

Appeal 2002-2003



International Federation
of Red Cross and Red Crescent Societies

HEALTH AND CARE IN THE COMMUNITY (Appeal 01.65/2002)

Click on programme title or figures to go to the text or budget

Total *In CHF*
4,442,993

Introduction

Background and progress to date

For every life lost to disasters over 100 lives are lost to infectious diseases like diarrhoea, tuberculosis, HIV/AIDS, pneumonia and malaria. HIV/AIDS will kill more people this decade than all wars and disasters in the past 50 years. Since the AIDS epidemic began, 22 million have died, and more than 36 million people are now living with HIV/AIDS. In 2000 alone, some 5.3 million people became infected world wide.

Strategy 2010 outlines how the Federation can maximize its impact on community health and well-being; the strategy and priorities proposed in *Strategy 2010* form the basis for this global programme.

The great majority of National Societies' services world-wide are related to improving the health and welfare of vulnerable people. Domestically health and social welfare services account for the bigger part of National Societies' CHF 24.000 million annual expenditure. Internationally, health is a major component of most *ad hoc* emergency appeals; the proportion of our consolidated Appeal dedicated to health programmes has consistently grown since the year 2000. This is a recognition of the central importance of health as a critical input to development, as a fundamental right with a value in itself, and as a cornerstone of humanitarian assistance.

Following the adoption of the Ouagadougou Declaration in September 2000, the International Federation has made, during 2001, substantial progress in building a solid basis from which to scale up community based public health interventions: new structures were put in place to provide policy guidance and advice; progress was achieved in terms of making the Red Cross a better home for People Living with HIV/AIDS (PLWHA); operational guidelines and 30 detailed country plans were developed; new international partnerships were built and international advocacy took on a new dimension which led to Red Cross & Red Crescent volunteers being specifically acknowledged for their work in the UNGASS Declaration of Commitment.

At the same time, the international community is responding to the growing recognition that freedom from ill health is an important foundation for both poverty reduction and human security as well as a fundamental right with a value in itself. At the World Health Assembly, at the UN General Assembly Special Session on HIV/AIDS, and at the G8 Summits, firm commitments were made to an increase in the level of resources

available for global health. Governments, voluntary and private bodies are already starting to make these commitments effective.

Goal It is ultimately the role of government's to ensure that health and social welfare systems are capable of meeting the needs of populations, particularly the most vulnerable. However national societies can play a complementary role and make a significant difference to the health of vulnerable people by focusing on the household and community factors that are closely related to health outcomes.

The goal of this global programme is to improve health and care in the community and the Federation's response to public health crises, building on the achievements of 2001. More specifically, the Federation's focus will be on improving the capacity to:

- enable communities to reduce vulnerability to disease and to care for their people.
- prepare and respond to public health crises

Most of the Red Cross and Red Crescent work is in countries, in the communities, but a part of it is at the international level, providing international support to in country work. The global programme contributes to consolidating the integration of the Health team and improve its capacity to leverage the knowledge and capacity of its delegates and national society health advisers. More specifically, the objectives included in this global programme will develop tools and methodologies, document, and promote relevant good practice through innovative ways of knowledge sharing, while consolidating the partnerships initiated last year. Six strategic challenges set the scene for 2002-2003: improving the focus and consistency of our health advocacy efforts; scaling up; strengthening coordinated action at country level, demonstrating results/impact; generating new resources for long-term health interventions and building on the momentum of the past year.

Three strategic pillars frame the support that will be provided to National Society interventions through this global programme. They represent the three different ways through which Red Cross / Red Crescent Societies have an impact on the public health of the most vulnerable families and communities:

- **Advocacy:** *Strategy 2010* explicitly recognizes that "as much can be achieved through mobilizing people and influencing decision-makers – whether through private face-to-face advocacy or public campaigns – as through delivering services." Priorities for the year 2002 include:
 - ☞ fighting HIV-related stigma. Across the world, successful responses to AIDS have been built on respect for human rights, dignity of those affected, and social solidarity. The Red Cross and Red Crescent will make a major contribution to building this platform through a campaign defined by the General Assembly that is implemented in ways that take account of people's cultural traditions and social realities.
 - ☞ advocating for community support to elderly people, orphans and other children affected by HIV/AIDS.
- promoting the role of volunteers in first aid/initial response, integrating disaster preparedness and health at community level.
- **Build capacity to bridge the gap:** Regardless of the society we live in, there is always a gap between vulnerable individuals/households and the formal health and social welfare system. With a network of volunteers that work from within vulnerable communities, the Red Cross / Red Crescent will focus on household and community factors that are major determinants of health outcomes. Social mobilization, disease prevention, first aid, psychological support and community care form the core of these interventions, putting knowledge and tools in the hands of the people, facilitating and supporting processes that reduce vulnerability. While focusing on household and community factors requires a broad approach, a number of areas have been defined as global priorities for these interventions:
 - ☞ HIV/AIDS.
 - ☞ Tuberculosis and malaria.
 - ☞ Mother and child illness.

- Water and sanitation.
- Promotion of voluntary, non-remunerated, blood donation
- Responding to public health crises. Disasters cause, in many cases, major public health crises and public health crises are, in many cases, a major contributing factor to disasters. When the formal health system collapses due to a disaster, National Societies will take (on a temporary basis) a more comprehensive approach to health care while advocating and supporting coverage by the formal systems. Relief health and emergency water and sanitation programmes are central to the overall disaster response of the Red Cross / Red Crescent.

Objectives and planned activities

To enable communities to reduce vulnerability to disease and to care for their people this global programme will implement the following:

Objective 1 Assert Red Cross and Red Crescent leadership in first aid, and develop mechanisms/tools to ensure that these efforts result in profile, opportunities and resource mobilization for National Societies through innovative ways of knowledge sharing.

Activities planned to achieve this objective are:

- Support regional and topic networks through newsletters, web-based communications, sharing of training materials and working groups, paving the way for harmonization and regional quality standards.
- Innovation and development - new concepts, services and products (First Aid internet portal, First Aid kit design, and a quality reference system).
- Communications and targeted advocacy following up the recent UN Economic and Social Council resolution (supporting greater “Assistance to victims of road accidents”) including First Aid training for new drivers, periodical refreshment, and inclusion of First Aid kits in certain categories of vehicles and promoting complementary legislation at regional and country level. Expanding and supporting the concept of First Aid Day beyond Europe and central America.
- Brokering and coordinating international activities, building on the experience being developed with UNHCR.

Objective 2 Psychological support.

Activities planned to achieve this objective are:

- Consolidate the Psychological Support Programme (PSP) and the reference centre (were the centre to change from its current location in Copenhagen, this might require a revision of this component of the programme).
- Establish an operational strategy and action plan for psychological support.
- Maintain and further establish “International Working group for PSP” .
- Develop framework for PSP training working with and through both the International Working group and the Roster for PSP.
- Utilize and test in three regional PSP workshops in 2002.
- Develop psychological support tools for HIV/AIDS care providers. Strategy adopted to support HIV/AIDS care providers. Psychological support to care providers incorporated in home based care manuals

Objective 3 Scaling up of the household and community interventions that reduce vulnerability to HIV/AIDS and other communicable diseases.

Building on the experience accumulated through the ARCHI 2010 process, this programme will focus on:

- HIV/AIDS and related communicable diseases.
- support the implementation of global action against AIDS-related stigma: Reducing stigma & discrimination need to go together with and will enhance the impact of prevention, care and treatment. AIDS-related stigma is one of the key obstacles in accessing care for persons and families affected by this pandemic. Stigma is preventing people from seeking counseling and testing services, from seeking early care for opportunistic infections, and it is preventing people from adhering to treatments to prevent mother-to-child-transmission. These examples, and there are many more, mean that unless we address HIV/AIDS-related stigma, we cannot hope to succeed in our efforts. The objectives of the campaign are to: a) create an environment in which people speak openly about HIV/AIDS and the factors that make people more vulnerable to it and in which people are willing to be tested. b) ensure that PLWHA can receive appropriate support, care and treatment and can live full lives within their communities. c) create an environment in which PLWHA feel empowered to contribute actively to the AIDS response.
- Review and support the development of HIV/AIDS in the workplace guidelines for Geneva, delegations (including local staff), and national societies. Generate guidelines for managers supporting PLWHA in the Federation.
- support regional and national societies' efforts to scale up their volunteer-based health interventions. Main activities in 2002 include: TB lessons learned workshop; support integration of HIV/AIDS in all possible programmes and the development of volunteer management systems required for the scale up effort; ensure active participation at major conferences and events particularly the International AIDS Conference (planned for Barcelona in July 2002) which should become the first opportunity in which national HIV/AIDS coordinators from ground the world come together to learn and share their scaling up experiences. Support active contributions from the National Societies to the European and Asia/Pacific regional conferences. Participate in existing AIDS web-based discussions and create a system that can support better coordination with National Societies. Facilitate the generation of new resources: Support development of country plans and their consolidation into a global marketing document; conduct resource mapping; promote/support active participation in UN Theme group on HIV/AIDS; promote World Bank country partnership- extend Ethiopian Red Cross experience to other countries. Lead the evaluation of selected HIV/AIDS programmes in order to learn and develop models that can facilitate adaptation and replication as well as to build a track record/profile.
- Retain international leadership in the promotion of voluntary, non-remunerated blood donation through innovative ways of knowledge sharing. Maintain and enhance readership of the newsletter *Donor Recruitment International* (former *Transfusion International*) through better web-based distribution. Facilitate consolidation of the newly created Blood Advisory Group. Publish and distribute the active learning package "*Making a difference... working together*" and train volunteer blood donor recruiters. Consolidate the highly successful operational partnership established in 2001 and prepare for the international "VNRBD Day" (June 24)

Objective 4 Explore, compile and promote best practice (from within and outside the Red Cross and Red Crescent) regarding social welfare approaches and community services that provide support to vulnerable groups.

- advocate for community support to elderly people, orphans and other children affected by HIV/AIDS AIDS is uniquely devastating because young adults are most affected. The objective is to help the international community realize that within two decades, the hardest hit countries will have more surviving adults in their sixties and seventies than in their forties and fifties and the burdens of social cohesion and economic production will rest on the shoulders of grandparents and great-grandparents. The UN's World Assembly on Aging and Summit on Children provide unique opportunities for this.
- develop operational strategy for home-based care and support HIV/AIDS orphans and other vulnerable children.
- develop a framework for integration of social welfare and psychological support, particularly in emergencies.
- develop policy on intra venous drug use and harm reduction.

Objective 5 Strengthen surveillance systems, international preparedness and fast response mechanisms for dealing with epidemic outbreaks.

- Improve the Federation's health disaster mitigation, preparedness and response capacity at regional level through training, pre positioning of resources in coordination with DMC.
- Assist in developing strategies and approaches for post conflict programming and support.
- Further expand and improve the health aspects of the Emergency Response Unit (ERU) system, Field Assessment and Coordination Team (FACT), and Disaster Management Information System (DMIS).
- Develop more effective tools for disaster operations, especially various software.
- Further strengthening operational ties and cooperation with ICRC, UNHCR, WHO and others.
- Develop tools to facilitate the integration of psychological support, HIV/AIDS and Reproductive Health into the Federation response to emergencies.

Objective 6 Increase the effectiveness of national society water, sanitation and hygiene promotion projects and provide an effective technical support to them.

The following activities will be implemented to achieve this objective:

- Further strengthen and increase the global, regional and country based network of water and sanitation delegates and develop tools to facilitate their work more efficiently and more sustainable, including a rotation system of national society staff and delegates through Geneva.
- The wat-san programme in the southern Africa region is seen as a role model and will form the base for knowledge sharing and programme implementation in other regions.
- Strengthen the global partnership with organizations like OXFAM, MSF, UNHCR, UNICEF, ICRC to further streamline and standardize approaches and equipment.
- A revision and update of the Wat-San ERU equipment catalogue following the newly created modular system.
- Updating the wat-san CD-ROM (Mission Assistant) following the draft issue of February 2001.

Objective 7 Contribute to the implementation of a document management system to facilitate the capture and retrieval of all Federation produced materials.

Expected Results

In relation to improving health and care in the community, three partnerships are particularly critical to achieving the objectives highlighted above:

- WHO has been a long-standing partner of the Federation at the Geneva level. More needs to be done to work towards systematic and strategic partnerships at regional level. The Americas region provides a great opportunity to pilot a regional approach with the Pan American Health Organization (PAHO). Initial contacts with PAHO have been very positive and we are working towards establishing an operational partnership that would drive an ARCHI 2010 type approach for the region. Ten percent of the resources included in this global programme will be specifically used to support pilot regional / country activities that further the partnership.
- Our partnership with UNAIDS has become somewhat more operational as we have become members of the International Partnership against AIDS in Africa and the Caribbean regional Partnership. During the year 2002 we will work towards getting the status of "UNAIDS collaborative centre" for community/volunteer based interventions.
- Global Network of People living with HIV/AIDS (GNP+): initial contact was made in late 2000 and 2001 has seen growing collaboration in a partnership that has been endorsed by the Board of both institutions. This partnership is so crucial for the Federation's work in the areas of prevention, care and support and

fighting stigma that 10% of the resources included under the AIDS budget line will be specifically used to support pilot regional / country activities that further the partnership at that level.

- Comprehensive tools (publications, web-site) to promote best practice in the field of first aid available. Partnerships with relevant partners benefit national societies.
- Guidelines compile best practice and provide practical guidance to national societies regarding collective planning and scaling up of health programmes with community involvement.
- Red Cross and Red Crescent increases its profile and advocates more actively in this core area through National Societies participation at international fora and a more systematic approach to developing and promoting our health messages.
- Practical guidelines to assist national societies to develop community services that support vulnerable groups.
- National societies have access to a tool box and training modules and support that help them respond quickly and in a standardized way to health crises in relief situation, provide psychological support and deal with water and sanitation problems.
- Fully implemented document management system with all current documents transferred and catalogued being used by Federation members.

Indicators

- Tools/best practice compilations have been developed for the stated priorities utilizing methodologies developed within the knowledge sharing global appeal.
- Knowledge exchange and coordination (joint planning) of Red Cross and Red Crescent HIV/AIDS interventions has been achieved.
- Advocacy in health becomes more strategic and coordinated.
- More and better targeted health and care programmes in the appeal 2003.
- International partnerships evolve from knowledge sharing to joint planning and implementation at international and country levels.
- Good HIV/AIDS (and/or health) country plans.

Monitoring and evaluation

This global programme will be monitored, reported on and evaluated within the normal appeal structure and the requirements of all global programmes. The main implementation responsibility will fall on the Geneva Health Department, with progress indicators being tracked on a semi-annual basis. Progress reports will be prepared and distributed to all key stakeholders. Innovative ways of working will be identified and explored by which major contributors to this programme can become more directly involved in implementation as well as participate in monitoring and evaluation.

Critical assumptions

The Health Department is now staffed to initiate the activities described provided funds are made available early in the year. Support to regional and country health/community care programmes, including preparation of appropriate health response to emergencies, will take up most of the Department's staff time; this programme is based on the assumption that innovative ways to work through other departments, national societies and partners will continue to be developed.

[click here to return to the top](#)

APPEAL 2002 - GLOBAL PROGRAMMES								
Improve Health and Care in the Community and Restore Public Health in Crises								
Description	First Aid	Blood	Health in Emergencies	AIDS	Care for Vulnerable People	Psychological Support	Water and Sanitation	TOTAL
Programme Management Support	38'607	15'519	14'005	172'566	19'304	16'654	22'710	299'363
Technical Services Support	11'526	4'633	4'181	51'519	5'763	4'972	6'780	89'374
Professional Services Support	12'852	5'166	4'662	57'446	6'426	5'544	7'560	99'656
Subtotal Programme Support	62'985	25'318	22'848	281'531	31'493	27'170	37'050	488'393
Personnel	180'000			400'000				580'000
Subtotal Personnel Expenses	180'000			400'000				580'000
Travel and related	30'000	25'000	30'000	105'000	40'000	25'000	65'000	320'000
Information	90'000	60'000	50'000	1'334'600	60'000	50'000	75'000	1'719'600
Publications	1'000		20'000	10'000	5'000	10'000	5'000	51'000
Office expenses	4'000	10'000	10'000	10'000	5'000	10'000	5'000	54'000
Communications	5'000	10'000	5'000	60'000	30'000	5'000	10'000	125'000
Consultants	70'000	10'000	20'000	160'000	30'000	30'000	40'000	360'000
External Workshops	130'000	90'000	50'000	200'000	85'000	90'000	100'000	745'000
Subtotal Travel and General Expenses	330'000	205'000	185'000	1'879'600	255'000	220'000	300'000	3'374'600
Total Budget	572'985	230'318	207'848	2'561'131	286'493	247'170	337'050	4'442'993