

ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

HEALTH AND CARE IN THE COMMUNITY

May, 2001

This Annual Report is intended for reporting on the Federation's Annual Appeals only.

Appeal No. 01.73/2000

Appeal Target: CHF 3,045,000

The Context

In developing countries, infectious diseases, and their interaction with poverty and malnutrition, will continue to take a heavy toll on life. New and re-emerging epidemics are a growing threat, not only to people's health, but to achievements in human development. Ultimately it is the role of governments to ensure that health and social welfare systems are capable of meeting the needs of their populations and particularly the most vulnerable. However, the International Federation is uniquely placed to complement their efforts. Among its resources are a network of national societies with a strong volunteer base, its ability to operate at the international, national and local levels, and its traditional expertise in health, community services and first aid.

The *Strategy 2010* defined "health and care in the community" as one of its core areas and outlined how the Federation can maximize its impact on community health. Work in this core area was geared towards enabling communities to reduce vulnerability to disease and to care for their people and preparing for and responding to public health crises. Three strategic pillars were designed to achieve these objectives: 1) advocacy; 2) building capacity to bridge the gap between vulnerable individuals and formal social welfare/health systems; and, 3) scaling up interventions in emergencies.

Objectives, Achievements and Constraints

Objective 1: Assert international leadership of the Red Cross/Red Crescent in first aid, use it as an entry point for other programmes and ensure that these efforts result in opportunities and resource mobilization for national societies.

Achievements

A first aid global project was established to further knowledge and use of first aid, as well as to assert Red Cross/Red Crescent leadership in this area and build new partnerships with other players and corporations. The business plan was finalized and the project will be launched in 2001. The project uses the Internet to its maximum capacity, with a database connecting and serving individuals, community, national societies, partners and other stakeholders.

The programme also worked with the European Union in the revision of directives on driving licences and for the inclusion of mandatory first aid knowledge and skills in their delivery. The final text was approved and will enter into force in 2002. A new chapter in the UN resolutions on road traffic was drafted in relation to “assistance to road victims” and was adopted in October 2000.

European First Aid Day mobilized staff and volunteers in 19 national societies, attracting high media coverage and contributing to increasing awareness about first aid services.

The fifth Pan-African Conference endorsed the African Red Cross/Red Crescent Societies’ Health Initiative (ARCHI) 2010, which promotes better programming and implementation of health programmes. For its success ARCHI draws on the network of volunteers in Africa, particularly those trained in first aid. ARCHI 2010 strategy brochures were developed in English and French, as well as videos and tool kits (in English, French and Portuguese) to facilitate implementation. The proposed coaching system was tested in three pilot countries.

ARCHI 2010 already began to prove the impact that a collective strategy to prioritizing and scaling up health interventions can have in terms of national society programming and profile. Through ARCHI the Red Cross/Red Crescent is learning rapidly about what type of support is needed to increase health services delivered through volunteers.

Objective 2: Promote best practices regarding effective management of health programmes with community involvement, in order to contribute to the greater impact of Red Cross/Red Crescent community health programmes. Particular emphasis will be placed on primary health care, reproductive health, prevention and control of communicable diseases (particularly HIV/AIDS and tuberculosis), the promotion of voluntary, non-remunerated blood donation and the implementation of quality programmes for delivery of blood services where appropriate.

Achievements

HIV/AIDS

Over 60 representative from four active Red Cross/Red Crescent HIV/AIDS networks participated in the 13th International AIDS Conference in Durban. This conference marked a turning point in the response to HIV/AIDS, laying the foundation for a double strategy which aims at increasing prevention and at providing basic support for people living with HIV/AIDS. A call for action was produced and appeals were launched.

The Pan-African “Ouagadougou Declaration” was adopted as an official UN document and referred to in the call for a special General Assembly session on HIV/AIDS. Speeches calling for the mobilization of and support to local capacities against HIV/AIDS and other infectious diseases were made at the World Health Assembly and other UN meetings.

The video *Living with AIDS* was produced as part of the strategy to break the silence and to profile volunteers and staff personally affected by AIDS. A youth peer education training manual on HIV/AIDS was printed and distributed.

The Federation joined the International Partnership against AIDS in Africa and as a consequence was invited to be part of the United Nations’ HIV/AIDS theme groups. The Federation also became an active global collaborator in the Inter Agency Working Group to develop mechanisms for addressing HIV/AIDS in complex emergencies.

Polio eradication

With the objective of accelerating progress towards polio eradication, especially in priority countries, the World Health Organization (WHO) invited the Red Cross/Red Crescent Movement to join the polio eradication partnership. The remaining polio endemic countries are, in many ways, the most

challenging. Support from the global appeal allowed the national societies from these 17 countries to draw up country plans which laid the basis for an international appeal that was launched. Many of these countries have weak health infrastructures and face formidable obstacles to polio eradication including extreme poverty, civil unrest and population migration.

National Red Cross/Red Crescent Societies, with their vast countrywide network of community volunteers, are in a unique position to help confront these challenges and provide polio vaccinations to all children under five years of age during the National Immunization Days. Moreover, the Movement can help to assure polio vaccination for children living in areas where the United Nations or even national governments have limited access.

Promotion of voluntary, non-remunerated blood donation

The Federation was the main partner of WHO in the *Safe Blood Starts With Me* global campaign. Nearly 100 national societies were involved in activities, exhibitions and blood drives to raise the profile of voluntary blood donor recruitment on that day. The publication *Transfusion International* continued to be issued and distributed, and an expert working group on voluntary, non-remunerated blood donation was established to develop a model and tools for promotion of blood donation, recruitment and retention. The material is being developed in a distance learning format with the assistance of the Open Learning Institute.

Reproductive Health

The reproductive health kits that the United Nations Population Fund (UNFPA) used in Afghanistan and Tanzania were evaluated and the contents were revised accordingly. The Federation, UNFPA and the United Nations High Commissioner for Refugees (UNHCR) created a curriculum for training of reproductive health managers. Two courses took place (in Nairobi and Baku) with Red Cross and Red Crescent participants, both as trainers and trainees.

Constraints

The Secretariat was also confronted with the incapacity, due to financial constraints, to maintain the level of expertise required to provide technical advice and supervision to sophisticated blood programmes and the potential risks incurred. The Governing Board took a decision requesting the Secretariat to focus on promotion of voluntary blood donors while other support to blood services will have to be provided through bilateral arrangements. This resulted in further reduction of staff at the Secretariat level and the merger of the Blood and the Health Departments, calling for further realignment and adaptation.

Objective 3: To promote best practices (from within and outside the Red Cross/Red Crescent) regarding community services that provide support, through volunteers and informal care providers, to vulnerable groups, with particular focus on older persons, children affected by armed conflict (CABAC) and street children.

Achievements

The vacant position of Senior Officer, Social Welfare was filled in the latter half of the year. The Federation continued to participate in meetings with the International Committee of the Red Cross (ICRC) on CABAC. However, a decision was taken to concentrate less on areas such as CABAC, and to focus particularly on researching possible activities to assist the crisis situation of HIV/AIDS-related orphans in Africa and on linking social welfare with psychological support programmes.

Constraints

The inability to find an immediate suitable candidate for the vacant position caused a lack of continuity in this area. There was also a need to realign activities in this field to fit into the more sharply focused health vision, strategy and priorities developed in the early part of 2000.

Objective 4: To improve the Federation's capacity to respond to public health crises the programme will: develop knowledge and training tools for stress management and psychological support and create mechanisms to encourage the greater involvement of national societies providing psychological support to people affected by disasters. It will also develop surveillance, international preparedness and rapid response mechanisms for dealing with epidemic outbreaks and environmental, water and sanitation problems.

Achievements

Tuberculosis

Pilot projects are being implemented in Russia, Belarus, Moldova and the Ukraine. Lessons learned will feed into global policy and guidelines in 2001.

Psychological support

Following the signing of a new four-year memorandum of understanding with the Copenhagen-based Reference Centre for Psychological Support (run by the Danish Red Cross) staff from the Secretariat and this centre worked jointly to train a roster of 30 staff from national societies to be ready for assessment and training of trainers missions to support psychological support programmes on a routine and/or emergency response basis. An information booklet *Managing stress in the field* was produced in English, French and Spanish. It is designed as a practical tool for delegates before, during and after their mission. Its aim is to help them to recognize, prevent and reduce stress in the field. Work also began on compiling a document on best practices in the field of psychological support.

Epidemic outbreaks, environment, water and sanitation

Many natural disasters occurred during the year, requiring a rapid health response. Field delegates and the newly established Field Assessment and Co-ordination Teams (FACT) were crucial in assuring a timely and appropriate response. The first ever relief health training workshop was held in Guatemala, attended by nearly 50 professionals. At the same time, a workshop was held in Harare, looking into establishing a regional disaster response team.

In July, the ICRC and the Federation organized the first ever joint health review, focusing on lessons learned during the Balkan crisis operation. Approximately 40 professional were invited, representing all three operating national societies, the participating (donor) national societies of the Stockholm group and facilitators from the Pan-American Health Organisation (PAHO) and WHO. The aim was to capitalize on lessons learned and to find remedies to identify major common problems that could ensure a better joint performance in similar operations in the future.

The Federation responded to a number of disease outbreaks during the year. With international support, national societies successfully contributed to controlling outbreaks of meningitis, cholera, Ebola, dengue fever and measles. The Federation strengthened co-operation with other agencies through the International Co-ordination Group (for provision of meningococcal vaccine) and has been chairing the European International Co-ordination Committee for tuberculosis and immunization.

A regional Water and Sanitation Disaster Response Team (human resources and equipment) for the Southern Africa region was established. The Federation was actively networking with international governmental and non-governmental organizations in the water and sanitation sector. Minimum standards and best practices (the wat/san part of SPHERE and PHAST - Participatory Hygiene and Sanitation transformation) were promoted.

To ensure a higher and uniform level of response in health crises, the Health Department developed additional tools and guidelines, often together with international partners which included:

- publishing of a public health guide for emergencies (with John Hopkins School of Hygiene and Public Health);
- development of a food basket calculator for emergencies;
- development of software for a health management system in emergencies;
- publishing *Management of Nutrition in Major Emergencies* (with WHO, UNHCR, WFP);
- production of a CD-ROM based water and sanitation mission assistant to promote standards and best practices and to facilitate the work of delegates and counterparts.

Work began on producing a booklet of activity profiles for the Federation's health activities. These will be used as a marketing product, giving a quick overview of areas of engagement to interested parties. Work was also ongoing in producing ARCHI tool kits, videos and strategy brochures in English and French, updating the ARCHI web site and issuing regular ARCHI newsletters.

The launch of the *World Disaster Report 2000*, which focused on public health issues, was an important step in raising the profile of the Federation's work in this field. Secretariat staff were actively involved in the press launches for this report. The report focused particularly on infectious diseases such as pneumonia, malaria, TB and HIV/AIDS. It contributed to raising the profile of the Federation, particularly in relation to governments and international agencies.

Significantly, health programmes moved from accounting for 25 per cent of the Appeal 2000 to 31 per cent of the Appeal 2001.

Constraints

Much time and energy throughout the year was spent in participating in the Secretariat's change process. Supporting appropriate health response following major emergencies (such as in Turkey, El Salvador and India) also reduced time available for long-term planning.

Conclusions

Significant progress was made in the health field and the the strategic and political bases were laid in 2000 for increased health interventions in the future. Emphasis was on helping translate the health vision developed during the first half of the year into the health programmes of the Appeal 2001-2002. The Federation's dynamic new stance of serving leader in the fields of HIV/AIDS and polio as well as former and new associations and partnerships should have an impact on the number of beneficiaries of these programmes. With a clearly co-ordinated vision, strategy and priorities, the Health Department is now positioned as a key operator in the Knowledge Sharing Division of the Secretariat.

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All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

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

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Annual Financial Reports 2000

- Explanatory Note -

1. Consolidated Response to the Appeal

- This report provides a global picture on the funding situation of a specific appeal at a specific time.
- The cash column indicates all cash contributions channelled through the Federation, together with the balance carried forward from the previous year. Financial statements in support of the reported income are available upon request.
- The in-kind contributions (goods and services provided in response to the appeal objectives) are registered in a stand-alone system, based on the information provided by the respective donor. The values of these donations are based on information received from donors, and will be reported as such in the income and expenditure part of the consolidated report.
- Direct cash or in kind contributions made to Operating National Societies or in kind donations made to the Federation Delegations in response to the appeal are recorded as in-kind contributions in the report.

2. Balance of Funds - Cash Only

This report is a summary cash statement, providing the information on the balance carried forward from the previous year, cash income (including reallocations), cash expenditure (including reallocations - ref. part III of the consolidated report), and the closing balance at the end of the year.

3. Budget Analysis / Breakdown of Expenditures

This section of the report provides a comparative analysis of the total expenditures (cash and in-kind) versus the last approved budget of the appeal.

- The cash column reports on all expenditures booked against the Federation projects and cost centres . It relates only to the use of cash contributions received by the Secretariat for the specific appeal. Financial statements in support of the reported expenditure are available upon request.
- The in-kind columns (goods/services and personnel) report on the in-kind contributions donated in response to appeals, as per the information received from donors. This information is shown both as contribution and as expenditure against the specific appeal, and is consolidated, together with the cash expenses, against the appeal budget. As financial information is not always available from PNS, and for consistency reasons, a flat rate is applied for the calculation of personnel costs.
- The consumption rate represents the level of total expenditures (cash and in-kind) compared to the total income available (opening balance, cash and in-kind contributions),

4. Pledges vs. Contributions

Attached to this financial report is the list of pledges against the respective appeal.

- The comparative analysis of the list of pledges and the list of actual contributions provides a clear insight into any outstanding pledges in response to the appeal.
- Any differences in values between the two reports are due to fluctuations in exchange rates at the time of booking and the time of reception of the contribution.

Appeal No & title: 01.73/2000 Health and Care in the Community						
Period: year 2000						
Project(s): G33000, 33100, 33200, 33210, 33211, 33212, 33213, 33220, 33230, 33240, 33241, 33242, 33243, 33250, 33300, 334						
Currency: CHF						
III - Budget analysis / Breakdown of expenditures						
Description	Appeal Budget	CASH Expenditures	KIND & SERVICES		TOTAL	Variance
			Goods/services	Personnel	Expenditures	
SUPPLIES						
Shelter & Construction						
Clothing & Textiles						
Food/Seeds						
Water						
Medical & First Aid		3'557			3'557	-3'557
Teaching materials						
Utensils & Tools						
Other relief supplies						
Sub-Total		3'557			3'557	-3'557
CAPITAL EXPENSES						
Land & Buildings						
Vehicles						
Computers & Telecom equip.		11'513			11'513	-11'513
Medical equipment						
Other capital expenditures						
Sub-Total		11'513			11'513	-11'513
TRANSPORT & STORAGE						
		-2'638			-2'638	2'638
Sub-Total		-2'638			-2'638	2'638
PERSONNEL						
Personnel (delegates)	85'000	54'982			54'982	30'018
Personnel (local staff)		1'065			1'065	-1'065
Training						
Sub-Total	85'000	56'047			56'047	28'953
GENERAL & ADMINISTRATION						
Assessment/Monitoring/experts	470'000	64'905			64'905	405'095
Travel & related expenses	320'000	268'134			268'134	51'866
Information expenses	886'000	179'228			179'228	706'772
Administrative expenses	174'000	180'358			180'358	-6'358
External workshops & Seminars	775'000	79'226			79'226	695'774
Sub-Total	2'625'000	771'850			771'850	1'853'150
PROGRAMME SUPPORT	334'944	108'330			108'330	226'613
OPERATIONAL PROVISIONS						
Transfer to National Societies		45'180			45'180	-45'180
TOTAL BUDGET	3'044'944	993'840			993'840	2'051'104
Consumption rate:	Expenditures versus income		84%			
	Expenditures versus budget		33%			

Health and care						ANNEX 1
APPEAL No. 01.73/2000						PLEDGES RECEIVED
						11.06.2001
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				3'045'000		TOTAL COVERAGE 63.5%
Balance carried forward from 1999				531'469		
Reallocation of cash				4'244		
AMERICAN - RC		57'000	USD	101'204	09.11.00	HIV/AIDS CONFERENCE
AUSTRALIAN - RC				18'059	29.02.00	BLOOD SPECIAL PROGRAMME
AUSTRIAN - RC				10'000	27.03.00	BLOOD SPECIAL PROGRAMME
BRITISH - GOVT				290'000	19.01.2000	DFID 2.5
CANADIAN - RC				6'458	02.05.00	WORKSHOP ON CHILDREN AFFECTED BY ARMED CONFLICTS
DANISH - RC		600'000	DKK	126'360	21.07.00	
FINNISH - RC		74'003	EUR	115'487	31.05.00	GP - PSYCHOLOGICAL SUPPORT
FINNISH - RC		30'168	EUR	45'840	15.11.00	PSYCHOLOGICAL SUPPORT
ICELANDIC - RC		1'500'000	ISK	30'410	18.12.00	
ICELANDIC - RC				884	06.12.00	HIV/AIDS VIDEO
ITALIAN - RC				30'180	20.09.00	AIDS NETWORKS
KUWAIT - RC				27'300	25.04.00	STREET CHILDREN PROJECT
LUXEMBOURG - RC				1'000	22.08.00	BLOOD GENERAL
NORWEGIAN - RC		12'500	USD	20'594	31.05.00	AIDS CONFERENCE
ORLES FOUNDATION		11'000	USD	19'509	02.10.00	NEEDY CHILDREN
EMPRESS SHOKEN FUND				14'400	20.04.00	BLOOD PROGRAMME
SPANISH - RC		4'737	USD	7'998	21.08.00	YOUTH
SWEDISH - RC		1'800'000	SEK	337'860	21.07.00	
SWEDISH - RC				668	01.09.00	AIDS GENERAL
SWISS - PRIVATE (NESTEC)				127'100	25.05.00	
SWISS - RC				60'000	28.03.00	BLOOD GENERAL
SWISS - PRIVATE				959	07.11.00	AIDS/HIV VIDEO
SWISS - RC				4'244	04.02.00	BLOOD GENERAL
SUB/TOTAL RECEIVED IN CASH				1'932'227	CHF	63.5%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES				0	CHF	0.0%
ADDITIONAL TO APPEAL BUDGET						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	
THE FOLLOWING PROJECTS ARE LINKED TO THIS APPEAL:						
G33000,G33100,G33210,G33211,G33212,G33213,G33220,G33230,G33240,G33241,G33242,G33300,G33340,G33500						