


Report 2006-2007

 International Federation
of Red Cross and Red Crescent Societies

Malaria – Africa Health Initiative

Appeal No. MAA60002

This report covers the period of 01/01/06 to 31/12/06 of a two-year planning and appeal process.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



Child receiving a long-lasting insecticidal net during one of many 2006 national malaria campaigns to distribute nets to children and pregnant women. International Federation.

In brief

Programme Summary:

The global malaria programme continued to grow rapidly with an increasing number of integrated campaigns. These campaigns have been followed by longer-term (three years) Keep-Up programmes conducted by volunteers to ensure proper utilization of nets at the community and household levels. Due to a lack of sufficient funding, it has not been possible to give support to all of the National Societies that wished to take part in national integrated campaigns or in Keep-Up programmes. However, great results have been achieved in a very short time, with the distribution of 2.2 million long-lasting insecticidal nets (LLINs) in Niger, 880,000 LLINs in Sierra Leone and in the large distribution of LLINs in Angola, Kenya and Rwanda. The Keep-Up programmes first started in Togo in 2005, and were then expanded to the National Society in Mozambique and Kenya in 2006. The National Society in Ghana, Rwanda and Sierra Leone are planning for Keep-Up programmes for 2007 if funding is available.

Financial support for malaria activities during 2006 totalled approximately CHF 2 million. In addition, the carry-over from the Canadian Red Cross pledge and the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) project in 2005, allowed for large financial support to the Niger and Sierra Leone campaigns. The financial support received for Keep-Up programmes was sufficient to meet minimum needs, but insufficient to provide the consultations and programmatic assistance needed by National Societies. Several donor National Societies made some funds available to undertake operational research on volunteering related to the Keep-Up programme. These studies and the development of community volunteer tools to reach households and give proper health messages will continue throughout 2007.

Goal: The International Federation's malaria initiative aims to work with partners to scale-up malaria control in endemic countries in order to reduce malaria cases and deaths by at least 50 per cent by 2015.

Needs: The 2006 year appeal amounted to CHF 17.9 million of which approximately 40 per cent was covered in 2006. As a result of strong advocacy at the Secretariat level, an additional USD 6 million was granted to the International Federation's European Union (E.U.) Brussels office from the Bill and Melinda Gates Foundation in 2006. In order to rationalize financial management in 2007, the 2006 to 2007 appeals for Polio/Measles (MAA60001) and for Malaria Initiative (MAA60002) will be merged under a new appeal number MAA60004. **Click here to go directly to the attached financial report.**

No. of people we help: More than 8.3 million children under the age of five received LLINs and benefited from this valuable malaria control intervention. Approximately 7 million children are targeted to receive nets in 2007. While the International Federation procures some of these nets, other partners contribute substantially to distribution efforts. As a result of the 2006 net distributions, more than 174,338 malaria deaths have been averted, according to statistics provided by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

Our Partners: The Malaria Partnership is made up of more than 25 international agencies, institutions and NGOs in addition to the personnel of targeted countries. Weekly global conference calls are the principal means for coordinating, collaborating, sharing resources, and planning national efforts. More information can be found at <http://www.ifrc.org/what/health/diseases/malaria/index.asp>

Current context

- Since 2002, the distribution of insecticidal mosquito nets increased ten-fold in sub-Saharan Africa. This is largely due to the International Federation's pilot efforts in Ghana, Zambia and Togo, which demonstrated to the world's public health community that free distribution of long-lasting insecticidal nets was the only new way to meet global goals, and that such large-scale efforts were logistically possible. This paradigm shift was widely accepted by donors and governments and has resulted in a number of nationwide free LLIN distribution campaigns. This approach is now accepted as a viable option for accelerated malaria control.
- National Societies played a valuable role in providing additional manpower in large campaigns, and in promoting social mobilization, community education and the necessary follow-up. The International Federation's global model – the Keep-Up Programme has also played a valuable role in building the capacity of National Societies. Monthly visits by volunteers ensure that nets are appropriately used, and that newborns and newly pregnant women receive the vaccinations and services needed. Ensuring a sustainable and quality "Keep-Up" programme in all countries where LLINs have been distributed on a wide-scale, should be a high priority for Regional Delegations and the International Federation, since it also helps fill the gap in the lack of health personnel at the community level.
- National Societies engaged in the Keep-Up programmes are building on their Community-Based First Aid (CBFA) competences and applying the African Red Cross/Red Crescent Health Strategy (ARCHI) 2010 strategy to manage volunteers. These efforts need to be vigorously supported in future.

Progress towards objectives

Objectives:

Integrated Large-scale LLIN distribution to the Most Vulnerable Populations:

- Achieve and surpass the Abuja goal 2006 to have all mothers and children sleeping under mosquito bednets (60 per cent for children under the age of five, as well as for pregnant women in targeted districts).

Community-based Keep-Up programmes:

- Increase the number of people receiving early home treatment of fevers from under 50 per cent to more than 80 per cent.
- Ensure that less than 80 per cent of pregnant women receive Intermittent Preventive Therapy (IPT) and receive the required doses of Tetanus Toxoid (TT) vaccine.
- More than 80 per cent of children under the age of five and pregnant women use the long-lasting insecticidal nets.
- More than 80 per cent of infants under 12 months receive vaccinations.
- More than 80 per cent of children under the age of five (who are in locations where Ministries of Health are implementing Vitamin A Supplementation (VAS) programmes) receive Vitamin A supplements, as well as mebendazole.

Provide support to conflicts, emergencies and other special circumstances:

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

Support participation in regional and global network meetings and conferences:

- Build competence, capacity and partnerships between Red Cross and Red Crescent National Societies planning to participate in integrated campaigns and other malaria prevention programmes.

Integrated Large Scale LLIN Distribution to the Most Vulnerable Populations:



Mothers and children lining-up for vaccinations and LLINs in Niger. International Federation.

The **Niger Red Cross National Society** with the support of nearly 4,000 volunteers succeeded in distributing 2.3 million LLINs to all children under the age of five during the 2005-2006 malaria campaigns. This was the largest free distribution of LLINs ever attempted and there was high coverage by major radio stations and newspapers. The success of the LLIN programme is due to strong partnerships, leadership, strong political will and international financial support. The Niger National Malaria Control Programme was supported by the International Federation, the Canadian Red Cross, the Norwegian Red Cross, the Niger Red Cross, WHO, UNICEF, Rotary, Vestergaard-Frandsen, and

others. A majority of the funding was provided by the GFATM, the Canadian Development Agency (CIDA) through the Canadian Red Cross. Funding gaps were filled by UNICEF, WHO, and the World Bank. Read more by clicking on <http://www.ifrc.org/docs/news/pr06/2406.asp>

The **Kenya Red Cross Society**, with support from the International Federation took part in an integrated malaria and LLIN campaign in July 2006. Malaria claims approximately 34,000 child lives in Kenya every year. The distribution of 3,400,000 LLINs took place in the 46 high endemic districts in two phases during July and August 2006, with most of the logistical support coming from the Kenya Red Cross. The Kenya Red Cross conducted social mobilization and information campaigns at the community level prior and during the campaigns. The Keep-Up programme started in the four districts of Siaya, Kisumu, Bureti and Kilifi in October 2006. Together with the Ministry of Health, this programme was officially launched on 22 November in Kilifi, with an aim to integrate the distribution of LLINs to the Red Cross home-based care programmes for chronically ill and people living with HIV/AIDS.

The Sierra Leone Red Cross together with the Ministry of Health, carried out a nationwide integrated measles and LLIN distribution campaign in November 2006. More than 4,500 volunteers from the National Society participated in the campaign. The LLINs were funded by the Canadian Red Cross which also provided technical and logistical support prior to and during the integrated campaign. The planning of the post campaign Keep-Up programme was initiated at a very early stage with funding sought from the Norwegian Red Cross and the Swedish Red Cross. This programme began immediately after the campaign, followed immediately by training of Red Cross volunteers and coaches, in order to maintain the campaign momentum on increasing people's awareness on malaria preventive measures.

The **Cambodia Red Cross Society** carried out a small scale distribution of 10,000 LLINs as part of the community health programme funded by the International Federation and the American Red Cross. The LLINs were funded by the American Red Cross.

Community-based Keep-Up programmes:

The **Togo Red Cross** is in its second year of Keep-Up. The programme is implemented in 12 districts where the ARCHI 2010 strategy and a volunteer management system are in place. A total of 1,000 new volunteers were recruited and trained after the integrated campaign in December 2004, as part of the Togo Red Cross's expansion of activities in the various districts. The development of the Keep-Up programme was delayed by political unrest during the beginning of 2005, and then by a change of the health directors in the National Society. During 2006 and 2007, the focus will be to strengthen and develop capacity amongst Red Cross staff and volunteers to promote high awareness of malaria and positive health-seeking behaviours at the community level. The assessment planned to identify possible gaps and needs for additional training, tools and materials linked to behaviour change communication in Red Cross volunteer activities in June 2006 was postponed.

The Niger Red Cross implemented a post "Hang-Up" campaign, funded by the Canadian Red Cross and GFATM, with volunteers ensuring that nets distributed are hung in households and used by children under the age of five, as well as pregnant women. A second "hang-up" effort is planned prior to the next malaria season in 2007. Two evaluations, the first, which took place one month after the campaign, and another evaluation which proceeded nine months after, revealed high ownership (95 per cent) and use (60 per cent) of nets amongst those who received them.

The three year Keep-Up programme initiated by the **Kenya Red Cross** in October 2006, will receive funding from the International Federation and the Norwegian Red Cross. In collaboration with the Academy for Educational Development (AED), an assessment of Red Cross volunteer skills and training in social mobilization, and behaviour change communication took place in August 2006. The National Society will pilot test training materials on behaviour change communication and a tool box to support National Societies in planning large-scale malaria interventions with a continuing integrated Keep-Up programme. The tool box will be developed during 2007. A separate evaluation is planned to take place in order to document the value-added when involving Red Cross volunteers in longer-term community health programmes. The baseline survey and documentation work will start early 2007.

The **Rwanda Red Cross** took part in an integrated measles and LLIN campaign with social mobilization in September 2006. The National Society was also part of the national coordination committee. Due to a lack of funding, there has been no possibility to follow up with a post campaign for the Keep-Up programme in Rwanda.



Red Cross home-based volunteer explains use of LLIN to a head of household in Uganda. International Federation.

The **Uganda Red Cross** has expressed interest in following-up with a post campaign for its Keep-Up programme after its LLIN distribution during Child Health Day in November 2006. A proposal with a plan and budget has been provided, but the lack of sufficient long-term funding and heavy earmarking of funds make it difficult to commit

to a three-year programme as initially planned. The Uganda Red Cross also received 3,000 World swim for Malaria LLINs which were distributed in its home-based care programme.

The **Mozambique Red Cross** carried out district-wide LLIN distributions in Sofala and Manica followed by a Hang-Up campaign funded by the Canadian Red Cross at the end of 2005. Approximately 400,000 LLINs were distributed during this campaign. A three-year Keep-Up programme was integrated into an ongoing community health programme funded by the Belgium Red Cross in Manica province, and is being expanded into new districts focusing on malaria prevention. This programme will serve as an entry point to further develop a full-scale Community Based First Aid (CBFA) programme. The Mozambique Red Cross provided refresher training courses to volunteers and supervisors, as well as a complete ARCHI 2010 training to existing and new Red Cross volunteers in both Sofala and Manica. The Keep-Up programme receives funds from the Norwegian, American and the Belgium Red Cross Societies. This model the Mozambique Red Cross is using to handle both bilateral and multilateral financial support in one overall budget in its Keep Up programme can serve as “best practices” for other National Societies implementing or planning integrated Keep-Up programmes in the future.

The **Malawi Red Cross**, in partnership with the Ministry of Health and the Centers for Disease Control and Prevention (CDC), and supported by the International Federation, the Finnish, Canadian and the American Red Cross Societies, has started a malaria programme. In this programme, LLINs are distributed to fully vaccinated children through routine vaccination services and to pregnant women going to prenatal clinics. At the end of 2006, 22,600 LLINs were distributed in two rural districts to beneficiaries, and remaining nets distributed to a large number of antenatal and immunization clinics. This approach has been expanded to urban districts. As an additional part of this programme, the Malawi Red Cross has also included the distribution of LLINs in their HIV/AIDS home-based care programmes in the two districts. The joint Ministry of Health, CDC and the Malawi Red



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Antenatal clinic nurse in Malawi provides newly pregnant women with LLIN during her first clinic consultation. International Federation.

Cross programme aim at changing the national malaria policy through its free distribution of LLINs in the routine vaccination of children and in antenatal clinics. The Malawi Red Cross will continue its malaria prevention programme at the community-level through local theatre groups.

The International Federation also hired a consultant to carry out regular follow-up visits and support to Togo, Niger and Sierra Leone National Societies for their planning and implementation of Keep-Up programmes.

A contract was signed between the International Federation and the World Swim for Malaria, a charitable foundation based in London which is raising funds for procurement of LLINs. A total of 28,000 LLINs were donated to the International Federation for distribution in nine countries: Botswana, Ethiopia, Kenya, Malawi, Namibia, Rwanda, Uganda, Zambia, and Zimbabwe. The nets were distributed to Red Cross HIV/AIDS home-based care clients (HBC) and other vulnerable people in the communities. The partnership with World Swim for Malaria will continue and LLINs will be made available to other National Societies. For more information click on www.worldswimformalaria.com

The Secretariat staff promoted and advocated with several malaria action groups which ultimately resulted in a malaria advocacy grant. This grant is intended to promote and advocate for malaria prevention and control among European governments and institutions. The German and Spanish Red Cross Societies are actively participating in this multi-year effort led by the staff in the E.U. Brussels office. This USD 6 million grant is a vote of confidence in the International Federation and its members' ongoing work on malaria.

Evaluation, documentation and the development of tools and guidelines on volunteer involvement in social mobilization activities and community health interventions are ongoing. The first phase is looking at gaps and needs in monitoring, reporting, materials, tools and training of volunteers and supervisors. The second phase will focus on evaluation and documentation of the volunteers' role and their contribution to long-term programming. The aim is to develop a "malaria programme tool box" to guide National Societies involved in large-scale LLIN distributions and integrated Keep-Up programmes. This work is closely linked to the ongoing revision of the CBFA manual, tools and training material.

The operational research on volunteering was started in 2006, but is expected to accelerate in 2007 in Kenya, Mozambique and Indonesia.

Provide support to conflicts, emergencies and other special circumstances:



The **Chad Red Cross** with support from the International Federation, distributed a total of 11,371 LLINs in the two refugee camps of Brejine and Trejine in line with the SPHERE standards. The nets were distributed in June 2006 and homes were urged to hang them immediately for protection during the oncoming malaria season. The Chad Red Cross volunteers will continue with post campaign house visits to ensure proper utilization of the nets and to provide education on malaria prevention.

RC volunteers visiting families in temporary shelters in Chad. International Federation.

The Philippines Red Cross received 15,000 LLINs to assist the victims of the 2006 floods and mudslides.

Support participation in regional and global network meetings and conferences:

The International Federation health officer in the West Africa Regional Delegation participated in a regional Roll Back Malaria meeting in Dakar in May 2006. Discussions are ongoing with National Societies to establish regional focal points for malaria, based in the regional Red Cross and Red Crescent health networks. National Societies implementing Keep-Up programmes were invited to participate in the annual Malaria Programme Initiative planning meeting, which took place in Oslo in November 2006.

The main constraint in this programme has been the lack of sufficient funding on malaria activities to provide the technical support and assistance needed by National Societies, hire the qualified staff required, and develop long-term Keep-Up programmes. Additional funding is urgently needed to achieve the 2007 objectives.

Working in partnerships

- The Malaria Initiative comprises many international and national groups throughout Africa. The WHO and UNICEF technical offices including the Roll Back Malaria (RBM) partnership provide the Secretariat and field staff with the technical and programmatic guidance needed. Other groups such as the CDC and the DataDyne Corporation have provided evaluation services. The two-year partnership with GFATM has enabled the International Federation to undertake the largest LLIN distribution in Niger in 2005. The long-term impact of malaria interventions in Niger is being undertaken by the Center for Medical Research (CERMES) in Niger under a contract with the International Federation. Integrating LLIN distribution into measles campaigns has necessitated close collaboration with the highly successful Measles Initiative spearheaded by the American Red Cross, and CDC, the United Nations Foundation, UNICEF and WHO. There are more than 25 other partners, not including individual National Societies participating in the Malaria Initiative.

Contributing to longer-term impact

- During the 2005-2006 period, more than nine million LLINs were distributed to high-risk groups with support from National Societies. If properly hung and used, these nets are estimated to have saved 58,200 lives. The increase of ownership and utilization of LLINs are important factors to reach the Abuja target in Africa and the Millennium Development Goals (MDGs). Ownership is increasing to more than 80 per cent from the previous lows of less than 15 per cent in all countries where campaigns have occurred. The sleeping rates have increased to near or over 60 per cent from lows of less than 5 per cent in all these countries.

Looking Ahead

- Many more nets will need to be distributed in the coming years if the expected results in mortality reduction are to be achieved. This will require large sums of money for procurement of LLINs to cover all children under five years of age, pregnant women and other vulnerable people. The International Federation will need to continue to actively participate in the global malaria control partnerships and to continue its advocacy.
- The malaria partners are guided by the calendar of future measles campaigns through 2010 in order to identify resources and opportunities for integrating free LLINs with these campaigns.

Donors, governments and other groups are committed to working together to continue the impressive results achieved to date. For more information on the International Federation's malaria activities click on <http://www.ifrc.org/what/health/diseases/malaria/index.asp>

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MAA60002 - AFRICA HEALTH INITIATIVE: MALARIA

Final Report

Selected Parameters	
Reporting Timeframe	2006/1-2007/9
Budget Timeframe	2006/1-2007/12
Appeal	Maa60002
Budget	APPEAL

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	17,893,248					17,893,248
B. Opening Balance	5,122,567					5,122,567
Income						
<u>Cash contributions (received)</u>						
American Red Cross	390,840					390,840
British Red Cross	4,532					4,532
Canadian Red Cross	423,505					423,505
Finnish Red Cross	93,540					93,540
Global Fund to Fight AIDS, TB	1,291,241					1,291,241
Norwegian Red Cross	1,538,331					1,538,331
Other	1,008					1,008
Swedish Red Cross	520,410					520,410
Switzerland - Private Donors	4,536					4,536
C1. Cash contributions	4,267,942					4,267,942
<u>Outstanding pledges (Revalued)</u>						
Canadian Red Cross	-377,494					-377,494
Global Fund to Fight AIDS, TB	-0					-0
C2. Outstanding pledges (Revaluea	-377,494					-377,494
<u>Reallocations (to appeal MAA60004 Malaria, Polio & Measles)</u>						
American Red Cross	-167,647					-167,647
Canadian Red Cross	-398,125					-398,125
Finnish Red Cross	-86,313					-86,313
Global Fund to Fight AIDS, TB	-429,650					-429,650
Global Refund	0					0
Norwegian Red Cross	-80,390					-80,390
Other	-5,279					-5,279
Swedish Red Cross	-629,494					-629,494
Switzerland - Private Donors	-168,893					-168,893
Unidentified donor	-5,577					-5,577
WHO	1,209					1,209
C3. Reallocations	-1,970,159					-1,970,159
<u>Inkind Personnel</u>						
Norwegian Red Cross	71,300					71,300
WHO	93,000					93,000
C5. Inkind Personnel	164,300					164,300
<u>Other Income</u>						
Opening Balances	0					0
C6. Other Income	0					0
C. Total Income = SUM(C1..C6)	2,084,589					2,084,589
D. Total Funding = B + C	7,207,156					7,207,156

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	5,122,567					5,122,567
C. Income	2,084,589					2,084,589
E. Expenditure	-7,207,156					-7,207,156
F. Closing Balance = (B + C + E)	0					0

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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)		17,893,248					17,893,248	
Supplies								
Shelter - Relief		26,795				26,795	-26,795	
Construction Materials		3,074				3,074	-3,074	
Clothing & textiles	10,500,000	4,111,567				4,111,567	6,388,433	
Food		7				7	-7	
Medical & First Aid		6,781				6,781	-6,781	
Teaching Materials	0						0	
Total Supplies	10,500,000	4,148,225				4,148,225	6,351,775	
Land, vehicles & equipment								
Vehicles	60,000	8,629				8,629	51,371	
Computers & Telecom	30,000	6,643				6,643	23,357	
Office/Household Furniture & Equipm.		5,784				5,784	-5,784	
Medical Equipment	25,000						25,000	
Others Machinery & Equipment	250,000	2,491				2,491	247,509	
Total Land, vehicles & equipment	365,000	23,546				23,546	341,454	
Transport & Storage								
Storage	250,000	19,309				19,309	230,691	
Distribution & Monitoring		401,683				401,683	-401,683	
Transport & Vehicle Costs	300,000	82,642				82,642	217,358	
Total Transport & Storage	550,000	503,634				503,634	46,366	
Personnel Expenditures								
International Staff Payroll Benefits	3,338,387	321,235				321,235	3,017,152	
Delegate Benefits	400,000						400,000	
Regionally Deployed Staff	0	60				60	-60	
National Staff	0	18,171				18,171	-18,171	
National Society Staff	76,800	239,315				239,315	-162,515	
Consultants	300,000	147,864				147,864	152,136	
Total Personnel Expenditures	4,115,187	726,645				726,645	3,388,542	
Workshops & Training								
Workshops & Training	500,000	40,949				40,949	459,051	
Total Workshops & Training	500,000	40,949				40,949	459,051	
General Expenditure								
Travel	300,000	126,602				126,602	173,398	
Information & Public Relation	100,000	17,958				17,958	82,042	
Office Costs	-0	38,935				38,935	-38,935	
Communications	0	16,678				16,678	-16,678	
Professional Fees	0	36,449				36,449	-36,449	
Financial Charges		-8,937				-8,937	8,937	
Other General Expenses	300,000	9,333				9,333	290,667	
Total General Expenditure	700,000	237,016				237,016	462,984	
Federation Contributions & Transfers								
Cash Transfers National Societies	0	675,978				675,978	-675,978	
Cash Transfers Others		703,749				703,749	-703,749	
Total Federation Contributions & Tr	0	1,379,727				1,379,727	-1,379,727	
Program Support								
Program Support	1,160,976	467,771				467,771	693,205	
Total Program Support	1,160,976	467,771				467,771	693,205	
Operational Provisions								
Operational Provisions		-320,357				-320,357	320,357	
Total Operational Provisions		-320,357				-320,357	320,357	

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Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A						B	A - B
BUDGET (C)		17,893,248					17,893,248	
TOTAL EXPENDITURE (D)	17,891,163	7,207,156					7,207,156	10,684,007
VARIANCE (C - D)		10,684,007					10,684,007	