

Annual report



International Federation
of Red Cross and Red Crescent Societies

Eritrea and Djibouti

Appeal No MAA64005

17 May 2011

This report covers the period 01/01/2010 to 31/12/2010



RCSE volunteers offering ambulance services. In 2010, a total of 16,400 casualties benefited from the site of call to nearest clinic or hospitals. Photo: RCSE

In brief

Programme outcome: The programmes herein are aligned with the principles and priorities of the international Federation of Red Cross and Red Crescent Societies (IFRC). The core programmes of the Red Cross Society of Eritrea (RCSE) focused on improved outcomes in Disaster Management, Community Based Health Development Programme (CBHDP), and Organizational Development of national societies. Throughout, programmes are intended to promote humanitarian principles and values. The ultimate objective of RCSE activities is aimed at reducing vulnerability and enhancing human dignity. In Djibouti, the programme of the Red Crescent Society of Djibouti (RCSD) in 2010 focused on Organizational Development to strengthen capacities of the National Society, along with initiation of a project in HIV/AIDS and malaria to increase awareness, change behaviours and ultimately reduce the prevalence of disease.

Programme summary:

Eritrea

During 2010, the Red Cross Society of Eritrea provided services to over 75, 000 beneficiaries through its four core programme areas.

The RCSE disaster management this year mainly focused on capacity building and community risk reduction efforts. The work of the department provided over 1,100 individuals with basic first aid skills. It also mobilized over 38,000 community members to build over 116,216 meters of land terracing, dig 75,000 holes for tree planting, plant 35,000 seedlings and build a number of check dams for water conservation. The latter activities are aimed at reducing the vulnerabilities of the targeted communities to climatic conditions through water and environmental conservation. Additionally the department reached over 500 people with information on mine awareness within the targeted communities.

The RCSE is well known for its strong Community Based Health Development Programme (CBHDP) that is carried out through the communities, volunteers and staff. The CBHDP is the backbone of the RCSE health and care programme. The programme strives to build and strengthen the local capacities to deal with the most common health risks and support basic and introductory training on Community-Based First Aid (CBFA). Additionally, training was provided on prevention and control of prevailing infectious and endemic diseases, with a focus on malaria as well as water-borne and water-related diseases.

During the period under review, the department reached over 8,000 people with access to safe water facilities and 50,000 people with health and hygiene education activities using Community Led Total Sanitation (CLTS) and Participatory Hygiene and Sanitation Transformation (PHAST) approaches. The impact of the latter activities resulted in an increase of household latrine coverage from 1% to 26% with the targeted communities. Furthermore, 16,000 casualties were successfully provided with emergency services through the ambulance services.

The HIV/AIDS programme managed to create and train 85 peer groups who in turn reached over 1,600 peers in the targeted areas. Additionally, a number of people living with HIV/AIDS as well as orphans and vulnerable children were provided with livelihood skills and necessary equipment, enabling them to generate income or otherwise improve their living conditions.

RCSE continue to improve its capacity through the Organizational Development activities. This includes continued staff capacity development, improvement of systems, financial accountability and improved programme performance, monitoring and evaluation. In order to foster strengthened partnership, a PNS meeting was conducted in April 2010. Additionally, several exchange visits were conducted by senior management within the region as part of peer learning and review efforts. The RCSE continues to engage the government and the Movement for its recognition.

Dissemination of fundamental principles and humanitarian values is an integral part of all community projects of RCSE. RCSE uses special events such as World RC/RC day. This year was celebrated colourfully at the headquarters and in all branches under the theme Urbanization. This was done through walks in the main streets of the capital city, Asmara. Various promotional items were also distributed as well as IEC materials. Street banners both in English and in local language (Tigrigna) were mounted in main streets of the city for three days. More than 3,000 flyers and brochures of the international movement and IHL were distributed to the general public during the the event.

Djibouti

No additional information was available from the National Society for the second half of 2010. However, by mid-2010, the RCSD reported it had organised leadership and volunteer management training for all 6 branches to improve skills and help leadership at branch level better understand their role.

Additionally, the RCSD organized volunteer capacity building training, with 50 participants attending from five branches.

A planning meeting between RCSD and ICRC was organized to assist the in preparation of the RCSD plan for 2011.

RCSD headquarters organised regular field visits to its branches to assess their capacity and identify needs. The headquarters also organised induction training for the branch staff and shared experiences and lessons learned from the Horn of Africa operation. RCSD regional committees were given refresher training in volunteer management.

In 2010, the RCSD was preparing for its General Assembly in early 2011.

In Health and Care, the RCSD prepared a plan of action for the HIV and AIDS and malaria programme supported by Japanese Red Cross.

Financial situation: The original 2010 budget was CHF 1,225,954 of which CHF 2,222,419 (181 per cent) was covered during the year, including the opening balance. Overall expenditure during the reporting period was CHF 1,841,270 (83 per cent of available funds and 150 per cent of the original budgeted amount).

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

Number of people we have reached: In Eritrea, some 75,000 people benefited directly from the Federation supported programme interventions mainly in disaster preparedness and response, health and care and watsan.

Our partners: Active partners providing financial as well as technical support to the RCSE include Red Cross Societies of Austria, Denmark, Finnish, Netherlands, Swedish, as well as IFRC and ICRC. Other partners include the DFID and EU Water Facility Programme. Internally, RCSE works in close cooperation with stakeholders including the Ministry of Health, Ministry of Education, Ministry of Agriculture, Water Resources department, National Union of Eritrean Women, National Union of Eritrean Youth and Students, Eritrean Demining Agency and the communities in the country.

Context

Eritrea has a total population of 4.9 million with two thirds of the population living in rural areas, population growth is 2.7%. The Eritrean economy is slowly gaining momentum after the disruption by the border war with Ethiopia in 1998. Other factors effects of climate change such as prolonged drought has a negative effect on agricultural productivity hence affecting the socio economic development of the country. This combined factors results contributes to the significant production and investment in development, therefore exposing the population to poverty and other vulnerabilities.

Eritrea is on track towards the MDGs targets particularly child health, maternal mortality, HIV/AIDS, malaria and other major diseases, and access to safe water and sanitation. However more effort and investments is required to accelerate and scaling up interventions if the country is to achieve all MDGs within the timeframe. According to UNDP in 2008, Eritrea had 9% of people with access to improved sanitation, 60% of people with improved water source, people living with HIV/AIDS was 2.4, TB cases (per 100,000) was 3,479 and under five mortality rate (per 1,000 live births) was 78.

Red Cross Society of Eritrea (RCSE) with its mission of *“to reduce vulnerability, alleviate human suffering and improve livelihood by mobilizing the power of humanity through its core programmes, adhering to the Fundamental Principles of the Red Cross & Red Crescent Movement”* has aligned its activities towards contributing to relevant government policies and strategies in areas of health and care, water supply and food security.

Djibouti is one of the chronically food insecure countries in the horn of Africa. In recent years, the number of vulnerable people has increased further due to the climatic changes and influx of refugee from neighbouring countries, such as Somalia. As such, the NS requires additional resources at a time of diminishing willingness of partners to support the NS.

Progress towards outcomes

Eritrea

Disaster Management

RCSE Disaster management programme encompass areas of Disaster Preparedness / prevention and Disaster Response with integrated climate change adaptation activities.

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| Programme component: Disaster management planning |
| Outcome: Improved ability of community members in Eritrea to predict and plan for disasters to mitigate their impact on vulnerable communities, and respond to and effectively cope with their consequences. |
| Programme component: Disaster preparedness and risk reduction |
| Outcome: By 2011, 10,000 community members will have improved their ability to reduce loss of life and disabilities caused by disasters. |
| Outcome: By 2011, the capacity of RCSE core staff and volunteers to respond effectively during disaster will be improved. |
| Programme component: Disaster Response |
| Outcome: By 2011 the logistical capacity of RCSE is strengthened |
| Outcome: The effects of disasters in 24 coaching areas are mitigated/reduced by 2011. |
| Programme component: Disaster risk reduction (Food security) |
| Outcome: Improved food production, accessibility, and utilization at household level in order to have a healthy and productive community. |
| Programme component: Climate Change |
| Outcome: Climate change adaptation projects are developed and implemented in target villages |

Achievements:

Although it is difficult to get concrete statistical information on the number of existing mines in Eritrea, it is believed to be one of the most heavily mine inflicted countries in the world. The presence of mines in Eritrea goes back to Second World War during British and Italian occupation since the 1940s. All the above events were major contributors of scattered unexploded remnants of war that cover thousands of hectares of grazing and farmlands and continue to inflict death and injuries to civilians to date.

In support of the Eritrean Demining Authority (EDA), the RCSE with financial and technical support from ICRC is involved in mine awareness activities targeting schools, and communities at risk. Through trained volunteers and staff RCSE has reached over 284 students in six middle schools and to 222 community members with mine awareness campaigns. This is in addition to distributing of flyers, posters and organising photo exhibitions at special events. This initiative will contribute to mitigating the risks associated with exploding mines as community members would be aware of mines and act accordingly.

As part of disaster preparedness exercise, the RCSE has conducted over 20 basic first aid training sessions for over 1,100 target groups through the six RCSE branches. The main target groups under RCSE First Aid Programme are schools (teachers and students) police force, industrial workers (including mines), commercial drivers, volunteers. Additionally, 1,000 first aid manuals and certificates were distributed to trained target groups. Road safety awareness materials: 1,000 posters and 8,000 brochures were developed and printed for distribution. Equipping community groups with basic First Aid skills and information on road safety has created an improved capacity of the target groups to mitigate the effects of disaster in their localities and at household level.

Recognizing the fundamental importance of land and water linkages for livelihoods, food security and water-related ecosystem services, the RCSE is embarking on increasing the resilience of communities to climate change of rural land and water management systems, focusing on making a positive impact to agriculture, environment and water resources conservation.

During the period under review, The RCSE mobilized over 38,000 community volunteers and community members in six *Zobas* (regions) and constructed over 116,216 meters of terracing. The practice of land terracing in Eritrea has proven to a most effective way of water retention, with significant benefit to the ecology as well as economic impact to the communities due to increased food production even during limited rainfall. Furthermore, over 74,000 pits were dug for tree planting and 35,210 seedlings planted as part of efforts to combat desertification and soil erosion.

Through its Rural Water and Sanitation project, RCSE has constructed check dams with a total of 11,007 cubic meters. The construction of check dams is another method of water conservation that results in ground water recharge for multiple impacts to the environment, human and animal consumption.

Health and Care

RCSE applies a coach-based health care through its Community Based Health Development Programme (CBHDP). The CBHDP is an integrated with the following component a) Water, Sanitation and hygiene) b) HIV & AIDS c) Capacity building/ livelihood (of vulnerable women, RCSE staff and volunteers). At headquarters level, there is a Departmental Head and Coordinators for Water and Sanitation, HIV/AIDS, while in the *Zobas* there are programme coordinators supported by volunteers represented at different levels namely Facilitators, Coaches and community volunteers.

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| Programme component: Water and sanitation |
| Outcome: Improved access to safe water, sanitation and hygiene services. |
| Programme component: Community based health and first aid |
| Outcome: Increased healthy communities that are able to cope with health and disaster challenges, achieved through community- based integrated health and first aid activities. |
| Programme component: HIV and AIDS |
| Outcome: Vulnerability to HIV and its impact reduced through preventing further infection, expanding care, treatment, and support, and reducing stigma and discrimination |
| Programme Component: Emergency Health |
| Outcome: Access to curative and preventive health services improved in the target area |

Achievements:

During the period under review, RCSE reached over 8,969 people with access to improved water sources through drilling of 2 boreholes fitted with hand pumps benefiting 3,220 people in villages of Adi Arada and Guritat in Zoba Makel. Through the construction of 2 reticulated water supply systems in Assbol Mergebele and Borderle in Northern Red Sea Zoba an additional 3,747 people benefited. Rehabilitation of three water points from hand pumps to solar powered systems benefitted 1,750 people in Adibaro, Alale and Saroyta villages of Southern Red Sea Zoba. Additionally, construction of subsurface dam (sand- water storage dam) with a total capacity of 30,000 m³ took place in Begu area. Final work for this project will be done early 2011, and will eventually benefit over 10,000 people.

In addition to improving access to water for human consumption, construction of check dams, micro dams and sand storage (sub-surface dams) in the targeted villages will have a positive impact on water conservation. Reduced evaporation, minimized soil erosion and reduced velocity of runoff, allow percolation and possible recharging of ground water potentials, which is essential for drought prone areas.



During the period under review, a total of 49 villages representing 40% of total planned villages were triggered for improved sanitation and hygiene at household and community level. Thus, 11,557 households comprising 55,576 people living in 49 targeted villages have received health and hygiene education through an integrated Community Led Total Sanitation (CLTS) and Participatory Hygiene and Sanitation Transformation (PHAST) approaches.

Left: One of the constructed family latrines. Source, RCSE

Eleven out of the 49 villages reached have already constructed family latrines and garbage disposal facilities, an indication of improved behavioural change and programme impact within the communities. According to internal reviews, the sanitation coverage within the target villages in particular the family latrine facilities have increased from below 1% before the intervention to 26% after the intervention. Furthermore, two school latrines serving 1,500 students and teachers are constructed in two elementary schools in Debub branch.

Community Based Health First Aid (CBHFA) is the entry point of CBHDP. It is aimed at building the capacity of communities in preventing communicable diseases and providing basic health care and first aid to common health problems, injuries and accidents at community level. During the period under review, 28 volunteers (coachers) from representing all 6 Zobas received training as trainers (ToT). The training was jointly facilitated by RCSE and the Ministry of Health and covered subjects such as basic First Aid, Water and Sanitation, HIV and AIDS etc. In turn, the ToTs have trained an additional 150 RCSE volunteers and 60 students in their respective branches through a cascading scale. After completion of trainings, volunteers are able to facilitate health promotion activities through appropriate approaches such as house to house, community meetings, peer education depending on the target group or subject of discussions (e.g. for mothers/ women group, volunteers). They cover topics such as diarrhoea, malaria, pneumonia, nutrition as well as maternal and child health care. This will contribute to increased community awareness and capacity to prevent of communicable disease outbreaks as well as reduce impact to injuries.

Ambulance services are an integral part of CBHFA activities. There are 9 ambulances operating in all the six Zobas and sub Zobas of the country. In 2010, a total of 16,400 casualties benefited from the site of call to nearest clinic or hospitals. Support to the above individuals averted the impact of injuries and death. The RCSE ambulance service has proven to be an essential service in the country. Currently, RCSE is the only institution providing ambulance services in the country.

However, the service is facing major challenges with limited resources for operational funds maintenance of its aging fleet. The Danish Red Cross has been supporting RCSE for many years, but has since decided to gradually scale down its support. Recognizing the potential effect of the limited support, RCSE is striving to maintain the service and is busy revising its operational strategies to be more sustainable.

The goal of RCSE HIV and AIDS Programme is to reduce vulnerability and the impact of HIV and AIDS by working with the government of Eritrea and other stakeholders. The programme focuses on four thematic areas: Prevention (peer education), care and support for PLHIV and OVC, Stigma reduction and capacity building.

In 2010, fifteen (15) women members of BIDHO and guardians of OVC received and graduated in skills training that included tailoring, embroidery, advocacy and ARV adherence and graduated. Preceding the training, beneficiaries were supplied with sewing machines, threads,

scissors, measurement tapes and pieces of clothing as start up materials to enable them to generate income.

The peer education programme has established and trained 27 schoolteachers as peer facilitators in Northern Red Sea. A total of 85 peer groups were formed and 1,610 peers were reached. Additionally, 30 peer groups comprising of 10 members each were formed in Mainefhi Secondary School, 50 peer groups of 5 members each in Ibrahim Sultan and 20 peer groups in Foro Secondary School. In the Northern Red Sea branch, 30 students from Foro Secondary school sought VCT services after participating in the weekly Peer Education discussions. 7,200 leaflets on information, education and communication (IEC) targeted for youth were produced and distributed to schools to be used for peer education. The materials are significant in providing credible information to the youth and peer educators to utilize, provide correct information and challenge misinformation. They are also resourceful as reference materials to strengthen peer educator's confidence in the substance they deliver.

Home based care materials (bathing soap, washing detergent soap, disinfectant solution, nail cutters, bed sheets and towels) were distributed to home based care providers through the MoH and BIDHO in Zoba Maekel, Northern Red Sea and Southern Red Sea. These materials are important in managing hygiene and opportunistic infection. It also reduces the economic burden incurred by PLHIV and home based care providers in purchasing these materials thereby saving the households some money that can be used for purchasing food. Nursing Care and Psychosocial support are an integral part of the care and support program of the national society and its quality is monitored through the MOH supervision, guidelines and procedures.

Organizational Development

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| Programme component: Well-functioning National Society |
| Outcome: RCSE has a well functioning organization with sustainable systems, procedures and staff with desired level of managerial and technical competencies to address the most urgent situation of vulnerability. |
| Programme component: Financial sustainability |
| Outcome: Existing partnerships are strengthened and new ones formed. |
| Programme component: Branch development and/or volunteer management |
| Outcome: Availability of skilled volunteers who are able to provide effective and efficient humanitarian service. |

Achievements:

RCSE is in the process of its recognition by the government of the state of Eritrea, whilst the Minister of Health is the Patron. Nevertheless, with the current *de facto* recognition, RCSE manages to deliver its humanitarian services as an auxiliary to the public authorities. It has established a very good foundation with its partners toward building and enjoys good confidence from partners and authorities at all levels.

RCSE has presence in all the six Zobas (regions) of the country through which all programmes are implemented, with activities in 180 villages and well established community volunteer facilitation systems.

To build the capacity of staff and volunteers and to perform the desired tasks, necessary trainings and regular technical meetings were organized and necessary working tools/ materials provided. Following the recruitment of new Secretary General and the Deputy Secretary General, exchange missions with sister National Societies were organized. For example, the Secretary General visited Juba, Sudan to attend the Partnership Meeting, thus enabling him to observe how other NS functions as well as most importantly create a network of counter parts and partnership. The Deputy SG attended a Disaster Risk Reduction Planning workshop with ICPAC in Kenya. At the same time, the NS held consultative meetings with Kenya Red Cross

and a number of Participatory National Societies (PNS) representative for Eastern Africa. The aim of the consultative meeting was to further discuss areas of partnership with existing and potential partners. The continued strengthening and capacity building of RCSE staff and volunteers at all levels has enabled the NS to effectively and efficiently respond to the needs of the most vulnerable in the country. The NS is also in the process of strengthening its operational monitoring and evaluation systems.

The RCSE management is striving to develop clear policies and strategic directions that are in line with National strategies and able to address key and sustainable development efforts of the country with alignment of relevant policies and strategies of IFRC and the movement as a whole. Furthermore, special priority is given towards the recognition of the NS by the state of Eritrea and eventually by the Movement. This will enable the NS to have governance and strong membership representation at community level. The recognition will also enable the NS to represent its membership and the country at international forums within the Movement.

The fact the NS is not yet legally recognized is a slight challenge to efforts to have reliable and effective resource mobilization strategy that will enable the NS to create funding through income generation and/or fund raising efforts, hence relying heavily on external financial support. However, internally, the RCSE receives income by renting a big share of its premises at headquarters level and in five branches as training venues. The income covers part of core administrative costs.

In its efforts to scale up its development/ humanitarian activities to meaningfully contribute to the reduction of poverty and community vulnerability particularly due to climatic induced hazards such as drought and floods and diseases, the RCSE recognizes the pivotal essence of strengthening partnerships. In this respect, for the first time after four years RCSE conducted a partnership meeting in 2010. The partnership meeting with the theme *strengthening partnership for sustainability* was attended by PNS mostly with representation within Eastern Africa Region. The meeting created an opportunity to share experiences, challenges and improved partnerships and coordination. The RCSE is committed to the Code for Good Partnership, Resolution 14 as adopted by the Council of delegates in 2009.

The RCSE has a sound system of financial management, budgeting, accounting and external auditing. There is enough supporting staff involved in the financial management system especially at headquarters. Clerks at branch level are trained and involved in the manual accounting system. Every programme's budget is tracked well and a separate donor-based account is established. As financial accountability, yearly external auditing is done and auditing report is sent to every donor. The National Society considers cost effectiveness and keeps its administrative and other overhead costs under control.

Djibouti

Organizational Development/ Capacity Building

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| Programme Component 1: Capacity Development |
| Outcome: The RCSD is a strong, reliable and visible National Society across the national territory |
| Programme Component 2: Leadership |
| Outcome: The competency in governance and management of NS is improved for better functioning of operations. |

Achievements:

No additional information was available from the National Society for the second half of 2010. However, by mid-2010, the RCSD reported it had organised leadership and volunteer management training. The objective of the training was to improve the capacities of RCSD in leadership at branch level to better understand their role and improve their skills. Twenty-one participants representing all six branches actively participated in the training.

Additionally, the RCSD organized volunteer capacity building training, with 50 participants attending from five branches.

A planning meeting between RCSD and ICRC was organized to assist the in preparation of the RCSD plan for 2011.

RCSD headquarters organised regular field visits to its branches to assess their capacity and identify needs. The headquarters also organised induction training for the branch staff and shared experiences and lessons learned from the Horn of Africa operation. In 2010, the RCSD was preparing for its General Assembly in early 2011.

RCSD regional committees were given refresher training in volunteer management.

Health and Care

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| Programme Component 1: Integrated Health and Care Project (Water and Sanitation, PHAST, HIV and AIDS, and health promotion) |
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| Outcome 1: Increased RCSD capacity to scale up integrated health and care projects. |
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| Outcome 2: Decreased incidence of communicable diseases at community level. |
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Achievements:

The RCSD prepared a plan of action for HIV and AIDS and malaria programme supported by Japanese Red Cross.

Constraints or Challenges:

- Djibouti is one of the chronic food-insecure countries in the horn of Africa; support is needed to
- develop long-term food security and livelihoods projects.
- The NS requires more resources to assist increased numbers of vulnerable people due to climate change and refugee influx from Somalia and other neighbouring countries.
- Limited resources have affected the implementation of planned activities. Scarcity of financial resources has been largely due to diminishing willingness of partners to support the NS.

Working in partnership

RCSE is working in close partnership with several government ministries such as Health, Labour and Human Welfare, Agriculture and Water Resources department, local Provincial, sub provincial and village administration, national associations, UN agencies, and NGOs. This collaboration ensured adherence to national policies and guidelines. The Movement partners of RCSE include Austrian, Danish, Finnish, Netherlands and Swedish Red Cross Societies as well as ICRC and IFRC.

Contributing to longer-term impact

RCSE programmes contributed positively and strengthened the capacity of the target communities. The programmes targeted the most vulnerable segments of the community, whose

coping mechanisms have been undermined by years of conflict, displacement, poverty and climatic changes. They will greatly contribute to increased community resilience and reduced vulnerabilities to eminent risks. The RCSE success in 2010 will have direct and indirect contribution to the national development efforts of the country particularly the Millennium Development Goals, specifically in the area of health and care, water supply and reducing risks to diseases through capacity building.

Looking ahead

RCSE shall continue to foster and strengthen its partnership with existing and potential partners with the ultimate aim of improving its service delivery to the most vulnerable communities in the country. It shall endeavour to develop realistic and relevant strategic plans and shall continue to invest in its institutional and human resource capacity as catalyst towards sustainability and self-reliance. The legal status of the NS through official recognition through a decree remains a key priority of the RCSE.

| How we work | |
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| <p>All Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.</p> | |
| <p>The IFRC's vision is to:</p> <p>Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.</p> | <p>The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:</p> <ol style="list-style-type: none"> 1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises. 2. Enable healthy and safe living. 3. Promote social inclusion and a culture of non-violence and peace. |
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