

# PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## HEALTH AND CARE IN THE COMMUNITY

13 September 2001

*This Programme Update is intended for reporting on Annual Appeals.*

*Appeal No. 01.76/2001*

*Appeal Target: CHF 2,592,000*

*Programme Update No. 1; Period covered: January - June 2001*

### *“At a Glance”*

*Appeal coverage: The financial details of the appeal coverage will be posted shortly.*

*Update: A health retreat held in February brought together all the main actors from the Secretariat, delegations and Participating National Societies (PNS). The meeting generated a consensus for 2001 priorities which has made implementation more effective. Significant progress has been made, particularly in developing health related tools and marketing material, as well as building on partnerships and raising the Federation’s health profile. Major progress has been achieved in HIV/AIDS. Psychological support, blood donor recruitment and regional relief health capacity have also had new approaches, tools and partnerships developed.*

### *The Context*

Health programmes have moved from representing 25% of the Federation’s Appeal 2000 to 31% of the Appeal 2001. The aim is to consolidate this greater volume and visibility while contributing to increasing the impact of health and care programmes.

### *Key achievements during the period*

*Objective 1 Consolidate the integration of the health team and improve its capacity to leverage the knowledge and capacity of its delegates and national society health advisers / coordinators through innovative tools for knowledge sharing.*

A strategic health agenda was agreed at a retreat at the secretariat bringing together relevant staff from the health and care department, delegations and participating national societies. A publication: “Improving health and care in the community” was produced to disseminate and profile the agreed vision and priorities.

*Objective 2 Assert Red Cross and Red Crescent international leadership in first aid and develop mechanisms / tools to ensure that these efforts result in profile opportunities and resource mobilisation for National Societies through innovative ways of knowledge sharing.*

- Finalized the business plan for the First Aid global project in the priority sectors and now in the process of hiring a project manager. Implementation of initial projects / objectives identified through the business plan are already underway for the second half of the year: promotion (e.g. regional first aid days in September 2001), quality (e.g. first aid kit standards), knowledge sharing (e.g. first aid newsletter), and guidelines. Emphasis is also on partnership development aimed at ensuring the sustainability of the project. Updated guidelines for HIV/AIDS in first aid, developed in collaboration with the ICRC, are currently being printed.

***Objective 3 Profile the psychological support programme and develop it further.***

- Compiled and launched “Psychological Support: best practices from Red Cross and Red Crescent Programmes” on World Health Day 2001. The publication sets out best practices from 15 different PS activities and describes how RC/RC workers and volunteers can help people who have experienced or witnessed events and disasters.
- Re-established the international working group for psychological support. One meeting has so far taken place in April with representatives from RC Societies of Canada, Cuba, Finland, Thailand, USA and the Harare Delegation. Discussions centred around producing joint guidelines for PSP in emergencies.
- Organizational learning: evaluated the Federation PSP in Kosovo; decided to integrate PSP and the social welfare programme in Turkey (new approach).

***Objective 4 Scaling up the prevention and management of HIV/AIDS and other community health and care activities. Building on lessons learnt from ARCHI 2010.***

- Organizational learning: Carried out a desk review of the Federation’s work to fight HIV/AIDS in the last decade which is informing the Federation strategy to scale up action in response to the pandemic.
- Tools and guidelines for scaling up: Translated, printed and distributed “Action with Youth”, a peer education training manual on HIV/AIDS in French and Spanish; standard “Format and Guidelines for HIV Country Plans” have guided the building of 29 country plans by African National Societies and ARCHI 2010 volunteer toolkits were produced on priority HIV/AIDS interventions.
- Partnerships and Advocacy: these first six months have seen the development of a partnership with the Global Network of People Living with HIV/AIDS (GNP+) with a particular focus on reducing HIV-related stigma. Contributed to the UN General Assembly Special Session on HIV/AIDS in June by co-organising, with GNP+, dialogue sessions between official delegations and PLWAs.
- Continued to map and review all RC/RC TB interventions which will lead to a conference through which it is expected to produce institutional guidelines for an area where we have, until now, worked on a pilot basis.

***Objective 5 Retain international leadership in the promotion of voluntary, non-remunerated blood donation through innovative ways of knowledge sharing.***

- Tools and guidelines: The guidelines for donor recruitment, retention and related matters completed the second phase: drafting materials, consisting of seven modules in open learning format, which are now validated by more than 30 experts in blood donor recruitment. Published newsletter: “Transfusion International” once in this period shifting the focus of the publication primarily on blood donor recruitment issues.
- Partnerships and advocacy: The “safe blood starts with me” initiative launched in partnership with WHO on World Health Day 2000 is continuing as part of a five-year global programme. WHO, the International Federation of Voluntary Blood Donor Associations, the Association of Donor Recruitment Professionals and the South African National Blood Service are all collaborating with the Federation to organise the Federation’s Eighth International Colloquium on Recruitment of Voluntary, Non-remunerated Blood Donors. It will take place in Johannesburg in September 2001.

***Objective 6 Explore, compile and promote best practice regarding social welfare approaches.***

- Federation submissions to a number of international fora have focused on the impact of HIV/AIDS on children, e.g. preparatory sessions for upcoming Special Session on Children, Commission on Human Rights session on children.
- Connecting knowledge with practice in the field - preparing guidelines on integrated family care which will include care and support for PLWA and their children, working with families to plan for the children’s future and support for the older generation of caregivers. A consultant has been engaged to work on this project

and to submit a first draft to the 5th International Conference on Home Care to take place in Chiang Mai, Thailand, in December 2001.

- Built up institutional knowledge through a visit to Southern Africa to talk to practitioners, representatives of governments, NGOs and UN organisations and to review programmes; literature search; links and information exchange with organisations such as UNICEF, Save the Children, HelpAge International and universities conducting research on the subject.

***Objective 7 Develop surveillance systems, international preparedness and fast response mechanisms for dealing with epidemics. Improve the Federation's health disaster mitigation, preparedness and response capacity at regional level through training, prepositioning of resources in coordination with DMC. Providing care to vulnerable groups.***

- Moves are underway to build regional emergency health capacity. The aim is to establish multi-sectoral disaster response capacity to a certain level in health, developed, managed and administered at regional level. It will form a base complementary to the overall Federation response capacity. Three regions are in the process of hiring staff assigned for this purpose and other organisational issues are being studied.
- Health response in floods is to be improved further. During recent floods in Assam, India, an innovative response system was tested, which includes training and development of local capacity to respond to future emergencies. This can serve as a template for a global response mechanism but needs further development and testing, including access to experiences of similar efforts in other operations.
- Via ICG (International Coordination Group - WHO, the Federation, UNICEF and MSF) strengthened the coordination and appropriate response to meningitis outbreaks in the Sub-Saharan region, especially targeting Ethiopia and West Africa, best utilising the low availability of vaccines.
- Chaired the Interagency Coordination Committee (ICC) for epidemiological surveillance of immunization controllable diseases and their status in Europe. The ICC is hosted by WHO/EU. TB control is now added to the terms of reference, enhancing the support for the Federation TB pilot programmes in the former Soviet Union. HIV/AIDS will be discussed for inclusion as well.
- Improved cholera preparedness and response by creating regional strategies for local response mechanisms. As a pilot effort of a wider programme, the Harare regional delegation drafted such a strategy, which is now to be made operational.
- Tested an innovative method of producing oral rehydration fluid from turbid and contaminated water, suitable for early response to emergencies. The Federation and other organisations tested the method during 10 different operations and in laboratories.
- Started to develop a simpler malaria testing strip which can be used by non-health staff in the field, without any access to reliable laboratories.
- Produced a CD-ROM and an Intranet version of HMS (health management systems) for use in emergencies to improve monitoring, management and planning. The system is to be enlarged to include a coordination package (for health coordinators) and a refined slimline drug management system.
- Produced a CD-ROM manual, Public Health Guide for Emergencies, together with Hopkins University. The CD-ROM has been widely distributed inside the Red Cross and Red Crescent Movement.
- Upgraded the technical capacity of the Emergency Response Unit (ERU) system in health. Its capacity was also expanded with two new members (Spain and Japan), who provided training and support. Their units responded well in the Gujarat earthquake, in India.
- Together with WHO, UNHCR and other agencies the Federation revised Guidelines for HIV/AIDS in Complex Emergencies.
- Together with UNFPA, WHO and UNHCR launched a major training programme for health coordinators and health programme managers to include reproductive health in emergencies (RHE). Out of 92 people trained, 16 are from the National Societies. Based on this successful training programme, a 3-5 year plan of action is being devised, to ensure that RHE is provided globally.
- Produced a CD-ROM food basket calculator (draft version) to be utilised in emergencies as well as in stable conditions, ensuring a balanced diet and nutrition to various categories of people with differing needs.

***Objective 8 Increase effectiveness of National Society water, sanitation and hygiene promotion projects and provide an effective technical support to them.***

- Produced a CD-Rom with comprehensive information on water and sanitation which was widely distributed to water-sanitation delegates and counterparts. Also produced and distributed a joint catalogue with ICRC on water-sanitation equipment.

### ***Constraints encountered and steps taken.***

- One of the major problems during the year was the limited capacity to scale up long-term, volunteer-based health interventions at field level. Much effort has been put into supporting technically improved and more innovative health programming by National Societies. While through this support, which focused on the African continent, 29 National Societies have been able to produce improved plans, more needs to be done as a priority.
- El Salvador and, particularly Gujarat (India) have also made very clear the need to improve in the transition from highly visible emergency health programmes to longer-term public health interventions.
- Concerning TB, the Ministries of Health of the countries of the former Soviet Union have been slow to fully accept the DOTS strategy. Moreover, the poor condition of the health infrastructure of these countries, including laboratories, makes it difficult to implement a comprehensive public health strategy. Finally, TB continues to be epidemic in prisons which results in the constant introduction of not fully treated TB cases into civil society.

### ***Lessons learned***

- The achievement of global blood safety and adequacy is only likely if collaboration continues between major institutions, with each using its comparative strengths to advantage. For the Federation this means exploiting its traditional leadership in advocacy for voluntary, non-remunerated blood donors, as well as working closely with WHO so that National Societies with developing blood programmes become aware of the WHO regional quality training programmes.
- The Federation's innovative partnership with an organization as different as GNP+ and its joint presence during the UNGASS on HIV/AIDS proved that by building strong partnerships at the global level it can have greater input and effectiveness.

### ***Contributions***

See Annex 1 for details.

### ***Conclusions***

Much has been done in terms of producing learning tools, such as the compilation of best practice and the production of technical guidelines to support the scaling up of the International Federation's health activities. Enormous progress has also been achieved in terms of the Red Cross Red Crescent's international profile on HIV/AIDS. It was recognized for its work in the UNGASS on HIV/AIDS' Declaration of Commitment. However, this profile needs to be translated into more resources and capacity at field level.

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*All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.*

*For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.*

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Health and care in the community						ANNEX 1
APPEAL No. 01.76/2001		PLEDGES RECEIVED				05.10.2001
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>CASH</b>						
REQUESTED IN APPEAL CHF ----->				<b>2'591'915</b>		<b>TOTAL COVERAGE 116.5%</b>
CASH CARRIED FORWARD				1'208'128		
AUSTRALIAN - RC				17'454	08.08.2001	BLOOD GENERAL
AUSTRIAN - RC				10'000	27.04.2001	BLOOD PROGRAMME
BRITISH - PRIVATE		20'000	GBP	48'250	25.01.2001	
BRITISH - GOVT (DFID GRANT)				550'000	03.02.2001	PARTNERSHIP IMPLEMENTATION PLAN 2001
DANISH - RC		647'500	DKK	132'155	30.08.2001	
FINNISH - GOVT/RC		67'275	EUR	103'059	01.06.2001	GLOBAL HEALTH PROGRAMME, HEALTH AND CARE
ITALIAN - RC		20'658	EUR	30'657	18.09.2001	AIDS NETWORK CONFERENCE
PRIVATE				380'250	25.05.2001	HEALTH AND CARE
SWEDISH - GOVT/RC		3'000'000	SEK	505'500	31.05.2001	HEALTH AND CARE
SWEDISH - RC		200'000	SEK	32'860	18.09.2001	HIV/AIDS NETWORK ERNA
SUB/TOTAL RECEIVED IN CASH				3'018'313	CHF	116.5%
<b>KIND AND SERVICES (INCLUDING PERSONNEL)</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES				0	CHF	0.0%