

Plan 2010-2011



International Federation
of Red Cross and Red Crescent Societies

Rwanda

Executive summary

Rwandan Red Cross (RRC) will utilize two approaches of “*Performance contracts*” and “*Model Village*” to improve the livelihoods of its vulnerable population. Performance Contracts is the strategy of efficiently involving and committing the Districts Committees in the process of making decisions and implementing programs through activities which focus on set targets for measuring changes or improved quality of services. The Model Village is an integrated approach in response to poverty and vulnerability by mobilizing communities, focusing on activities and channeling resources on selected villages for more impact and rapid change.

The **Organizational Development** (OD) programme will focus on increasing capacities of the local community. RRC will strengthen its governance, management systems at the Headquarters and Branch levels. This will be achieved through computerized data collection services in the all the branches, policy implementation and dissemination to partners; enhancing the capacities of RRC board members and putting performance contracts in place. Disaster Management (DM) programme (DM) will establish Disaster Response Teams (DRT) at the District and Sector levels. The community volunteers will be equipped with skills in disaster response and DRT will be supplied with disaster response materials such as boats and rain coats. Priority will be given to strengthening the resiliency of the communities in the model villages. Additionally, tree nursery beds will be developed and various varieties of trees will be planted in 120 model villages to mitigate the effects of climate change in the selected villages.

Health and care programmes will scale up HIV and AIDS awareness including reproductive health programmes in selected model villages. The capacities of volunteers in Community Based Health First Aid in all the districts will be strengthened. Communities will be trained in malaria prevention and treatment. Children under five will be immunized against various diseases while expectant mothers will be accorded necessary antenatal services. Mobilization of blood donors and improvement of accessibility to safe water through rehabilitation of water points will also be undertaken in the model villages.

The **Communication** programme will enhance knowledge, understanding and application of Fundamental Principles, Humanitarian Values and International Humanitarian Laws (IHL) in Rwanda. This will be done by increasing the levels of awareness and producing Information Education Communication (IEC) materials on Fundamental Principles, Humanitarian Values and IHL. The RRC communication programme is targeting volunteers and community members at all levels including civil society as well as media and partners. Planning Monitoring, Evaluation and Reporting Unit (PMER) will strengthen the capacities of the staff and volunteers in PMER activities.

The total 2010-2011 budget is CHF 1,189,632 (USD 1,122,294 or EUR 793,088)

[<Click here to go directly to the summary budget of the plan>](#)



Map of Rwanda

Country context

Rwanda has made impressive efforts at achieving several Millennium Development Goals (MDGs), overcoming major setbacks during the genocide in 1994. This progress has been due to political commitment at the highest level, and international support for well designed and executed national scale programs. Today, primary enrolment rates are 97 percent, largely due to the government's decision to make primary education free and mandatory, backed by donor support and sensitization to encourage sending children to school.

The gender equality in primary and secondary education target has already been met, together with other milestones; women's participation in parliament was 56 percent in 2008; the highest in the world. Women comprise 43 per cent of elected local government leaders, and more than half the seats in parliament. In economic security, legal reforms have been passed to enable both women and men to inherit land. With this Rwanda offers an outstanding example, not only to other African countries, but to the entire world.³ Similar high-level political leadership has led to HIV prevalence rates falling from 13 percent (2000) to 3 percent (2006). Malaria fatalities have reduced from 9.3 percent (2001) to 2.9 percent (2006) through a deliberate strategy of universal distribution of insecticide treated bed nets, and modern treatment based on artemisinin combination therapy⁴

Despite high economic growth, poverty rates have not fallen proportionately, declining only by 3 percentage points, from 60 percent (2000) to 56.9 percent (2006). Child malnutrition is almost stagnant at 22 percent (2006) due to low agricultural productivity. Similarly high maternal mortality rates (750 per 100,000 births) point to the need for greater investment in trained health staff and equipment at health facilities.

The shortage of human resources throughout the health sector is a significant constraint. Out of the Rwandans killed or displaced during the genocide, a large number were highly skilled and educated members of the society, including doctors, nurses and other health workers. Many health centres lack essential facilities, equipment and supplies. Electricity supply is erratic throughout Rwanda, impacting hospitals, health centres and laboratories.

The pressures of agricultural production, high population, economic expansion and rising energy needs are increasing the environmental stress in Rwanda. People of Rwanda continue facing daunting challenges compounded by rapid population growth and climatic shocks. Nearly two thirds of the population live below the poverty line and many do not have access to basic services such as health care, education, food and decent shelter. Recurring drought and floods destroy livelihoods and undermine local coping mechanisms. Food insecurity is growing into an endemic problem in eastern and southern provinces.

Human Development Indicators for Rwanda ¹	Values
Population (millions)	9, 234
Persons living with HIV, adults (%)	3 ²
Orphans due to HIV and AIDS	250 000
Population with access to improved sanitation (%)	42
TB cases (per 100,000)	188
Under-five mortality rate (per 1,000 live births)	118
HDI value	0.452
Life expectancy at birth (years)	45.2
Adult literacy rate (% ages 15 and older)	64.9
Primary, secondary and tertiary gross enrolment ratio (%)	50.9
GDP per capita (PPP US\$)	1,206
Human Poverty Index (HPI-1)	36.5
Probability of not surviving past age 40(%)	44.6
Adult illiteracy rate (%ages 15 and older)	35.1
People without access to an improved water source (%)	26
Children underweight for age(% ages 0-5)	23
GDI as % of HDI	99.60%
Life expectancy at birth(%)	107.10%
Adult literacy rate(% ages 15 and older)	83.70%

National Human development Indicators : Rwanda

¹ http://hdrstats.undp.org/en/2008/countries/country_fact_sheets/cty_fs_RWA.html

² http://www.nationmaster.com/graph/hea_hiv_adu_pre_rat-hiv-aids-adult-prevalence-rate

³ <http://www.undp.org/rw/MDGs6.html>

⁴ <http://www.undp.org/rw/MDGs9.html>

Undeniably, Rwanda has experienced a remarkable recovery since the 1994 war and genocide. In some cases, values of human development indicators are better than pre-war levels. The country now faces the challenge of achieving its "Vision 2020" development objective of transforming Rwanda from a country with a subsistence-based agricultural economy to a middle-income country. About 90 per cent of Rwanda's population live in rural areas, dependent on subsistence agriculture. Wealth is still highly concentrated among a small percentage of the population. In two provinces, poverty has worsened and nationally there are two poor women for every poor man. Rwandan farmers are highly involved in negative cycle of land fragmentation, over cultivation, decreasing agricultural productivity and rapid population growth, which is fuelled by an average 6.1 births per woman⁵. There is pressure on both the public health system and on families who care for the sick. HIV and AIDS contribute to low productivity and have deepened the feminization of poverty. Among those aged 20-24 years, the rate of zero-prevalence among women is five times higher than for men. Only 45 per cent of girls and 49 per cent of boys have comprehensive knowledge of HIV and condom use. HIV prevalence rate stands at 3.1 percent among adults aged 15 to 49.⁶ An estimated 27,000 children under age 14 years are infected with HIV, primarily through mother-to-child transmission.

According to World Health Organization (WHO), HIV prevalence is higher in urban areas than in rural areas, and women are at higher risk of HIV infection than men.⁷ Insufficient investment on human resources capacities, poor alignment between planning and budgeting processes, poor donor coordination and alignment with national priorities remain major challenges. Orphans and vulnerable children (OVCs) constitute one third of the population, but less than 1 per cent of children aged 10-17 years receive basic medical, emotional, social, material and educational support. A comprehensive national protective framework for children does not exist⁸. Rwanda is among the world's least developed countries, ranking 158 of 177 according to the United Nations Development Programme's 2006 Human Development Index. Preventable diseases such as Malaria and HIV and AIDS are a major concern hampering the country's development.

National Society priorities and current work with partners

Building on its current programming strengths, RRC will scale up its disaster management, health and care, capacity development and information and dissemination programmes in 2010-2011. The RRC disaster management programme will increase the National Society's capacity to effectively engage with communities in preparing for and organizing disaster response during drought and floods emergencies, as well as in implementing risk reduction programmes.

The RRC has a Disaster Management Task Force (DMTF) that includes all Partners National Societies (PNS) based in Rwanda; Spanish, German, Belgian (Flanders), Belgian (Wallon). The National Society is also a member of Government's DMTF which is based in the Prime Minister's Office, which is the National Coordinating body in Disaster Management. As a leading indigenous humanitarian agency throughout Rwanda, the National Society is actively involved in all coordination forums at national and district levels. The RRC is already working with the Federation in anticipation of the Nyiragongo volcano eruption.

The RRC health and care programme will target preventable diseases such as HIV and AIDS, Malaria, and water-borne diseases. The impact of public health emergencies amongst Rwanda's most vulnerable populations in model villages will be given due consideration.

Health interventions are coordinated at inter-agency coordination committee meetings, attended by all key stakeholders such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), The Joint United Nations Programme on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Ministry of Health and the National Commission for fighting AIDS. Social support projects will be undertaken in collaboration with the Ministry of Local Administration and Social Affairs, the ministry in charge of

⁵ http://www.unicef.org/about/execboard/files/07-PL-38-Rwanda_Final_adoc.pdf.

⁶ UNAIDS, *Report on the Global AIDS Epidemic, 2006*.

⁷ WHO, *Summary Country Profile on HIV/AIDS Treatment Scale-up – Rwanda, 2005*.

⁸ *Ibid*

gender promotion and family matters as well as the ministries in charge of water, natural resources and environmental protection.

The RRC is a member of the RC-NET and has bilateral partnerships with sister National Societies of Norway, Spain, Finland, Denmark, Germany, Belgium, United Kingdom and Sweden, predominantly in the areas of health, capacity building and disaster management. The International Committee of the Red Cross (ICRC) is supporting information and dissemination efforts of the RRC as well as tracing and Conflict Preparedness and Response (CPR) programme. The Federation, through its zone and sub-zone offices, provides technical support and assists in mobilizing additional resources. Since 2002, the Cooperation Agreement Strategy (CAS) has been developed and revised on 2006 in order to adapt it to the new strategic plan 2007-2011.

Secretariat supported programmes in 2010-2011

Disaster Management

The disaster management programme budget is CHF 209,518 (USD 197,658 or EUR 137,841).

a) The purpose and components of the programme

<p>Programme purpose⁹</p> <p>Reduce the number of deaths, injuries and impact from disasters.</p>
<p>Programme component 1: Organizational Preparedness</p> <p>Component outcome 1: Established Disaster Response Teams at District and Sector levels.</p> <p>Outputs</p> <ul style="list-style-type: none"> • RRC strengthens the capacity of the existing Branch Disaster. Response Teams (BDRT). • New BDRT set up in 20 Sectors. • BDRT are operational and provide effective response when disasters occur.
<p>Programme component 2: Disaster Management Planning</p> <p>Component outcome 1: Strengthened community awareness and capacity to act effectively during disasters (floods, landslides, volcanic eruptions, and droughts/food insecurity).</p> <p>Output</p> <ul style="list-style-type: none"> • Increased capacity in conducting vulnerability and capacity assessment (VCA).
<p>Programme component 3: Disaster Response</p> <p>Component outcome 1: Increased RRC capacity to organize effective and efficient disaster response.</p> <p>Outputs</p> <ul style="list-style-type: none"> • RRC volunteers have the capacities to respond effectively to disasters. • All DRT are equipped with basic materials (Boats and raining coats). • Contingency stocks are available in the districts. • Partners and the BDRT share information on the DP Plan and their interventions are well coordinated.
<p>Programme component 4: Disaster Risk Reduction</p> <p>Component outcome 1: Strengthened resilience of communities living in disaster prone areas.</p> <p>Outputs</p> <ul style="list-style-type: none"> • Communities are informed on risks of potential disasters and how to mitigate it. • Improved agricultural practices and food production in 120 Model Villages. • Nursery seed beds set up and trees planted in 120 Model villages.

⁹ In this plan, 'purpose' is defined as 'the publicly stated objectives of the development programme or project'. Source: OECD-DAC glossary.

b) Potential risks and challenges

RRC faces financial challenges and sometimes is not able to give adequate incentives to staff and volunteers, join other organizations which offer a better package. The trained volunteers find jobs elsewhere and therefore are not available to assist in response to disasters. Good cooperation with local authorities and community members in understanding well the SPHERE standards used in emergencies is essential. For example, when doing distribution of non-food items on the field it becomes a problem on the amount required to be distributed.

Health and Care

The health and care programme budget is CHF 466,748 (USD 440,328 or EUR 307,071)

a) The purpose and components of the programme

Programme purpose
Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
Programme component 1: HIV and AIDS
Component outcome 1: Strengthened RRC capacities to scale up HIV and AIDS and reproductive health programmes. Outputs <ul style="list-style-type: none">• Increased coordination amongst HIV Partners and stakeholders.• Strengthened Associations of PLHIV.• Increased awareness on reproductive health in selected model villages.
Component outcome 2: Vulnerability to HIV and its impact is reduced through preventing further infection, expanding care and support, reducing stigma and discrimination and encouraging voluntary counselling and testing. Outputs <ul style="list-style-type: none">• Improved self reliance amongst PLHIV network supported by RRC through initiation of IGA.• Health insurance provided to PLHIV.
Component outcome 3: Increased awareness on HIV and AIDS amongst communities through peer education and home-based care support provided by RRC trained volunteers. Outputs <ul style="list-style-type: none">• Increased knowledge on HIV and AIDS.• Improved nutritional status of PLHIV.

b) Potential risks and challenges

- Inadequate funding to deliver results under all programme components.
- Over dependence on the project.

Programme component 2: Community Based Health First Aid (CBHFA)
Component outcome 1: CBHFA volunteers capacities strengthened to effectively educate the community on Health issues (Malaria, HIV and AIDS, Hygiene and Sanitation, reproductive health, immunization and Blood donation). Outputs <ul style="list-style-type: none">• Strengthened CBHFA network of Volunteers in every District.• Increased awareness of the community on Malaria prevention and treatment.• Children under five and expectant mothers immunised against malaria.• Maternal and child health promoted through Routine vaccination.

b) Potential risks and challenges

- Community ignorance on malaria prevention and control methods.
- Inadequate resources.

Programme component 3: Water and sanitation (WatSan)

Component outcome 1: Increased access to safe water and sanitation facilities.

Outputs

- Enhanced knowledge and practice on Participatory Hygiene and Sanitation Transformation (PHAST) approach.
- Water points rehabilitated.

b) Potential risks and challenges

- Negative attitude towards behaviour change.
- Inadequate funds to implement water and sanitation projects.
- Lack of community participation, involvement and ownership.

Programme component 4: Blood donation

Component outcome 1: Rwanda's supplies of safe blood increased through mobilization of volunteer blood donors.

Outputs

- The population's willingness to donate blood is increased through community mobilization.
- Blood donation events organised to award the most active Blood donors.

b) Potential risks and challenges

- Fear of HIV testing.
- Lack of awareness on the importance of blood donation.

Organizational Development

The organizational Development programme budget is CHF 340,104 (USD 320,853 or EUR 223,753).

a) The purpose and components of the programme

Programme purpose

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

Programme component 1: Governance and Management

Component outcome 1: RRC governance, management systems are strengthened at headquarters and branch levels.

Outputs

- Capacities of board members enhanced.
- Performance contracts are evaluated and plans for the following quarter adopted.
- RRC policies implemented and disseminated to partners.
- Responsibilities are clearly defined and strictly respected both at Headquarters and branch levels.

Programme component 2: Capacity Development: (Branch and headquarters)

Component outcome 1: Increased RRC capacity to deliver services to the most vulnerable populations.

Outputs

- Strengthened capacities of RRC Staffs and Volunteers in management.

- IGAs initiated at Provincial level.
- Volunteers and Field Staffs have sufficient means to effectively perform their responsibilities.

Programme component 3: Youth and volunteer development

Component outcome 1: Strengthened capacities of youth organizations to address the needs of the vulnerable groups in areas health and DM.

Outputs

- Volunteer and youth structures exist with clearly defined lines and authority and a percentage of youth involved in RRCS activities.

c) Potential risks and challenges

The RRC largely depends on international financial support. This is a critical issue for the National Society. The resources that are available in-country are not sufficient to address all vulnerabilities. Sustainability of the programmes, is, therefore, identified by the RRC as a major risk. Another challenge, linked to limited financial resources of the National Society, is shortage of qualified personnel and volunteers. The RRC cannot afford to pay adequate salaries and incentives. Developing effective resource mobilization and human resource management strategies are, therefore, two areas prioritized by the RRC for the coming two years.

Principles and Values

The principles and values programme budget is CHF 173,262 (USD 163,455 or EUR 113,988).

a) The purpose and components of the programme

Programme purpose

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

Programme component 1: Promotion of Fundamental Principles and Humanitarian Values

Component outcome 1: Enhanced knowledge, understanding and application of Fundamental Principles, Humanitarian Values and IHL in Rwanda.

Outputs

- Level of awareness of Fundamental Principles, Humanitarian Values and IHL is increased in Rwanda.
- IEC materials on Red Cross Principles and Values developed and disseminated to the general public.

Component outcome 2: Strengthened capacities of Volunteers in Information and Dissemination

Outputs

- Improved service delivery amongst info and dissemination Volunteers.
- Strengthened information network in all Districts.

Programme component 2: Communications Development

Component outcome 1: Strengthened capacity of RRC in Communication.

Outputs

- RRC Volunteers and Staffs skills enhanced in communication.
- RRC website operational and maintained.

b) Potential risks and challenges

Up to now, the communication programme only relies on one donor, ICRC, providing approximately USD 118,000 annually. This has limited the expansion of the programme activities. Insufficient resources have limited volunteer retention, lowered staff access to relevant office tools and also limited staff recruitment.

Role of the secretariat

a) Technical programme support

RRC shall receive technical support from the start of programme development, marketing of the programme for funding, and make available guidelines, tools, and appropriate system for addressing Disaster Management, Health and Care, principles and values, and Organizational Development services in the country. The Secretariat shall also provide relevant training whenever required to ensure technically sound programme interventions.

b) Partnership development and coordination

RRC shall work with Secretariat to improve its partnership with existing partners to continue funding its programmes. Internal and external coordination meetings shall be organized periodically by the RRC and the Federation respectively to ensure continuity of programmes and improved capacity to respond to needs of the most vulnerable in the community.

c) Representation and Advocacy

The Federation will do management, control, coordination, policy making, and advocacy on behalf of the RRC in order to achieve programme goals, missions and objectives. The Secretariat also work as intermediate between RRC staff and the governing board.

Promoting gender equity and diversity

All programmes of the RRC aim to address the issues of discrimination, intolerance and respect for diversity. The Statutes and internal regulations of the National Society adopted by the fourth General Assembly in 2006 address the importance of gender equity and diversity. It stipulates that committees at all levels should include women representatives. From 210 new members of governance at district levels, 60 of them are women according to RRC rules and statutes. From 33 senior staff (directors and programmes managers), 17 are women.

Beneficiaries of RRC programmes are predominantly women and children, as they are the most vulnerable groups of the population. At community level, the RRC is encouraging women to be active participants of all RRC-led community-based projects.

Quality, accountability and learning

The core programmes of the RRC are well established as they have been running for more than ten years. The National Society, however, is acknowledging that the level of investment has not been commensurate with an impact it has made, mainly due to the lack of effective coordination structures. To this effect, a decision was taken to decentralize responsibility, authority and accountability for programme implementation to the operational (provincial and branch) level. Redrawing of regional borders by the government, however, has slowed the process.

Nevertheless, significant progress has been achieved and the RRC is committed to take the reforms forward. It is striving to be a relevant and effective organization responding efficiently to the needs of the most vulnerable. All programmes have been designed in consultation with key stakeholders, essentially with the communities targeted. The consultations are held primarily, but not exclusively, through Vulnerability and Capacity Assessments (VCAs). VCA is a process that gives National Societies an opportunity to collect relevant information about impending risks before the event occurs. VCA findings are shared with all stakeholders to build a common understanding of trends, needs and proposed response strategies. To improve its planning, performance and accountability, the RRC regularly adjusts its work on the assessment findings.

Strengthening monitoring and evaluation capacities is one the objectives of the RRC for the coming two years. All programmes of the RRC are aligned towards the Global Agenda's goals. RRC has committed to implement the Federation's performance management and accountability framework to measure and report on progress.

To facilitate institutional learning, RRC will be encouraging experience-sharing between its branches, volunteers and staff members through regular forums. Quarterly meetings will be held at district and headquarter level to coordinate planning and implementation of programmes. An internal evaluation and external audit are planned to help the RRC determine the appropriateness and effectiveness of its response and to assess the adequacy of the accounting and internal control systems.

Budget summary

Programmes	2010 budget (CHF)	2011 budget (CHF)	Total budget (CHF)
Disaster Management	104,759	104,759	209,518
Health and Care	233,374	233,374	466,748
Capacity Development	170,052	170,052	340,104
Principles and Values	86,631	86,631	173,262
Total	594,816	594,816	1,189,632

How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

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