 2003 will see the operationalization of our newly acquired status as a “UNAIDS Collaborative Centre”.
- Global Network of people living with HIV/AIDS (GNP of PLWHA): initial contact was made in late 2000 and 2001 saw growing collaboration in a partnership that was endorsed by the board of both institutions.
- In the private sector, several first aid activities/objectives are dependent on the continuing support of private sector partners, whether for fundraising initiatives or investment in the development of products and tools (publications, web-site) to support the first aid programme. These partnerships are being pursued to secure new benefits for the national societies.

The health and care department is in the midst of reorganization and downsizing. The implementation of the above mentioned activities will depend on having full coverage of the appeal and authorization to cover the personnel related costs. Unforeseen changes in relation to the change process might require objectives and plans to be revised.

This global programme will be monitored, reported on and evaluated within the normal appeal structure and the demands placed on all global programmes.

Main implementation responsibility will fall on the health department in Geneva and progress indicators will be tracked on a semiannual basis. Progress reports shall be prepared and distributed to all key stakeholders. Innovative ways of working will be utilized so that major contributors to this programme can be directly involved in its implementation and they can also participate in the monitoring and evaluation

<Budget below - [Click here to return to the title page](#)>

BUDGET 2003

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.100/2003

Name: Health & Care

PROGRAMME:	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	0	0	0	0	0	0
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0	0
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	0	0	0	0	0	0	0
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	0	0	0	0	0	0	0
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	0	0	0	0	0	0	0
TRANSPORT & STORAGE	0	0	0	0	0	0	0
Programme Support	0	202,848	0	0	0	0	202,848
PROGRAMME SUPPORT	0	202,848	0	0	0	0	202,848
Personnel-delegates	0	1,350,000	0	0	0	0	1,350,000
Personnel-national staff	0	0	0	0	0	0	0
Consultants	0	0	0	0	0	0	0
PERSONNEL	0	1,350,000	0	0	0	0	1,350,000
W/shops & Training	0	8,900	0	0	0	0	8,900
WORKSHOPS & TRAINING	0	8,900	0	0	0	0	8,900
Travel & related expenses	0	255,000	0	0	0	0	255,000
Information	0	925,000	0	0	0	0	925,000
Other General costs	0	379,003	0	0	0	0	379,003
GENERAL EXPENSES	0	1,559,003	0	0	0	0	1,559,003
TOTAL BUDGET:	0	3,120,752	0	0	0	0	3,120,752