

Appeal 2006-2007



International Federation
of Red Cross and Red Crescent Societies

MALARIA - AFRICA HEALTH INITIATIVE

Appeal no. MAA60002

This appeal seeks a total of CHF 34,095,000¹ to fund programmes and activities to be implemented in 2006 and 2007. These programmes are aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross and Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

This specific initiative is part of a comprehensive Federation health and care strategy ([click here to link directly to this appeal](#)), and aims 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, vaccines for preventable diseases, Vitamin A deficiency, and other community health problems easily addressed by community volunteers.

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The International Federation's mission is to improve the lives of vulnerable people. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 181 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

[Click here to access the appeal budget summary.](#)

	2006-2007 (in CHF)	
Malaria - Africa Health Initiative	2006	17,893,000
	2007	16,202,000
Total	34,095,000	

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Context

Introduction

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 years of age. Malaria is also re-emerging as an increasing problem in the Asian region, and South East Asia in particular has the highest drug resistance in the world today³. The rapid spread of resistance to anti-malarial drugs, coupled with widespread poverty, weak health infrastructure, and, in some countries, civil unrest, means that mortality from malaria continues to rise. The vast majority of these deaths are preventable. The Measles Initiative and the International Federation of Red Cross and Red Crescent Societies piloted integrated measles and long lasting insecticidal nets (LLIN) campaigns during 2002 and 2003. 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.*"

Similar to the remarkable progress made in reducing measles morbidity and mortality through massive "catch-up" campaign efforts through the Red Cross-led Measles Initiative⁴. While measles morbidity and mortality has decreased significantly from the WHO reported 2000 levels in Africa, the fight against malaria has still not been able to achieve similar results. However, some encouraging data on morbidity, mortality and usage of LLINs are starting to be reported from Togo, where the world's first country-wide integrated vaccination and LLIN campaign was conducted in 2004. To achieve measurable results and to reach the Abuja target and the Millennium Development Goals, more resources must be allocated for active implementation of preventive measures and health education to those at risk. Furthermore, newborns and infants who are not reached by measles mass campaigns are still affected by measles disease and other vaccine preventable illnesses. By strengthening community social mobilization, many of these infants can 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 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 exacerbates 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 appeal is based upon the Malaria Programme Initiative's first 2005 appeal. It seeks funding to continue programs started in 2005, and to further expand nation-wide as well as sub national campaigns. It also provides support to Keep-Up programs in national societies where campaigns have been implemented. This appeal has a global approach but will prioritize funding to national societies in countries with the highest mortality and morbidity rates caused by malaria.

This Programme Initiative aims to support four types of interventions:

- Procurement of Long Lasting Insecticidal Nets (LLINs) for integration into large scale measles and other supplemental activities and campaigns including emergencies.
- 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.
- Support to LLIN distribution in emergency settings and special circumstances.
- Initiate and support regional malaria networks and Red Cross and Red Crescent regional focal points.

² Roll Back Malaria (RBM) is a global partnership founded in 1998 by the World Health Organization (WHO), the United Nations Development Program (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 WHO/UNICEF 2005 world malaria report.

⁴ The Measles Initiative was established in 2001 and included the American Red Cross, the Federation, CDC, the UN Foundation

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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 vaccination and LLIN campaign was supported by major international and national partners in Togo in December 2004 and in Niger in 2005. These Federation-led efforts aim at demonstrating the impact of LLINs on malaria morbidity and mortality reduction through continued country-wide and sub-national integrated campaigns in 2006 and 2007.

Priority countries for integrated campaigns are selected based on global needs identified by partners such as WHO and UNICEF. The involvement of Red Cross and Red Crescent societies are based on interest, commitment, capacity, and potential for post campaign Keep-Up activities. Potential countries for 2006/2007 include:

- Africa: Sierra Leone, Kenya, Angola, Nigeria, and Uganda.
- Asia: There is currently no planned large scale integrated vaccination/LLIN campaigns in this region.

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 Based First Aid networks, and home visitors in sustaining high levels of routine services and coverage in targeted districts. Keep-Up activities are planned for a period of 1–3 years based upon needs and capacity of the national societies. The following are under consideration: Africa: Togo, Mozambique, Malawi, Tanzania, Equatorial Guinea, Angola, Sierra Leone and Kenya; Asia: Based on identification of national societies interested and committed to develop and follow-up malaria prevention programmes specific country programmes will be planned accordingly. Keep-Up support also aims at expanding a national society's capacities to support community health interventions.

Intervention 3 (emergencies and special events): The Federation will respond to “ad hoc” requests from national societies. This will largely consist of ensuring a reserve supply of LLINs for quick dispatch to needy areas, refugees and internally displaced people in malaria endemic areas. Responding to emergencies will be closely coordinated with other health programming and involve the secretariat health in emergency team.

Intervention 4 (building regional networks): The programme will enable national societies to participate in regional malaria network meetings and support and develop Red Cross regional focal points with the aim of building regional and national Red Cross and Red Crescent capacities in the field of malaria.

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. Each country program will develop specific proposals and budgets. Once a proposal is approved, a global health account is created to serve as a conduit to support specific country operations, more country projects are approved, specific sub-project codes are established. As part of the negotiated proposal, a budget in the global Malaria Programme Initiative account will be allocated 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, evaluations 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 and other similar national or sub-national health events such as polio National Immunization Days (NIDs). LLINs will be procured for vulnerable target countries where the Global Fund for AIDS, Malaria, and Tuberculosis (GFATM) and other funds are not available or where the intervention would be fully complementary. Where the GFATM is providing large malaria/LLIN grants to countries, Red Cross funds will support social mobilization for integrated LLIN campaigns. 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 inputs 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 serves as the guide for the detailed implementation. National societies which submit detailed proposals to the Geneva Secretariat for funding will ensure that their proposals are integrated into the national micro plans. For the integration of malaria, there is a need for political support, as well as committed funding. Malaria funds received from the Global Fund to Fight AIDS, TB and Malaria (GFATM) are also taken into consideration. If the support is evident and the funding is identified, the national malaria control programme will join the immunization programme in the development of an integrated 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 LLINs, the commitment of funding will be a negotiated process between the ministry of health in that country, the Measles Partnership, the national Malaria Implementation Group, and donors including GFATM. Weekly telephone conferences are held in order to secure close coordination and identify other possible sources of funding or matching funds.

- **Intervention Two:** To date one national society, the Togo Red Cross, is implementing a Keep-Up programme. The impact of this programme was evaluated in September 2005 and results are expected to show significant results in regards to net ownership and hanging – both crucial elements to achieving reductions in malaria mortality and morbidity rates. By building on the investments and achievements of nation-wide integrated campaigns, the “Keep-Up” programme aims at sustaining high coverage and service levels. This approach builds on, and aims at strengthening and expanding a national society’s “community-based first aid” and other community mechanisms such as Mothers’ Clubs, home-based care and community educator programmes. In the districts targeted for Keep-Up, community volunteers are expected to do house-to-house information, education, and follow-up for vaccinations, mosquito nets, home treatment of fevers and diarrhoeas, and referrals for serious fevers and other illnesses. The Keep-Up component requires a modest sum of financial support for each of three years for the supervision, maintenance, and expansion of community volunteer networks. Integration with ongoing community health programmes is essential. Post campaign Keep-Up activities are considered critical to ensure: high coverage, net ownership, hanging of nets, and to promote healthy behaviours. Distribution of nets through routine national expanded programmes on immunization (EPI) programmes, where this is being promoted by Ministries of Health, will also be integrated into Keep-Up programmes where possible. Keep-Up interventions are expected to contribute substantially to the development of a national society’s capacities to respond to health needs at the community level.
- **Intervention Three:** With the official WHO approval of LLINs 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 LLINs in special circumstances. To respond to these emerging needs, this Programme Initiative aims at setting aside funds for a reserve of LLINs in order to meet these requests.
- **Intervention Four:** The Malaria Program Initiative will fund Red Cross national and international staff to participate in regional and global network meetings and conferences, which are essential for engaging the Federation and national societies in the merging global partnerships and alliances.

2006-2007 Planned Activities

Based on the successful country-wide integrated campaigns in Togo 2004, and in Niger and Equatorial Guinea in 2005, it is expected that the Federation will be able to carryout a minimum of one nationwide campaign annually in addition to two to three sub-national integrated campaigns. If funding is sufficient, the number of countries could be expanded. In addition to the weekly partnership telephone conferences, an annual planning meeting between the Red Cross and Red Crescent partners are planned in order to exchange information and coordinate funding to ensure the best possible synergetic effect for the malaria interventions. An overall objective is to ensure a 3 year Keep-Up programme with all the Red Cross and Red Crescent national societies that are involved in nation-wide campaigns. Where the national societies are involved in sub-national integrated campaigns the objective will be to ensure a minimum of one Keep-Up programme. Monitoring, evaluation and documentation of results and impact will be planned and implemented together with partners like CDC and the Academy for Educational Development (AED). For proposed activities in special circumstances (Intervention Three), there are currently several outstanding country requests for LLINs 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 four 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 LLINs for free distribution with measles or other similar campaigns.
- Provide community education and social mobilization through Red Cross volunteers on the proper use and hanging of LLINs.
- Follow-up, monitor, and report coverage and impact.

Intervention Two: Community Based “Keep-Up” programme.

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

Activities:

- Advocate that the ministry of health 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 required doses of Tetanus Toxoid (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: LLIN 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 LLINs and where they can be acquired
- Assist in the distribution of LLINs to households (if necessary & appropriate); ensure hanging of LLINs in households.
- Conduct monthly monitoring of households to ensure proper use of LLINs; 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 households; inform caretakers on the importance of EPI.
- Encourage caretakers to bring children to the vaccination site; follow-up through monthly visits to households.
- 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 (where Ministries of Health are implementing VAS programmes).

Activities:

- Identify country partners and resources for Vitamin A distribution.
- 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 LLINs to meet urgent “ad hoc” requests to protect the most vulnerable in special circumstances.
- Provide education and social mobilisation for proper use of LLINs 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.

Intervention Four: support participation in regional and global network meetings and conferences.

Objective: Build competence, capacity and partnerships between Red Cross and Red Crescent national societies planning to participate in integrated campaigns and other malaria prevention programs.

Activities: support Red Cross and Red Crescent participation in regional network meetings and exchange visits.

[Please refer to the appeal budget below; click here to return to the title page and contact details](#)

BUDGET 2006

PROGRAMME BUDGETS SUMMARY

Appeal no.: MAA60002

Name: Africa Health Initiative : Malaria

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter	0	0	0	0	0	0	0
Construction	0	0	0	0	0	0	0
Clothing & Textiles	10,500,000	0	0	0	0	0	10,500,000
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 Supplies & Services	0	0	0	0	0	0	0
SUPPLIES	10,500,000	0	0	0	0	0	10,500,000
Land & Buildings	0	0	0	0	0	0	0
Vehicles	60,000	0	0	0	0	0	60,000
Computers & Telecom	30,000	0	0	0	0	0	30,000
Medical equipment	25,000	0	0	0	0	0	25,000
Other Equipment	250,000	0	0	0	0	0	250,000
LAND, VEHICLES & EQUIPMEN	365,000	0	0	0	0	0	365,000
Storage	250,000	0	0	0	0	0	250,000
Distribution & Monitoring	0	0	0	0	0	0	0
Transport & Vehicles cost	300,000	0	0	0	0	0	300,000
TRANSPORT & STORAGE	550,000	0	0	0	0	0	550,000
International Staff	3,738,387	0	0	0	0	0	3,738,387
Regionally Deployed Staff	0	0	0	0	0	0	0
National staff	0	0	0	0	0	0	0
National Society Staff	76,800	0	0	0	0	0	76,800
Consultants	300,000	0	0	0	0	0	300,000
PERSONNEL	4,115,187	0	0	0	0	0	4,115,187
Workshops & Training	500,000	0	0	0	0	0	500,000
WORKSHOPS & TRAINING	500,000	0	0	0	0	0	500,000
Travel & related expenses	300,000	0	0	0	0	0	300,000
Information & Public Rela	100,000	0	0	0	0	0	100,000
Office Running Costs	0	0	0	0	0	0	0
Communication Costs	0	0	0	0	0	0	0
Professional Fees	0	0	0	0	0	0	0
Other General Expenses	300,000	0	0	0	0	0	300,000
GENERAL EXPENDITURE	700,000	0	0	0	0	0	700,000
Asset Depreciation	0	0	0	0	0	0	0
DEPRECIATION	0	0	0	0	0	0	0
Contributions & Transfers	0	0	0	0	0	0	0
CONTRIBUTIONS & TRANSFERS	0	0	0	0	0	0	0
Programme Support	1,163,061	0	0	0	0	0	1,163,061
PROGRAMME SUPPORT	1,163,061	0	0	0	0	0	1,163,061
TOTAL BUDGET:	17,893,248	0	0	0	0	0	17,893,248

BUDGET 2007

PROGRAMME BUDGETS SUMMARY

Appeal no.: MAA60002

Name: Africa Health Initiative : Malaria

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter	0	0	0	0	0	0	0
Construction	0	0	0	0	0	0	0
Clothing & Textiles	10,500,000	0	0	0	0	0	10,500,000
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 Supplies & Services	0	0	0	0	0	0	0
SUPPLIES	10,500,000	0	0	0	0	0	10,500,000
Land & Buildings	0	0	0	0	0	0	0
Vehicles	60,000	0	0	0	0	0	60,000
Computers & Telecom	30,000	0	0	0	0	0	30,000
Medical equipment	25,000	0	0	0	0	0	25,000
Other Equipment	250,000	0	0	0	0	0	250,000
LAND, VEHICLES & EQUIPMEN	365,000	0	0	0	0	0	365,000
Storage	250,000	0	0	0	0	0	250,000
Distribution & Monitoring	0	0	0	0	0	0	0
Transport & Vehicles cost	300,000	0	0	0	0	0	300,000
TRANSPORT & STORAGE	550,000	0	0	0	0	0	550,000
International Staff	2,233,488	0	0	0	0	0	2,233,488
Regionally Deployed Staff	0	0	0	0	0	0	0
National staff	0	0	0	0	0	0	0
National Society Staff	0	0	0	0	0	0	0
Consultants	300,000	0	0	0	0	0	300,000
PERSONNEL	2,533,488	0	0	0	0	0	2,533,488
Workshops & Training	500,000	0	0	0	0	0	500,000
WORKSHOPS & TRAINING	500,000	0	0	0	0	0	500,000
Travel & related expenses	300,000	0	0	0	0	0	300,000
Information & Public Rela	100,000	0	0	0	0	0	100,000
Office Running Costs	0	0	0	0	0	0	0
Communication Costs	0	0	0	0	0	0	0
Professional Fees	0	0	0	0	0	0	0
Other General Expenses	300,000	0	0	0	0	0	300,000
GENERAL EXPENDITURE	700,000	0	0	0	0	0	700,000
Asset Depreciation	0	0	0	0	0	0	0
DEPRECIATION	0	0	0	0	0	0	0
Contributions & Transfers	0	0	0	0	0	0	0
CONTRIBUTIONS & TRANSFERS	0	0	0	0	0	0	0
Programme Support	1,053,103	0	0	0	0	0	1,053,103
PROGRAMME SUPPORT	1,053,103	0	0	0	0	0	1,053,103
TOTAL BUDGET:	16,201,591	0	0	0	0	0	16,201,591