

Appeal 2005



International Federation
of Red Cross and Red Crescent Societies

HEALTH AND CARE

Appeal no. 05AA088

Appeal target: CHF 4,451,903¹

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries.

This document reflects a global programme and related activities to be implemented in 2005, and the related funding requirements. For further information concerning this programme please direct enquiries to: Dr. Bruce Eshaya-Chauvin, Head, Health & Care Department; phone: +41 22 730 4862; email: bruce.eshaya-chauvin@ifrc.org

Note: this global programme made significant progress in 2004. Please ask the Federation's Health and Care Department for a detailed description of achievements to date.

For further information on programmes or operations in other countries or regions, please also access the Federation website at <http://www.ifrc.org>

Click on figures below to go to the detailed budget

Programme title	2005
Health and Care	4,451,903
Total	4,451,903

Context

The Federation's partners agree on the main priorities in health, but challenges remain in ensuring that all the intended beneficiaries are reached. Economists widely agree on how important it is to invest in health, emphasizing that "health is good for development and development is good for health". The Millennium Development Goals (MDGs) describe targets considered essential to achieve this, and represent a political commitment that all national societies can contribute as auxiliary to their own governments. The Federation has broadly aligned and designed this global health programme with the MDG's.

Five deadly diseases (HIV/AIDS, measles, and malaria, tuberculosis or TB, and childhood diseases such as pulmonary infections, diarrhea, and pregnancy related ailments) contribute towards approximately 20 million deaths a year, most of them affecting children in developing countries. Most of these maternal and childhood diseases are preventable and easily treated with access to basic health care. Combating these diseases, and addressing Public Health in Emergencies (PHE) globally, is a major Federation task and challenge.

¹ USD 3,818,424 or EUR 2,936,529.

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This global programme defines objectives responding to specific national society requests for Secretariat leadership and coordination in terms of advocacy and health promotion, development of tools and guidelines in core areas, especially for control of HIV/AIDS and other communicable diseases and vaccines for preventable diseases, community health (including Community Based First Aid or CBFA), water and sanitation, international Public Health Emergencies, psychological support, and blood. The Federation believes it can make a difference by supporting national societies with basic interventions in these areas, based on advocacy, creation of awareness and social mobilization.

Poor hygiene and limited access to safe water are major culprits of childhood disease, such as diarrhea and respiratory tract infections. More than 3 billion people worldwide still lack access to safe water and sanitation facilities, making them vulnerable to the most common childhood killers, especially in developing countries. To better address this challenge, and based on existing capacities developed over the last ten years of both emergency and developmental water and sanitation programming, a new Federation Global Water & Sanitation Initiative (GWSI) is being launched. As an important complement, greater efforts will be made to further operationalize the Participatory Hygiene and Sanitation Transformation (PHAST) methodology, the foundation for increased community participation in water and sanitation programming.

Emerging and re-emerging communicable diseases and epidemics require a scaled-up response and designs for new approaches. The Federation plays an important role in mobilizing and supporting national societies to respond to these situations. Polio is close to eradication worldwide, an operation where the Federation plays an important role. Tuberculosis (TB) kills 2 million people each year and it is still spreading. The Federation TB programme approach has proven effective and now needs scaling up in other high burden countries.

The Measles Initiative led by the American Red Cross heralds a new way of working with partners within the movement and with governments, UN agencies, global foundations and the private sector. The Measles Initiative partnership includes the American Red Cross, the US Center for Disease Control (CDC), the UN Foundation, WHO, UNICEF, the Federation and others. More than \$60 million has been raised since 2001, enabling ministries of health in Africa to vaccinate more than 140 million children in 29 countries. The partners plan to reach more than 200 million children by the end of 2005. WHO and UNICEF have reported a major decrease of 30+% in measles mortality in Africa since these campaigns were initiated. Many African countries are now reporting zero cases of measles, an unprecedented achievement in line with meeting the MDGs. It is making a difference and documents impact.

The success of the Measles Initiative has led to innovative integration of other critical services, already piloted in Ghana and Zambia. Large-scale free distribution of Insecticide Treated Nets (ITNs) was integrated with the measles vaccination activities, reaching impressive distribution levels of 14,000 and 82,000 respectively. These demonstration projects were highly successful in achieving rapid and high coverage in the most vulnerable populations, and both pilots achieved and surpassed the Abuja malaria targets in less than 10 days. This new approach has resulted from the Measles Initiative and is showing an effective way forward by integrating not only the distribution of ITNs, but also Vitamin A and deworming treatment.

Initial evaluations of the integrated approach are very encouraging. As a consequence of these pilots and other efforts, in February 2004 WHO and UNICEF released a joint statement in support of the intervention "Malaria Control and Immunization: A Sound Partnership with Great Potential". This is a clear example where civil society partners like the Federation can have a profound effect on global policies and strategies to respond to the needs of the most vulnerable. Building on successful pilots in Ghana and Zambia, a more ambitious effort to achieve nationwide coverage and a major impact on malaria morbidity and mortality is taking place in Togo, with support from the Canadian and Norwegian Red Cross Societies, the Federation, and the Measles Initiative partners. The Togo operational and impact research and evaluation will carry on well into 2005, and the results will be extremely important for implementing future, similar operations.

To expect the unexpected and be prepared to deal with it is an important approach of the Federation's Public Health in Emergencies (PHE) activity, including water and sanitation (WS) and Psychological Support Programme (PSP). The Federation Health Department is coordinating with the Federation's Operations Support Department (OSD) in further developing and improving systems and tools such as Emergency Response Units (ERUs), Field Assessment and Coordination Teams (FACT), Regional Disaster Response Teams (RDRTs), and the Disaster Management and Information System (DMIS).

Outside the Movement, the comparative advantage of the Federation, with national societies and volunteers in the community, provides a unique grass roots-level operational presence which is increasingly “recognized” by governments, UN agencies and other organizations that do not have this network and cannot reach “the most vulnerable and unreachable”, in routine programmes as well as in emergencies. This has triggered growing interest for forming partnerships with the Federation and several global Memoranda of Understanding (MoU) are under development. An agreement has been signed with the University of Geneva as a first step of a strategy of working more closely with universities in general.

This 2005 global programme builds on the 2004 achievements. Some activities need to be continued, while other elements are introduced to further enhance the efficacy existing programmes and development of new, global approaches. This is crucial for the success of the Federation’s integrated health and care programming and development (*note: given the size, scope, and importance of the Federation’s efforts in this health sector, the programme has made significant strides and achievements in the course of 2004. For a more detailed description of the background and achievements, please refer to the contact details on the title page of this document*).

Overall Programme Goal: to improve health and care in the community² and contribute to meeting the MDGs by:

- **enabling the communities to reduce vulnerability to disease and to care for their own people.**
- **preparing national societies and communities to respond to public health crises.**

Objective 1: with a focus on HIV/AIDS, community health and regional coordination, epidemic control and communicable diseases, and blood, 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.**

Expected programme result(s); and related activities for this objective: strengthened national society ability to scale up comprehensive evidence based HIV programmes, and ensure that the particular contribution of the Red Cross and Red Crescent to the global AIDS response is well understood and developed.

- Evaluate the Global AIDS Programme 2002 – 2005, particularly progress against the scale-up objectives and the depth of the institutionalisation of the response.
- Support the implementation of the Red Cross and Red Crescent treatments access model in 6 countries, including development of necessary tools and guidelines, and support other national societies to join the initiative.
- Take a lead role in harmonisation of the 7th International Conference on Home and Community Care of PLWHA, and 12th International Conference of PLWHA, in Lima Peru in October 2005, to strengthen good practice (support attendance of 15 PLWHA from within Red Cross and Red Crescent, 15 regional network representatives, HIV Governance Group, and 4 Secretariat resource persons. Sponsor the Home and Community Care Conference and organise high profile booth area, contribute to local and international organising committees, and support development of quality abstracts and presentations for both these conferences).
- Provide technical assistance to national societies to prepare papers to submit for oral presentation at the Conferences.
- Mobilize national societies, communities, and PLWHA groups to utilise the AIDS Competence process in partnership with the Constellation for AIDS Competence. (Develop a work plan with Constellation for

² Ultimately, it is the role of government’s to ensure that its health and social welfare system is capable of meeting the needs of its population, 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.

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AIDS Competence, to support Regional AIDS networks to utilise the process. Hold an AIDS Competence Fair in conjunction with the Conferences in Peru).

- Enhance good practice and accountability to beneficiaries though utilise the NGO Code of Good Practice to guide the secretariats work with national societies.

Further built-up the partnership with PLWHA and their organisations, and together undertake Phase 3 of the global anti-stigma campaign.

- Complete handover of moderation of the PassItOn e-forum from Health and Development Network (HDN), but continue partnership with HDN to mentor moderators, and train key correspondents. Expand membership from 400 to 600, and increase the number of people participating actively in the forum.
- Undertake the development work to renew the campaign tag line (e.g. Humanity...Pass it on...) to re-invigorate the campaign in late 2005 and to remove ambiguity, and via communications experts assist NS to develop the capacity to identify stigma issues at country level, and develop appropriate interventions.
- Produce two editions of the PassItOn newsletter, one communications pack, and one audio visual product. Through a shared Partnership position and work plan (based on Nairobi model) support the capacity building of PLWHA organisations and national societies utilising the Global Network of People living with AIDS (GNP+) resource 'Positive Development', and enhance GNP+ efforts to increase representation work with international organisations based in Geneva.
- Introduce Ambassador's of Hope missions to at least 2 regions that urgently need this work, and media training.

Further developed and supported the utilisation of tools and guidelines for national society work.

- Refine draft HIV prevention guidelines 'Educating Desire' with a particular focus on gender, community mobilisation, mass communications, targeting for effectiveness, and publish multiple languages. HIV prevention must be revitalised to parallel treatments roll out.
- Further develop the community home based care model though testing and implementation of care for carers guideline.
- Define a Red Cross and Red Crescent Palliative Care model, and develop partnerships and a proposal for implementation in at least one country.
- Continue to support the harm reduction capacity building work plan for Eastern Europe and Central Asia in partnership with the Italian Red Cross.
- Support development of a HIV/AIDS Strategic Plan for Europe, development of the India HIV/AIDS Consortium, and scale-up of the response in China and Indonesia.
- Collaboration with ICRC and UN Office for Drugs and Crime (UNODC) to develop a Federation model for HIV response in the prison system building on existing relationships and TB interventions.

Supported resource mobilisation for scaled up HIV/AIDS response.

- Co-ordinate fundraising for at least 6 national society treatment programmes.
- Support GFATM development, including advice to Vice Chair and Developing Country NGO alternate board member, and advocacy to ensure renewal and expansion of the Fund.
- Enhance national society ability to undertake advocacy work and access and co-ordinate local funding opportunities from GFATM, embassies, private sector and other donors.
- Support national societies to successfully manage principle recipient or sub-recipient roles in the GFATM structure.
- Support the strategic direction of the Big 7 Alliance of CEO's of large youth organisations to collaborate to scale-up the involvement of youth in the HIV response.

Community Health and Regional Coordination: increased the capacity and number of national societies to use the developed community based health framework and documented the lessons learned.

- Review existing policies and operational guidelines related to CBFA, TB, MCH and others to ensure that regional initiatives (ARCHI, Equity and Health in America's) programs and services remain relevant to the needs of the vulnerable.
- Organise a forum to have national societies presenting their experiences and lessons learned to contribute to the global health response and its challenges.

- Develop a community based health framework based on the lessons learnt from CBFA, TB, MCH, HIV/AIDS and Public Health in Emergencies/Health Information Team (HIT) approach, harmonized with the tools and approaches jointly developed in Health & Care, DP and OD.
- Secure mid to long term commitment among partners to develop operational strategy and coordinating mechanism to using this framework and document its impact.
- Secure mid and long-term commitments for 2 regions and a number of national societies to develop strategies and coordinating mechanisms among partners to use and document the impact of using this framework.
- Increase support and co-ordination to regions/countries to develop support and monitoring mechanisms with clear indicators to measure progress and performance.
- Increase recognition by key public health partners of the Red Cross and Red Crescent's role and profile of the Red Cross and Red Crescent in the public health intervention and community development.

First Aid/Community First aid: remaining the world's leader in First Aid (FA), enabling individuals, households and communities with knowledge and skills to protect and save lives.

- Revalue and market First Aid/CBFA as a strategic response to social and health needs and to increase the capacity of human resources (volunteers and staff) and income.
- Document good practices and lessons learnt and share across countries and regions to develop strategies to incorporate different FA programs/DP and other health priorities, such as road safety and psychological support to build the capacity of national societies.
- Develop a toolbox for FA/CBFA programs and services including the guides on harmonizing FA techniques and FA in the community.
- Support regional certification processes and contribute to development of an international certificate in FA with quality assurance mechanism.
- Through the collection and sharing of First Aid knowledge and innovations, contribute to building an enabling environment for a wider access to First Aid.

Communicable disease and epidemic control: provided the leadership, coordination tools & guidelines required to support the scaling up of TB, measles, malaria and polio programmes and response mechanism to epidemics, including newly emerging diseases (e.g. SARS).

TB:

- Support active participation in the WHO training initiative in Eastern Europe, to maintain active Federation and national society engagement in TB/HIV working group for a global response to the intersecting TB/HIV epidemics.
- Ensure Red Cross and Red Crescent representation in the DOTS Expansion Working Group and other TB forums.
- Develop a strategy on how to scale-up national society voluntary based TB/HIV activities in high burden countries focused on community involvement and social mobilization.
- Support the development of Red Cross and Red Crescent Home-based care modules for TB patients.
- Integrate TB components in ongoing Home Care projects for PLWHAs in African countries.
- Facilitate in organizing the annual Red Cross and Red Crescent Working Group meeting to support new ERNA initiatives in TB and HIV/AIDS through knowledge sharing; participate in ERNA Board meetings.
- Revise the Federation guidelines for TB, adding TB/HIV and MDR-TB components providing technical support to pilot the MDR-TB project in Kazakhstan, and apply for new programmes in other countries.
- Ensure support to start TB programmes in high burden countries outside Europe.

Measles:

- In support of the Measles Initiative, funds will be provided to national societies submitting social mobilization proposals that are integrated with the national plans. Eleven candidate countries have been designated by WHO/AFRO for conducting supplemental immunization campaigns in 2005. It is estimated that at least 6 of these countries will be supported through the national societies.
- The Federation will participate in the Measles Initiative annual donors meeting in February 2005 to profile national society achievements in 2004.

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- The Federation will depend strongly on the Measles Initiative partnership to coordinate and integrate activities and funds from the separate appeal - Programme Initiative - Integrated Malaria and Community Interventions.
- Participate with UN agencies and the Measles Partnership in media events marking the historic reduction of measles morbidity and mortality in Africa and achievement of MDG targets in late 2005.
- Promote national society participation in national planning, especially through the Interagency Coordinating Committees (ICC).
- Support Federation regional delegations to enhance their capacities to provide technical and logistical assistance to national societies participating in measles campaigns.

Malaria:

- Provide limited support to the Programme Initiative - Integrated Malaria and Community Interventions, and ensure successful implementation in two countries.
- Provide limited support to the innovative Togo "Keep-Up" multi-year programme (see Programme Initiative Appeal for details).
- Strengthen the Roll Back Malaria (RBM) and Federation Secretariat collaboration, and facilitate RBM consortium in Central Africa (CARN).
- Communicate and coordinate with other malaria partners in the private sector (CORE) to achieve synergy in advocacy, national society in-service training on malaria, and in country level programmes.
- Promote national society participation in national malaria committees.
- Support Federation regional delegations to enhance their capacities to support national societies in their malaria efforts.

Polio:

- The Federation will support national societies to assist in the "Epicenter" of African polio epidemic - Nigeria. This will be a priority in 2005 in order to contribute to achievement of WHO's polio eradication target date.
- Support will also be provided to WHO priority countries of India and Pakistan as well as African national societies where imports from Nigeria have re-ignited national outbreaks. Niger is currently a top priority with other West African countries (up to 10 countries) as eligible to receive support provided they submit national society community social mobilization proposal that are integrated and part of the national plan.
- Participate in global, regional and national polio eradication consultative meetings as part of "end-game" planning.
- Support national societies in polio priority countries to fully participate in national programmes and efforts.

Blood: have retained international leadership in the promotion of voluntary, non-remunerated blood donation, ensuring a source of low risk donors continues to be available.

Develop advocacy tools for the promotion of voluntary, non-remunerated blood donation and to assist national societies by providing monitoring and evaluation tools to constantly improve their performance in maintaining and motivating new blood donors. To publish an updated resource section of existing toolkit *'Making a Difference'*, containing a wide selection of recent examples of best practice in motivation and recruitment of voluntary blood donors. Maintain and enhance readership of the newsletter *Donor Recruitment International* through better web-based distribution and through provision of Arabic translations. Equip volunteers and paid staff in national societies with learning opportunities in blood donor motivation techniques, in close collaboration with WHO for joint regional training workshops. Embarked on four initiatives directly impacting on public health care and global blood safety and adequacy:

- Extension of Club 25 programmes which now sees Red Cross Youth around the world playing a lead role as voluntary blood donors and also in creating a culture of healthy life-styles among their peers as these young donors take on roles of HIV/AIDS peer educators and health promoters. A new Club 25 video, available in three languages, with an accompanying leaflet outlining the basic steps needed to create Club 25 programmes, has helped implement Club 25 programmes as a most economical public health model.
- Detailed preparation for the 10th International Colloquium on Recruitment of voluntary, non-remunerated blood donors (Chile, South America, March 2006) including collection of abstracts for presentations and an outline of a full day workshop on Club 25 programmes in Americas and elsewhere.

- Follow up to the inaugural World Blood Donor Day with celebrations now established as an annual event, with more than 100 participating countries and National Blood Services using this day as an occasion to recognize voluntary blood donors and to gain increased political commitment and support for ongoing promotion of voluntary blood donation.
- The provision of context-specific development support to national societies through the various activities of the Global Advisory Panel, for example the implementation of a new Self Evaluation tool to assist national societies with blood programmes.

Objective 2: focus on Public Health in Emergencies (PHE) and water and sanitation in preparing for and responding to public health crises, including disaster situations.

A major part of the Federation's activities entails continued efforts to reduce risks caused by natural disasters, to support national societies to prepare volunteers to respond to the needs caused by natural, complex and industrial disasters. National societies will increasingly be called upon to respond to chronic emergencies, the "silent" crises (eg reproductive health, maternal and child health issues) as well as explore their roles in "new" emergencies (climate change, chemical and biological warfare emergencies, assistance to changing patterns of health and disease from mobile populations and new patterns of settlement, ageing of the population etc). This includes maintaining and further improving achievements made and standards achieved in response to health crises, as well as directing attention towards new trends and changing needs.

The recovery and performance of health systems following major disasters is a crucial component when trying to achieve smooth transition phases from relief to rehabilitation programmes for the most vulnerable, and needs to be looked more specifically into. National societies are playing an increasingly essential role in this.

Expected programme result(s); and related activities for this objective: provided leadership, coordination tools & guidelines to support a more efficient, accountable and coordinated response to Public Health Emergencies (PHE) and water and sanitation with a smoother transition to reconstruction, rehabilitation and development. PHE capacity of national societies in 3 regions was enhanced.

Public Health in Emergencies (PHE)

- Undertake mapping of PHE activities and needs of national societies in cooperation with regional health officers at the Federation Secretariat.
- Develop guidelines for PHE operations consolidating and building on best practices and pool of accumulated experience, including psychological support and water-sanitation.
- Support trainings (ERU/FACT/RDRT), support revision of training curricula and materials to further enhance harmonization of emergency health approaches in cooperation with the Operations Support Department. Provide specific technical support to selected national societies with ERU aspirations. Promote new profile of "relief health".
- Enhance PHE capacity of national societies in the Americas, MENA, South-East Asia regions and more systematic approaches to PHE through trainings in cooperation with Regional Health Officers (RHO) and RDRT mechanisms. Support integration with existing disaster response tools and systems, seeking integration with CBFA, psychological support and water-sanitation where applicable.
- Finalize work on the Emergency Needs Assessment Methodology with the inter-sectoral working group and ICRC and disseminate new tool for rapid assessments in disasters.
- With the Disaster Preparedness (DP) Department, continue working on food security in emergencies: testing the distribution module of Food Basket Calculator (FBC), support integration of FBC and DM to be integrated with Humanitarian Logistics System (HLS).
- Continue work with IASC Task Force on HIV/AIDS in Emergencies: complete field test of "HIV in the Emergencies Guidelines" manual. Evaluate feed-back from field testing. Adopt guidelines for Movement operations. Start developing training curricula and integration into PHE and RDRT trainings. Harmonize with health ERU trainings.
- Based on the IASC Working Group on Reproductive Health in Emergencies' review apply recommendations to Movement operations tailored to national society needs. Harmonize with existing Federation reproductive health guidelines. Integrate with ERU trainings, where applicable.
- Look into accountability and legal health issues in disasters, analysing recent health data and statistics from ERU deployments. Exploring costs in emergency interventions to develop best practices in support of national societies.

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- Monitor emerging disaster and disease trends, cooperate with climate change officer.
- Continue work on post emergency rehabilitation and early transition from relief to rehabilitation programming. Continue work on the cost sharing and sustainability analysis for health centres in Afghanistan in terms of community participation to health centre management and sustainability, through a consultant, building on lessons learnt from Somalia.
- Initiate systematic archiving of operational data, statistics and reviews/reports/evaluations from Federation health care operations as well as other organisations major research and evaluation documents. This is to preserve institutional memory and a more solid basis for review and research.
- Maintain and deepen partnerships with WFP, WHO, UNHCR and seek new ones for operational research.
- Represent PHE at conferences and within technical focus groups to advocate for Movement tools.
- Continue the coordination of the ERU health working group, ensuring technical improvement and maintenance of standards, introduction of new approaches, etc.
- Equip all ERU/Health PNS's and their ERU Team Leaders with operational tools (Flash Memory) containing all guidelines, standards, codes and Standard Operational Procedures necessary for successful ERU operations.
- Field test Zero fly tarpaulins for malaria control in emergencies, together with the water and sanitation unit.

Psychological Support Programme

PHE Unit has ensured a coordinated psychological and social support in emergencies, all in close coordination with the Copenhagen PSP Reference Centre, and in accordance with the 2004 Federation – Danish RC agreement.

Water and Sanitation (WS): the Federation WS Policy (2003) lays out responsibilities in both the disaster response context and the approach to developmental WS programming. WS in Disaster Response and Preparedness remains a core activity, and maintaining a global position is vital for the Federation. The Global WS Initiative (GWSI), still in its infancy, is perceived as the way forward to a ten year developmental commitment to the 'Federation's contribution to meeting the WS MDG's' and being an effective WS player during the second UN Decade for Water, 2005-2015.

Disaster Preparedness and Response Activities: coordination and technical support in disaster response, research and further development of response mechanisms will continue in cooperation and coordination with other humanitarian organizations active in Disaster Response. The ERU/FACT/RDRT system maintains a 'pool' of trained human resources for rapid deployment, combined with mostly standardized equipment/material packages. The Federation's proven capacity in safe water supply continues to operate well by providing effective rapid assessments, deployment of experienced WS delegates and/ or ERU modules. However, much of the morbidity and mortality in post-disaster scenarios relates to poor or inadequate sanitation facilities, or poor hygiene practice. The existing response capacity to sanitation needs in disasters only partly addresses the problem, and needs upgrading together with the national societies concerned.

Planned activities:

- Produce a field manual 'Excreta Disposal in Emergencies' together with Oxfam, Water, Engineering and Development Centre (WEDC), and UNHCR.
- Redesign the Mass Sanitation ERU module, field test it, and include the 'rapid' latrine concept.
- Adapt the PHAST methodology to be integrated into the standard disaster response and the ERU system.
- Revisions and updates of the WS ERU manual and parts and the CD 'WS Mission Assistant'.
- Continue coordination of the ERU technical working group where deployment experiences are shared, new technologies are reviewed, and planning of joint ERU training and curricula development is carried out.

The Global WS Initiative (GWSI): the GWSI concept provides a framework within which national societies can increase their contribution to meeting the WS/Health components of the MDG's. The GWSI does not limit national society participation to multilateral activities, but encourages a common approach, methodology, timescale and economy of scale.

- Develop a new support function, at the global and regional/country level, to assist national societies to assess and identify beneficiary groups that meet with some basic criteria as expressed in the GWSI, and develop long-term WS programmes accordingly.

- National societies requesting assistance in their WS programming will continue to be supported at the regional or country level, or directly from the Health & Care Department in Geneva, but with greater emphasis on larger and longer term WS programming.
- In an attempt to "outsource" and with the aim to address a wider range of much needed activities, discussions are ongoing with the Austrian Red Cross to establish a WS Reference Centre, to.
 - Screen and test new technologies.
 - Conduct operational research, studies, and evaluations.
 - Document and disseminate of best practices, lessons learned.
 - Establish and strengthen links to universities, joint partnerships and projects.
 - Market, publish, print documents, presentations, train.

The 'software' component in developmental WS: without sound base line data, effective engagement with beneficiary groups, improved and more realistic monitoring and evaluation and in general, true long term developmental objectives cannot be realised.

- Develop and publish a PHAST field guideline and easy to use base line and M&E toolkit and provide TOT courses for use of these guidelines at select regional/country delegations, and conduct follow-up missions to measure PHAST usage and replication.
- Further internalise and fine tune the GWSI at all levels leading to an official launch. Further engagement with potential partners and donors at all levels.
- Establish the preparation of 5 GWSI country proposals worldwide with national societies who meet the GWSI criteria for presentation to potential partners and donors.
- Continue and expand key representation at international fora to improve Federation positioning and external partnering vis-à-vis the UN Decade for water to be launched 2005. Continue playing a key role with external partners at the Inter-Agency Groups Public Health Forum during 2005 and other such opportunities. Implement a Global WS Delegates workshop covering core DR/DP issues as Developmental WS Issues especially the GWSI and PHAST.

Please find detailed budget below; click here to return to the title page and contact details

BUDGET 2005

PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA088

Name: HEALTH & CARE

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	0	0	0	0	0	0
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0	0
Land & Buildings	0	0	0	0	0	0	0
Vehicles	20,000	0	0	0	0	0	20,000
Computers & telecom	19,000	0	0	0	0	0	19,000
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	39,000	0	0	0	0	0	39,000
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	0	0	0	0	0	0	0
TRANSPORT & STORAGE	0	0	0	0	0	0	0
Programme Support	289,374	0	0	0	0	0	289,373
PROGRAMME SUPPORT	289,374	0	0	0	0	0	289,373
Personnel-delegates	2,470,000	0	0	0	0	0	2,470,000
Personnel-national staff	0	0	0	0	0	0	0
Consultants	203,000	0	0	0	0	0	203,000
PERSONNEL	2,673,000	0	0	0	0	0	2,673,000
W/shops & Training	341,600	0	0	0	0	0	341,600
WORKSHOPS & TRAINING	341,600	0	0	0	0	0	341,600
Travel & related expenses	382,930	0	0	0	0	0	382,930
Information	454,000	0	0	0	0	0	454,000
Other General costs	272,000	0	0	0	0	0	272,000
GENERAL EXPENSES	1,108,930	0	0	0	0	0	1,108,930
TOTAL BUDGET:	4,451,904	0	0	0	0	0	4,451,903