

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

MALARIA AND INTEGRATED COMMUNITY INTERVENTIONS

May 2006

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 183 countries. For more information: www.ifrc.org

In Brief

Please note: this programme was started in 2005 as a Programme Initiative, but was subsequently integrated into an Annual Appeal (no. MAA60002) covering 2006-2007, entitled [Africa Health Initiative: Malaria](#). This Annual Report is intended to summarize activities implemented in 2005.

<click here to go directly to the attached Financial Report>

This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year 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>

For further information please contact the Federation Secretariat, Health and Care Department: Jean Roy, email jean.roy@ifrc.org, phone 41.22.730.44.19

Operational Developments

The Malaria Programme Initiative has expanded quickly with an increased number of projects and new partnerships during the first 6 months of its existence. The Togo country wide campaign in December 2004 has created a huge international interest for large scale integrated programmes and given the Red Cross and Red Crescent Movement international visibility and recognition. Two integrated country wide campaigns were planned for 2005, Equatorial Guinea in August and Niger in December. In addition to these large scale programmes smaller projects with distribution of LLINs¹ and re-treatment campaigns were initiated together with WHO and RBM. These involve different strategies and approaches to malaria prevention work benefiting from campaigns and routine vaccination delivery systems. The overall mission of the International Federation of Red Cross and Red Crescent Societies (the Federation) is to improve the lives of the most vulnerable people through its extensive network of community volunteers.

Introduction

Malaria is a quintessential disease of poverty and has been seen as a consequence of poverty, but today there is

¹ LLITN: Long Lasting Insecticide Treated Net; ITN: insecticide treated nets (not long lasting)

strong evidence that malaria actually helps to create poverty and sustains underdevelopment. Reducing the burden of malaria and other childhood diseases is therefore an extremely cost effective way of promoting development and reducing poverty and is very much in line with the Federation's mission. According to Roll-Back Malaria², over 40% of the world's children live in malaria-endemic countries. Each year, approximately 300 to 500 million malaria infections lead to over one million deaths, of which over 75% occur in African children under five year of age. The rapid spread of resistance to anti-malarial drugs, coupled with widespread poverty, weak health infrastructures, and, in some countries, civil unrest, means that mortality from malaria in Africa continues to rise.

Remarkable progress has been made worldwide in reducing measles morbidity and mortality through massive efforts of "catch-up" campaigns as noted most recently by the Red Cross led Measles Initiative³. While measles morbidity and mortality has decreased significantly from the WHO reported 2000 levels in Africa, there are no such reductions in malaria morbidity and mortality. The tragedy is that the vast majority of these deaths are preventable and many of these infants could be reached through routine immunization services or campaigns where LLINs are distributed free of charge.

This Programme Initiative was planned to support three types of interventions:

- 1. Procurement of Long lasting Insecticidal Nets (LLINs)** for integration into large scale measles and other supplemental activities and campaigns.
- 2. Support for routine community "Keep-Up"** efforts to maintain high levels of coverage and service delivery in post-campaign districts where high coverage levels need to be maintained.
- 3. Emergencies:** Support (procurement and/or social mobilization) for routine EPI, ITNs, and other interventions such as Vitamin A distributions and de-worming with mebendazole in emergencies and in special community based health circumstances.

Intervention 1 Procurement of Long lasting Insecticidal Nets (LLINs).

Objective: Achieve and surpass the Abuja goal of 60% for children <5 and pregnant women in targeted districts.

Activities:

- Procure LLINs for free distribution with measles or other similar campaigns.
- Provide community education and social mobilization through Red Cross and Red Crescent volunteers on proper usage and hanging of LLINs.
- Follow-up, monitor, and report coverage and impact.

To date, the proof of concept and operational feasibility of large scale procurement and distribution have been tested in pilot projects in Ghana in 2002, and Zambia in 2003. As a consequence of the 2002-2003 large scale

² Roll Back Malaria (RBM) is a global partnership founded in 1998 by the World Health Organization (WHO), the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF) and the World Bank with the goal of halving the world's malaria burden by 2010. The RBM partnership includes national governments, civil society and non-governmental organizations, research institutions, professional associations, UN and development agencies, development banks, the private sector and the media.

³ The Measles Initiative was founded in 2001 and includes the American Red Cross, CDC, UN Foundation, WHO, UNICEF, IFRC and other partners. It aims at vaccinating 200 million children in Africa by end of 2005. To date, more than \$80 million has enabled the vaccination of more than 149 million children in over 29 African countries.

interventions and other efforts, UNICEF and the World Health Organization (WHO) released a joint statement in February 2004, in support of the strategy “*Malaria Control and Immunization: A Sound Partnership with Great Potential*”. Building on this strategy, the Federation implemented its first nation wide integrated campaign in Togo in December 2004 and went further in 2005 with the unprecedented Niger nationwide polio and LLIN campaign with more than 2 million nets distributed.

Planning and Implementation Process: The general approach consists of multi-year plans developed by the ministries of health, including measles immunization activities where the feasibility of integrating and distributing LLINs is assessed. These plans are reviewed and approved by WHO, UNICEF, and others. Through the Interagency Coordinating Committee (ICC), an implementation plan is developed at the national level with all key partners, including the Red Cross and Red Crescent national societies. District micro-planning is conducted to serve as the guide for the launch of the campaign. Red Cross social mobilization plans are based on these district micro-plans and aim to reach the most vulnerable and most inaccessible populations. For the integration of malaria LLIN distribution, there is a need for political support for the intervention, as well as committed funding. The Programme Initiative supports national society social mobilization efforts which are part of the national health effort as well as procurements and distribution of nets when needed. Where funds are committed to procure LLINs, the commitment of funding is a negotiated process between the Ministry of Health in that country, the Measles Partnership, the Malaria Implementation Group, and donors including GFATM. Matching funds with other partners like the UN Foundation provide an opportunity to maximize use of available funds to meet country needs. The Federation has signed a framework agreement with Vestergaard-Frandsen for delivering of 4,500,000 LLINs. This framework agreement has enabled the Federation to achieve a very favorable price. This gives the RC/RC Movement increased ability to implement large scale distribution of LLINs in order to reach a minimum of 60% of the target population in several countries

Integrated country wide campaigns.

Niger: assistance was provided from July-November in support of the Niger Ministry of Health’s Malaria Programme and the Niger Red Cross society to plan a nation wide integrated polio and malaria campaign in December. The programme vaccinated 3.1 million children against polio and distributed 2 million LLINs targeting children under the age of five and pregnant women. The campaign took place from 19 – 25 December 2005 in 40 districts countrywide. A total of 14,000 vaccinators and nearly 4,000 RC volunteers were mobilized during the week of the campaign to do house to house polio vaccination, to identify mothers who should receive an LLIN and to distribute the nets in one of the 3000 distribution points throughout the country. The distribution in the city of Niamey will be carried out in March 2006 with more than 265,000 LLINs. The programme is funded by Global Fund for AIDS, Tuberculosis and Malaria, (GFATM) with the Federation as principal recipient (PR), Canadian CIDA through the Canadian Red Cross, the American Red Cross and NORAD through the Norwegian Red Cross. A social mobilization consultant has been supporting the Niger Red Cross to strengthen the volunteer system and social mobilization activities prior to the campaign. The mass distribution of LLINs will be followed up with a massive Red Cross “Hang-Up” and “Keep-Up” programme in 2006. The CDC will be responsible for conducting a nationwide coverage survey in February 2006.

Equatorial Guinea: a nation wide integrated measles and malaria (LLIN) campaign was planned for August 2005, however, only the mainland portion of the country conducted an integrated effort. Due to late arrival of LLINs, Bioko Island undertook only measles vaccinations and deferred LLIN distribution until early 2006. The Plan of Action was developed by the MoH with support from WHO/AFRO. Funds from the American Red Cross, Exxon-Mobil and the Federation, (supported by the Swedish and Norwegian Red Cross) enabled the procurement of LLINs for distribution to children under the age of five years. The Red Cross national society will be following up with a Keep Up program if funds will be available.

Integrated sub- national campaigns

Mozambique: The total population of children under the age of five years is currently estimated to 3,312,000. Malaria is the leading cause of deaths in children, with an estimated 40,000 deaths per year. The Mozambique MoH carried out a nation wide measles vaccination campaign in three phases between July and September 2005. With funds from the Canadian CIDA through the Canadian Red Cross, the two provinces of Sofala and Manica

distributed 440,000 LLINs to children under the age of five years and to pregnant women in November 2005. The Mozambique Red Cross is planning a Keep Up programme to start in 2006 to support the maintenance of high coverage rates and proper usage of LLINs. The Federation Malaria Programme Initiative will be seeking funding for this program for 2006-2007.

Tanzania: The American Red Cross funded the distribution of 90,000 LLINs to children under five years of age in two regions, Lindi and Mtwara. The distribution was integrated into the national mass measles campaign that took place in July-August 2005. A six month post campaign evaluation was carried out by Datadyne Inc. (Washington) to assess the impact of Tanzania Red Cross social mobilization efforts⁴.

Intervention 2: Support for Community “Keep-Up”.

Keep-Up is proposed in order to build on the campaign investments and to demonstrate the effectiveness of Red Cross/Red Crescent networks of community volunteers such as Mothers Clubs, Community Based First Aid networks, and home visitors in sustaining high levels of routine services and coverage in targeted districts. The aim is to integrate key elements in already ongoing programs and if needed strengthen the volunteer system to enable the national societies to expand and scale up malaria prevention activities.

Objective 1: Home Treatment of Fevers -Increase from under 50% to 80+% those receiving early home treatment of fevers.

Activities

- Advocate MoH to ensure that approved malaria treatment is available 24 hours/day to all community members.
- Inform community of risks of fevers and malaria and need for rapid and early treatment (home or health center).
- Refer persons with serious fever and those who do not respond to home treatment.

Objective 2: IPT and TT for pregnant women -Ensure >80% pregnant women receive intermittent preventive treatment (IPT) and TT.

Activities

- Identify and register all pregnant women and newly incoming pregnant women in each household in the targeted communities and ensure they know the importance of IPT and where they can get the treatment and TT vaccine.
- Follow-up and record progress by monthly visits to ensure that pregnant women are getting their IPT and TT.

Objective 3: ITN usage among children <5 years of age and pregnant women -Sustain community usage at more than 80%.

Activities

- Identify and register all newborns, newly incoming children, and newly pregnant women in each household in the targeted communities and inform and share knowledge on the importance of ITNs and where they can be acquired.
- Assist in the distribution of ITNs to households (if necessary & appropriate); ensure hanging of ITNs in households.
- Conduct monthly monitoring of households to ensure proper use of ITNs; maintain records on coverage

⁴ Report available through the American Red Cross

Objective 4: Vaccination coverage in infants under 12 months -Sustain childhood immunization levels at more than 80%.

Activities

- Identify and register all newborns and new incoming infants in households; inform caretakers on the importance of Expanded Programme on Immunization (EPI).
- Encourage caretakers to bring children to the vaccination site; follow-up through monthly visits to households.
- Inform mothers that an LLIN is available to each child when completing the EPI series at 9 months.

Objective 5: Vitamin A Supplementation (VAS) among children < 5 years of age (also for deworming/mebendazole) -Sustain 80+% coverage in children <5 years.

Activities

- Identify and register all children < 5 years in each household and inform caretakers on the importance of Vitamin A supplementation.
- Assist in or distribute Vitamin A to children every 6 months; maintain records on coverage among <5 year olds.

Post Campaign Keep-UP

Togo Red Cross: the first national society to pilot Keep-Up activities on a large scale following a campaign. While the political events tempered some of the activities, they nevertheless worked to modify their schedule accordingly. The Social Mobilisation Survey was carried out in September 2005 by the Academy of Education Development (AED) in Washington and the Liverpool community impact survey and the CDC 2nd coverage survey results were widely distributed during 2005. The London School of Tropical Diseases visited the Federation to begin cost studies and completed the analysis in Togo in August 2005. These reports and many other documents are available on a comprehensive Togo Campaign CD-Rom. The initial findings show that Keep-Up is a very important post campaign strategy with more than 80% likelihood of nets being hung and used correctly when a volunteer conducts post campaign visits to inform and support households which received LLINs. This effort will continue in 2006 and 2007, The Ministry of Health is planning to scale up its education efforts on the need to “hang” nets in households in additional districts using the same approach as the Red Cross .

Vitamin A: discussions with the Micronutrient Initiative (MI) have been ongoing and have resulted in MI staff visiting a number of national societies in Africa (including the Togo Red Cross). MI staff visited the Federation on 4-5 July where further planning to support national society involvement was explored. However no such programme support materialized during 2005.

Ghana: a three year post campaign evaluation of the integrated measles vaccination and LLIN distribution is planned for early 2005 with funds from Exxon-Mobil through the American Red cross. This evaluation will assess retention and usage of LLINs and will look at the longer term impact of the integrated approach during campaigns.

ITN distribution through routine EPI services.

Gambia, Burkina Faso, Chad, Mali, Madagascar and Guinea Bissau: Roll Back Malaria (RBM) and the Federation prepared a joint proposal to the Dutch government for re-treatment and distribution of impregnated nets through routine immunization services and antenatal clinics in six countries: Gambia, Burkina Faso, Chad, Mali, Madagascar and Guinea Bissau. All countries planned net re-treatment campaigns requiring intensive community mobilization. Funds were channeled through WHO country offices where the Red Cross national societies were able to apply for funds for social mobilization activities related to the campaigns. The Federation Health and Care Department prepared sample proposals in French and English for the target national societies to adapt and submit to local WHO offices for funding. This was a new approach where the RC national societies

took the ownership in securing these funds at the local level. Implementation of LLIN distribution took place in four out of the six countries: Burkina Faso, Chad, Madagascar and Mali. A total of 383,000 LLINs were distributed to children under five years of age. Mass treatment and re-treatment of nets have been carried out in all six countries, targeting more than 2 million nets.

Malawi: a pioneer operational alliance was formed in 2005 including the Ministry of Health Malaria Programme, the Malaria Alert Centre (MAC), the Malawi Red Cross, the Centers for Disease Control and Prevention (CDC), the Federation with support from the Finnish, Canadian and American Red Cross Societies. The alliance aims at distributing 120,000 LLINs through routine maternal and infant services throughout 2006 in two rural districts (Mwanza and Phalombe) and in one urban area. The Malawi Red Cross portion of the programme will be implemented over 3 years using the “Keep-Up” approach. The Malawi Red Cross approach will also be integrating malaria prevention activities in its already ongoing HIV/AIDS home based care (HBC) programmes with distribution of LLINs to all its clients. Throughout the project the Malawi Red Cross will be working closely with the local health personnel in social mobilization, health education, and re-treatment campaigns. CDC and Malawi Ministry of Health will follow-up with regular evaluation of the results and outcome of this pilot project.

Intervention Three Support for conflicts, emergencies and other special circumstances.

Objective: Protect the most vulnerable populations in special circumstances against malaria, vaccine preventable diseases, intestinal worms, and Vitamin A deficiency.

Activities:

- Procure reserve supply of ITNs to meet urgent “ad hoc” requests to protect the most vulnerable in special circumstances.
- Provide education and social mobilization for proper use of ITNs and promotion of other childhood life saving interventions (EPI, VIT A, mebendazole).
- Work with other partners (ICRC, UNHCR, WFP etc.) to ensure distribution and access to services especially in emergencies.
- Monitor, assess, and report coverage and impact on morbidity and mortality.

National societies are increasingly requesting assistance with the procurement and distribution of LLINs in special circumstances. To respond to these emerging needs, the Programme Initiative aims to be more responsive to these requests in 2006. A reserve “bank” of LLINs was established during 2005 which will enable the Federation to support these field requests.

Partnerships:

The successful integrated campaign in Togo continues to attract the attention of international institutions, donors, corporations. Invitations to present the Togo story are numerous. RBM/WHO Geneva has embraced the Togo story and it has been part of numerous meetings and events. As a result of presentations and stories on Togo, the Federation is now discussing further malaria partnership efforts. These discussions have resulted in project proposals to the Gates Foundation for funding.

- 1) The Federation’s EU office in Brussels is coordinating the preparation of the proposal “Mobilizing for Malaria in Europe” for advocacy work toward politicians in EU countries; German and Spanish Red Cross societies will be responsible for implementation of this malaria advocacy project in the two countries and at the EU parliament in Brussels⁵.
- 2) EU malaria programme proposal for Central Africa. This proposal is currently under development, focusing on building strong partnership at country and regional level to scale-up and maintain malaria prevention efforts. Funding would be from EU.

⁵ Awaiting final approval from the Gates Foundation

Advocacy

1. Federation presentation in Brussels at the EU Parliament's Development Committee to mark Africa Malaria Day with RBM VIPs.
2. Federation presentation at Palais des Nations (UN) press conference to launch RBM's World Malaria Report 2005.
3. American Red Cross presentation at the March 2005 RBM Partnership Board Meeting in Geneva.
4. Federation presentation and discussion to graduate students at the University of Geneva (Humanitarian Module).
5. Federation participation in high level discussions on malaria programming and LLINs in Washington (February 2005), Geneva (June 2005) and Paris (September 2005).
6. Distribution of the newly adopted Federation malaria policy.
7. The International malaria conference in Yaoundé November 2005.
8. Malaria Meeting in Ottawa, November 2005 to plan for 2006-2007 Keep-Up programmes has started for the following countries: Mozambique, Sierra Leone, Kenya, Togo (2nd year), Tanzania, Equatorial Guinea and Malawi.

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International Federation of Red Cross and Red Crescent Societies

MAA60002 - AFRICA HEALTH INITIATIVE: MALARIA

Annual financial report

Selected Parameters	
Reporting Timeframe	2005/1-2005/9998
Budget Timeframe	2005/1-2005/12
Appeal	MAA60002
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	25,460,317					25,460,317
B. Opening Balance	-348,583					-348,583
Income						
<u>Cash contributions</u>						
American Red Cross	59,300					59,300
Canadian Red Cross Society	5,589,763					5,589,763
Finnish Red Cross	286,310					286,310
GFTAM Global Fund to Fight AIDS, T	13,077,279					13,077,279
Great Britain - Private Donors	2,271					2,271
Norwegian Red Cross	1,258,578					1,258,578
Swedish Red Cross	363,960					363,960
C1. Cash contributions	20,637,461					20,637,461
<u>Outstanding pledges (Revalued)</u>						
Canadian Red Cross Society	377,494					377,494
C2. Outstanding pledges (Revalued)	377,494					377,494
<u>Reallocations (within appeal or from/to another appeal)</u>						
Canadian Red Cross Society	-21,648					-21,648
Finnish Red Cross	0					0
Swedish Red Cross	0					0
Switzerland - Private Donors	302,959					302,959
C3. Reallocations (within appeal or	281,311					281,311
C. Total Income = SUM(C1..C6)	21,296,266					21,296,266
D. Total Funding = B + C	20,947,682					20,947,682

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	-348,583					-348,583
C. Income	21,296,266					21,296,266
E. Expenditure	-15,825,116					-15,825,116
F. Closing Balance = (B + C + E)	5,122,567					5,122,567

International Federation of Red Cross and Red Crescent Societies

MAA60002 - AFRICA HEALTH INITIATIVE: MALARIA

Annual financial report

Selected Parameters	
Reporting Timeframe	2005/1-2005/9998
Budget Timeframe	2005/1-2005/12
Appeal	MAA60002
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
BUDGET (C)		25,460,317					25,460,317	
Supplies								
Shelter - Relief	16,460							16,460
Clothing & textiles	18,219,754	11,345,046				11,345,046		6,874,709
Medical & First Aid	8,000	39,973				39,973		-31,973
Teaching Materials	24,914							24,914
Total Supplies	18,269,128	11,385,018				11,385,018		6,884,110
Land, vehicles & equipment								
Land & Buildings	118,342	58,408				58,408		59,934
Vehicles	388,419	290,085				290,085		98,334
Computers & Telecom	59,892	13,663				13,663		46,229
Office/Household Furniture & Equipm.	41,918	17,481				17,481		24,437
Medical Equipment	4,983							4,983
Total Land, vehicles & equipment	613,553	379,637				379,637		233,916
Transport & Storage								
Storage	1,637,842	187,265				187,265		1,450,577
Distribution & Monitoring		723,622				723,622		-723,622
Transport & Vehicle Costs	228,524	84,075				84,075		144,449
Total Transport & Storage	1,866,366	994,962				994,962		871,404
Personnel Expenditures								
Delegates Payroll	412,336	90,912				90,912		321,425
Delegate Benefits		26				26		-26
Regionally Deployed Staff	339,498							339,498
National Staff	50,000	2,488				2,488		47,512
National Society Staff		200,356				200,356		-200,356
Consultants	312,998	120,054				120,054		192,944
Total Personnel Expenditures	1,114,832	413,835				413,835		700,997
Workshops & Training								
Workshops & Training	331,628	8,552				8,552		323,076
Total Workshops & Training	331,628	8,552				8,552		323,076
General Expenditure								
Travel	1,051,819	99,116				99,116		952,703
Information & Public Relation	36,175	36,541				36,541		-366
Office Costs	52,575	23,415				23,415		29,160
Communications	19,966	11,412				11,412		8,554
Professional Fees	1,100	178,196				178,196		-177,096
Financial Charges	20,000	-147				-147		20,147
Other General Expenses	341,899	10,146				10,146		331,752
Total General Expenditure	1,523,534	358,680				358,680		1,164,854
Federation Contributions & Transfers								
Cash Transfers National Societies	156,143	177,851				177,851		-21,708
Cash Transfers Others		997,266				997,266		-997,266
Total Federation Contributions & Tr	156,143	1,175,117				1,175,117		-1,018,974
Program Support								
Program Support	1,654,921	1,028,633				1,028,633		626,288
Total Program Support	1,654,921	1,028,633				1,028,633		626,288
Operational Provisions								
Operational Provisions	-69,787	80,682				80,682		-150,469
Total Operational Provisions	-69,787	80,682				80,682		-150,469
TOTAL EXPENDITURE (D)	25,460,317	15,825,116				15,825,116		9,635,202
VARIANCE (C - D)		9,635,202				9,635,202		