

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

31 December 2004

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries.

For more information: www.ifrc.org

In Brief

Appeal No. 01.98/2004; Programme Update no. 2, Period covered: July to December, 2004; Appeal target: CHF 4,428,877; Appeal coverage: 76.4%

(click here to go directly to the attached Contributions List (also available on the website)).

Related Emergency or Annual Appeals: N/A

Programme summary: the Health and Care programme has proved an invaluable complement to regional and country-level efforts to scale-up the Red Cross and Red Crescent health response. In addition to funding global advocacy initiatives, the programme has made an important contribution to health and policy development and to the production of operational tools. The health portfolio and profile of the Federation continues to expand. As a consequence the Federation is facing increasing demands from other international organizations and partner agencies, obliging the Federation to perform at its full potential. Early and adequate support to this appeal proved vital, enabling most of the planned programme objectives to be fulfilled.

For further information specifically related to this programme, please contact: In Geneva, Health & Care Department, Dr. Bruce Eshaya-Chauvin, Head, Health & Care Department; phone: +41 22 730 4862; email: bruce-eshaya-chauvin@ifrc.org

This Programme Update reflects activities to be implemented over a one-year period. This forms part of, and is based on, longer-term, multi-year planning. All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

Operational developments

The International Federation's global Health & Care programme has become a complementary and invaluable instrument for introducing new approaches and meeting urgent and serious health care needs all over the world. In particular, it is targeting the most vulnerable in communities and reducing their exposure to today's major killing diseases such as HIV/AIDS, measles, malaria, diarrhoeal diseases, tuberculosis, and those faced during motherhood and early childhood. Already, there is some evidence of impact which is significantly contributing towards meeting the UN Commission on Sustainable Development Millennium Development Goals (MDGs).

Goal: The goal of this global programme is to improve health and care in the community and the Federation's response to public health crises. More specifically, to improve the Federation's capacity to:

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

Objective: The global programme focuses on areas where national societies have agreed to –and requested– a coordinated strategy and leadership from Geneva. The global programme objective is to lead a coordinated strategy, advocacy, production of tools and guidelines that enables national societies to:

- Reduce family vulnerability to HIV/AIDS and other infectious diseases.
- Remain the world's leading definer and provider of first aid, enabling individuals and families around the world to protect and save lives.
- Improve the preparedness for and the response to public health emergencies.

Tuberculosis: the objectives of the International Federation in tuberculosis (TB) control are designed specifically to address to the main constraints to effective TB control identified in close consultation with national societies, respective health authorities, and WHO. They are well defined, specifically directed towards the gaps in TB control, Red Cross and Red Crescent policy priorities, and TB guidelines.

The International Federation supports an auxiliary role of the Red Cross and Red Crescent Societies in TB programmes through social mobilization at the community level, advocating for internationally accepted TB control, active participation in the Country Coordination Mechanisms for the Global Fund to fight AIDS, TB and Malaria, supporting the implementation of WHO's policy on collaborative TB/HIV activities, sharing experience between national societies, providing technical assistance, assisting societies in developing monitoring, evaluation and research skills, and expanding the partnership in TB at country, regional and international levels.

Over 13 national societies are involved in TB projects, working hand-in-hand with TB authorities. Regular monitoring, evaluation, and research shows the positive impact of Red Cross and Red Crescent activities. The programme complements national TB services, particularly in health education and promotion, involving the Visiting Nurses Services (VNS) of the Russian Red Cross in care and support to more than 10,000 TB patients, monitoring DOTS, anti-stigma and anti-discrimination activities. The programme strengthens diagnostic capacities by supporting trained staff, new laboratory equipment, and procedures. There is also a strong focus on raising public awareness of TB and HIV.

Impact on beneficiaries:

- decreased defaulter rates in project sites.
- increased cure rates (Russia).
- improved links between prison and civilian TB services (Russia).
- increased knowledge of general population on TB.
- positive and promising progress to decrease stigma and discrimination associated with TB.

The Federation and individual Red Cross and Red Crescent's role in TB control is recognized by TB partners at country and international levels:

- National societies are invited in TB-working groups at country and regional levels.
- The Russian and American Red Cross and the Secretariat are members of the Stop TB partnership (June 2004).
- The Federation is a member of the DOTS expansion, advocacy, and communication working group.

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- The Federation is an active member of THE Training Collaborative at WHO EURO.
- In 2004 the Federation was selected as a member of Stop TB coordination board representing NGO's and technical agencies.
- The Federation expanded partnership with Eli Lilly, the Gorgas Foundation of Alabama University, GFATM (Romania and Myanmar).

The Stop TB partnership is developing a Second Global Plan to Stop TB, 2006-2015. The Red Cross and Red Crescent in each TB-affected country and at a global level is expected to contribute further in a structured and systemized way. The Red Cross and Red Crescent support stop TB to reach the 2015 TB control targets includes:

- reactivating the TB working group. The working group will develop the work plan in contribution to TB control.
- developing the Federation TB policy (presented in draft to the Health Commission in April 2004).
- revising the Federation's TB guidelines.
- developing projections for countries and regions on how to support the most effective way TB programmes can focus on global targets – treatment success and case detection. Inter-active planning exercises between national societies and other major partners and teams.
- intensifying social mobilization activities by the Red Cross and Red Crescent and improving the community focus of DOTS.
- increasing advocacy campaigns and develop the strategy for joint advocacy, together with other Stop TB partners.

The Red Cross and Red Crescent national societies are increasingly involved and providing support at various levels, contributing with financial and other resources, volunteers, and local knowledge. These have clearly become successful components in various partnerships formed with the UN, governments, WHO, the private sector and NGOs. The approach is proving effective, and after successes with polio, measles/malaria, and HIV/AIDS, it is envisioned that other partnerships and initiatives, some already under formation, will expand the impact upon other health problems.

Specifically, the integration of one campaign with another has proven feasible and cost effective. The American Red Cross-led Measles Initiative Partnership, which includes the Federation and many other agencies, has successfully integrated Insecticide Treated bed Nets (ITN) distribution with the measles campaigns. Using and benefiting from the measles campaign logistics and delivery systems, it has been demonstrated that rapid and high coverage can be achieved at lower cost. By the end of 2004, more than 160 million children had been immunized with more than 35,000 Red Cross and Red Crescent volunteers supporting these campaigns in 39 countries since 2001. In Togo, more than 909,000 long lasting ITNs (LLITNs) were distributed in 7 days during the December 2004 measles and polio campaign. Deworming medicine was also integrated in the Togo campaign. This nationwide coverage was preceded by smaller pilots in Zambia in 2003 where 82,000 ITNs were distributed during a one week measles campaign, and in Ghana (16,500 ITNS) in 2002. These are significant figures, and a considerable achievement that governments, WHO, UNICEF and other actors have rarely before attained. In October 2004, WHO reported an unprecedented 47% reduction in measles mortality in children in Africa since the beginning of the Measles Initiative Partnership in 2001.

The polio eradication campaign is making good progress, despite constraints encountered in Nigeria, India and Pakistan. The Federation and national societies have supported National Immunization Days (NIDs) in up to 8 countries with significant emphasis on Nigeria which is currently the global epidemic for polio. Nigerian Red Cross volunteers supported social mobilization and intense door-to-door polio vaccinations during both the October and November 2004 NIDs. Burkina Faso, Chad, Congo Kinshasa, Congo Brazzaville, Mali, Niger, and Senegal were recipients of funds in support of their NIDs.

The number of major emergency operations has been accelerating towards the end of the year. For various reasons, the health department had to be directly involved in the field, with FACT missions, ERU coordination etc. Bam follow up operations, Chad refugee crisis, Caribbean hurricane response (9 operations), and the Philippine Floods have all illustrated various weaknesses in the new Federation operational set up, including the response capacity in the Regional Delegations. There is a need for improved Public Health in Emergency capacity and improved performance indicators. First attempts to develop a cost calculation model using Bam and other Health ERU operations have been made, as well as identification of measurable indicators. This will improve statistical and reporting systems. For 2005, a major effort will be made to improve this in the Americas, South East Asia, MENA and other regions. As part of findings, constant feed back into the ERU training system is required, a process which has been intensified. Team leaders' operational capacity needs to be increased in many areas and special attention has been paid to that.

The Food Basket Calculator (FBC, Mark III) has been field tested and now ready for dispatch inside the Movement. It is now combined with a Distribution Module (DM), an integral part of the Federation's Humanitarian Logistics System (HLS).

The reproductive health in refugee settings programme started in earnest after the Great Lakes Crises in 1994, and starting in 2003 the Federation, as part of an Inter agency group led by UNHCR, conducted a one-year assessment exercise. The report, released in December 2004, highlights many programme achievements, but also illustrates shortcomings that need to be addressed in the future.

HIV/AIDS in emergency settings has become a critical issue, since many geographical areas with frequent disasters have high to very high HIV prevalence (up to 50%). An Inter Agency Guideline for HIV/AIDS Intervention in Emergency Settings was developed and is distributed widely. The Federation is following this up to see to what extent these guidelines are used, including field testing workshops.

Psychological support programmes in emergencies have made considerable progress. Several successful interventions are of note (Bam, Grenada, Beslan), where victims have been assisted, but also where much more attention has been paid to the field delegates and the national societies operational staff and their needs (e.g. in the Caribbean Hurricane operations). Furthermore, the Care for Carers Manual is now in final draft for field testing.

Afghanistan health care programmes are of specific importance with a complex set of challenges, where direct health management support was provided. Although there is relative peace in the country, the constant changes in the working environment require adjustments and changing approaches. A cost sharing approach is under development, based on experiences in Somalia.

Specific efforts have been made to learn from successful floods operations. Bangladesh provided a very good opportunity, where 66 health teams provided health care, with good effect. The systems used can be replicated elsewhere.

Specific progress, achievements, and constraints:

- A profile of the HIV/AIDS Anti-stigma Campaign was published as a Programme Feature in the international journal 'Sexual Health Exchange'. Copies of this journal are distributed to NGO's, International Organisations, schools, health care facilities etc. and reinforce the campaign messages and awareness in these circles. An update/ review article on the campaign was published the Red Cross and Red Crescent Magazine. For fundraising purposes a 2500 word article on the Masambo Fund was inserted in the film industry global circulation magazine called 'Factory Magazine'. Informational updates related to the HIV/AIDS Global Programme and Anti-stigma Campaign were posted regularly on the PassItOn e-forum. A story on the launch of the regional partnership between the Federation's Trinidad Sub-regional office in Port of Spain and the Caribbean Regional Network of People living with HIV/AIDS was published on the ifrc.org public website see <http://www.ifrc.org/docs/news/04/04102001/>.

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- The steering committee meeting at end of September finalized the NGO Code of Practice, and outlined a plan to transition to Phase 2. The code was presented to the Big 7 Youth Organizations meeting, with the suggestion that all endorse it as a framework for global collaboration. Over 160 NGO's endorsed the code for publication, and it was launched globally on World AIDS Day to broad acclaim. A taskforce is now preparing a hosting and governance model for Phase 2 and a proposal for donors. The Federation has been praised by many organizations for the excellent way it hosted Phase 1 of this project.
- The Federation's HIV/AIDS technical expert was asked to be a co-facilitator of the two-day GFATM Partnership Forum (a statutory requirement of GFATM) in Bangkok.
- The Federation's HIV/AIDS technical expert attended the meeting establishing the MENA HIV/AIDS Network.
- Two stakeholders meetings were conducted in Windhoek and Lusaka to examine the first draft proposals of the two national societies on comprehensive ART interventions. The inputs obtained were instrumental in the refinement of the proposals. The stakeholder meeting in Windhoek helped to engage the national society in discussions with Namibia's Ministry of Health to support resource mobilization. The ministry of health agreed to finance the ARV component of the project, while the national society will look for resources for the implementation of the community based and home care activities.
- The Federation met with a representative from the International Olympic Committee to discuss future collaboration in countries between the Red Cross and Red Crescent and the IOC on programmes related to HIV/AIDS prevention through Sports.
- Technical and organizational support was provided for the preparation of the Pan African Conference in Algeria, and to the Bangkok regional delegation and Australian Red Cross regional office during the International AIDS Conference in Bangkok, Thailand from 11-16 July. This included ensuring that the 80 Red Cross and Red Crescent delegates were supported. Bulletins of 'The truth about AIDS. Pass it on...' campaign kept Red Cross and Red Crescent delegates to the conference informed of sessions and events of interest to them during the week of the International AIDS Conference.
- Best practises on HIV/AIDS related stigma and discrimination and other HIV/AIDS related programmes were shared at the Central European Red Cross Red Crescent Youth meeting in Slovakia from August 25 to 29. The 8 Central European national societies (Latvia, Poland, Slovakia, Bulgaria, Czech Republic, Lithuania, Hungary and Estonia) produced a CD focused particularly on implementing 'Candle march' activities on 1 December.
- The launch of the regional partnership between the Federation's Trinidad sub-regional office in Port of Spain and the Caribbean Regional Network of People living with HIV/AIDS occurred in Trinidad from September 28 to October 2, 2004.
- The Masambo Fund achieved its 2004 fundraising target, and offered places for 40 people across 14 national societies. Considerable developmental work is needed for national societies to access this opportunity fully. A selection panel has been appointed and all forms for full 5 years of administration of each grant have been designed. The 2005 target is 150 places.
- Follow up meetings were conducted with Danish and Swedish Red Cross to secure a budget for placement of resource mobilization officer to support the 6 national societies in accessing funding support from potential donors.
- Meetings were held with the World Food Programme to explore collaboration in funding.
- Coordinated planning for an HIV/AIDS Communication session at the Global Information Delegates and Officers meeting in November.
- The draft of the 5-year HIV/AIDS proposal was submitted to the SIDA office. There will be an evaluation meeting in January 2005. The country plan for Nepal is planned jointly with WHO, one of the concrete examples of bringing WHO and national societies into closer collaboration since the signing of the agreement in September 2003.
- This closer collaboration was also established during the S. Asia flood response in joint evaluation and seeking technical support (watsan) especially in Bangladesh and Nepal.

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- The consultation with partners on the Indian Red Cross-led HIV/AIDS consortium is at its final stage with a 5-year HIV/AIDS plan developed (to be officially launched in the second week of January 2005).
- Working closely with the Asia Pacific department and the regional ARC office in Bangkok, a 5-year HIV/AIDS for the Asia Pacific region is being developed.
- Collaboration work continued for PLWHA and Home & Community Care of PLWHA Conferences in Lima, Peru in October 2005, and this was highlighted by the President in his World AIDS Day message.
- The Federation's HIV/AIDS technical expert represented the Secretary General at World Bank-hosted global strategy meeting on OVC's, which had a strong focus on the development of national plans, abolition of schools fees, and school feeding programmes as an incentive.
- Practical collaboration has started with AIDS Competence Constellation, including finalization of role description for partnership co-ordinator (with GNP+), trainer of first facilitator (President of RANWAC) and donors sought for the project.

HIV/AIDS - Harm Reduction / Europe Region: until recently, the main and almost exclusive model of HIV response by Eastern European national societies has been through good, but small scale, peer education support among young people. As the epidemic has expanded and matured, national societies, with the support of the International Federation, started to scale up activities by focusing on:

- reducing stigma and discrimination;
- preventing further infection; and
- providing care, treatment, and support.

Various national societies put different emphasis on one or another component – depending on the epidemic, the comparative advantage of the Red Cross and Red Crescent, and what other actors are doing. Nearly 30 are intensively involved in HIV education for the young, while others are engaged in harm reduction. This effort is set to be expanded next year.

In 2004, the Federation supported 15 national societies in Eastern Europe and Central Asia (Moldova, the Russian Federation, Belarus, Ukraine, Croatia, Armenia, Latvia, Lithuania, Estonia, Kazakhstan, Tajikistan, Uzbekistan, Bulgaria, Poland; and Macedonia) to develop and implement the Harm Reduction programmes for drug users. Projects supported by the Italian Red Cross mainly focus on increased access to sterile injection equipment (syringe / needle exchange), health education, and psychological support.

Almost all national societies in Eastern Europe are taking an active role in HIV/AIDS prevention among schoolchildren and other youth groups. The majority of these activities are aimed at raising public awareness on HIV/AIDS, and promoting healthy lifestyles through seminars and different events. National society youth departments regularly train volunteers as peer educators. Once trained, volunteers run the health promotion campaigns at schools, colleges and public places. In 2004, national societies expanded their activities and targeted the groups at highest risk – drug users and commercial sex workers.

National societies expended partnership with local organizations and networks of people living with HIV/AIDS/TB, organized events as part of the Federation global anti-stigma campaign, challenging popular myths, stereotypes and judgements that surround HIV/AIDS.

The European Red Cross and Red Crescent network for HIV/AIDS, tuberculosis and other communicable diseases (ERNA) has taken responsibility for monitoring national society programmes. Thirty-six European National Societies are currently members of ERNA.

Water & Sanitation related diseases: the Global Water & Sanitation Initiative (GWSI) has taken the lead in a coordinated response to MDG WatSan funding opportunities, facilitating a bid procedure for the EU-ACP Water Facility (a value of EUR 26 million. These proposals, covering 15 countries in Africa and the Caribbean, will be mostly multilateral in nature, with the Federation taking advantage of its International Organization status in partnership with EU national societies. The GWSI has set criteria to

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which national societies can adhere giving a 'common approach' to developmental WatSan programming to encourage continuity and act as an effective resource mobilization tool.

Linked to GWSI, a special focus is being made towards PLWHA who lack basic WatSan amenities at household level and who are recipients of Red Cross and Red Crescent Home Based Care support. A pilot project in three Africa countries will commence in 2005 to test simple household level technologies for water treatment linked to raising hygiene awareness and as a result, reducing morbidity and mortality among PLWHA who suffer from watsan-related opportunistic infections. The pilot may lead to scaling-up such an initiative, embedded in Red Cross and Red Crescent Home Based Care and ART projects. Funding for this pilot has been secured from corporate and Red Cross sources.

Linked to the above, the Federation has become a member of the International Network to Promote Household Water Treatment & Safe Storage, hosted by WHO, which acts as an information gathering network of agencies and research bodies (including the corporate sector) defining different approaches and technologies to increase low-cost, low-tech WatSan access at household level.

Further promotion and support to national societies who use the PHAST software methodology has resulted in the production of a Red Cross and Red Crescent PHAST Guidelines and toolkit. A final revision will be undertaken during the 1st Quarter of 2005 leading to publishing the final version, and subsequent dissemination and TOT courses at field level.

Malaria: The Federation made significant progress in integrating malaria into its health portfolio in 2004. In addition to participating and presenting at a number of international and national meetings, the following represent achievements during this period:

- Participation and presentations at the 4th annual Measles Initiative Partnership meeting on the integration of malaria (ITN distribution in Zambia).
- Development of the Federation's malaria policy and presentation to the Health Commission.
- Recognition in the UNICEF-WHO joint statement "Malaria Control and Immunization: a sound partnership with great potential".
- Hosted global malaria consultative meeting at the Federation in October (included WHO, UNICEF, UN Foundation, and 20 other partners and groups).
- Implementation of a nationwide malaria/measles/polio/mebendazole campaign in Togo in December 2004
- GFATM award of a USD 11 million grant for ITN distribution in Niger in 2005 (contingent upon administrative clearances).
- Development and co-sponsorship of Roll Back Malaria /WHO proposal to Dutch Government for 6 million Euro grant for African countries.
- Development of 2005 Malaria Programme Initiative Appeal.
- Agreement for assignment of malaria staff on loan from Norwegian Red Cross.
- Continuation of WHO/Federation agreement in support Africa Malaria Adviser in Harare.

Mainstreamed psychological and social support (PSP) in Federation policies and strategies, long-term programs and relief operations, with a particular focus on HIV/AIDS.

- Technical input provided for the Pan-African Conference in Algeria.
- Supervision of PSP consultant to Haiti and follow up on the mission findings.
- Technical support provided to FACT and PSP needs assessment in Grenada.
- Technical support to Myanmar delegation on PSP initiatives.
- Technical advice provided to the development of PSP in Taiwan and Indonesia on worker support and operations support.
- Technical input provided to the CIS TB programme on the integration of PSP elements.
- Technical support to and supervision of PSP needs assessment team and programme development in Beslan, Ossetia.
- Technical input to social welfare programming.

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- Presentation of the PSP policy and strategy at the European Network for Psychological Support given by a roster member.
- French version of the Community-based Psychological Support Training Manual printed.
- Care for the Carers guidelines ready, for printing, after substantial consultations.
- “How to Cope with Stress” manual revised and reprinted in four languages
- On-going technical support to the pilot regional psychological support programme in Middle East and North Africa (MENA). The programme provides technical training and supervision on how to integrate psychological support in core programmes of the MENA national societies. The programme further takes part in disaster response and provides back-up and technical support to the Iraq operations, the Bam earthquake, the Moroccan earthquake and follow-up of the Algerian appeal. Technical input provided to programme documents, appeal, proposal, and plan of action.
- Technical support provided to the Iran Bam operation, including supervision of PSP consultant.
- Collaboration with the French Red Cross on PSP in North Africa.
- Input provided to multidisciplinary health sector outline for Palestine.
- Worked on the new Agreement between Danish Red Cross and the Federation concerning the Federation Reference Centre for Psychological Support, where the profile is enlarged, to take over some functions earlier provided by the Secretariat.
- Reference Centre Web site can be reached under www.psp.drk.dk
- Coordination with Danish Red Cross on the Iran/Bam PSP operation.

Have retained international leadership in the promotion of voluntary, non-remunerated blood donation [vnrbd], ensuring a source of low risk donors.

- Close collaboration with IFBDO, WHO, ISBT, ADRP, for World Blood Donor Day.
- Discussions with PAHO and the Americas Department concerning colloquium 2005.
- Distribution of video “*Club 25 ...where blood donors love life*” a new tool to help national societies set up youth programmes relating to blood donation and HIV/AIDS education. Translation of “*Club 25 ...where blood donors love life*” video into other languages.
- Continued implementation of the toolkit “*Making a difference...recruiting voluntary, non-remunerated blood donors*” at country level. Preparation of 50 case studies for a new edition of Making a Difference Resource section distributed to Working Group members for review (*further work on this curtailed due to insufficient funding for WG meeting*).
- Publication of quarterly newsletter, *Donor Recruitment International* September issue.
- Liaison with Global Advisory Panel on Corporate Governance and Risk Management for national societies involved in blood programmes.

Objective 2: Remain the world’s leader in First Aid, enabling individuals and families around the world to protect and save lives.

Achievements:

- Participation of national societies in the World First Aid Day on 11 September 2004.
- Completion of Phase II of the European Road Safety Campaign, and preparation of the 3rd phase to be launched in 2005.
- Publication and distribution of the document entitled: “International harmonization of First Aid First recommendations on life-saving techniques”, the first-ever recommendations on the international harmonization of life-saving practices. This document is developed with input from First Aid providers, trainers, WHO, ICRC and other experts. The French, Spanish and Arabic translation will be produced in the near future.
- After review and discussion with Norasys on the usage of the First Aid intranet, agreed that the functions and systems will be modified and transferred to the Fednet.
- Support to the European and MENA regional network meetings. The European First Aid Reference centre has launched its website. Arabic versions of First Aid in the community, with adaptation and inclusion of 2 additional topics on psychological support and road safety, are finished. The process of developing the minimum standard of first aid for volunteers is underway,

including systems set up to ensure quality of programs. Pilot project on training of trainers using these manuals has started.

- Discussion with Nokia on closer collaboration continues, and the Finnish Red Cross is at a final stage before signing a project with Nokia to enable users to download first aid instructions via their mobile phones.

Objective 3: Improve the response to international Public Health in emergencies [PHiE and WatSan]. Have provided leadership, coordination tools & guidelines required to support a quicker and better response to public health in emergencies, with a smoother transition to reconstruction and rehabilitation.

Achievements: Public Health and Water and Sanitation in Emergencies:

- Follow up Iran, Bam earthquake: consultant in cooperation with the PHE unit completed cost analysis documents on the ERU as well as a document outlining ERU Health Indicators to be used in future and a paper for publication called “The emergency health response following the earthquake in Bam (2003): Morbidity patterns and implications for future emergency response planning”. Statistical data collection systems for ERUs (HMS) need to be further refined and become more user friendly.
- Questionnaire for performance assessment of health ERU was developed, based on Bam experiences.
- *Caribbean Hurricanes operations*: Provided substantial, indirect support for having FACT and assessments done in Grenada, Haiti, Cayman Islands, Jamaica and several other countries hit by several hurricanes. At one point, there were 9 emergency operations ongoing. Direct support was provided by deploying Fidel Font to Haiti. It has been a learning process to what extent such a massive and diverse operation can be managed by the Regional Departments. These operations shown a lot of field capacity, but there are a number of question marks how this can be managed and backstopped here. Provided technical coordination of several WatSan ERU deployments to Haiti.
- West Darfur, Sudan: monitoring the overall health situation, dialoguing with ICRC, WHO, UNICEF and others. Request for malaria intervention discussed.
- WHO; NEHK – IEHK: Inter Agency – WHO Interagency Emergency Health Kit is now completed, with some 20 changes in the composition. Above all, the antibiotic choice have been updated, malaria treatment changes and rapid diagnostic malaria sticks are included.
- The IASC Guidelines for HIV/AIDS interventions in Emergency Settings: has been distributed and a questionnaire sent out for feedback.
- Review on Reproductive Health Programmes in Refugee and IDP settings: the review is now ready. The report focuses on inter agency lessons learnt and experiences from the last five years of programme implementation.
- Interagency Coordination Committee meeting (ICC) on TB in Romania: ICC is hosted by WHO, with high attendance from various TB programme operators in Eastern Europe and Former Soviet Union.
- Upgrading operational capacity for floods operations: a weak area, where more efforts are needed. A real time assessment was conducted in Bangladesh, with a number of learning points on how health is dealt with.
- Participation in the Global Outbreak Alert and Response Network (GOARN) steering committee, identifying possible roles of the Federation and national societies, including epidemic response.
- Finalized Movement standardisation work on medical material and drugs and Health ERUs presented in the new ICRC- Federation ERIC (Emergency Items Catalogue).
- Started Medical Archiving System (MAS) aimed at preserving the most important documents from the past and in future, a base for assessments, reviews and research. The ultimate aim is to create a Movement system, with access through FedNet.
- WatSan software in emergencies based upon the PHAST methodology (PHASTER) is also in the formatting stage and will also be part of a revision of the Sanitation Module of the WatSan ERU

system. The Sanitation ERU module contents will be revised to include a 'stand-alone' capacity for future deployments.

- The watsan unit is actively engaged with a new 'WatSan and Health in Crises' coordinating group, focusing upon improved coordination of this component in large-scale disaster scenarios led by the WHO, with Unicef, UNHCR, Oxfam, IRC, MSF and others. This body is still being formed and in its early stages.
- A similar grouping of agencies from the Inter-Agency group on 'WatSan in Emergencies'. The Federation is an active member and through this body is collaborating on production of a new 'Excreta Disposal in Emergencies' field manual and is in final negotiations to enter into a more formalised operational partnership with OXFAM.

Contributions list below; please click here to return to the title page and contact details

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->				4,428,877	TOTAL COVERAGE 76.4%	
CASH CARRIED FORWARD				488,577		
AMERICAN - RC		4,531	USD	5,739	18.03.04	INTERNATIONAL COLLOQUIUM
AMERICAN - RC				3,000	04.03.04	MALARIA PUBLICATION
AUSTRALIAN - RC		800	USD	1,012	01.07.04	REGISTRATION FEE AIDS CONFERENCE
AUSTRIAN - RC				10,000	21.04.04	BLOOD PROGRAMME
BRITISH - GOVT/DIFD GRANT 2004				300,000	29.01.04	
BRITISH - RC		20,000	GBP	45,720	12.08.04	SENIOR WATSAN OFFICER
ELI LILLY EXPORT SA		20,000	USD	25,290	13.10.04	KAZAKHSTAN TB PROJECT
ELI LILLY EXPORT SA		40,000	USD	45,800	15.12.04	KAZAKHSTAN TB PROJECT
FINNISH - GOVT/RC		125,000	EUR	192,000	01.06.04	HEALTH AND CARE
FINNISH - GOVT/RC		20,000	EUR	30,720	01.06.04	HEALTH OFFICER
FOUNDATION BOARD		95,370	USD	109,199	05.10.04	GLOBAL PROGRAMMES
GERMAN - RC		600	EUR	945	22.03.04	GOOD PRACTICE GUIDE
ICELANDIC - RC		700,000	ISK	12,390	18.11.04	
ITALIAN - RC		180,000	EUR	280,710	03.05.04	TRAINING ACTIVITY
NORWEGIAN - GOVT/RC		3,300,000	NOK	620,400	14.05.04	HEALTH & CARE, HIV/AIDS, INFECTIOUS DISEASES
NORWEGIAN - RC		2,200,000	NOK	412,500	29.10.04	HEALTH & CARE, ITN KENYA/MOZAMBIQUE
PRIVATE DONORS				3,287	08.04.04	
SWEDISH - GOVT		2,400,000	SEK	408,000	09.07.04	HEALTH & CARE
SUB/TOTAL RECEIVED IN CASH				2,995,289	CHF	67.6%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
USA	DELEGATES			73,200		
AUSTRIA	DELEGATES			28,600		
GREAT BRITAIN	DELEGATES			68,200		
CENTER FOR DISEASE CONTROL	DELEGATES			73,200		
DENMARK	DELEGATES			73,200		
WHO	DELEGATES			73,200		
Note: due to systems upgrades in process, contributions in kind and services may be incomplete.						
SUB/TOTAL RECEIVED IN KIND/SERVICES				389,600	CHF	8.8%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT

Health & Care

ANNEX 1

APPEAL No. 01.98/2004

PLEDGES RECEIVED

25/01/2005

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	