

PROGRAMME INITIATIVE



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

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Programme Initiative No. 1

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 181 countries.

In Brief

This represents a Federation initiative to develop a coordinated, innovative, and flexible approach to access key global partnerships and significant Government, foundation, and corporate funding opportunities and resources in order to respond to the health needs provoked by malaria, vaccine preventable diseases, Vitamin A deficiency and other community health problems easily addressed by community volunteers.

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, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

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For longer-term country-based or regional programmes, please refer to the Federation's Annual Appeal.

Introduction

According to Roll-Back Malaria¹, 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 years of age. The rapid spread of resistance to antimalarial drugs, coupled with widespread poverty, weak health infrastructure, 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 Initiative². 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. Furthermore, newborns and infants who are not eligible for measles mass campaigns are still affected by measles disease and other vaccine preventable illnesses. If community social mobilisation were strengthened, many of these infants could be reached through routine immunization services. Additionally and sadly, because many of these children are Vitamin A deficient, measles and malaria cases often rapidly progress to death. The tragedy is that the vast majority of these deaths are preventable.

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

This Programme Initiative aims to support three types of interventions:

1. Procurement of Insecticide Treated Nets (ITNs) 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. Support (procurement and/or social mobilisation) for routine EPI, ITNs, and other interventions such as Vitamin A distributions and deworming with mebendazole in emergencies and in special community based health circumstances.

Intervention 1 (large scale distribution): 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. Building on these pilots, a nationwide integrated measles, ITN, and mebendazole campaign was supported by major international and national partners in Togo in December 2004. More than 900,000 children received measles and polio ITNs during the 7 day campaign. This Federation effort aims at demonstrating the impact of ITNs on malaria morbidity and mortality reduction.³ As a consequence of these pilots and other efforts, UNICEF and the World Health Organization (WHO) released a joint statement in February 2004, in support of the intervention "*Malaria Control and Immunization: A Sound Partnership with Great Potential.*"

Intervention 2 (Keep-Up): This 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

¹ 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.

² 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.

³ See Malaria and Measles (Appeal 10/2004) - Focus on Togo - [Programme Initiative](#) for additional information, or click here to go directly to this document

Based First Aid networks, and home visitors in sustaining high levels of routine services and coverage in targeted districts.

Intervention 3 (emergencies and special events): This will respond to “ad hoc” requests from national societies. This will largely consist of ensuring a reserve supply of ITNs for quick dispatch to needy areas.

Programme Concept and Approach

This approach aims at addressing health problems in the most vulnerable populations by inviting all donors including participating national societies, foundations, corporations, governments, etc. to participate in broad-based private-public partnerships in support of the proposed interventions.

The format of the proposal will be determined by donor needs, and may be submitted to donors on behalf of the Federation Secretariat. Once a proposal is approved, a global health account is created to serve as a conduit to support specific country operations and as more country projects are approved, specific sub-project codes are established. The proposal will then be posted as a reference document for this concept. The approved budget for this account will be based on the level of the approved proposal. As part of the negotiated proposal, a budget in the global health account to support technical assistance and monitoring of the project. Based on the approved proposal elements, funding allocations will be made to national societies, suppliers, or other organizations to support the social mobilization activities, procurement of materials or to provide operational support to the campaign. Financial and narrative reporting will be directly linked to the sub-project accounts for each project.

Planning and Implementation Process

Intervention One: The platform for large scale distribution will include the Measles Initiative campaigns or other similar national or sub-national health events such as polio National Immunization Days (NIDs). ITNs will be procured for vulnerable target countries where GFATM⁴ and other funds are not available or where the intervention would be fully complementary. The general approach consists of multi-year plans developed by the ministries of health, including measles supplemental immunization activities as one component. These plans are reviewed and approved by WHO, UNICEF, and others, and a calendar for the implementation of the activities is set by WHO with other partner input and based on available funds. 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 society. District micro-planning is conducted to serve as the guide for the launch of the campaign. National societies will submit a detailed proposal to the Geneva Secretariat for funding to complement national efforts. For the integration of malaria, there is a need for political support for the intervention, as well as committed funding. Malaria funds received from the Global Fund Against AIDS, TB and Malaria are also taken into consideration. If the support is evident and the funding is identified, the national malaria control programme would join the immunization programme in the development of the implementation plan with all key partners in the country. In these countries, Programme Initiative funds will support national society social mobilization efforts which are part of the national health effort. Where funds are committed to procure ITNs, the commitment of funding will be a negotiated process between the ministry of health in that country, the Measles Partnership, the Malaria Implementation Group, and donors including GFATM. One donor foundation, the UN Foundation, has expressed interest in matching Federation funds in an effort to scale-up ITN procurement and distribution in needy countries. Discussions are ongoing and there is a high likelihood that this Programme Initiative will increase its resources through these matches.

Intervention Two: Building on the investments and achievements of the nationwide Togo integrated campaign, the Togo Red Cross has submitted a three year “Keep-Up” proposal which aims at sustaining high coverage and service levels in a specified number of Red Cross targeted districts. In these districts, networks of community volunteers will do house to house information, education, and follow-up for EPI, ITNs, Vitamin A, home treatment of fevers, and referrals for serious fevers and other illnesses. The proposal requests a modest sum of financial support for each of three years for the supervision and maintenance of community volunteers networks. While national societies cannot work throughout a country because of limitations in volunteer capacities and funding, it is expected that the Togo Red Cross effort in a specified number of districts covering approximately 1 million population will serve as a

⁴ The Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) is providing large malaria/ITN grants to countries. In these countries RC funds will support social mobilisation for integrated ITN campaigns where ITNs are procured with GFATM funds.

civil society model for helping Ministries of Health achieve the MDGs. WHO, UNICEF, CDC, and other partners are highly supportive of this innovative and sustained community mobilisation effort. The Micronutrient Initiative (MI)⁵ has expressed interest in supporting Togo Red Cross community volunteers in support of community based Vitamin A supplementation twice a year.

Intervention Three: With the official WHO approval of LLITNs (long lasting ITNs) as an effective means to reduce malaria morbidity and mortality in December 2002, national societies are now requesting assistance with the procurement and distribution of ITNs in special circumstances. To respond to these emerging needs, this Programme Initiative aims at setting aside funds for these requests. See below for specific examples of recent requests.

2005 Activities Planned

Discussions are currently underway to provide insecticide-treated nets to every household in two countries (Intervention One) with the potential for further proposals to be developed if the two candidate countries resort to sub-national rather than national campaigns. Smaller sub-national campaigns mean lower expenditures which would then make unexpended funds available for additional but small proposals. For the initial country, negotiations are ongoing between several potential donors (including government aid agencies) based on discussions that have been ongoing since February 2004. A pilot (Intervention Two) “Keep-Up” proposal for post campaign activities in Togo has been submitted to one donor. This pilot will begin in early 2005 and largely follow the objectives and activities described in the following paragraph. For proposed activities in special circumstances (Intervention Three), there are currently several outstanding country requests for ITNs for use among refugees and in special situations. This component of the Programme Initiative will support these “ad hoc” special circumstances.

Specific activities and objectives for each of the three Programme Initiative interventions are provided below.

Intervention One

Integrated Large Scale ITN distribution to the Most Vulnerable Populations

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

Activities

- Procure ITNs for free distribution with measles or other similar campaigns
- Provide community education and social mobilization through RC volunteers on proper use and hanging of ITNs
- Follow-up, monitor, and report coverage and impact

Intervention Two

Community “Keep-Up” for Malaria, Vitamin A, Mebendazole, and Vaccinations

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

⁵ Go to www.micronutrient.org for more information

- 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 HHs
- Conduct monthly monitoring of households to ensure proper use of ITNs; maintain records on coverage

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 HHs; inform caretakers on the importance of EPI
- Encourage caretakers to bring children to the vaccination site; follow-up through monthly visits to HHs
- Inform mothers that an ITN 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 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 VAS
- Assist in or distribute Vitamin A to children every 6 months; maintain records on coverage among <5 year olds

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 mobilisation 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

Anticipated Funding Needs and Costs (CHF30 million)