

# PROGRAMME UPDATE



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 & CARE

27 August, 2003

### *FOCUS ON MALARIA AND HIV/AIDS*

Appeal no. 01.100/2003; Appeal target (original): CHF 3,120,752; Budget revised with this update to CHF 3,920,752 (see attached).

Programme Update No. 2; Period covered: June - August, 2003

*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 over 180 countries.  
For more information: [www.ifrc.org](http://www.ifrc.org)*

### ***In Brief***

Appeal coverage: 90.2% (against the revised budget); please refer to the attached Contributions List for this appeal (also available on the Federation's website).

Outstanding needs: CHF 500,000 against the revised budget of CHF 3,920,752

Related Emergency or Annual Appeals: N/A

**Programme Summary:** The Health and Care global programme is making effective progress in meeting planned objectives, activities, and implementation, but recent policy and operational developments have placed new demands on the programme that require a budget revision and further support from donors. The original global programme budget has therefore been reviewed, and increased from CHF 3,120,752 to CHF 3,920,752, with the adjustment made primarily within the malaria component. With current income at around CHF 3.5 million, outstanding needs amount to approximately CHF 500,000.

### **Overall analysis of the programme**

The Health and Care global programme has proved a useful instrument through which to complement regional and country level efforts to scale-up the Red Cross and Red Crescent health and care response; it is well on target in relation to planned objectives, activities, income and expenditure.

Recent policy and operational developments linked to the objective of “Reducing family vulnerability to HIV/AIDS and other infectious diseases (TB, malaria,...)” [objective 1] have placed new demands on the programme that require a budget revision and further support from donors.

## **Objectives, Achievements and Constraints**

This special “Programme Update” focuses on the consequences of demands and changes that were flagged in the first update (issued in June 2003) but were too recent to fully understand their operational implications.

Developments in the second quarter of 2003 have demanded some adjustment to the expected results, activities and budgets considered under objective 1: “Reduce family vulnerability to HIV/AIDS and related infectious diseases (TB, malaria,...)” Three areas are specifically considered in this update: new developments in relation to access to treatment for PLWHA, malaria control, and voluntary blood donor recruitment.

### **Objective: access to treatment for PLWHA.**

As was reported in the mid-year update:

*“Conscious of the unprecedented challenge HIV and AIDS poses in terms of organizational continuity, and even organizational survival, and well aware of the need for an extraordinary humanitarian response, the Federation’s Governing Board has called for National Societies and the International Federation Secretariat to develop models and make every effort to pursue greater access to lifesaving drugs for all who need them.*

*In a landmark decision it also established a fund that provides for access to lifesaving drugs (including anti-retroviral therapy) to Red Cross and Red Crescent staff and volunteers. Moreover it requested all National Societies to raise a voluntary annual contribution for this fund and recommends using the equivalent of 1% of that Society's statutory contribution (bareme) as a minimum fundraising target. This is a strong and unprecedented move in the history of the Federation.”*

Following the above mentioned decisions made by the Board, the Secretariat moved quickly to review its plans and timelines in this area. Decisions were made to accelerate the development and presentation of a roadmap for African National Society involvement in HIV treatment delivery and support.

A high level team was quickly assembled and visited a number of African national societies with a mandate to develop a “roadmap” that includes:

- a conceptual framework that clearly presents the rationale for involvement in treatment for people living with HIV/AIDS (PLWHA), including the different elements that this involves, Red Cross specificity and its potential for contribution, and institutional arrangements with defined roles and responsibilities;
- a “proposal outline” that National Societies can use to analyse the country needs, their specific capacity and appropriate roles for the different agencies involved in treatment delivery and support. This document is intended as an outline, or “skeleton”, that national societies can use to guide the development of their own specific proposal;
- a description and budget of the appropriate process -and support required- to develop a firm proposal and prepare for implementation and an estimate of how much this will cost in three to five of the national societies visited by the team;

- (as a separate but linked objective), provide a description of existing mechanisms / schemes that could be used in each of the countries visited to provide access to HIV/AIDS treatment for Red Cross and Red Crescent staff and volunteers living with HIV/AIDS (per decision of the Board).

The team will combine literature reviews with field visits to discuss with national societies, delegations and other actors involved in HIV treatment. Missions are being undertaken to Namibia, Zimbabwe, Ethiopia, Senegal, Uganda and Kenya to consult closely with and understand the potential of national societies in Africa.

The team came together in Geneva on August 1, and will be spending some 6 weeks in the field. Findings will be reported to a special consultation meeting hosted by the HIV/AIDS Governance in Namibia during the first week of November 2003.

While some PNS directly involved in the team have covered their own costs, the deployment of the team, the extraordinary meeting of the HIV/AIDS governance group and the special consultation meeting were not foreseen in the original global programme plan and budget which thus has to be revised. Initial costs have been covered from a reallocation of funds that were committed to the International Colloquium on blood donor recruitment that was postponed due to the Severe Acute respiratory Syndrome (SARS) outbreak (see below). Full coverage of the HIV/AIDS component of the appeal is required to ensure the Secretariat can support this initiative not foreseen in the original plan and budget.

**Objective: provide the leadership, coordination tools & guidelines required to support the scaling up of [...] malaria programmes.**

As was reported in the first update:

*“The partnership with Roll Back Malaria has developed very strongly. The International Federation hosted the first NGO meeting on Malaria –and the RBM Board meeting organized by WHO...*

*The work with WHO/AFRO, the RBM Secretariat, CIDA and other actors has already had its translation at country level in Zimbabwe [emergency response to prevent malaria outbreaks], Zambia [ITN + measles operation], at the regional level [through the Southern Africa appeal] and the application to the GFATM. Rapid progress in the area and its translation into programmatic activities not (yet) included in the appeal process has meant that resources from partners have been transferred through the global programme and this might require a revision.”*

During 2003, the partnership with RBM continued to develop. In May, the new Africa Malaria Advisor, seconded from WHO, reported to the Harare Federation Delegation to assist in the development of key partnerships and a strategic vision for the Red Cross in malaria prevention and treatment. At the global level, the Kenya Red Cross is one of the nominees for the NGO seat on the RBM board.

Through a grant secured by the Canadian Red Cross from the Canadian International Development Agency (CIDA), funding was provided to implement an integrated approach to morbidity and mortality reduction in Zambia. Confirmation of the grant came in very close to the time of the June 2003 mass measles campaign that was to be used as the operational framework to achieve economies of scale. Given the very tight deadlines and in order to ensure minimum delays; the health and care global programme [the only existing appeal with a clear, explicit malaria component] was used to channel the malaria component of the grant.

The Zambia National Society, supported by the International Federation at the country, regional and international level, worked closely with the National Malaria Control Programme and other partners (UNICEF, Netmark, SFH, etc.) through the national malaria working group to develop an action plan to integrate the distribution of Insecticide Treated Nets (ITNs) into the measles campaign. Weekly conference calls took place between UNICEF-HQ, the US Centers for Disease Control, Rotarians Against Malaria, the National Malaria Control Programme, UNICEF-Zambia, the Zambia Red Cross, Netmark, SFH and the American Red Cross to work through the many logistical challenges ranging from the procurement of the ITNs, to the delivery of the ITNs to the vaccination posts.

Based on existing levels of ITN coverage in districts and the assessed needs, the malaria working-group defined the following five districts for ITN distribution (Nyimba, Mambwe, Chilubi, Kaputa and Kalulushi). In Kalulushi, a voucher distribution system was tested using Netmark as the coordinator for this arm of the project – funding was provided to the Academy for Educational Development to support this part of the project.

In the other districts, direct distribution occurred at the vaccination post. UNICEF was responsible for operational logistics and social mobilization in three districts (Nyimba, Mambwe and Chilubi) while the Zambia Red Cross focused on the most difficult to reach and largest district (Kaputa). The 1,800 Red Cross volunteers were provided an ITN as an incentive.

More than 82,000 ITNs were distributed in the following districts during the six-day campaign.

- Mambwe (target: 10,247; distributed 13 222 - 129%).
- Nyimba (target: 12,471; distributed 18,532 - 149%).
- Chilubi (target: 11,681; distributed 12,500 - 107%).
- Kaputa (target: 18, 021; distributed 23,500 - 130%).
- Kalulushi (target: 13,275; distributed 14,895 - 112%).

Measles coverage and Mebendazole administration rates also exceeded 100% of the target population. The first cluster survey to assess household coverage was conducted two weeks after the campaign. The initial findings indicate:

- the Abuja targets were achieved for ITN coverage in all districts for households, children and pregnant women;
- use of nets (hanging and sleeping under) was modest, exceeding 60% in only 2 districts (perhaps due to seasonality); and
- pre-campaign inequities in ITN ownership were eliminated in 4 of 5 districts. A mass re-treatment campaign and follow-up cluster survey will take place in December.

To continue to scale-up the integrated approach, the International Federation submitted an application to the Global Fund to support nationwide coverage in six countries targeted for measles campaigns in 2004 (9.4 million ITNs). To submit this application, the Red Cross received sign off by the six Country Coordination Mechanisms who were highly supportive of the concept.

**Objective: retain international leadership in the promotion of voluntary, non-remunerated blood donation (VNRBD), ensuring a source of low risk donors.**

As was reported in the mid year update: *“The 9th International Colloquium, scheduled for October in Beijing had to be postponed due to the SARS outbreak”*.

This postponement has meant that some of the payments that were scheduled for mid-2003 have been postponed to later in the year, thus allowing the Secretariat to fund the treatment access mission. The International Colloquium is now scheduled for April 3-7, 2004 but some costs associated with the preparations have to be absorbed into the current year's operations

Latest reports from China indicate that, since the publication of the new date, numbers of in-country participants (from various Provinces) has climbed from 30 to 100, which reflects the growing support of this landmark event bringing together experts in blood donor motivation from around the world.

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*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>*

# BUDGET 2003

## PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.100/2003

Name: Health and 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	570,000	0	0	0	0	570,000
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
<b>SUPPLIES</b>	0	570,000	0	0	0	0	570,000
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
<b>CAPITAL EXPENSES</b>	0	0	0	0	0	0	0
Warehouse & Distribution	0	25,000	0	0	0	0	25,000
Transport & Vehicules	0	0	0	0	0	0	0
<b>TRANSPORT &amp; STORAGE</b>	0	25,000	0	0	0	0	25,000
Programme Support	0	254,849	0	0	0	0	254,848
<b>PROGRAMME SUPPORT</b>	0	254,849	0	0	0	0	254,848
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	5,000	0	0	0	0	5,000
<b>PERSONNEL</b>	0	1,355,000	0	0	0	0	1,355,000
W/shops & Training	0	23,900	0	0	0	0	23,900
<b>WORKSHOPS &amp; TRAINING</b>	0	23,900	0	0	0	0	23,900
Travel & related expenses	0	273,000	0	0	0	0	273,000
Information	0	925,000	0	0	0	0	925,000
Other General costs	0	494,003	0	0	0	0	494,003
<b>GENERAL EXPENSES</b>	0	1,692,003	0	0	0	0	1,692,003
<b>TOTAL BUDGET:</b>	0	3,920,752	0	0	0	0	3,920,752

# Health & Care

ANNEX 1

APPEAL No. 01.100/2003

## PLEDGES RECEIVED

27.08.2003

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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### CASH

REQUESTED IN APPEAL CHF ----->				3'920'752	TOTAL COVERAGE 90.2%	
CASH CARRIED FORWARD				422'557		
AMERICAN - RC		10'000	USD	13'615	04.04.03	CHILE INTER-AMERICAS CONF.
AUSTRIAN - RC				10'000	22.05.03	BLOOD PROGRAMME
BRITISH - GOVT/DFID (04)				300'000	24.02.03	
CANADIAN GOVT/CIDA/IHA		843'848	CAD	797'015	04.02.03	
FINNISH - GOVT/RC		112'370	EUR	171'083	28.05.03	HEALTH & CARE, HIV/AIDS, GLOBAL HEALTH IN EMERGENCIES
ORLES FOUNDATION				10'961	08.04.03	CHILDREN SPAIN & PORTUGAL
PRIVATE DONORS				7'294	30.01.2003	
SWEDISH - GOVT		1'700'000	SEK	282'200	06.06.03	
SWEDISH - RC		100'000	SEK	16'900	29.07.03	SENIOR OFFICER EUROPE
UNILEVER		800'000	EUR	1'164'400	30.12.02	
WHO		20'586	USD	27'997	24.02.03	NGO ROLL BAKC MALARIA MEETING
SUB/TOTAL RECEIVED IN CASH				3'224'022	CHF	82.2%

### KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
AUSTRIAN RC	STAFF ON LOAN			96'000		
DANISH RC	STAFF ON LOAN			96'000		
FINNISH RC	STAFF ON LOAN			48'000		
GERMAN RC	STAFF ON LOAN			32'000		
WHO	DELEGATE(S)			41'889		
SUB/TOTAL RECEIVED IN KIND/SERVICES				313'889	CHF	8.0%

### ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	