

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

April 2004

The Federation's mission is to improve the lives of the most vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organisation and its millions of volunteers are active in 181 countries

In Brief

Appeal No. 01.100/2003; Appeal target: CHF 3,920,752; (USD 2,248,556 or EUR 2,138,957); Appeal coverage: 135.4%.

This Annual Report on the International Federation's Global Health and Care programme reflects activities implemented during 2003; they form part of, and are based on, longer-term, multi-year Federation overall planning. All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation's website at <http://www.ifrc.org>

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Overall analysis of the programme

The International Federation global Health & Care programme has become a complementary and invaluable instrument for introducing new approaches, meeting urgent and serious health care needs all over the world, in particular targeting the most vulnerable in the community and their exposure to today's major killing diseases like HIV/AIDS, measles, malaria, diarrhoeal diseases, tuberculosis, and those faced during motherhood and early childhood. Already, there is some evidence of impact which significantly contributes towards meeting the UN Commission on Sustainable Development Millennium Development Goals [MDGs].

The Red Cross and Red Crescent national societies recent involvement and support at various levels, contributing with financial and other resources in the form of volunteers and local knowledge that have clearly become successful components in various partnerships formed with the UN, governments, WHO, the private sector and NGOs. The approach is more effective than any other tried previously and after successes with polio, measles/malaria, HIV/AIDS, it is envisioned that other partnerships and initiatives, some already under formation, will expand our impact upon other health problems.

Specifically, the combining of one campaign ["piggy backing"] with others has been proven feasible and cost-effective. Thus the American Red Cross Measles Immunization initiative, partnering with Federation and many others, has integrated ITN distribution, benefiting from the measles campaign logistics already in place and above all, from national society volunteers. By the end of 2003, 56 million children had been immunized [where the direct involvement of national societies covered 17.4 million, using 13,959 volunteers] and 82,000 Insecticide Treated bed Nets [ITNs] were distributed in Zambia alone. These are significant figures, and a considerable achievement that governments, WHO, UNICEF and other actors have rarely before attained.

The polio eradication campaign is making good progress, despite constraints encountered in Nigeria, India and Pakistan. The Federation and the global funding and national societies support have made a significant difference. With the contributions of over 12,000 Red Cross and Red Crescent volunteers, 50 million under five children have been vaccinated.

Far more post-emergency health initiatives are now undertaken, aiming at more developmental efforts focused on the most vulnerable in the community and national society capacity building. Considerable progress has been made in e.g. India and Afghanistan. A good example is the establishment of developmental water and sanitation projects, using community mobilisation tools like the Participatory Hygiene and Sanitation Transformation (PHAST), which encourages a more sustainable and long-term impact upon health.

These global programmes cover only activities which require a global approach and coordination (i.e. when setting up or changing standardised systems), and in particular when initiating, planning and initially operating newly developed global approaches where pooling resources with other global partners (such as the WHO, UN agencies, the private sector and other partners) is crucial.

Thus, significant achievements can be reported, all having strong complementary effects, boosting regional and country level involvement of the Federation and its Red Cross and Red Crescent National Societies. Above all, the Federation has created an increased demand from the UN and other partners to play an important role in partnerships, a very exciting position with much potential, but also responsibilities not only to maintain but also to further develop our cooperation and coordination capacity.

Objective 1: Reduce vulnerability to HIV/AIDS and related infectious diseases [TB, Malaria etc]

Achievements

The Health and Care department has:

- led a global campaign, “The *truth* about AIDS... *Pass it on*” which has contributed to reducing AIDS-related stigma & discrimination.
- developed closer institutional links to organizations of PLWHA. the recruitment of a person living with HIV fully dedicated to managing the campaign has provided a stronger drive to implementation.
 - the process made possible through the OPEC partnership in Asia and developments in East Africa have made a considerable difference in terms of on the ground links with organizations of PLWHA and campaign implementation. The Ugandan Red Cross has provided major support to organizing the International Conference of PLWHA held in Kampala [November, 2003]. Links have been made between 11 European Red Cross youth and the Amsterdam based “Young Positives” with a particular focus on anti-stigma work around May 8th. More info on: <http://www.ifrc.org/docs/news/03/03050801/>. Young Positives will also participate at a workshop of European Red Cross and Red Crescent Youth to take place in Italy in late June, with a focus on AIDS-related stigma and discrimination.
 - UNAIDS wrote a “Best Practice” report on the partnership built between GNP+ and the Federation; as part of the process, a consultant visited Harare, Nairobi and Honduras and reported very positive impact at country level.
- facilitated access to treatment: conscious of the unprecedented challenge HIV/AIDS poses in terms of organizational continuity, and even organizational survival, and well aware of the need for an extraordinary humanitarian response, the Governing Board has called for national societies and the International Federation’s 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 ARV - anti-retroviral therapy) to Red Cross and Red Crescent staff and volunteers. Moreover, all national societies were requested 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. The International Federation is an active member of the International Treatment Access Coalition.

- a feasibility assessment was undertaken, by fielding a Treatment Team with professionals from national societies, UNAIDS, PLWHA and Federation Secretariat. This team studied possibilities to initiate a comprehensive ART programme. The team visited seven countries, where relevant government institutions, UN agencies, NGOs and organizations of PLWHA were contacted. The report concluded that there is a readiness amongst the visited governments to collaborate with Red Cross and Red Crescent national societies and the existence of enabling environment for initiating a comprehensive ART intervention. Based on the findings and thorough review of literature, the team developed a Federation generic model/approach that can guide the national societies. The model highlights the components of ART in which national societies have competence and the specific areas of intervention, which partner organization[s] can be tasked. Six national societies meeting the criteria of having strong technical core staff and experience in home-based care were selected to implement ART programmes. All plans are made in collaboration with Ministry of Health and other partners. Each of the selected national societies is now preparing country specific project documents, using a time frame of 5 years.
- challenged discrimination through advocacy work that ensures government authorities understand the impact stigma and discrimination have on the epidemic. Greatest progress has come in the area of harm reduction [policy and guidelines have been developed; partnerships with harm reduction organizations are being built].
 - A number of countries in Eastern Europe [e.g. Russia, Latvia] and Asia [e.g. China] are benefiting from this process to build their harm reduction policy base and skills as they start with pilot projects. The global programme also funded their active participation in the International Harm Reduction Conference, which the Federation cosponsored, and contributed a symposium as part of the official programme. For more information on Federation participation at the Conference please see <http://www.ifrc.org/does/news/03/03040703/>
- Launched "Pass it on", and e-discussion forum in collaboration with Health and Development Networks, the NGO with greatest experience in this area. The forum has been designed with the combined objectives of sharing information and building the capacity of national societies to participate more actively in the electronic on HIV and AIDS.
 - Prevent, reduce and eventually eliminate irrational myths and fears by developing and implementing a communication campaign. A 30 second video and stamps for the campaign "You cannot get AIDS by" were produced and distributed. May 8th saw the launch of this phase in well over 50 national societies, Cambodia and Nigeria being two good examples of adaptation to the local realities. Complete information is available on: <http://www.ifrc.org/what/health/hiv aids/antistigma/stamps>

The campaign is still confronting many constraints: timely distribution of communication kits to all national societies in the appropriate language remains a challenge. In many countries the campaign is still limited to ad hoc events around specific dates, without a careful plan with clear, measurable objectives, partly due to the lack of local funds for implementation. Two activities developed in partnership with GNP+; "Ambassador of Hope" missions and Positive Development training remain underutilized, partly due to the limited resources available to networks of PLWHA to enable them to be strong effective partners.

Provided the leadership, coordination tools & guidelines required to support the scaling-up of AIDS, TB and malaria programmes and utilized related international conferences as effective leadership development opportunities.

- supported efforts to consolidate health interventions in Americas and Europe. Meetings of PAHO and Red Cross health staff in Washington and Panama finalized the “*Equity and Health in the Americas*” [English and Spanish] initiative that was approved by the Inter-American Conference in Chile; the strategy document is now ready for printing. A consolidated proposal, “*Reducing household vulnerability to HIV and tuberculosis in Eastern Europe*” [English] was produced with national societies and delegations.
- participation in the Global Fund to fight AIDS, TB and malaria: Dr. Massimo Barra [Italian Red Cross] was appointed Alternate Northern Civil Society representative on the Board of the GFATM. The global programme has allowed the Secretariat to provide support to his function, allowing him to participate in NGO and Red Cross meetings.
 - Red Cross and Red Crescent participation on the Board has brought the capacity to monitor and advocate for true participation on Country Coordination Mechanisms [CCMs] as well as enhanced the ability of Red Cross to understand how it operates. The GFATM is of great significance to national societies struggling to resource their efforts to scale up the response; a number of them are in the process of receiving funds (Haitian and Moldova Red Cross being the first two) and a regional malaria proposal has been put forward. For more information on Red Cross participation on the Board: <http://www.ifrc.org/docs/news/pr03/0603.asp>
- Development of a Code of Practice for AIDS-related NGO’s: a project steering committee comprising 12 NGOs has been created and the International Federation asked to host the project, which should lead to the presentation, at the Bangkok International AIDS Conference of an agreed Code of Practice for AIDS related NGOs. The project is financed from contributions made by the members of the steering committee – the Federation through this global programme.
- the Latvia & Jamaica HIV/AIDS evaluations took place as part of the multi-country evaluation; China had to be postponed due to SARS. The main constraint faced by the scaling up effort remains the limited amount of long-term financial resources, a situation that prevents societies from embarking in large interventions that need to be sustained long-term.
- Development of operational tools for HIV/AIDS and TB: the “*Update 2003 – reducing Household Vulnerability to HIV/AIDS and TB*” was distributed to present a consolidated view on progress in the first year of the 2002-5 Strategy for scaling up HIV programming. “*Orphans and other children made vulnerable by HIV/AIDS – Principles and operational guidelines for programming*” and “*Community home-based care for people living with HIV/AIDS – a framework for national society programming*” have been produced and distributed. All are available in Arabic, English, French, and Spanish. *Operational guidelines for involvement in tuberculosis control (English already available, French, Spanish and Russian will be available in a short delay)* have been expanded and made more relevant to resourced limited setting with mature HIV/AIDS epidemics.
 - as an example for 2002, African national societies mobilized 1.575 volunteers to provide care and support to 29,624 people living with HIV/AIDS [PLWHA] and orphans and other children made vulnerable by HIV/AIDS [OVC]. In the area of prevention, 10,891 trainers and peer education volunteers were mobilized to provide life-saving information and skills to 1,687,365 people through “chat centers”, school sessions, public information sessions, theater presentations, public debates, the media, and many other venues. While the Federation has had manuals for youth peer education activities for many years, there was no agreed strategy and material for engagement in care and support – a gap that the global programme has now covered.

- the Federation “*Operational Guidelines for Involvement in Tuberculosis Control*” was finalized and printed. The document has been translated into Russian. An electronic version is distributed to all Russian speaking countries. French, Spanish and Arabic versions will be available within short.
- a WHO TB Partners Forum will take place in New Delhi, March 2004. The Red Cross and Red Crescent Movement are invited and high level Russian Red Cross participation is planned.
- strong development with the Roll Back Malaria [RBM] partnership: the International Federation hosted the first NGO meeting on Malaria – and the RBM Board meeting organized by WHO. It was an opportunity for all interested NGOs with malaria activities to meet, exchange information, and participate in the collaborative process of selecting Board representation. Participants at this meeting, including representatives from Red Cross, agreed to form an alliance for NGOs involved in Malaria, the “NGO Alliance Against Malaria” (NAAM).
 - malaria and measles claim the life of about 1.5 million children in Africa every year.
 - the work with WHO/AFRO, the RBM Secretariat, Canadian Red Cross/CIDA, Norwegian Red Cross/NORAD Danish Red Cross and other actors has already had its translation at country level in Zimbabwe [emergency response], Zambia [ITN + measles integration], at the regional level [through the Southern Africa appeal] and the application to the Global Fund against AIDS, TB and Malaria [GFATM].
 - the actual result is that more than 100 000 Insecticide Treated bed-Nets [ITN], were distributed by national society volunteers in Ghana and Zambia. Never before have so many ITNs been distributed in so short a time.
 - major achievements
 - ✚ WHO secondment of malariologist to Federation [posted in Harare].
 - ✚ Zimbabwe Emergency Malaria Intervention proposal submitted to GFATM, was unsuccessful, needs revision.
 - ✚ malaria ITN proposal for 6 African countries conducting mass measles campaigns submitted to GFATM. First proposal unsuccessful, but revised for submission early 2004 [\$55 millions].
 - ✚ Zambia mass measles and ITN campaign follow-up.
 - ✚ participation in Roll Back Malaria meetings, including Mali “Fresh Air” course for NGOs, where Togo, Mali and other national societies participated, March 2003. Several national society health staff have undergone training [Paris and Uganda].
 - ✚ Angola Red Cross ITN distribution planning visit. Exxon-Mobil funding of 14,000 ITNs, for distribution 2004.
- vaccination measles/polio/meningitis: During two years, the American Red Cross has developed a successful model for Measles Immunization, combining the capacity of the Federation and national societies, pooling resources with other agencies, governments, UN, WHO, etc. and impressive figures are emerging; more than 110 million children has been immunized in 23 countries/29 campaigns, and the Red Cross and Red Crescent national societies used more than 14 000 volunteers for social mobilization and other activities, targeting 9 million children. Even more promising is the integration/piggy backing of ITN

distribution on a measles immunization campaign logistics, reaching very high coverage figures where it has been attempted so far. The Canadian Red Cross ITN initiative implemented this integrated approach in Zambia, linking measles campaign with ITN distribution, deworming and vitamin A administration. Again, the national societies played a very important role. This piggy back system is now more systemized, and for next year the Norwegian Red Cross is interested in providing additional and substantial resources for a continued ITN distribution and better utilization campaign. To continue to scale-up the integrated approach, the International Federation submitted an application to the GFATM to support a national wide coverage in six countries targeted for measles campaigns in 2004 [9,4 million ITNs]. To submit this application, the national societies received signed of from the six CCMs, all highly supportive of the concept. During 2003, the Polio campaign has been progressing successfully, and the concerted efforts ensured the vaccination of some 50 million children. But there are major political, religious and technical problems to be solved in northern Nigeria, North West India and Pakistan. As a result of the CHF 4,210,000 Appeal, the Red Cross and Red Crescent was able to actively plan and implement supplemental immunization activities in 18 countries. More than 10 000 volunteers were mobilized to conduct social mobilization activities.

- the response to the seasonal Meningococcal Meningitis outbreaks in sub Saharan Africa is coordinated by an International Coordination Group [ICG] created in 1996 by WHO, UNICEF the Federation and MSF. However, the response campaigns are getting less and less effective, with several different strains emerging, the latest being the W 135 strain. With support from NORAD and the Norwegian Red Cross, the Federation procured 200 000 doses of Mencevax Trivalent [ACW] vaccine as part of the ICG stock-pile, to ensure high preparedness for future outbreaks.

Mainstreamed psychological and social support in Federation policies and strategies, long-term programs and relief operations, with a particular focus on HIV/AIDS.

- an agreement was reached on a conceptual framework for psychological support programming (PSP) followed by the development of a policy and a supporting strategy. The main focus is to mainstream PSP in core programs of the Federation and to include worker support (staff and volunteers) in program design.
- a psychological support policy was approved by the Board. It incorporated comments from over 30 national societies and the Health & Community Services Commission. <http://www.ifrc.org/who/policy/psycholog.asp>
- the mainstreaming of PSP was tested in DP, RDRT and Team Leadership training and in FACT missions to Iraq, Algeria and Iran, where PSP formed an integrated part of the assessment, program identification and –design, resulting in specific immediate and long-term PSP activities. PSP also formed an integral part of a SDC assessment mission to Tunisia, Morocco and Algeria. A working group was established to develop a framework for programming PSP in emergencies.
- the production of the Community-based Psychological Support - Training Manual [English and Spanish] was completed and several national societies in Europe, MENA and Asia were trained based on the manual by facilitators from the roster of the Federation Psychological Support Reference Centre, the Federation regional PSP in MENA, and/or local recourses (in total 15 training courses, some of which were multinational).
- the English and Spanish versions of the “*Community-based Psychological Support –Training Manual*” have been printed with global programme funds <http://www.ifrc.org/what/health/psycholog/manual.asp>
- support to staff and volunteers has become a major concern for all humanitarian organizations experiencing an increase in burnout and stress reactions specially related to complex emergencies and HIV/AIDS programs. Worker support, therefore, increasingly becomes a managerial issue in terms of

stress management, security measures and skill development and should ideally be part of the organizational culture. A working group was established with ICRC and stress counselors to identify best practices in stress management and a common approach to worker support. An additional working group was established with ICRC, UNHCR and stress counselors discussing and developing staff support elements. At the Federation, input from these working groups were incorporated in program design, delegate briefing and debriefing and in the form of suggestions to the planned decentralization of human resource functions. The lessons learnt will also feed into a care for care provider guideline as a specific angle to worker support.

- a tripartite agreement between the South Dakota Mental Health Institute, the Reference Centre and the Federation has been signed. The agreement between the Danish Red Cross and the Federation regarding the Reference Centre has been renewed. Integration into relief operations remains a challenge, but the current crisis in Iraq and the Middle East have show some progress in this respect.

Have retained international leadership in the promotion of voluntary, non-remunerated blood donation [vnrbd], ensuring a source of low risk donors.

- the active learning package “*Making a difference... working together*” was reprinted and 500 MaD packages distributed in preparation for workshops in India, Philippines and the Americas. WHO and other agencies have translated MaD into Arabic, Hungarian, Greek, Vietnamese and Myanmar... testimony to its relevance. A first draft of “*Guidelines for facilitators of workshops using MaD*” has been finalized in cooperation with WHO.
- this package and the workshops, most of which have been jointly organized (and co-financed) with PAHO/WHO, have filled an important vacuum in vnrbd and favored inter-agency coordination. Further information on MaD: <http://www.ifrc.org/publicat/catalog/autogen/2588.asp>
- an effort is being made to enhance readership of *Donor Recruitment International* through better web-based distribution. See <http://www.ifrc.org/what/health/blood/newsletter.asp>
- the Red Cross and Red Crescent Global Blood Advisory Panel held its second meeting and finalized its recommendations on Corporate Governance and Risk Management. Was followed by the 2nd meeting of the Regional Working Group of the Red Cross and Red Crescent in South East Asia on blood donor recruitment – which took the decision to pilot test the risk management scorecard. The Central European Regional Task Force on vnrbd recruitment held its first meeting in Slovenia. The 9th International Colloquium scheduled for October in Beijing had to be postponed due to SARS.

Objective 2: Remain the world’s leader in First Aid, enabling individuals and families around the world to protect and save lives.

Achievements

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

- won participation of 115 National Societies (up from 50 in 2002) in the World First Aid Day with all regions represented, on September 13, 2003. Reports on individual country activities and results are available on the web at: http://www.ifrc.org/meetings/events/firstaid03/world_news.asp. A common event was held during the day, and highlighted the human chain of help available in each country. The Day demonstrates a presence both globally and at the grass-roots, through volunteers that deliver an essential service, and thus builds the visibility and credibility of National Societies worldwide.

- phase II of the European Road Safety Campaign was launched with European Commission funding. The global programme supported Secretariat participation in the work of the Steering Committee. A design pack has been developed by collaborating National Societies, and a specific web site www.1-life.info is available. Worked with National Societies on an application for a third campaign proposal for the summer of 2005 to be based on an innovative European tour concept.
- collaboration continued with the WHO on the Plan of Action integral to the Cooperation Framework signed in 2002; particular focus on guidelines for pre-hospital care, harmonisation of First Aid techniques and preparation, with the Austrian Red Cross, of the World Congress on Injury Prevention and Safety Promotion (Vienna 2004). Austrian Red Cross is a member of the National Organizing Committee and the Reference Centre for Psychological Support is a member of the International Scientific Programme Committee. More information on the conference available at: www.safety2004.info Increased/improved community capacity to prevent, be prepared and respond to health emergencies is strongly pointed out as the crucial initial component for the efficiency/effectiveness of a pre-hospital care system, as well as it is for specified roles and importance of volunteer teams.

Have supported the development of innovative First Aid knowledge sharing for training/product services.

- development of the Intranet site for First Aid has continued, albeit at slow pace to due limited financial resources available. The site presents a base of document and information that First Aid national managers can download www.trainingoffice.com/redcross (login and password are automatically generated when registering to the site).
 - This project is supported through in-kind services of Novasys and Alis Technologies in Canada. Novasys also collaborates with the Canadian Red Cross on a First Aid in schools project
- two *First Aid Networks* newsletters were published and distributed in 4 languages.
- provided on-going support for the reinforcement of the Regional First Aid Networks of national societies in Europe, Asia, and the Pacific. Supported individual National Societies worldwide in the development of their First Aid programmes. Facilitated the establishment of a new Protocol of Agreement with the French Red Cross for the European Reference Centre for First Aid Education, on its move to Paris.
- Finalised development, in collaboration with representatives from over 30 countries, the Red Cross Red Crescent reference for the worldwide harmonisation of First Aid techniques within the Red Cross and Red Crescent (to be published early 2004).

Have mobilized support and resources to build First Aid strategic partnerships.

- approaches to establishing an International First Aid Partnership has been advanced through negotiations with Nokia and Laerdal Sophus, in collaboration with the Finnish and Danish National Societies, to develop opportunities for international partnerships on First Aid information dissemination via mobile phone, and the joint development of new educational approaches for First Aid – activities to be financed by the companies. Mechanisms for commercial engagement through international channels have been explored, the preferred approach being to have a National Society company take the lead and act as the “commercial agent” on behalf of sister societies that would like to be represented in any commercial initiative. This approach is now being explored with German Red Cross for the distribution of a First Aid Travel Kit.
 - in-kind resources emerge as the main investment interest of companies, with some cash investment available to support meeting/travel expense of other parties.

- The global First Aid Training Service agreement with UNHCR has grown with local contracts now in around 20 countries. The development of guidelines for its further implementation is agreed.
 - **AFRICA (3):** Guinea-Bissau, Sierra Leone, Kenya.
 - **AMERICAS (2):** Belize, Costa Rica.
 - **ASIA (4):** Cambodia, East-Timor, Pakistan, Sri Lanka.
 - **EUROPE (5):** Armenia, Belgium, Bosnia Herzegovina, Tajikistan, Russia.
 - **MENA (2):** Iran, Yemen.

The possibility of developing a similar agreement with WHO has been discussed with its Dept. of Injuries and Violence Prevention.

Objective 3: Improve the response to international Public Health in Emergencies [PHiE].

Have provided leadership, coordination tools & guidelines required for support a quicker and better response to public health emergencies, with a smother transition to reconstruction and rehabilitation.

Achievements:

Public Health in Emergencies:

- new types of disasters and trends: the Federation needed to adjust its global strategies and preparedness to new emergency challenges during 2003. Nuclear, Biological and Chemical warfare threats required dissemination of guidelines to national societies on possible protection, “what to do and what not to do”. The global element and fear was evident. The SARS outbreak was yet another type of challenge, where the national societies required similar– in fact it opened a healthy debate on what kind of preparedness is required for future, similar events - South East Asia challenged recently by Nipah virus and several Avian Flu outbreaks etc, with a possible world wide, rapid spread. Likewise, the Southern Africa Public Health crises, precipitated by the rampaging HIV/AIDS and Food Security situation and its possible spread to other parts of the world has thrown us into uncharted water – no one has ever dealt with this kind of a Public Health challenge before. We need to learn and develop a new strategy, described in “*Not Business as Usual – an options paper*” [on DMIS and Fed Net]. Basically, sc vertical programmes, addressing only one problem at a time, will not work well in this situation, but there is a great need for a Public Health approach, pooling resources inside the Movement and from partners, to use them in the most vulnerable communities. Unfortunately, since many elements seen in the Southern Africa crises are also seen in other parts of the world - East Africa, India, Russia and China just to mention a few – triggering a major, global concern.
- Disaster Management System [DMIS], development and maintenance. It has been developed further, now also covers a much appreciated operational monitoring aspect, allowing national societies to see exactly what the latest events in emergencies are, including logistics movement tables, what response there is to the appeals.
- Fed Net web pages on Health and Public Health in Emergencies [PHiE] and Water and Sanitation [W/S], have been developed, much replacing the DMIS, especially the non emergency parts. Until further notice the Fed Net can be utilized by the Red Cross and Red Crescent only.
- support and development of FACT [Field Assessment and Coordination Team] training/development of curriculum. Same for RDRTs [Regional Disaster Response Team]
- Emergency Response Unit [ERU] further development and standardization, training and expansion is ongoing as part of the overall standardization efforts between the ICRC and the Federation.
- the Federation Disaster Management Working Group has reinstated the ERU Working Group to ensure improved ERU access, rapid deployment, flexibility and adaptation to global trends and new developments. First meetings have been held apart from series of other ERU related development and training meetings.
- medical logistics in emergency operations is a weak area and efforts are made to improve and standardize quality control and procedures. Part of this standardization effort is made through the Emergency Items Catalogue, frame agreements and establishment of a more accurate knowledge of rules and regulations amongst the major operators. Basic information is now posted on the DMIS.

- “*The ICRC – Federation Emergency Items Catalogue*” will ensure a better coordinated and standardized international emergency response worldwide. Drugs, medical items and equipment, including the ERU system, food supply etc are getting standardized throughout the Movement. A consultant has been working on this for one year, where many national societies have been repeatedly consulted. The final version will be available mid 2004, but the first draft is available at www.redcross.int/en/eric/eric/index3.html
- Developed close working relationship with WHO/HAC [Humanitarian Aid Coordination, previously WHO/EHA]. WHO/HAC is developing a realistic sense of “working with partners” – like the Federation - to be complementary in Disaster Preparedness as well as in response. Ongoing discussions and good potential for world wide application of coordinated response. HAC has representatives in nearly all disaster prone countries world wide.
- IASC TF on HIV/AIDS in Emergencies, where the Federation has been very active, has produced inter agency “*Guidelines for HIV/AIDS interventions in Emergency settings*”.
- UNFPA, supported by the Federation and other partners produced a catalogue “*Reproductive Health Kits for Crises Situations*”.
- Interagency Evaluation on RH programmes in Refugee and IDP settings is ongoing. This interagency effort will highlight the efficacy of various RH programmes run by a multitude of NGOs and agencies. The evaluation will take one year and a consultant has been hired to do this.
- TB Control in Complex Emergencies. An inter agency effort, under the leadership of WHO is to revise the current manuals, in consultation with the Federation, ICRC and some few agencies. The just completed Federation TB Guidelines is probably to contribute considerably especially concerning community participation.
- support in development of the updating of the SPHERE standards and its health and water and sanitation chapters. In particular, the health chapter was weak in some areas and that has now been upgraded considerably in the 2004 version.
- Inter agency efforts on creating assessment methodology standards, where the Federation took some initiatives and consultative meetings.
- “*Environmental Health in Emergencies and Disasters*” finally produced by WHO, the Federation, HCR and ISDR.
- Federation Food Basket Calculator [FBC] and its Distribution Module [DM] CD-ROM. The FBC part is now undergoing “cleaning up” to facilitate utilization. As a direct complement to the FBC, the DM has been developed to facilitate distribution and to keep track on what is in the pipeline – and what is needed to complement it. The DM needs field testing, planned for early 2004.
- “*Public Health Guide for Emergencies*” CD-ROM has turned into a best seller and several hundreds have been sent out to non the Red Cross and Red Crescent consumers, apart from that the document is available on DMIS for the Movement.

Constraints:

- Further development of the health assessment and operational capacity of FACT and RDRT concepts as well as the ERUs suffer from lack of human resources, a factor which may become restrictive in effective use of the systems, when the Secretariat reorganization has been completed. A number of functions previously covered by Disaster Management are left with Health & Care Department to try to sort out.
- The design and testing the “Field School” has been postponed.
- Reconstruction and rehabilitation after emergencies has been a very weak Federation area. During the last two years, progress has been made, especially in the health perspective field, a trend which needs careful follow-up and nurturing.

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Interim report	
Annual report	X
Final report	

Appeal No & title: 01.100/2003 Health And Care

Period: year 2003

Project(s): G33000, 33100, 33200, 33210, 33220, 33240, 33270, 33300, 33400, 33500

Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Comments	Goods/Services	Personnel	
Appeal budget	3,920,752				
less					
Cash brought forward	422,557				
TOTAL ASSISTANCE SOUGHT	3,498,195				
<u>Contributions from Donors</u>					
American Red Cross (DNUS)	13,315				13,315
Austrian Red Cross (DNAT)	10,000				10,000
British Red Cross (DNGB)	22,095				22,095
Canadian Govt. Red Cross Aid Trust (DGNCA01)	723,705				723,705
Danish Red Cross (DNDC)	7,200				7,200
DFID 4- British Government (DFID04)	282,180				282,180
Donor - Unidentified (D000)	480				480
Finnish Govt.via Finnish Red Cross (DGNFI)	133,069				133,069
Finnish Red Cross (DNFI)	38,015				38,015
Icelandic Red Cross (DNIS)	-26,443	Reallocations			-26,443
Norwegian Govt.via Norwegian Red Cro (DGNNO)	1,425,515				1,425,515
Norwegian Red Cross (DNNO)	158,391				158,391
OPEC Fund For International Developm (DM1801)	87,870				87,870
Orles Foundation (DM01)	10,961				10,961
Private Donors-online donations (DPOLD)	6,827				6,827
Spanish Red Cross (DNES)	17,495				17,495
Swedish Govt.via Swedish Red Cross (DGNSE)	288,750				288,750
Swedish Red Cross (DNSE)	48,700				48,700
Unilever/Domestos (DPS007)	1,349,370				1,349,370
World Health Organisation (DH03)	28,020				28,020
AUSTRIAN RC				96,000	96,000
DANISH RC				96,000	96,000
FINNISH RC				48,000	48,000
GERMAN RC				32,000	32,000
WHO				51,000	51,000
TOTAL	4,625,513			323,000	4,948,513

II - Balance of funds

OPENING	422,557
CASH INCOME Rcv'd	4,625,513
CASH EXPENDITURE	-4,138,574

CASH BALANCE	909,497

Appeal No & title: 01.99/2003 Fundamental Principles And Humanitarian Values

Period: year 2003

Project(s): G34000

Currency: CHF

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						
Teaching materials						
Utensils & Tools						
Other relief supplies						
Sub-Total						
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles						
Computers & Telecom equip.		1,445			1,445	-1,445
Medical equipment						
Other capital expenditures						
Sub-Total		1,445			1,445	-1,445
<u>TRANSPORT & STORAGE</u>						
Warehouse & distribution						
Transport & vehicles						
Sub-Total						
<u>PERSONNEL & TRAINING</u>						
Personnel (delegates)		19,468			19,468	-19,468
Personnel (regional, national staff)		37,816			37,816	-37,816
Consultants	55,000	102,717			102,717	-47,717
Workshops & training	70,000	12,079			12,079	57,921
Sub-Total	125,000	172,080			172,080	-47,080
<u>GENERAL & ADMINISTRATION</u>						
Travel & related expenses	42,000	19,699			19,699	22,301
Information expenses	99,000	31,208			31,208	67,792
Admin./general expenses	181,000	2,642			2,642	178,358
Sub-Total	322,000	53,549			53,549	268,451
<u>PROGRAMME SUPPORT</u>						
Operational provisions	31,075	15,786			15,786	15,289
Transfers & contributions						
TOTAL BUDGET	478,075	242,860			242,860	235,215