

## ***AFRICAN RED CROSS AND RED CRESCENT HEALTH INITIATIVE (ARCHI)***

12 January, 2001

*appeal no. 01.01/2000*

*situation report no. 1*

*period covered: January - December*

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*The focus in the ARCHI 2010 process is now on implementation. Efforts will be made to develop concrete country plans against HIV/AIDS and other identified health priorities. Work on producing the tool kits, finalising the CBFA manual, revitalising and updating the web site as well as other forms of sharing and applying relevant knowledge will continue into the year 2001.*

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### ***The context***

Africa is ill prepared to cope with the effects of man made and natural disasters. This situation is compounded by poverty, illiteracy and the high prevalence of some of the worst diseases (AIDS, malaria, and cholera) which seriously affect the lives of Africans, particularly the most vulnerable. The effect is perhaps most strikingly reflected in the high mortality rates in the under five age group, who often die from such preventable and treatable conditions as acute respiratory infections, diarrhoea diseases, pregnancy related conditions, measles and malaria. The maternal mortality ratio is high in most of the countries, and average life expectancy is well below the world's average and is steadily decreasing as a result of the AIDS pandemic in many countries.

Governments are often overwhelmed by the multitude of public health problems currently faced. As a result, external assistance is welcome (and often essential), including from the Red Cross and Red Crescent Societies. Any assistance provided however must fit into the overall Ministry of Health plans, maximising the combined health efforts of the various partners.

So far, the Federation and National Societies have invested considerable human, material and financial resources in the field of health in Africa, focusing mainly on response activities ranging from first aid to full scale emergency relief interventions in response to disasters, including epidemics and population movements. Since far less efforts went into more structural basic health activities, the impact on

general public health problems has not met expectations. The potential impact of existing Red Cross programmes is furthermore limited due to lack of focus of these programmes and a tendency of most Participating National Societies (PNSs) to work alone, rarely sufficiently forming more effective partnerships with other actors in the field.

To respond to the existing needs and improve access to health of the most vulnerable in Africa, the Federation, in collaboration with National Societies, has collectively started the African Red Cross Red Crescent Health Initiative (ARCHI 2010), a long-term programme intended to be implemented over the next 10 years. Based on the results to date, ARCHI has become a genuine flag bearer programme both for the respective African Red Cross/Red Crescent Societies as well as for the Federation's Africa Department. A strong commitment to improve the impact on health by better focusing programmes on real priorities as defined by Ministries of Health and beneficiaries, using approaches that build on the Red Cross/Red Crescent strengths while supporting policies and best practices that have been identified by major health actors has turned out to be a successful approach. Active participation from Participating National Societies, Ministries of Health, WHO, UNICEF, UNFPA, Centers for Disease Control (CDC) and other health actors and the sheer enthusiasm of all African Societies in the process are encouraging signals for the sustainability of this initiative.

## ***Programme Objectives***

Based on the results of a series of workshops which took place during 1999, the Federation's ARCHI 2010 planned to organise further subregional meetings during 2000 to discuss, prepare, and fine-tune the basic instruments and tools that will facilitate the implementation of the defined and agreed upon strategy and key interventions. A first series of these tool kits was to be demonstrated to the assembly of African Societies during the Vth Pan African conference which took place in September, 2000. These key interventions were intended to allow the Red Cross and Red Crescent to impact positively on major health priorities that have been identified in consultation with the Ministries of Health and delegates from WHO, UNICEF, and UNAIDS.

In addition, it was planned that the ARCHI Committee of Experts would meet on three different occasions to monitor the development of tool kits and to propose a menu based system on key health interventions for endorsement by the Vth Pan African conference.

In the interim, ongoing discussions were planned to take place in Geneva as well as in the region with offices of the missions accredited to the OAU and with major institutional donors to facilitate support for the implementation of the conclusions, to promote advocacy, and to discuss possible partnerships related to issues of mutual concern.

A capacity building project was planned to be started, referred to as «ARCHI 2». ARCHI 2 was planned to implement a series of pilot programmes aimed at identifying and training coaches who were intended to be responsible for supporting the Red Cross and Red Crescent workers involved in the multiplication of the Red Cross and Red Crescent Societies' health efforts at community level and coherently linking them with national headquarters and national programmes.

Finally, as planned, an ARCHI 2010 web site was created, intended to present National Societies and delegations in Africa with a wealth of health related information and links to major actors in the field of health. This would facilitate future planning of health interventions and the preparation of appeals related to health emergencies.

## ***Red Cross/Red Crescent action***

Several sub-regional meetings were used to prepare the ARCHI 2010 related discussions at the Vth Pan African Conference. Three Committee of African Health experts meetings were also conducted

for this purpose. The one in January focused on HIV/AIDS and related advocacy aspects, while the second in July finalised the ARCHI 2010 methodology brochure as well as reviewed the progress in revising the CBFA manual. A third meeting took place at the beginning of the Pan African Conference to finalise preparations for the conference deliberations.

The ARCHI 2010 implementation phase was officially launched during the Pan African Conference in Ouagadougou in September. The Conference endorsed the ARCHI 2010 methodology for identifying and prioritising health interventions. This has since been published in the form of an ARCHI 2010 brochure.

During the Conference an afternoon and evening focused on highlighting the results of the ARCHI 2010 preparatory focus, and in particular Red Cross and Red Crescent Action against HIV/AIDS. A number of testimonies by people living from HIV/AIDS set the tone of the event, and a podium discussion highlighted the key issues involved.

The Pan African Conference ended with the adoption of the Ouagadougou Declaration. It contains four commitments around health, HIV/AIDS, food security and volunteer management as well as a number of related action points. This declaration led to a call for action and formed the basis for the 2001 ARCHI-HIV/AIDS Appeal

Much effort was made throughout the year to prepare basic tool kits for large-scale implementation of the identified health priorities. A consultant was hired to revise the CBFA Manual.

The year also saw the implementation of three pilot projects in Central African Republic, Togo and Sudan to test the potential and challenges in improving volunteer management and setting up coaching systems. In each pilot volunteers filled important gaps in the health system with the close support of coaches. Networks of volunteers worked on raising children's immunization levels, and promoted the use of condoms to prevent HIV and hygiene at the community level. The pilots have emphasized the following:

- importance of focusing on specific public health interventions;
- value of coaches;
- need to work closely with partners; and
- need for guidelines on volunteer management systems.

Review reports are available for each case, and lessons learnt were fed into the discussions at the Pan African Conference.

Work on organising a more coherent and effective Red Cross and Red Crescent response to the HIV/AIDS pandemic gathered some momentum with the participation in the World AIDS Conference in July, the launching of an appeal for southern Africa in August as well as for the whole continent in December.

Information on progress was regularly shared through the web site as well as the weekly updates.

## ***Contributions***

See Annex 1 for details.

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**This and other reports on Federation operations are available on the Federation's web site: <http://www.ifrc.org>**

<b>Africa - Health initiatives</b>							ANNEX 1
<b>APPEAL No.01.01 /2000</b>		<b>PLEDGES RECEIVED</b>				01/12/01	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT	
<b>CASH</b>							
REQUESTED IN APPEAL CHF ----->				<b>1,011,000</b>		<b>TOTAL COVERAGE</b>	
						<b>86.9%</b>	
<b>Balance carried forward from 1999</b>				<b>90,883</b>			
AMERICAN - RC		150,000	USD	236,100	20.12.1999	AFRICA - HEALTH CONFERENCE	
BRITISH - RC				50,000	30.06.00	ARCHI	
FINNISH - RC		80,730	EUR	126,875	24.08.00	ARCHI	
ICELANDIC - RC		1,000,000	ISK	22,418	30.03.00	ARCHI INITIATIVE	
JAPANESE - RC				79,554	22.09.00	ARCHI	
NETHERLANDS - RC		80,000	NLG	57,052	22.08.00	HEALTH CONFERENCE	
NORWEGIAN - GOVT/RC		325,000	NOK	64,342	04/07/00		
SWEDISH - RC		400,000	SEK	75,840	04/26/00		
SWEDISH - RC		400,000	SEK	75,320	15.06.00	ARCHI 2010	
<b>SUB/TOTAL RECEIVED IN CASH</b>				<b>878,384</b>	<b>CHF</b>	<b>86.9%</b>	
<b>KIND AND SERVICES (INCLUDING PERSONNEL)</b>							
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT	
<b>SUB/TOTAL RECEIVED IN KIND/SERVICES</b>				<b>0</b>	<b>CHF</b>	<b>0.0%</b>	
<b>ADDITIONAL TO APPEAL BUDGET</b>							
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT	
<b>SUB/TOTAL RECEIVED</b>				<b>0</b>	<b>CHF</b>		
<b>THE FOLLOWING PROJECTS ARE LINKED TO THIS APPEAL:</b>							
P60102, P60103.							