

The International Federation's Global Agenda (2006–2010)

Over the next five years, the collective focus of the Federation will be on achieving the following goals and priorities:

Our goals

Goal 1: Reduce the number of deaths, injuries and impact from disasters.

Goal 2: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

Goal 4: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

Our priorities

Improving our local, regional and international capacity to respond to disasters and public health emergencies.

Scaling up our actions with vulnerable communities in health promotion, disease prevention and disaster risk reduction.

Increasing significantly our HIV/AIDS programming and advocacy.

Renewing our advocacy on priority humanitarian issues, especially fighting intolerance, stigma and discrimination, and promoting disaster risk reduction.

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A new global model - “Keep-Up”

The International Federation in association with national societies in Africa has pioneered a new community-based education and follow-up programme to ensure that bednets for malaria control are properly used by the intended beneficiaries. This is especially important after large scale efforts to rapidly distribute bednets during quick-win campaigns. However, unless efforts are directed at behaviour change, these large investments will not reap the benefit and impact desired.

What the International Federation is doing with its support to “Keep-Up” programmes ensures that community volunteers are available to counsel and assist beneficiaries for many months after the completion of a mass national or sub-national distribution campaign. The Red Cross Red Crescent volunteers are themselves beneficiaries who use their time to visit neighbours to ensure that bednets are hung and used and that newborns are referred for childhood vaccinations.

In this way, the high coverage results achieved during a short but massive campaign can be sustained over longer periods. Volunteers thus play an important role in “Keeping-Up” coverage and usage in communities. Since health workers cannot reach far beyond their health centres, these volunteers are filling an important public health gap.

This document sets forth the objectives and approaches to this new global model of “Keep-Up” and aims, through field implementation and assessment, to achieve best practice to ensure better health through community empowerment.

John Hoskew/International Federation



A handwritten signature in blue ink, appearing to read 'Bruce Eshaya-Chauvin'.

Bruce Eshaya-Chauvin
Head, Health and Care department

Concept paper

Background

The Malaria Programme Initiative appeal was launched in January 2005 to raise funds to implement longer-term community-based health interventions with a main focus on malaria and vaccine-preventable diseases to 'keep-up' or maintain high coverage and use rates among the target population (children under the age of five years, pregnant women and chronically ill persons), linked to ongoing health promotion and prevention activities implemented by Red Cross and Red Crescent volunteers in their communities. The programme should be integrated into ongoing community health promotion programmes or used by the National Red Cross Society as an entry point to start or expand a community-based health programme¹.

The Measles Initiative – a joint undertaking of the American Red Cross, Centers for Disease Control and Prevention (Atlanta), UNICEF, WHO, the UN Foundation, the International Federation of Red Cross and Red Crescent Societies and other partners² – is working to prevent malaria morbidity and mortality by scaling-up delivery of long-lasting insecticidal nets (LLINs) through free mass distribution in immunization campaigns³.

Linking the distribution of LLINs to vaccination campaigns is a proven method of increasing coverage (Grabowsky et al, 2005a), but unlike immunizations or other interventions delivered in a single dose, the provision of nets free of charge does not ensure that recipients hang them properly or that targeted risk groups (under-fives and pregnant women, in particular) sleep under them (Grabowsky et al, 2005b; Wolken et al, 2006; Baume et al, 2005). Ensuring that nets are properly hung and monitoring subsequent use appears to be a necessary accompaniment to mass net distribution (Grabowsky et al, 2005b). In addition, post-campaign immunization and LLIN coverage levels may not be sustained because newborns, newly pregnant women and newcomers are not systematically identified and referred for vaccination and additional nets, nor are they provided with other appropriate services.

Community-based volunteers from the Red Cross and Red Crescent and other civil society organizations (CSOs) in campaign countries can communicate essential information needed by poor and vulnerable households to help ensure that these interventions are effective. Post-campaign community follow-up activities are now being undertaken by Red Cross volunteers in Togo, Mozambique, and Kenya. Similar programmes are being planned elsewhere, if funding for these programmes is secured⁴. These programmes were developed by the International Federation of Red Cross and Red Crescent Societies and are funded by the International Federation's malaria appeal.

The volunteer activities are aimed at ensuring the proper hanging of nets, encouraging use by under-fives and pregnant women and promoting associated healthy behaviours, including completion of the full immunization series, prompt treatment of fever and the obtaining of additional nets as newcomers to the community, newborns and newly pregnant women are added to the target population.

The Red Cross and Red Crescent volunteers are not paid staff but contribute their free time on a daily, weekly or monthly basis, according to what has been agreed. In addition to training courses they receive small incentives like lunch, drink, or costs covering for transport costs etc. if necessary in sparsely populated areas.

¹ Such programmes include community-based first aid (CBFA) and HIV/AIDS home-based care programmes.

² Other partners include: Canadian Red Cross, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Population Services International, Canadian International Development Agency, US Agency for International Development, the Roll Back Malaria Partnership, African Communities Against Malaria, Rotarians Against Malaria and the Church of Latter-day Saints.

³ Long-lasting insecticidal nets (LLINs), approved by the World Health Organization Pesticide Evaluation Scheme (WHOPES), are distributed free of charge, either directly during the campaigns or by distributing vouchers for later redemption when nets become available. WHOPES has approved the PermaNet and Olyset brands of LLINs.

⁴ These countries include Rwanda, Sierra Leone, Uganda, Ghana and Indonesia.

Programme objectives

- To sustain LIN coverage and proper use at 80 per cent or more among the under-fives and pregnant women in targeted areas.
- To mobilize and participate in the retreatment of older mosquito netset when necessary.
- To do follow-up of newborns and newcomers to the community to ensure they are provided with vaccination, LLINs and other services as appropriate.
- To support ministries of health to ensure that at least 80 per cent of pregnant women receive ante-natal care, including two doses of intermittent preventive antimalarial treatment (IPT) and tetanus toxoid (TT) immunization.
- To sustain community childhood immunization levels at more than 80 per cent.
- To sustain vitamin A supplementation (VAS) coverage and deworming medicine coverage for children under five years of age at more than 80 per cent (where VAS and/or Mebendazole is provided).
- To increase the proportion of mothers and carers able to recognize danger signs and symptoms associated with fever and the appropriate referral of suspected cases of malaria.
- To increase the proportion of the population that seeks prompt and effective treatment with anti-malarial medicines for fever.
- To support LIN distribution amongst Red Cross and Red Crescent home-based care clients in malaria-prone areas.
- To support ministries of health with the dissemination of information and the raising of awareness amongst the population with regard to planned indoor residual spraying.

Key minimum activities

To achieve these objectives, Keep-Up activities are implemented by networks of community volunteers, working in collaboration with ministries of health and other partners and adhering to national strategies and policies.

Activities usually take place in two phases:

- 1 A short term 'hang-up' campaign phase in which volunteers move from house to house prior to the rainy season to ensure that nets are up. These visits require the mobilization of a large number of volunteers for a short time (two to three days) to carry out this campaign over a wide area. Volunteers demonstrate the proper use of LLINs and, when necessary, assist in hanging nets in the households.
- 2 The longer term Keep-Up activities programme, a longer phase consists of malaria awareness and information in the community during regular household or periodic household visits by volunteers to maintain high rates of net hanging and use, provide information about malaria treatment, refer children and pregnant women to health facilities for completion of vaccination series, antenatal services and inform and refer support acquiring additional nets for newborns, pregnant women and newcomers to the community access additional nets.

The Keep-Up programmes phase is carried out by well-trained groups of volunteers. These volunteers should receive training on behaviour change communication (BCC) and have materials developed specifically to aide their Keep-Up work. Over time, the number of volunteers who receive this intensive training should increase and the programme area can be expanded.

These Keep-Up activities are based on the Red Cross and Red Crescent community health promotion model, integrated into ongoing programmes like HIV/AIDS, mothers clubs etc. Alternatively, the Keep-Up programme may be stand-alone and serve as an entry point for gradually expanding these activities and developing the content into a full community-based health promotion programme⁵.

5 Community-based first aid health promotion messages at community level.



John Haskev/International Federation

Other activities may include repeated hang-up campaigns just prior to each rainy season (annually or semi-annually), mass media campaigns and community meetings and other less labour-intensive approaches to promote effective net use.

During the Keep-Up phase, volunteers are responsible for:

- conducting regular monitoring of households to ensure the proper use of LLINs;
- collecting information on net use among under-fives and pregnant women;
- mobilizing and participating in the retreatment of nets when needed;
- in the case of new households, demonstrating the proper use of LLINs and assisting in the hanging of LLINs;
- conducting community malaria awareness activities, using drama and other means of communication, especially to mark world or national health days in communities;
- identifying and registering newborns and newly pregnant women in each household in their targeted area;
- informing and sharing knowledge on the importance of LLINs, IPT and TT for pregnant women, the recommended schedule for vaccinations, vitamin A, deworming and other available services and where they can be acquired;
- following up through bimonthly visits to ensure that pregnant women are getting their IPT and vaccinations on time and that infants are completing the vaccination series on time;
- identifying defaulters and referring them to the nearest vaccination and antenatal clinics;
- informing community members of the risks associated with fever and malaria and the need for rapid and effective treatment;
- encouraging people with a fever to seek immediate treatment at the nearest health facility (or to use home-based antimalarial packets, if this is government policy);
- referring people who take the treatment and continue to have fever to a health facility;
- assisting in the distribution of LLINs to households (if necessary and appropriate) where free LLINs are provided by the government or other collaborating partners, or informing people where to buy them ;
- working closely with relevant health authorities to share information collected by the volunteers.

6 As a minimum standard, nets should be pre-treated nets. Long-lasting insecticidal nets approved by WHOPEP (PermaNet and Olyset nets, effective for three to five years) are preferred, whenever possible, depending on availability and funding.

- working with the district health authorities to ensure that approved malaria treatment and control is available 24 hours a day to all households in targeted communities; and
- working with the district health authorities in information campaigns and in mobilizing the community for indoor residual spraying campaigns

Training requirements

All volunteers, team leaders and project coordinators should complete a standard minimum training package appropriate to their level if such training has not already been covered by other programmes. The training should develop skills in behaviour change communication, interpersonal communication and counselling (IPCC), work planning and time management, supervision and reporting. This training should must include information on the International Red Cross and Red Crescent Movement and Code of Conduct.

Within the course of the Keep-Up programme, all participating volunteers should complete the broader community-based first aid training course. Branch coordinators should also receive guidance on how to interface with and garner support from district administrative officers, such as chiefs and district medical officers.

Volunteer supervision

The implementing National Red Cross/Red Crescent Society has the full responsibility to monitor the progress and quality of programme implementation.

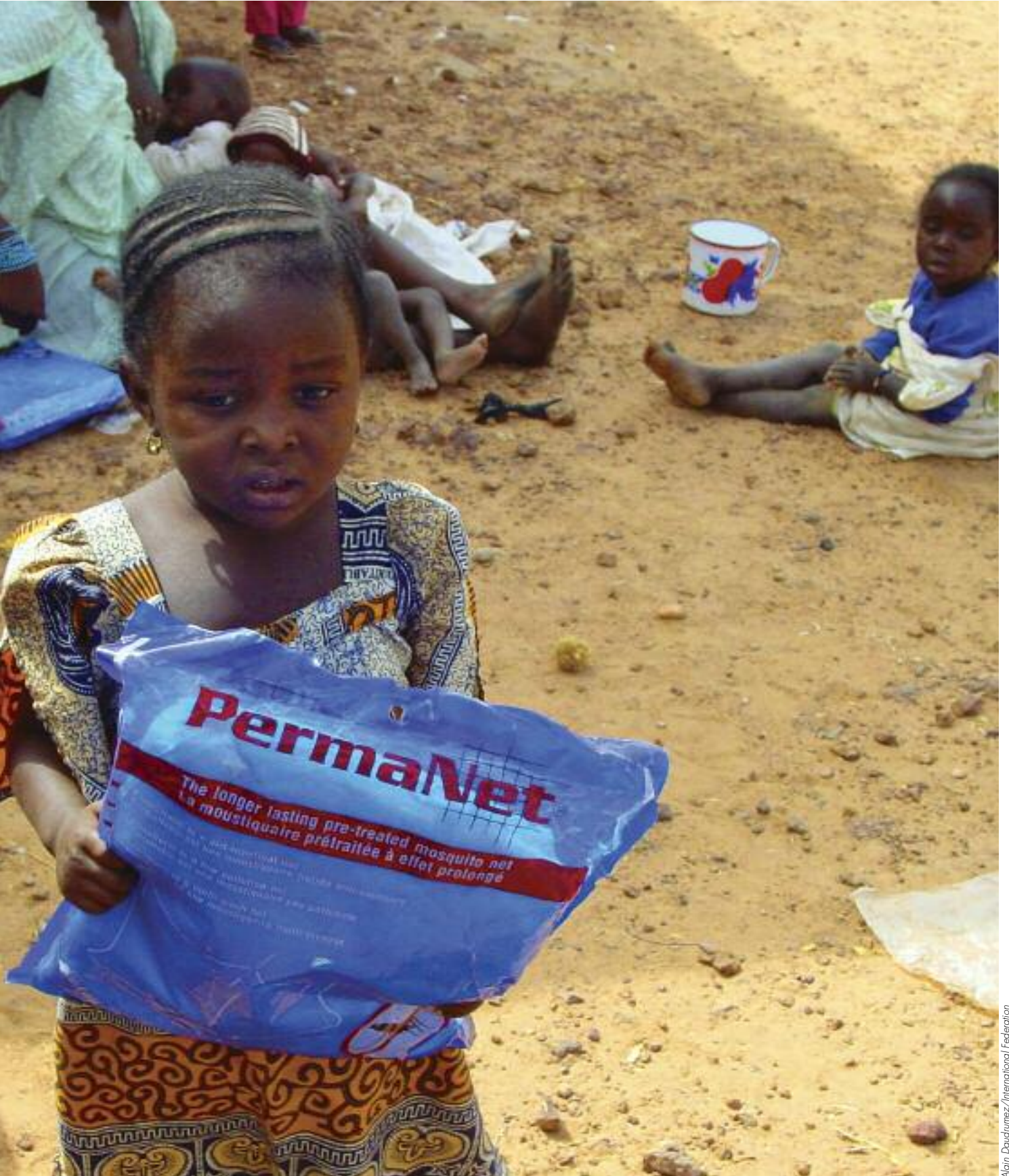
Each coach (supervisor of volunteers) should have a work plan that includes providing basic Keep-Up training to their volunteers to ensure that they have an adequate knowledge base to provide the key interventions, as well as training on behaviour change communication skills, along with individual support to volunteers through facilitative supervision and, if needed, on-the-job retraining. As a minimum requirement, monthly meetings should be held between coaches and volunteers to share information and to give feedback on the work done.

Monitoring progress and programme evaluation

Keep-Up programmes should be monitored regularly in order to make any adjustments or improvements to programme operations. This should include establishing and using a regular system for tracking the activities of volunteers working in communities. The national programme coordinator should arrange, as a minimum, quarterly meetings in the field with regional or branch coaches and coordinators to review reports, identify successes and address any problems identified. Feedback from the national coordinator to the branch and from the branch coordinator to the coach, based on their reports, should be routine and specific.

If needed, support is available from the International Federation regional staff, the Federation secretariat malaria focal point, or from additional staff employed on a part-time basis to provide hands-on advice and problem-solving support.

To keep costs down, evaluations can be done internally by establishing a team of competent members among the Red Cross and Red Crescent partners. When needed (end of programme evaluation or where data will be used for external documentation of the Red Cross contribution), an additional external evaluation team leader with specific competencies may be hired.



Reporting

Reports on the programme should be streamlined into the National Society reporting system. Data should be collected by adapting existing monitoring forms used by volunteers and coaches to include key Keep-Up indicators.

It is important to ensure that programme indicators are calculated correctly and are as far as possible comparable with reports from other National Society Keep-Up programmes. Assistance to National Societies wishing to simplify, integrate and computerize their reporting system is available will be supported from by the Federation secretariat.

The following is the minimum reporting structure:

- From volunteers, monthly reports to their coach summarizing coverage of households in their target areas and other key indicators.
- From coaches to branch coordinators, cumulated written reports of volunteer activities and financial incentives disbursed.
- From branch coordinators, quarterly reports that cumulate the quantitative monthly data, accompanied by a short narrative and financial report, to the national programme coordinator.
- From the national coordinator, one programme-wide quarterly report that is sent to the International Federation regional delegation and Federation secretariat.

Working with partners

The value that Red Cross and Red Crescent Societies and other civil society organizations add to the fight against malaria is through their capacity to mobilize community members, promote good health behaviour at household level and refer seriously ill persons to appropriate healthcare providers.

To ensure a holistic approach, working with partners is essential at the global, national and local levels. Partnerships with organizations such as WHO⁷, UNICEF⁸, GAVI Alliance⁹, RBM¹⁰, CDC¹¹, local civil society organizations and NGOs should be sought to support and strengthen the quality of programme planning, implementation, and monitoring and evaluation.

At community level, volunteers may team up with village health workers, local health centre staff and volunteers from other organizations active in the area. Coaches should join with relevant organizations present at district level and district medical authorities to share plans, data and results from the Red Cross Red Crescent programme.

The Red Cross and Red Crescent National Societies work as auxiliaries to ministries of health and should ensure that their programmes are implemented according to national policies and guidelines. Red Cross and Red Crescent National Societies that are engaged in malaria programmes are expected to:

- be part of national and district malaria coordination committees;
- communicate and share information with partners working in the same field;
- engage with other CSOs and NGOs and any national malaria consortium for the coordination of activities; and
- share information and data collected by volunteers with ministries of health.

7 WHO: World Health Organization

8 UNICEF: United Nations Children's Fund

9 GAVI Alliance: formerly GAVI Global Alliance for Vaccine and Immunization

10 RBM: Roll Back Malaria

11 CDC: Centers for Disease Control and Prevention

Project



Thorkeill Thorkelsson / Norwegian Red Cross

Operationalizing and implementing Keep-Up as a Red Cross project

Good volunteer management systems are crucial for the implementation of successful community health programmes. It is important to ensure that volunteer management systems are continually growing and improving to meet the demands of today's priority health programmes.

At the community level, volunteers are recruited to work in their own villages and are assigned households adjacent to their own homes for bimonthly visits. Each volunteer team will have a team leader who reports to the area coach. A volunteer typically works no more than 10 to 15 hours in a month and has a work plan developed with the assistance of their team leader.

The volunteer team leader will be supported by a coach who has the overall responsibility to supervise, instruct and motivate the volunteers implementing the programme. Coaches, who supervise several volunteer groups, need to have a means of transport such as a motorbike available.

Salaries are not paid, but coaches and volunteers receive a small incentive to cover lunch and other costs during the course of the volunteering period. Training and continued monitoring and supervision should serve to encourage and motivate them. Coaches report to branch coordinators.

Roles and responsibilities within the International Federation

The International Federation regional office:

- serves as the technical point of coordination for support to National Societies and ensures that they fully address the requirements of the project. Depending on the International Federation structure in the field, the International Federation zonal, regional or country health delegate will provide overall guidance and advice to the National Society on the implementation of the project; and
- has overall responsibility to transfer, monitor and report on funds allocated to the National Society.

The International Federation secretariat:

- provides advice to the regional delegation pertaining to Keep-Up programmes;
- assists in designing and monitoring the projects;
- oversees the implementation of the global programme and reports back to donors;
- has responsibility for the overall financial management of the global programmes; and
- provides – if needed and in consultation with the zonal health coordinator – a part-time consultant to provide hands-on advice and problem-solving support to the National Society.

Red Cross/Red Crescent National Society project coordinator:

- coordinates and directs the overall project implementation at national level and reports to the head of the health department and to National Society headquarters;
- develops information, education, communication (IEC) materials in collaboration with branch coordinators and ministries of health;
- undertakes supervisory visits to each participating branch at least once a quarter, using standardized supervision tools and provides regular feedback to branch coordinators after every visit;
- oversees financial administration at national level; and
- facilitates information-sharing and dissemination.

Red Cross/Red Crescent branch office and branch management committee (BMC):

- assists in the recruitment of volunteers;
- approves and administers project finances; and
- oversees the implementation of activities at branch level.

Red Cross/Red Crescent district focal person for Keep-Up

The district focal person works at the branch office and coordinates Keep-Up programmes in various locations within the district. At this level, reporting and volunteer management are synchronized to avoid volunteer management fragmentation at the branch level. The tasks of the district Keep-Up focal person include:

- coordinating the project activities of coaches and volunteers at district level;
- assisting in financial administration at district level in collaboration with the BMC members;
- providing information, education, communication tools to volunteers through the divisional coaches;
- providing guidance, monitoring and supervision support to divisional coaches;
- collecting and compiling reports to be sent to the national programme coordinator;
- working with district health partners on standards for vaccination and malaria prevention and other health promotion messages for house-to-house and community activities; and
- with the support of branch management committee members, identifying and selecting local coaches who are responsible for supervising community volunteers.



Alain Daudumez/International Federation

Coach

Coaches are usually selected from the existing pool of volunteers and have experience from Red Cross/Red Crescent community health programmes. The typical tasks of the coach are to:

- coordinate activities at divisional level;
- support several localities, depending on distance and population density;
- provide regular follow-up visits to volunteers to guide and support them when working in the community;
- train volunteers in a variety of skills, including on-the-job training when needed;
- ensure that volunteer toolkits and other related materials are readily available to volunteers and health workers alike;
- supervise volunteers, e.g., review volunteer work and registers, feed back progress and motivate volunteers;
- keep daily attendance sheet and record the distribution of incentives to volunteers;
- conduct monthly meetings to collect and compile reports from volunteers;
- report regularly to the branch Keep-Up coordinator who in turn reports to the national programme coordinator; and
- assist the branch coordinator in project administration and the disbursement of incentives.

Volunteer

Typical responsibilities for a volunteer are to:

- conduct weekly house-to-house visits, ensuring coverage of all households on a bimonthly basis;
- work with elders, leaders and local health staff and partners to promote malaria and vaccination interventions;
- identify the persons at high risk of malaria in assigned target households, provide them with regular information and track compliance with malaria interventions;
- promote, assist in the distribution and explain the use of mosquito nets and regularly monitor compliance with vaccination, vitamin A supplementation and other interventions, monitor disease occurrence and regularly report to the respective coaches;
- write visit reports and send to designated divisional coach;
- convene and/or attend community gatherings and meetings to disseminate information;
- undertake community mobilization for the purposes of health education on field days; and
- undertake hang-up activities during hang-up campaigns.

Integration with other Red Cross and Red Crescent programmes

The Keep-Up programme is based on the Red Cross and Red Crescent community-based first aid (CBFA) programme. Key activities can therefore easily be integrated into an ongoing programme or serve as an entry point to develop a full-scale CBFA programme. Typically, a Keep-Up programme can be integrated into HIV/AIDS programmes, and water and sanitation programmes, and following LIN distribution during emergencies.

It is therefore anticipated that there is close coordination, integration and cost-sharing between the various community health programmes implemented in a catchment area. It is also anticipated that contributions from various partners are reflected in the overall programme budget¹².

Red Cross and Red Crescent National Society process for developing a Keep-Up programme

The International Federation secretariat in Geneva raises funds for malaria prevention activities through the annual appeals system with a specific Malaria Programme Initiative appeal and serves as a focal point for global activities. Based on a request from a National Society, the International Federation will assess the possibilities and need for support for longer-term interventions.

The entry point for a malaria Keep-Up programme can either be:

- a follow-on to a large-scale distribution; or
- part of a national programme for mosquito net distribution through routine health services.

The process:

- The International Federation Health and Care department will provide information for regional delegations and National Societies on forthcoming integrated campaigns or other opportunities for National Societies to be part of national malaria programmes.
- The regional delegation transmits requests from National Societies for Keep-Up programme funding. A National Society may send a direct request to the International Federation malaria focal point, but should also copy the request to the zonal or regional health coordinator.
- The International Federation Health and Care department provides a generic model proposal to National Societies expressing interest, which should be adapted and used to apply for funds.
- The draft proposal should be sent to the regional delegation¹³, which forwards it to the focal point for malaria programmes in the International Federation secretariat.
- The International Federation Health and Care department will explore the funding situation and give feedback on funding prospects. Ideally, funding will be sought for a minimum period of three years.
- The Keep-Up programme annual budget will be provided to the International Federation Health and Care department for approval.
- A Project Expenditure Approval Request (PEAR) will be developed at regional level for semi-annual or quarterly transfers.
- Transfers will only be made if expenditure reports are approved by the regional financial unit and the International Federation Health and Care department budget holder.

¹² A sample budget from Mozambique may be used as a model for developing a transparent budget and cost-sharing within a fully integrated programme.

¹³ Where the proposal is for a Keep-up programme following a large-scale distribution of mosquito nets, the proposal should be sent in due time (six months or more) prior to the campaign. This will allow adequate time for programme planning and fundraising for long-term support, and will enable the National Society to take advantage of opportunities to be included in planned surveys for evaluation and the future documentation of results.

- Quarterly narrative and financial reports are required and should be sent to the International Federation Health and Care department budget holder via the regional/zonal office.
- The future zonal and current regional offices have overall responsibility to support the National Society and oversee programme implementation in the field.
- The International Federation Health and Care department has the overall responsibility to oversee the progress of the implementation and funding of the programmes.
- A final programme document and plan of action with a budget is then finalized for the programme period and shared among Red Cross and Red Crescent partners.

It is anticipated that a functional volunteer management system is in place. If not, additional activities must be planned in order to establish such a system. This may be relevant where a CBFA programme is expanded into new branches or where the Keep-Up programme is an entry point to develop a CBFA programme in the National Society. Close collaboration between regional health and organizational development delegates will be required to support the National Society in such cases.

References

Baume, C.A., Marin, M.C., Shafritz, L., Alilio, M. et al. *Awareness, Ownership, and Use of Mosquito Nets in Nigeria, Senegal, Zambia, Ghana, and Ethiopia: Cross-country results from the 2004 NetMark surveys*. Washington DC: NetMark, 2005.

Grabowsky et al. 'Distributing insecticide-treated bednets during measles vaccination: a low-cost means of achieving high and equitable coverage' in *Bulletin of the World Health Organization*, March: 83(3), 195–201, 2005a.

Grabowsky et al. 'Integrating insecticide-treated nets into a measles vaccination campaign achieves high, rapid and equitable coverage with direct and voucher-based methods' in *Tropical Medicine and International Health*, 10(11), 1151–1160, 2005b.

Wolken et al. *Final Report: Community-based Cross-sectional Coverage Survey one-month Post Campaign, Togo*. Geneva: International Federation of Red Cross and Red Crescent Societies, 2005.

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary Service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



The *International Federation of Red Cross and Red Crescent Societies* promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.