

# Mid-Year report



International Federation  
of Red Cross and Red Crescent Societies

## Health and Social Services

Appeal No. MAA00001

10 August 2010

This report covers the period 1 January to 30  
June 2010.



The Gambia Red Cross Society mobilized 520 volunteers to participate in the March, April and June polio rounds. In this photo, Ms Fatou Gaye, GRCS staff member, vaccinates a child against polio. **IFRC/N. Petersei**

### In brief

**Programme outcome:** For the first half of 2010, technical support was provided to the zones and National Societies via visits, conferences and mobilizing experts within the Red Cross and Red Crescent health networks. Technical tools, evaluation advocacy reports were used by National Societies to further improve their community and emergency health interventions, and to position themselves among external and internal partners. The International Federation of Red Cross and Red Crescent Societies (IFRC) has further positioned their engagement with key partners in malaria, polio, measles and voluntary blood donor recruitment.

**Programme(s) summary:** A meeting was organized for the secretariat health team in Geneva and in the zones to further define the way forward working as one global health team. This was followed by teleconferences. Interventions of the contribution of Red Cross Red Crescent in polio, measles and climate change were delivered in the World Health Assembly 2010.

In the first half of the year, IFRC responded rapidly to the disasters in Haiti and Chile. In the Haiti operation, nine health and five water and sanitation Emergency Response Units (ERU) were deployed. HIV and malaria programmes supported the mainstreaming of their interventions into the emergency response activities.

There is a significant expansion of activities in TB, malaria, polio and measles, community-based health and first aid (CBHFA) and global water and sanitation initiatives (GWSI). In tuberculosis (TB) programmes are now in Southern Africa, the East Africa region and Asia, supporting the Indian Red Cross Society, the Red Cross Society of China, and the Ethiopian, Namibian and Azerbaijan Red Cross and Red Crescent Societies. The polio and measles initiatives mobilized approximately 9,000 Red Cross Red Crescent volunteers in 14 national polio and measles campaigns. The GWSI submitted another 35 new countries on top of its ongoing activities in 40 countries, aimed to increase its reach from five to seven million people in 2015. More than 80 National Societies participated in community-based health and first aid activities, with 40 of them

responsible for follow-up on their action plans.

The lessons learnt and results from a global evaluation in polio, a mid-term evaluation on HIV programmes conducted in the Southern African zone, a global review of the human pandemic influenza programme and in depth evaluations of the emergency operations in Haiti and Chile, will further improve Federation programming and services. In CBHFA, a full set of indicators and baseline tools were developed and piloted by National Societies. This is part of a commitment to strengthen the monitoring and evaluation systems in all programmes.

There are also activities bringing strong links across different interventions, such as in TB, HIV, malaria, CBHFA, polio, measles and maternal and newborn child health (MNCH).

A lot of progress has been made on partnership development and humanitarian diplomacy efforts in health and on behalf of the most vulnerable communities. In 2010, IFRC was elected member of the GAVI Alliance Civil Society Organization Constituency. It chairs and supports the extensive work of the Alliance for Malaria Prevention (AMP) global malaria partnership. WHO and the IFRC have also jointly launched the Global Framework for Action towards 100 per cent voluntary numerated blood donor recruitment. The South African TV celebrity, Ms. Gerry Elsdon, was also appointed as the Red Cross Red Crescent TB advocate.

**Financial situation:** The total 2010 budget is CHF 7,070,332 (USD 6,778,320 or EUR 5,113,650), of which CHF 6,802,421 (96 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 2,653,056 (38 per cent) of the budget.

**[Click here to go directly to the attached financial report.](#)**

**No. of people we have reached:** In 2009, a total of 17,859,735 persons were reached with prevention messages and 281,453 PLHIV and orphans received psycho-social support from 70 National Societies.

**Our partners:** The IFRC is establishing partnerships with different organizations at the global, regional and national levels which are centres of excellence on different aspects of HIV programme interventions. The Red Cross Red Crescent is an active member of the Roll Back Malaria partnership internationally, regionally and at the country level. IFRC also chairs the AMP's "Expanding the ownership and use of mosquito nets."

Within the Global Polio Eradication Initiative, the IFRC plays an increasing role in global advocacy for polio eradication. IFRC is a member of the first GAVI CSO Steering Committee.

IFRC's way of addressing TB and MDR-TB is through active partnerships that include the private sector such as Ely Lilly. IFRC actively collaborates with the Stop TB Global Partnership, WHO offices and other major stakeholders. It continues to chair the selection committee for the STOP TB Partnership-supported grants for programmes by civil society organizations, and is a member of WHO's collaborative efforts on trainings on TB and working groups on MDR-TB.

In water and sanitation and emergency health, the IFRC continues its relationship with the water , sanitation and hygiene (WASH) cluster; the Inter-Agency Technical Working Group made up of UNICEF, Oxfam, Accion Contre la Faim (ACF), Médecins sans Frontières (MSF), ICRC and others); with the global health cluster; and in other technical working groups with WHO, UNICEF, and other partners.

At the global level, the IFRC works in coordination with DFID, USAID, Roche, relevant United Nations agencies, the CORE Group, the Academy for Educational Development and InterAction. Through the funding from USAID, collaboration with the CORE Group, AED and United Nations Pandemic Influenza Coordination (UNPIC) was initiated and an Operations Committee was formed.

## Context

The disasters in Haiti and Chile required additional resources on top of an already over-stretched human resource capacity. Delays were seen in the recruitment for staff in community-based health and first aid and HIV. Too many priorities were also taken up by too few staff. Zonal health and care coordinators faced similar challenges. The development of the maternal newborn and child health programme was delayed due to the expansion of the work in polio and measles. The departure of the head of the department since February and the uncertainty in the department's structural change also created gaps in the overall leadership and management.

All staff have an extremely high workload. It has been difficult to manage the different priorities and demands. The lack of a head of the department for almost six months has delayed a few key departmental priorities, such as the review of the current global health and care strategy, and the discussions on health and Strategy 2020. There has also been a lack of coordinated effort to dialogue and negotiate relationships with external and internal partners. In some cases, this has led to delays in incoming funds from donors. However, despite all these challenges; the staff, the unit managers and the acting head of the department shared many of the responsibilities, and the department maintained its services to both National Societies and the zones. There has been significant progress in all areas of work despite the under-resourced situation.

There are also innovative ways to work together, and to bring in additional experts from National Societies and regional networks such as the Reference Centre of the European First Aid Education Network. These efforts in cross learning and maximizing the use of expertise in the Red Cross Red Crescent network are appreciated by all parties.

## Progress towards outcomes

### **Maternal, Newborn Child Health(MNCH) and Immunization**

#### **Outcomes**

##### **Component outcome 1**

- Harmonized Red Cross Red Crescent involvement in maternal, newborn and child health component areas through consolidated activities and increased involvement in global MNCH partnerships.

##### **Component outcome 2**

- Reduced morbidity and mortality due to measles, polio and other vaccine-preventable diseases from increased access and uptake of supplementary and routine immunization services. Ninety per cent global reduction in measles mortality, and zero countries reporting polio cases.

#### **Achievements**

The programme provided technical support and resources to the zones/regional offices and National Societies for their effective involvement in mass measles and polio immunization campaigns to reach related global immunization vision and strategy targets. During the first half of the year, funds from the Global Measles & Polio Initiative were provided to 14 National Societies for polio and measles campaigns. Within the global vaccination community, increasing emphasis is being placed on better linking immunization to broader benefits in newborn and child health. As proper uptake and availability of vaccination services could reduce child mortality by a further 25 per cent, the link between MNCH and immunization remains an area of Federation advocacy.

## **1. Linking immunization and MNCH**

Building upon the IFRC's strength in immunization, and working with vaccination partners, progress towards contextualizing the contribution of routine immunization to child survival has been made in 2010. Childhood vaccination and particularly the introduction of pneumococcal and rotavirus vaccines has the potential to reduce mortality by a further 25 per cent. Vaccination also strengthens health systems and provides a platform for other MNCH interventions, such as ante-natal and early childhood care. The IFRC is working with Red Cross Red Crescent partners to develop a MNCH framework, presently exploring options for external support for this piece of work. An advocacy report on immunization and MNCH is also under development.

## **2. Support to National Societies**

A full update on immunization activities is available in the Global Measles & Polio Initiative update. Activities financed by the Global Initiative mobilized approximately 9,000 volunteers to contribute to global partnership efforts to reduce measles morbidity and mortality and move towards polio eradication. Technical support was provided to National Societies for the development of campaign proposals, with a focus on linking mass immunization and social mobilization with longer-term CBHFA plans and MNCH.

## **3. Participation in global partnerships - Global Polio Eradication Initiative (GPEI) and Measles Initiative (MI)**

The programme team continued to coordinate with GPEI and MI agencies as a key civil society member of these global vaccination partnerships. Within the GPEI, the IFRC has played an increasing role in global advocacy for polio eradication, and is written into the recently launch Global Polio Eradication Strategic Plan 2010-2012. Within the MI, the IFRC is supporting partnership efforts to raise awareness around the severe funding shortage and resulting measles outbreaks in a number of countries.

## **4. The GAVI Alliance Civil Society Organization Constituency**

As a long standing partner of the GAVI Alliance, the IFRC is a significant member of the civil society organization (CSO) constituency. In 2010, the CSO constituency agreed upon a formal structure (evolving out of the former CSO Task Team), and the IFRC was elected as a member of the first GAVI CSO Steering Committee. In order to better support the formation of the CSO group supporting the GAVI Alliance mandate, a communications focal point was hired to work part time on the constituency. This position is being hosted at the secretariat in Geneva.

For an update on immunization activities, go to the [Global Measles and Polio Initiative programme update 2010](#)

## **First aid and Community based health and first aid (CBHFA)**

### **Outcome**

#### **Component outcome 1**

- National Societies are supported to effectively implement the CBHFA approach in order to reduce morbidity and mortality caused by injuries and health priorities through an integrated community-based approach to disease prevention and health promotion.

#### **Component outcome 2**

- National Societies are supported to effectively scale up and make quality first aid education and activities accessible to all, in order to reduce morbidity and mortality caused by injuries and diseases.

## Achievements

### Technical programme support

- Resource people were mobilized and technical support provided via phone conferencing to zonal, regional master facilitators workshops. This included the first volunteers workshop conducted in Spanish in Chile. Translated version of the CBHFA materials are available in Spanish, French and Arabic.
- A delegate training workshop was organized in Finland with the support of the Swedish and Finnish National Red Cross Societies. International health advisors and delegates from more than 10 Partnering National Societies attended. They left the workshop with a better understanding of the CBHFA approach and the use of different tools. Many of the delegates were already supporting National Societies with their implementation.
- Technical support was provided to the European First Aid network annual meeting. More than 30 National Societies discussed Strategy 2020 and first aid. National Societies agreed that the development of first aid education and services by 2020 will be based on the analysis of changing trends and needs in their countries. This includes vulnerability and the changing social and economic factors impacting on the accessibility of first aid to all.

### Support to monitoring and evaluation

- As a follow up action of a global lesson learnt workshop on CBHFA in 2009, a set of indicators were finalized after a long consultation and harmonization process with different sectors. This includes a set of indicators to monitor the capacity development component of National Societies using the approach. This is done with full support of the Performance and Accountability department. Some National Societies have started to use the indicators in their programme planning and proposal development.
- A draft of the baseline survey and a simple user guide are now being piloted in Cambodia, Sri Lanka, Indonesia (Java) and Malawi.

### Develop a global resource pool

- Regular communication and networking among the resource people are continuing. A newsletter was published and circulated in January 2010 on key events and updates. More than 300 participants and over 80 National Societies participated in different workshops. More than half of these National Societies followed up on their action plans.

### Partnership and international first aid guidelines

- A draft of the first Federation guideline on first aid and resuscitation is compiled. The guideline is based on the consensus of science in first aid developed in partnership with the International First Aid Advisory Body.

## Voluntary non remunerated blood donation (VNRBD)

A global framework for action to achieve 100 per cent VNRBD has been developed jointly by the IFRC and WHO. It forms an integral component of IFRC's capacity-building toolkit for all National Societies. The framework outlines broad goals, strategies and action points that will enable countries to move towards 100 per cent VNRBD, and proposes a series of interlinking strategies and suggestions for concrete action at the national and community levels to scale up VNRBD programmes with heightened commitment and support from governments, partners and other stakeholders in the following areas:

1. Creating an enabling environment for 100 per cent VNRBD.
2. Fostering a culture of VNRBD.
3. Building and maintaining a safe, sustainable voluntary donor base.
4. Providing quality donor service and care.

IFRC supports the advancement of global health security by promoting safe and sustainable blood systems, with a particular emphasis on promoting VNRBD, and advocating effective blood systems to governance and risk management.

With a focus on Global Agenda Goals 1 and 2, the secretariat, in association with GAP (Global Advisory Panel on corporate governance and risk management for Red Cross Red Crescent blood services), has the following objectives for 2010-2011:

- Provide context specific development support in VNRBD for National Societies.
- Promote best practices for the recruitment and motivation of VNRBD.
- Develop/enhance partnerships to maximize available resources to promote VNRBD.
- Maintain IFRC's leadership role in promoting voluntary, non-remunerated blood donation in order to secure improved global blood safety and adequacy.

## Achievements

1. Continue IFRC's support to National Societies to increase and build capacities and abilities to be effective auxiliaries to governments in promoting VNRBD. Major outcomes include:
  - Launching of the WHO and IFRC *Global Framework for Action towards 100% voluntary blood donation*. The working document was released on World Blood Donor Day (14 June 2009). In the interim period, WHO and IFRC finalized the framework so it is now available globally. This framework will help forge strong partnerships between health authorities and civil society to better ensure the safety and availability of blood transfusions of the most vulnerable, who need this as part of their treatment
  - Worldwide celebrations for World Blood Donor Day embraced more than 150 countries. The related *Melbourne Declaration* in support of 100 per cent VNRBD triggered a most significant WHA Resolution, WHA63.12 "Availability, safety and quality of blood products."
  - Twenty Club 25s registered interest for a five-year impact study 2010-14 *new blood for the world* which will monitor progress at the country level in terms of blood safety and the wider areas of health promotion.
2. WHO, the IFRC's key partner in blood safety and availability, has released the following data for the year 2010, (based on WHO's global database of blood safety - GDBS - and blood safety indicators).
  - Sixty-two countries reported collecting 100 per cent, or more than 99 per cent of blood supplies from VNRBD, as compared with 57 countries in 2009.
  - Fifty-six countries reported an increase of, or greater than 10 per cent in VNRBD, as compared to previous figures. Among them are 52 low- and middle-income countries

## Constraints and challenges

The scaling up of the polio and measles activities at the national level, and the increased engagement of the IFRC in the GAVI Alliance Civil Society Organization Constituency, the GPEI and the MI have impacted on the progress of the maternal newborn child health portfolio. The balance among different priorities and the limited resources have also affected the development of the monitoring and evaluation tools on CBHFA. There is an urgent need to pull in information from National Societies in order to monitor the progress and quality of the implementation of their approach.

## HIV

### Progress towards outcomes

The achievements being registered are encouraging. There is an increasing tendency towards the target set for the end of 2010. The biggest factor retarding progress is the funding gap.

#### **Achievements**

##### **GA on HIV programme deliveries**

Based on data collected from the zones and National Societies, the HIV team at the secretariat in Geneva was able to compile a global report on HIV programme deliveries for 2009. In total, 70 National Societies submitted data on programme deliveries. Over 90 per cent of the National Societies which submitted reports are those which signed up for the GA approach, and are also implementing comprehensive HIV programmes. This is the second time that the HIV team is able to capture programme performance data at the global level from such a significant number of National Societies.

The compilation and analysis of the received data reveals that in 2009, a total of 17,859,735 persons were reached with prevention messages, and 281,453 PLHIV and orphans received psycho-social support from 70 National Societies. Of these, 51 per cent were reached in Africa, showing that the National Societies in Africa exerted more efforts to scale up their programmes and reached more people with prevention messages, as well as rendered support to those infected and affected.

With respect to resource mobilization, the report showed that a total of 34,721,176 Swiss francs were mobilized by the 70 National Societies. This represented only 0.3 per cent of the global spending on HIV (13.7 billion US dollars) in 2009. It is important to note here that Red Cross Red Crescent National Societies, because of their capacity to mobilize and involve the community, are able to reach more people and deliver services with relatively little resources. On the other hand, this is also a reminder that the IFRC needs to work harder to get a better share of the globally available resources for addressing the challenges of HIV.

##### **Development of tools**

The English version of the HIV Prevention Guidelines has been translated into Spanish, French and Arabic, and the printing of the translated versions is underway.

##### **Capacity building**

In February 2010, the HIV team at the secretariat in Geneva in collaboration with its zone office in Panama organized a master trainer's course on IFRC's training package. Twenty-two professionals from nine National Societies and from the zone office were trained as master trainers on all eight modules to help the respective National Societies conduct the training of trainers (TOT) courses, and to cascade down these skills to the branch and volunteer level. To date, a total of 130 master trainers were trained from National Societies in Southern and Eastern Africa, South and South East Asia and in the Americas.

##### **Learning from performances and facilitation of knowledge sharing**

The global HIV team at the secretariat in Geneva supported the Southern Africa zone office to conduct a mid-term evaluation of the GA on HIV programme performances of the ten National Societies in Southern Africa.

Major work has been completed to involve about 50 National Societies in the 18th International AIDS Conference in Vienna in July 2010. Guidance has been sent to all National Societies to encourage them to participate in the conference, and to also submit abstracts on their programme performances. Accordingly some National Societies have submitted abstracts and a few of them have been accepted by conference organizers. At the same time, preparation is underway to organize a Federation satellite meeting on the eve of the conference, focusing on facilitating experience and knowledge sharing among National Societies on lessons learnt from the Southern

Africa mid-term evaluation, from other regions' performances and, from invited professionals from WHO, UNAIDS and UNODC on the integration of TB and HIV programmes and on the scaling up of harm reduction programmes related to injecting drug use (IDUs) and HIV infection.

### **HIV in emergencies**

The HIV team at the secretariat in Geneva continued to support the mainstreaming of HIV into the IFRC's emergency response activities. It is actively participating in the global IASC sub-committee on HIV in humanitarian settings, and has sent the newly developed guidelines to the Panama zone office to help them facilitate the implementation of HIV-related activities in the natural disaster that occurred in Haiti.

### **Partnership with people-living with HIV (PLHIV)**

The HIV team at the secretariat in Geneva continued to support the Red Cross Red Crescent network of PLHIV (RCRC+) in 2010.

The RCRC+ members in the Americas have been active in expanding their membership within the region. They have also been active in supporting the implementation of GA on HIV programmes. All members of RCRC+ in the Americas actively participated in the master trainers course that was conducted in Panama in February 2010. Following the master trainers course, RCRC+ members conducted their own planning meeting. The HIV team from the secretariat in Geneva participated in the meeting and gave them the necessary support.

### **Advocacy**

In collaboration with the secretariat's communication department, a working visit was conducted to Ukraine and Belarus to see and document the good work carried out by the two National Societies in harm reduction. The Ukraine harm reduction work was also filmed by a professional group from England. The coordination of the work was arranged by the zone office in Budapest. Based on compiled and documented data on harm reduction, an advocacy paper on the need for expansion and the scaling up of harm reduction programmes is being developed.

### **Programme integration**

In the new organizational structure of the health and social services department, HIV, TB and malaria global programmes have been structured under one unit. This allows the integration of HIV and TB programmes. Currently efforts are underway to facilitate programme integration wherever feasible.

### **The Masambo Fund Foundation**

The Masambo Fund Foundation was established by the secretariat in 2004, with the objective of supporting Red Cross Red Crescent volunteers and staff living with HIV in accessing ART and related assistance such as nutritional support, transportation etc. The HIV team at the secretariat in Geneva has expedited the disbursement of the fund to the people reached by the different National Societies. Currently the available funds have been effectively sent to them, and efforts are underway to enhance fundraising. Moreover, the English version of the booklet that captures the foundation's performances, including testimonies of people reached and future funding needs was developed, printed and distributed to National Societies in 2009. It has also been translated into Spanish and French. The booklet is being used as a marketing tool to increase funds for the foundation. The current focus is on mobilizing resources for expanding support to PLHIV who are on ART. The demand for the funding support from National Societies has dramatically increased.

### **Constraints or Challenges**

For National Societies and zones, the major constraint remains a shortage in funding to scale up HIV programme implementations in line with the GA on HIV approach.

At the secretariat in Geneva, a major challenge for the HIV team in the first semester of 2010 has been the shortage of a technical person. The work on HIV has been coordinated only by the manager of the unit, in addition to coordinating the TB and malaria programmes. In the new

structure, in addition to the manager, only one senior officer post has been allowed for HIV. The recruitment of the officer is done and the officer will resume work in September.

No technical staff member at the secretariat in Geneva is dedicated to output 3 of the GA on HIV, which is still underdeveloped. The principles and values department is keen to create a position in their department to work on HIV-related stigma issues, and to take the lead on delivering the three-year UNAIDS collaborating centre agreement.

Most donor National Society support for the HIV part of the health and care appeal has come six months or later into the year and is earmarked, making it very difficult to effectively carry out programme activities. Therefore, most of the expenditure for the first six months had to be recoded, doubling the workload for the HIV unit, with its already limited human resources.

## **Malaria**

### Progress towards outcomes

1. Immediate post-mosquito net distribution Hang Up and multi-year Communities Fighting Malaria (formerly Keep Up) activities integrated within community-based health and first aid activities (where they exist).
2. Expansion of malaria-specific technical support provided to National Societies.
3. Chairing the Alliance for Malaria Prevention (AMP) global malaria partnership.

### **Achievements**

Immediate post-mosquito net distribution Hang Up and multi-year Communities Fighting Malaria (formerly Keep Up) activities integrated within community-based health and first aid activities (where they exist).

- Federation-supported net distribution and Hang Up activities will take place in Burkina Faso, the Democratic Republic of the Congo (DRC), India, Indonesia, Malawi, Nigeria, Sierra Leone, and Tanzania. Home management of malaria activities will take place in Kenya.

Expansion of malaria-specific technical support provided to National Societies.

- There are two full-time malaria technical delegates in the Africa zone; one based in Dakar, one based in Johannesburg. Support for project finances and reporting is provided by a finance and reporting delegate based in Dakar. Additional technical support is provided by the malaria team at the secretariat in Geneva as needed. Exchange visits between National Societies planning and implementing malaria activities will be supported in the second half of 2010.

Chairing the AMP global malaria partnership.

- IFRC hosted the 2010 AMP partners meeting during the first quarter of 2010. In addition IFRC will host the AMP Administrative Assistant position for a twelve month period. In the first half of 2010 AMP has supported two monitoring and evaluation trainings, in French and English, for twenty eight countries. AMP has conducted 15 technical support missions to countries. During the first half of 2010, AMP has conducted thirteen technical support missions to countries and rolled out two monitoring and evaluation trainings in sub-Saharan Africa with participants from twenty five countries.

Advocacy

- At the European Union level, the IFRC is supported through a grant from the Gates Foundation to conduct European and southern advocacy. One of the project's priorities is advocacy on the Red Cross Red Crescent contribution to the Millennium Development Goals (MDGs) during the MDG summit that will be held in the last quarter of 2010. The project supported the joint parliamentary assembly of European parliament and Africa, Caribbean, Pacific countries; extensive activities at the European

Parliament for World Malaria Day 2010; and the strengthening of linkages to the RBM and GFATM boards.

- During the second half of 2010, IFRC's regional office in Yaoundé, Cameroon will host the RBM Central Africa Regional Network (CARN) focal point. CARN coordinates partner support on technical and operational issues going to scale with effective malaria control interventions to eight central African countries.

## Constraints or challenges

The main constraints or challenges faced during the first six months of 2010 were delays in finalizing National Society 2010 – 2011 proposals. Difficulties arose with the Ministry of Health national malaria control programmes defining their net scale up strategies and schedule. The programme was also delayed due to the early departure of the Nigeria-based malaria delegate. This gap in delegate coverage on the Nigeria project has meant that one of the secretariat-based team members in Geneva has needed to cover this delegate position until a new delegate has been identified. In the East Africa region, the malaria delegate position remained vacant due to a lack of funding for this position.

## Tuberculosis (TB)

### Progress towards outcomes

1. Well-facilitated coordination of TB activities by National Societies to achieve and demonstrate an added value to the IFRC's global efforts to stop TB.
2. Provide technical support and guidance to further build the capacity of National Societies and participate in TB control efforts. To support the role of civil society, affected communities and people living with TB.
3. Ensure full integration of TB with HIV and other community health activities.

### Achievements

#### Technical programme support / Partnership / Advocacy

Since the beginning of 2010, TB programmes coordinated by the IFRC continued in Eastern Europe, Central Asia and expanded Southern Africa, the East African regions and Asia. During the reporting period, the Indian and Namibia Red Cross Societies finalized their work plans, and started the MDR TB programmes. The Red Crescent Society of Azerbaijan prepared the plan for its TB activities. The Red Cross Society of China and the Ethiopian Red Cross Society worked closely with IFRC's regional offices and the health and social services department on detailed work plans to start TB programmes. The Southern Africa region received support to organize trainings in TB /MDR TB/TB and HIV for staff and volunteers of 10 National Societies. Trainings are being organized in South Africa, Swaziland, Malawi and Lesotho.

As the IFRC has no international field staff expertise in TB, the technical aspects of the programme mainly relies on the TB health officer in Geneva and colleagues from the Global Red Cross and Red Crescent TB working group, made up of some 15 National Societies. The working group is coordinated by the health and social services department. The 2010 Global Red Cross Red Crescent TB working group meeting took place in Cape Town, South Africa from 28 February to 2 March 2010. The following key decisions were made in this meeting: To finalize standardized indicators, including the ones for TB / HIV activities; To work out recommendations on infection control for National Societies involved in TB programmes; To develop the TB advocacy toolkit; and To further develop components of the TB programme in relation to psychosocial support, the facilitation of support groups, and training.

The IFRC took part in the development of inter-professional trainings together with the International Council of Nurses (ICN), the World Medical Association (WMA) and the International Hospital Federation (IHF) in the care and protection of health care workers dealing with MDR TB. The training will take place in Benin in September 2010.

The health and social services department together with the Global Advocacy Partnership organized a TB advocacy workshop at the secretariat in Geneva. The training was organized with the support of Eli Lilly. Ten participants from Red Cross and Red Crescent Societies of Russia, Belarus, Georgia, Armenia, Kazakhstan, IFRC's regional office in Almaty and three advocacy non-governmental organizations (NGOs) participated in the four-day workshop. One of the working documents developed was a draft advocacy toolkit.

The evaluation of the TB components of the Liberian Red Cross Society's (LRCS) community-based health project (CBHP) in May 2010 together with British Red Cross as the TB component, received support by Astra Zeneca through the British Red Cross. The evaluation revealed that TB is a major and very effective component of CBHP. It is cost effective, voluntary-based and focuses on community involvement and participation. The evaluation recommends expansion, closer links with national programmes and stronger advocacy together with LRCS to be more involved in GFATM-supported TB activities. The detailed report is now available.

In the framework of USAID-supported MDR TB projects, the IFRC initiated the implementation review of programmes in three countries - Kazakhstan, India and South Africa. The review is taking place in two phases. During the first phase, visits to all three countries took place from May to June 2010. Respective recommendations are being worked out for the three National Societies. The follow-up mechanism will be developed to provide technical support to all three societies.

The partnership with Eli Lilly has been expanded in Russia, Southern Africa and Ethiopia through MDR TB programmes. USAID-supported projects continued in three countries. The health and social services department is currently working on plans for 2011.

### **Training in harm reduction**

The health and social services department coordinates trainings in harm reduction together with the Italian Red Cross in Villa Maraini in Rome. During the first six months of 2010, from January until June, two trainings took place. The trainings were co-facilitated by the senior health officer. A specific session on TB and HIV for drug users was also developed.

### **Global representation**

High-level advocacy: the senior health officer is a member of the Steering Committee for the WHO TB/HIV Meeting which will be held before the International AIDS Conference in Vienna in July 2010.

### **New TB Advocate**

Working with celebrities and well-known people helps to engage public support, mobilize people and raise awareness. In 2010, the South African TV Celebrity, Ms. Gerry Elsdon was appointed as the Red Cross Red Crescent Global TB Advocate. Special TB Advocacy events were organized at UNAIDS in April 2010; and in Washington, DC during the World Health Conference in June 2010.

### **Global Stop TB Partnership**

The senior health officer chaired the selection process for CSO projects for Stop TB specific funding to strengthen the focus of TB programmes at the community level. The selection process took place in May 2010. The committee included members from WHO, UNAIDS, as well as other NGO representatives.

### **Constraints or challenges**

Numbers reached (approximately 40,000 most vulnerable TB and MDR TB patients, around 13 per cent living with HIV) are relatively small in comparison with programmes that involve mass campaigns. However, this kind of intervention is extremely labour intensive, life saving (particularly for MDR TB) and the results prove that it is an intervention that works well.

Projects have highlighted that those directly observed patients selected by Red Cross Red Crescent Societies who were difficult to access by their national systems, represented the most vulnerable groups of the population. The majority of them continued with their treatment.

## Water, sanitation and emergency health (EH)

### Outcomes

- IFRC responded rapidly to the seismic events in Haiti and Chile, recognizing its principle programme purpose: *“responding effectively to acute water & sanitation challenges”* and *“Emergency Health support to emergency operations”*. In-depth evaluations of the operations will provide more lessons learned at a later date. Further distribution of field-level water and sanitation tools were carried out (water and sanitation kits deployed to Tanzania, Chile, and Nepal) and water and sanitation disaster response training carried out in India and Nepal.
- IFRC’s second programme purpose, *“addressing chronic water and sanitation challenges”* continued its long-term programming in over 100 projects in 40 countries worldwide.
- Continuous work on capacity building, representation, and advocacy within the Movement and with other partners continued to take place.

### Achievements

- On water and sanitation, the cumulative capacity of pre-positioned water and sanitation disaster response kits met the needs of 135,000 vulnerable people. The vehicle for IFRC’s developmental programming, the Global Water & Sanitation Initiative (GWSI 2005 -2015) underwent an updated mapping exercise which resulted in the revision of people reached set for 2015 which was increased from five to seven million, as the programme’s contribution to the water and sanitation-related UN MDG’s. A revised GWSI booklet and CD was distributed to assist National Societies further in preparing proposals for longer-term funding. A total of over 35 new country bids for new GWSI programmes were submitted to the ACP-EU water facility, both bilateral and multilateral.

In emergency health, DREF operations have been supported in Uganda, Kenya, Malawi, Zimbabwe, and in several other National Societies providing technical guidance and operational support. The EH team across the globe has been strengthened and is coordinating related activities. The roll out of the epidemic control for volunteers (ECV) is rapidly picking up pace in the Americas and in Africa. Arabic translation of the document is underway, and the team has increased its focus upon efforts in Asia Pacific.

- In both the major emergency operations during the period, and in longer-term developmental programming, the lives of men, women boys and girls have been saved. The health threats they face from disaster or poverty have been reduced by the provision of safe water, basic sanitation, medical services, health programmes, and increased awareness on health and hygiene. All emergency and developmental programming use standard tools (IEC materials, community-based and participatory approaches) to ensure that the needs of people reached are met regardless of gender or age. In Haiti, IFRC’s key IEC messages were not only used by the Red Cross Red Crescent players, but also adopted by WASH cluster members.

### Constraints or Challenges

- Despite the continued re-alignment process at the secretariat in Geneva and in the zones, normal operations and activities continued, and a marked improvement was seen overall in the department’s structural stability. Responding to major disasters in an urban context is challenging both in social and technical terms – the operation in Haiti will hopefully provide some key lessons learned for the future.
- A restructuring exercise in the health and social services department, and the merging of water and sanitation and emergency health was completed. This integration is well under way and adds value to the synergy between disaster management and development.

- As mentioned above, the department's role to perform effectively should become easier, as re-alignment processes stabilize in the secretariat.

## Influenza

### Outcomes

IFRC is supporting National Societies in pandemic preparedness and response by reaching the following outcomes:

- Humanitarian pandemic preparedness messages and tools are being prepared for implementation by the humanitarian sector in the areas of health, food security and livelihood.
- A well functioning network of NGO partners is developed in the areas of health, food security and livelihood.
- In-country capacities of staff, volunteers and selected NGO partner(s) are strengthened to carry out the influenza pandemic preparedness plans and protocols.
- A country plan (either comprehensive plan or plan of action) is developed for in-country H2P partners that summarizes overall strategy, roles and responsibilities, priority tasks, and monitoring and evaluation plan, including indicators.

### Achievements

The achievements below were realized with funding from the United States Agency for International Development (USAID), the UK Department for International Development (DFID), and Roche.

- IFRC continues to accelerate the pace of the humanitarian pandemic preparedness programme at the global and country level with the programme being implemented in 94 countries. There were three different kinds of projects that National Societies conducted:
  - Twenty-six National Societies were implementing H2P-long projects (one year), out of which four have already ended.
  - Forty-six National Societies were implementing H2P accelerated projects (H2P-AP, three to six months), out of which 38 have already ended.
  - Twenty-two National Societies implemented H2P-mini projects, as described below.
- As stated in the IFRC's previous report, it has developed and disseminated a "Ready-to-use Package" to all 186 National Societies during the first week of September 2009. The package includes basic guidance and a comprehensive set of communication materials that National Societies can use to respond to H1N1. Dozens of National Societies have conducted, without additional support, communication and media campaigns using the generic materials produced, or by adapting them to their local context and to their government and ministries of health requirements. Many have used the materials to organize awareness activities among the communities and in schools. The IFRC provided additional financial support (between 2,500 to 10,000 Swiss francs) to twenty-two National Societies to help them conduct their communication campaign and awareness activities, or what was called H2P-mini projects.
- All H2P-long and H2P-AP National Societies conducted briefing sessions and coordination meetings with government authorities, United Nations agencies and NGOs in order to coordinate efforts by sharing and harmonizing plans or developing single plans for civil society to prepare and respond to the pandemic. Many of those meetings and sessions resulted in collaborative products being developed or future activities being planned. In fact, about 50 National Societies have drafted or even finalized, tested, and revised country plans to coordinate efforts with other civil society and/or governments.
- At least 22 National Societies have conducted baseline surveys or mapped activities to identify vulnerable communities and to develop plans of action. However, starting from June 2009, with the beginning of the pandemic phase, many National Societies prioritized more response

activities. The Egyptian Red Crescent Society, as well as Nepal Red Cross Society, for example, conducted vulnerability and capacity assessments to map vulnerable communities and distribute resources accordingly. A comprehensive database was consequently developed where volunteers and first-responders were assigned to specific sectors of activity.

- At least 22 National Societies conducted simulation or table-top exercises to sensitize governments and other stakeholders to the pandemic. The Philippine National Red Cross recently conducted a simulation exercise with the department of health, local government units, different Philippine National Red Cross chapters, as well as community leaders.
- At least 40 National Societies conducted workshops to adapt generic H2P health training curricula for in-country use. After adaptation, National Societies organized ToT workshops to train staff, volunteers, and community leaders, at both the national headquarters and in different branches.
- At the global level, a team of consultants was hired by the IFRC to drive the programme review process starting from November 2009 through September 2010. The team included representatives from partner organizations (USAID, the CORE Group, and AED). The team developed guidelines and questionnaires for site visits. Twelve countries were visited to drive this process in all five zones. The programme review team also developed a questionnaire for a survey that was recently disseminated to all H2P National Societies and other selected non-participating National Societies. The team is currently reviewing the results and processing the raw data.
- A total of 15,673 standardized PPE packages were dispatched to USAID-funded National Societies participating in the H2P programme. National Societies in Africa and the Middle East and North Africa (MENA) zones received them during the last quarter of 2009, while Asia Pacific, Americas, and Europe received them over the first quarter of 2010.

## **Constraints or Challenges**

While the influenza unit was expecting additional funding from USAID and an extension of its H2P programme through fiscal year 2011, this did not happen, despite proven success of the programme at the partner and country level.

Since then, the IFRC has been striving to raise other funds to meet National Society demands, through the organization of an Ask Event, a communication project, and by closely working internally with the resource mobilization department to reach out to government missions and targeted Participating National Societies. To date, efforts have not been successful. Since the earthquake in Haiti and a new focus from donors on H1N1 vaccine programmes, opportunities for funding towards community-based, NPIs for pandemic and other emerging infectious diseases has diminished.

The influenza unit has recently reviewed its financial strategy to respond to this situation by revising budgets and starting programme and project close-outs. National Society budgets, as well as secretariat budgets have all been reviewed to work within reduced income expectations.

While there are a few other challenges related to project implementation, these are minor compared to the above mentioned funding situation.

## **Reference Center for Psycho-Social Support (PS Centre)**

[Click here to see the PS Centre Mid-Year report 2010](#)

[Click here to see the PS Centre's financial report.](#)

## Working in partnership

See “Our partners” on p. 2.

## Contributing to longer-term impact

Overall, the department aims to use its health network to strengthen and better support National Societies and their communities to develop resilience and capacity in the prevention and response to health crises. These sustained actions are based on evidence and the engagement of different key partners at both the international and national levels.

### **Malaria**

To address the need for National Societies to generate data on changes in net hanging, nightly usage, awareness of the danger signs of malaria, and access to diagnosis and treatment within 24 hours in Red Cross Red Crescent programme areas; an automated malaria survey has been developed. The automated malaria survey will allow National Societies to implement district-level surveys in a cost-effective, rapid, accurate manner, without the need for external expertise or support. The survey will provide consistent indicators across different National Societies to look at the effectiveness of malaria activities. If multiple surveys are conducted, it will allow National Societies to detect changes in behaviours around net usage, awareness of the danger signs of malaria and access to diagnosis and treatment within 24 hours over the full time frame of a project.

The IFRC will support National Societies in their contribution to the strengthening of the health/community system portion of the country coordinating mechanism’s Round 10 applications to GFATM. National Society volunteers play an important role in the overall health system of a country and the extension of public health services to remote vulnerable communities and populations. The GFATM has earmarked funds to support the strengthening of health systems and, National Societies can access these funds as members of the larger country coordinating mechanisms application for R10 funds. The IFRC will support National Societies in their involvement in the GFATM R10 application process.

### **TB**

National Societies have become stronger players in TB control at the country level. Community TB programmes provide support to community empowerment and participation, therefore decreasing the burden of TB overall. National Societies will have better access to funding available at the country and regional levels.

### **Water and sanitation and EH**

In the disaster management context, there is an increasing number of real-time and post operational reviews and analysis. In the developmental context, mid-term and final programme reviews are the norm. More important is of course learning from, and applying, new ways of operating as a result of the review process – this still needs further work. A useful example is the real-time evaluation of the psychosocial component in the health ERUs in Haiti. Others are contemplated, including evaluating the use of beneficiary communication (mobile phone text messages) in delivering health and hygiene messages.

It is the water and sanitation and health community-based programmes implemented by volunteers (such as epidemic control for volunteers) which provides the foundation for ensuring that community empowerment, regardless of gender, age or diversity, is encouraged – both in disaster management and in developmental contexts. However, a larger “pool” of trained and experienced human resources are needed to take advantage of tools and methodologies.

Knowledge sharing continues, both internally and externally and within several networks (Partner National Societies, operating National Societies, and other partners) connecting evidence produced

by academic research, guidance by specialized organizations, and Red Cross Red Crescent operational knowledge. During the reporting period, a discussion paper was circulated on the subject of community-led total sanitation (CLTS) – a new set of “standard operating procedures” for the use of water and sanitation disaster response kits. In addition, reviews of both emergency operations (Zimbabwe) and development projects (Kenya, Zimbabwe and Mozambique) were circulated and disseminated.

## Looking ahead

With the new head of the health and social services department in place with his full team, attention will be given to a few key areas; reviewing the existing global health and care strategy and developing its implementation framework within the Strategy 2020, strengthening the global health team, consolidating partnerships with strategic stakeholders and bringing strong links among the different health interventions, and increasing capacity in community-based programmes in disaster response and development at the national and international levels.

Major efforts will be exerted to significantly increase the funding support for scaled-up programme implementation. National Societies will be encouraged and supported to strengthen their connections with governments through humanitarian diplomacy and to increase their access to funding support.

The second half of 2010 will be focused on supporting National Societies with project implementation through technical support and monitoring missions. LLIN distributions will take place in Burkina Faso, DRC, Malawi, Nigeria, Sierra Leone, and Tanzania. Communities Fighting Malaria (formerly Keep Up) and Home Management of Malaria activities will take place in Kenya, India and Indonesia.

The Kenya Red Cross Society home management of malaria programme will be profiled in a communications and advocacy report targeted to National Societies, main donors, governments, malaria partners and media covering health, especially in East Africa. The report will be completed for September 2010 and will be profiled during the Millennium Development Goals progress meeting and the GFATM replenishment meeting in the last quarter of 2010.

Operations research activities will start up in Sierra Leone. The research will look at changes in net hanging and usage following the visit of a Red Cross Red Crescent volunteer.

Recognizing that data driven programming and innovation are critical to continued success in the efforts to reduce the burden of malaria, an automated malaria survey that will allow for data to be gathered rapidly, inexpensively, and analyzed instantly, will be rolled out during the latter half of 2010. This data will provide project managers with the information they need to make decisions on how best to achieve reductions in incidence and death due to malaria.

National Societies still need continuous external support to increase their expertise in TB control. The focus of TB programmes should be stronger in advocacy, communication and social mobilization. Better integration is needed with HIV activities.

## How we work

*All Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.*

The IFRC's vision is to:

Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

## Contact information

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