

ANNUAL REPORT



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

CENTRAL EUROPE

22 April 2004

In Brief

Appeal No. 01.76/2003

Target: CHF 4,088,229 (USD 3,122,000/ EUR 2,630,500)

Coverage: 71.1% ([Click here to go directly to the Financial Report](#))

Appeal 2004: Central Europe No. 01.75/2004 (click below)

http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/017504.pdf

This document reports on and analyses achievements within the International Federation's 2003 annual appeal for Central Europe. The activities supported by this appeal fell within the Federation's longer-term support strategy for Central Europe. This is continuing in 2004 and is being supported by Appeal 01.75/2004 (see above).

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Overall analysis of the programme

The Regional Delegation (RD) for Central Europe was working on two transitions during 2003. Firstly, continuing to shift its focus from services to capacity building work with the national societies and secondly, helping the eight EU accession national societies access the information flow from the EU and membership of the Red Cross EU Office in Brussels.

The capacity building support for National Societies (NS) was provided through the four core areas as outlined in the Federation's Strategy 2010: disaster response and preparedness (disaster management), health and care, and humanitarian values. The organizational development programme, encompassing organizational, resource and financial development, participatory community development (PCD) and youth activities was also part of the capacity building support.

In line with the changing strategic direction of the Federation in Central Europe, the RD produced a Strategy for 2003 – 2006, outlining the new direction for both programmes and ways of working. Country strategies were also developed for each of the 15 National Societies covered by the RD. With eight countries in Central Europe on the road to EU accession in May 2004, the RD assisted the National Societies in these countries to prepare themselves for the consequences of this EU enlargement process and the opportunities it holds. From this, one of the most encouraging and visible developments was the increased cooperation and partnership between the sister National Societies in Central Europe. This was true, concerning both the eight EU accession and Balkan NS.

A more stabilized situation in the Balkans helped the Federation to reduce its physical presence at the country level and to focus on the coordination of support, services and networking opportunities from the regional delegation, in response to National Society demands. The Federation closed its programme office for population movement in Zagreb in September and its country delegation in Macedonia/ Skopje at the end of the year. The country delegation in Serbia and Montenegro, as well as an office in Kosovo/ Pristina, and the country office in Bosnia and Herzegovina/ Sarajevo will continue to work in 2004.

The regional delegation managed to increase the dialogue between National Societies operating bilaterally in the region, leading towards greater integration of their activities within the strategic priorities of the Central Europe National Societies. This was done through a comprehensive discussion process, individually and during the partnership meeting in Bratislava in June and the donor national society meeting in October in Budapest.

In disaster management, one of the main objectives has been to assist the National Societies prepare a disaster preparedness plan. At the end of 2003, all the NS in Central Europe have had the plan and by the end of the year, the RD had 45 trained DP professionals on the roster to carry out field assessments, write an appeal or build up a camp, wherever needed in the region.

In Health and Care, the capacity of the NS increased significantly. Four NS established the post of the health and care officer. All national health and care programmes include more long-term and sustainable activities such as drug prevention and reduction of drug related harm, youth peer education on HIV/AIDS and voluntary blood donor recruitment.

The best example of the organizational development programme's success is the capacity building process of the Romanian Red Cross Society. The Romanian Red Cross Society elected a new leadership, established a reorganization and development project together with the regional delegation and started to implement it.

The most visible activity in the promotion of the humanitarian values and principles was the quarterly magazine named 'The Bridge', which was published in English and three other languages. The publication raised an important discussion about the role of the Red Cross and increased the visibility of the NS and the Federation in the region.

Objectives, Achievements and Constraints

Disaster Management

Overall Goal

Participate in the development of an effective and efficient level of assistance to victims of disaster - man made and natural - in the Central Europe region.

Programme Objective

To enhance the capacity and the know-how of the national societies in the region to respond to disasters, and to provide assistance to displaced persons, including asylum seekers, through programming interventions.

Expected Results

- **By the end of 2003, all National Societies in the region will have designed Disaster Preparedness plans within their respective national contexts which will outline:**
 - I. A well functioning and realistic Disaster Preparedness organization;**
 - II. Partnership with government;**
 - III. Co-operation with other organizations (NGOs);**
 - IV. Methods to carry out basic needs and vulnerability and capacity assessments (VCA) in a disaster situation;**
 - V. Knowledge of how to respond in a disaster situation, following the minimum standards developed by the Sphere Project;**
 - VI. Established channels for mobilisation of international assistance where local capacity is inadequate**

- **By the end of 2003, a regional disaster preparedness and response framework will be in place based on regional needs, opportunities and threats, outlining the specific roles and responsibilities of National Societies. Disaster response mechanisms will be in place at the Budapest Regional Delegation, enabling it to be ready for efficient action. By the end of 2003, the computerised regional database will have been established to track regional resources in case of a disaster.**

Achievements and Constraints

In the countries of Central Europe, a number of disaster risks, from floods and landslides to forest fires and earthquakes, threaten the lives of the population. On top of the natural disaster risks, the countries in the south of the region are still coping with the consequences of conflict and the population movement issues. 2002 was the year of floods and 2003 the year of droughts. In 2002 the crops were destroyed by too much water, whereas in 2003 the crops were destroyed by too little water. During the past year, the water level in some of the major rivers laid about 2 to 3 m under the normal level. In fact the levels were and still by the end of the year are so low that in some cases the normal transport on the rivers has been cancelled. In early autumn 2002, the transport had to be cancelled because the boats could not pass under the bridges due to high water level.

Even if it sounds strange, severe drought can cause floods, as the ground is so dry and when it rains heavily, the ground cannot absorb the water fast enough. This type of minor floods has occurred a couple of times this year, but the consequences have not been too severe. The 'normal' consequences of drought are more severe, like the drought in Bosnia and Herzegovina, where the very long and dry summer season with high temperatures caused difficulties supplying drinkable water to the population in the southern part of the country. In late June, the wells dried up forcing the inhabitants, mainly elderly people, to travel many kilometres to get drinkable water. The Red Cross supported the population by ordering water-cistern trucks to fill in the wells and likewise, helped the population to solve the problem.

The Disaster Management programme in the Central Europe region started in mid 2000, or maybe restarted, because there were some efforts in the mid nineties to let the programme take off. The main components of the programme are to support the national societies in their efforts to create a modern Disaster Preparedness plan. Almost all national societies had an old plan that was created during the old political regimes, when Red Cross was more or less a branch of the Ministry of Health. Today, when the situation for the Red Cross in Central Europe has changed and the national societies are independent, there is still a need for the Red Cross to be able to respond to emergencies in their respective country, but also to be able to support their neighbours. This time it cannot be done drawing on governmental supplies and funds- the Red Cross has to act on its own. Therefore, the Red Cross needs a modern Disaster Preparedness plan not only including warehouses, search and rescue teams, vehicles, radio communication etc. but also management systems and contingency plans for specific situations. The most important factor is that it is built on a risk analyses for the country.

By the end of 2003, all national societies in the region have a Disaster Preparedness plan. Some of the plans are excellent, some are not so strong but the majority is good. Generally speaking, most of the plans are good when it comes to building up and training teams, but could be stronger on the management and reporting side. In order to improve reporting skills, the Regional Delegation organized a series of workshops, both on regional and country level, to present and explain the reporting formats that the Federation uses. Management issues and contingency planning are the regular topics at the regional disaster management workshops that are conducted two to three times a year. It is also important to know how to use the minimum standards developed by the Sphere Project. These standards have therefore become a natural part of the DM work in the region.

An important factor in DM planning is the cooperation with other actors in general and with governmental authorities like civil protection in particular. By the end of 2003, all national societies had established contacts with their respective governmental and/or municipal authorities. Cooperation is good and today most of the National Societies' disaster preparedness plans have links to the national disaster preparedness plan of their country. One way to strengthen these links has been to invite representatives from civil protection to come to Red Cross meetings and

trainings as participants. Likewise, Red Cross DM coordinators have been invited to governmental DM courses. All this can be seen as a result of our participation in the Stability Pact Disaster Preparedness and Prevention Initiative (DPPI). Very good cooperation has been established with the United Nations Development Programme (UNDP) Disaster Management Training Programme (DMTP) in Geneva.

It is important that DM planning adopts a community-based approach, involving local people in disaster management. The aim is to increase the ability to cope with the situation if disaster strikes. Since 2000, Vulnerability and Capacity Assessment (VCA) has been carried out in six national societies. The Regional Delegation has supported these efforts and three new countries have gone through the process. What maybe even more encouraging is that some National Societies are planning to update their previous VCA during 2004.

The disaster management programme approach is to reinforce networking in order to establish a learning environment for the national societies, focusing on strategic planning, skills building as well as technical support. A series of workshops held in 2002 and 2003 on contingency planning and the appeal process has reinforced this initiative, creating a strong and effective DM network in the region with the involvement of members/ volunteers at a national level. Together with the ICRC Regional Delegation in Budapest and the country delegation in Belgrade, conflict preparedness has been put on the agenda of these workshops. Networking is also a key element in better utilisation of disaster response capacities in the region, but also to share knowledge on planning and management in emergency situations. Learning from neighbours and friends is a very good thing.

Red Cross is traditionally seen as some kind of relief organisation, maybe as a kind, harmless group of people when no emergency is happening, but is called upon in case of emergency and then expected to do miracles. This is very challenging and to be able to a good job, it is necessary to use not only the DM organisation of the national society but also all other resources. To widen the DM thinking in the National Societies, the Regional Delegation organised a couple of joint workshops on DM and psychological support and another couple on DM and communication/ information. This work will be followed up during 2004, with the establishment of a task force on psychological support. The communication/ information issues will be considered as normal parts of DM.

During 2002 and 2003, the DM programme has endeavoured to establish channels for mobilisation of international assistance, where local capacity is inadequate. One part of this job has been the development of a contingency plan for the Regional Delegation itself. Another part has been the development of the Regional Disaster Response Team (RDRT) concept where people with a background in the National Societies DM organisation has been trained to, for example carry out a field assessment, write an appeal or build up a refugee camp. Two basic trainings and one follow up training have been carried out and by the end of the year, the Regional Delegation has had 45 team members on the roster.

In the southern part of the region, the networking is functioning well. The national societies know each other very well and have proven the effectiveness of this network, taking the initiative regarding coordination and support in times of disaster, and operating as an effective regional team. Special attention has been given to the southern sub-region through the DM office based in Bosnia and Herzegovina (BiH). This office has also enabled special attention to be provided to the DM programme in BiH.

The well known Red Cross in BiH has many volunteers, but modest material resources. The previously mentioned water distribution in the southern part of the country during summer 2003 has strengthened the image of the Red Cross. The engagement of the Red Cross staff was visible and the media followed the whole action. A very good sign in BiH is the very good cooperation between the two entity (Republica Srbska and Federation) Red Crosses in the DM programme. In fact, the cooperation is so good that it has been mentioned outside the Red Cross world as one of the best signs of reconciliation in the country.

In co-operation with the ICRC delegation in BiH, the International Federation Regional Delegation funded the establishment, training and procurement of the personal equipment for fourteen Emergency Response Teams. Two teams were funded by ICRC's Conflict Preparedness Programme and twelve by the Regional Delegation. Each team

has fourteen members, all volunteers, with backgrounds varying from medical doctors, nurses, home care volunteers, psychosocial workers and those involved in tracing services to youth workers and logisticians. The task is to quickly respond to disasters in their area of responsibility or any other Region or Canton in BiH. Thirty-hour long training sessions included First Aid, Geneva Conventions, Disaster preparedness, Disaster Response, Conflict Preparedness, Psychosocial Support, Communications, Tracing and Shelter. The facilitators were the experienced staff of RCSBiH and Civil Protection. The personal equipment, comprising of jacket, raincoats, trousers, sweater, cap, T-shirt, rubber boots and First aid bags, was produced in BiH.

The original plan for 2003 was to establish a computerised regional database to track regional resources in case of a disaster. When the year was over, only the pilot phase of this project had been carried out, due to the lack of time. Another project that did not take place due to lack of time was the pilot study that was aimed at clarifying the Red Cross role in case of an accident at a Nuclear Power station.

2004 will mean changes in the DM programme: the DM delegate in the delegation will finish his mission during May and another delegate will not fill the position. This does not mean that the programme will stop; rather it will carry on but be decentralised. The idea to start decentralisation to a sub-regional office in Bosnia and Herzegovina back in 2002, was with this moment in mind. The sub-regional DM coordinator in Bosnia and Herzegovina will carry on DM work in the southern part of the region.

When it comes to the northern part of the region, all national societies will join the EU as of May 2004 and the RD in Budapest will scale down its activities and phase out completely as of January 2005. Still there is an interest, especially from the Nordic national societies, to continue to support the Baltic national societies. It is not yet clear how this support will be set up.

Population Movement

The respective National Societies (Croatian, FRY, BiH) will have maintained well-functioning population movement units, recognized and acknowledged by major stakeholders, integrated into the National Society organigram and strategic plan with a sound supporting asylum policy and legal base in the field of displacement.

During 2003, the programme included further development of the cross-border information programme implemented jointly between Croatian Red Cross and Red Cross of Serbia and Montenegro (RCSM), including visits of RCSM branch secretaries to Zagreb and Croatian Red Cross branch secretaries to Belgrade (for the first time after the war). At the Platform for European Red Cross Co-operation on Refugees, Asylum-seekers and Migrants (PERCO) Annual General Meeting held in Geneva in November, the Croatian Red Cross was officially confirmed as a member.

Co-operation and co-ordination with neighbouring countries, as well as with other national and international organisations and institutions in addressing issues of displacement, were further enhanced and facilitated through the regional PM programme. These included United Nations High Commissioner for Refugees (UNHCR), International Organization for Migration (IOM), Organization for Security and Co-operation in Europe (OSCE), Ministry of Interior and European Commission Delegation in Croatia, as well as with European Council on Refugees and Exiles (ECRE) and Platform for European Red Cross Co-operation on Refugees, Asylum-seekers and Migrants (PERCO) networks.

As a follow-up to the Berlin Conference, the Croatian Red Cross, already very active in working with population movement, continued to explore new ways of providing assistance to vulnerable people on the move, as well as to expand its assistance/advocacy to asylum seekers and migrants. Subsequently, the Croatian Red Cross assumed responsibility for the care and maintenance of the Asylum Home, supported by UNHCR.

The Law on Asylum was adopted in the Croatian Parliament on the 12th of June, but will come into effect as of 1st of July 2004. The Croatian Red Cross is mentioned in Article 22 as having possibility to carry out programmes of assistance in the State Asylum Home, when approved by the Ministry of Interior. The Croatian Red Cross is participating in the Working Group for drawing up by-laws for the Law on Asylum.

The Regional Seminar on World Disasters Report "Forced Migrations - Forgotten Disaster?" was held in Zagreb in November. The Federation, Croatian Red Cross, and Government of Croatian Office for Displaced Persons, Returnees and Refugees, UNHCR, International Organization for Migration (IOM) and Macedonian Red Cross representatives all made presentations. The RCSBiH PM Co-ordinator took part in this seminar and contributed to the discussion on the present situation of migrants in Southern Europe.

The Community Support Service programme funded by UNHCR is the Croatian RC's major community-based relief operation to address the needs of the most vulnerable persons within local communities in the areas of return, particularly newly arriving returnees from Serbia & Montenegro and BiH. Services are provided through the network of 21 mobile teams, attached to the local branches of Red Cross. Those include: distribution of relief items, in-house help, technical assistance, small repairs, assistance with administrative tasks, facilitation of health care provision, assessment of needs of new returnees, referrals and secondary transportation of returnees arriving with UNHCR convoys.

The number of beneficiaries of mobile teams was around 16,500, out of which some 80% were returnees and 20% were other extremely vulnerable individuals. Five Home Visit teams based in Eastern Slavonia and Lika, regularly visit and provide care to some 185 elderly and disabled beneficiaries. The total number of returnees from Serbia and Montenegro, provided with transport home within the Voluntary Repatriation Programme (VOLREP) during 2003, was 1,350 persons in 163 organized convoys. As for the escort of agricultural machinery owned by returnees from Serbia Montenegro, 462 owners benefited from transport assistance to return to addresses in Croatia.

As of June, the PM programme in Croatia has ensured a medical team is present during the arrival of convoys to the distribution points in Sasna Greda and Korenica/Knin and then escort of patients to the final destination. Doctors also regularly visited the collective centre in Strmica near Knin, where the most vulnerable returnees were temporarily accommodated before a durable solution was found for them.

The Croatian Red Cross took over provision of the Care and Maintenance of the Asylum Home in Sasna Greda refugee center near Sisak. This is a prefabricated house, previously used for the accommodation of Bosnian and Kosovo refugees. The Croatian Red Cross was selected as UNHCR's implementing partner, to take over necessary activities (management of the centre, social services) during the transition period before the Asylum Law is put in force and the Government assumes its responsibilities. Asylum seekers were provided with accommodation, food, psychosocial assistance, recreational activities and assistance with administrative issues. The number of asylum seekers accommodated during 2003 was 67.

A visit by the regional Federation PM co-ordinator for South Asia included briefing on Croatian RC activities in the area of population movement, meetings with partners as well as a field trip with mobile teams to see practical work with people returning to their homes after years in refugee centres and to see the first stages of work with asylum seekers. The Swedish Red Cross funded a study visit by the Croatian Red Cross PM co-ordinator to Lithuania in November, to learn about the Lithuanian Red Cross programmes with asylum seekers and refugees in their country.

The RCSBiH Population Movement Co-ordinator has made significant progress in the activities related to population movement. In May, she was invited to Sweden for a study visit, in order to get information about the asylum process in Sweden and the Red Cross role in it. The visit was funded by the Swedish Red Cross, which provides valuable support to the RCSBiH in its work with asylum seekers. The PM Co-ordinator also participated in the training on Reporting and Capacity building in emergency situation organised by the Regional Delegation, as well as in the Project planning workshop organised by the Spanish Red Cross.

A one-year joint project between the RCSBiH and the Swedish Red Cross, "Information Network for Asylum-seekers from BiH", started in August 2003. The project is co-funded by the European Refugee Fund and aims to provide information to rejected asylum seekers from BiH in Sweden. Three local Red Cross staff based in Banja Luka, Zvornik and Mostar provides their counterparts in Sweden with all information relevant for BiH citizens/ rejected asylum seekers currently staying in Sweden, including information on security situation, employment and education

opportunities, health institutions, contact persons in aid agencies, etc. More than thirty municipalities have been processed in the four-month period.

The RCSBiH established good co-operation and information sharing with UNHCR, IOM and Office of the High Representative, as well as with relevant state bodies, particularly the Ministry of Human Rights and Refugees.

The Serbia and Montenegro Red Cross joined European Council on Refugees and Exile (ECRE) during its session in the summer. ECRE's Secretariat in London was informed about the decision of the Society's Executive Board and was asked to begin the membership procedure.

An Asylum Handbook/manual for Red Cross and Red Crescent Societies in Europe will have been prepared and shared in participatory manner through consultation with European National Societies.

The Guide on Asylum for National Red Cross and Red Crescent Societies, "Assistance to Asylum Seekers in Europe", as a follow-up to the Expert Meeting on Asylum held in Zagreb in 2002, was published and distributed to relevant departments of Croatian Red Cross and other stakeholders in Croatia involved in asylum issues.

The Guide was distributed to the RCSBiH PM co-ordinator and NS leadership in February. This Guide, prepared by the Swedish Red Cross asylum expert on loan to the Regional PM programme, contains concrete tips, advice and examples of Red Cross involvement with asylum-seekers in Europe, as well as a compilation of the Movement resolutions related to displacement for the period 1981-2001.

The cross-border information points will have been providing direct/personalised answers to refugees and community mobilisation is assisting re-integration in Croatia, BiH, and Serbia /Montenegro continues to provide outreach and referrals to the refugee/returnee caseload. The three Red Cross mobile social integration teams in BiH will have made 4,800 interventions mainly minority returnees, covering up to 15% of the local vulnerable population.

Cross-border information networks between Croatia and Serbia and Montenegro were established during the project implementation. An exchange of audio-visual messages/ information by direct contact through the Red Cross branches in Serbia and Montenegro and Croatia was carried out. Five branches were selected in Croatia in the areas of potential return and five Serbia Montenegro branches in the municipalities with the highest number of refugees were equipped with two computers and web cameras at each location.

Each branch in Croatia established community activities for children, youth or elderly people, as well as implemented various community mobilization projects to assist returnees in building up their lives, back in their places of origin after several years of displacement. The overall goal of the project was to assist refugees in Serbia Montenegro and returnees in Croatia make an informed decision whether to return or integrate into the local area. This involved facilitating the relevant information flow obtained through direct contact between individuals and communities within the population of concern.

Enabling direct contact between the beneficiaries coming to the RC branches in Croatia and Serbia and Montenegro was welcomed by the beneficiaries, as a good opportunity for them to obtain relevant information, but due to the technical problems in Serbia with Internet connections, it was not always possible to respond adequately to all requests. Contacts were sometimes made over the phone or messages delivered through the Red Cross, which was for some of the most vulnerable people a unique opportunity to communicate with their loved ones. Very good outcome of this programme is that the Red Cross branches in respective countries will continue with mutual co-operation, beyond the programme framework.

Small community-based projects implemented during 2003 in five branches in Croatia included distribution of livestock, chain-saws, corn seeds; equipment for a tailor's shop; milking machine for farmers; donation of a flour-mill; food for school children and procurement of equipment to treat children with speech pathology. Community activities also included an art workshop for children, where they make ceramic and other pieces, a community room for the

elderly with a library and newspapers. Medical doctors and psychologists established a health-counselling centre with various lectures and information sharing taking place on health-related topics.

Branch secretaries from Croatian Red Cross and Serbia Montenegro Red Cross branches involved in the programme exchanged visits; a meeting was organized in Zagreb in June and in Belgrade in November. Future co-operation was discussed, following the field visits to returnees in Croatia and refugees in Serbia. The programme was evaluated as very useful, in terms of direct assistance to the beneficiaries and in facilitating regional co-operation at the branch level.

Four mobile Social Integration Teams were established in the priority areas of return (Tuzla Canton, Dobož Region, Srebrenica/ Bratunac in Birac Region and Glamoc/ Bosansko Grahovo in Herzeg-Bosnia Canton), as a support to the Winter Appeal in Bosnia and Herzegovina. Those teams provided assistance and protection to 5,018 beneficiaries, mainly minority returnees, while some 15% of the beneficiaries were the local vulnerable population. Their services ranged from distribution of welcome parcels and other relief items to the new returnees, minor repairs, provision and chopping of firewood, transportation to the health institutions and facilitation of health care provision in co-operation with the Home Care activists.

An additional 20 Red Cross volunteers recruited by the local branches in Glamoc and Bosansko Grahovo joined the RCSBiH information network of volunteers in April. At the training session held in Glamoc, they were introduced to the main Red Cross activities in working with refugees/ returnees and the role of grassroots volunteers in it. Particular attention was paid to the Movement's Fundamental Principles and networking with other agencies operating in their canton. Because these two vast municipalities are among the most scarcely populated in BiH, all twenty volunteers got bicycles in order to reach beneficiaries more easily. Similar to their colleagues in other priority areas, where the network was established in 2002, the Red Cross volunteers were involved in an assessment of needs of new returnees, selection of beneficiaries, assistance in administrative issues and referring returnees to relevant reconstruction and aid agencies present in the area.

The sustainability of programmes will have been reflected by mainstreaming, positioning and advocacy.

The PM programme in Croatia was completely handed over to the Croatian Red Cross, upon closing the PM Office in Zagreb at the end of September. The programme has become a significant part of the Croatian Red Cross activities targeting vulnerable persons. Since the beginning, the programme has developed new activities and increased Croatian RC's profile in co-operation with relevant national and international partners, particularly in the field of asylum, migration and trafficking of human beings. The Croatian Red Cross is considered as an equal partner of Governmental and international organizations in addressing issues related to displacement and migration in the country.

The PM programme in Bosnia and Herzegovina was handed over to the RCSBiH, but the Federation Country Office provided significant support to the PM Co-ordinator. Federation assistance to the PM programme is also envisaged for the future as this programme has been integrated into the country Appeal for 2004.

The RCSBiH ran a bilateral project with the German Red Cross in mid-November that will last two and a half months and cover Una-Sana Canton and Prijedor Region. Two mobile teams were established in those areas and each team makes ten house repairs per month and distributes various relief items to the returnees most in need. This includes 4,000 welcome parcels, 1,000 kitchen sets for six persons (plates, glasses, cutlery, pots), 100 stoves and three cubic meters of firewood for 175 families. The German Red Cross will provide financial support necessary for the two-year work of two more social integration teams which will be established in the beginning of 2004.

The public awareness activities will have increased the profile of the National Societies and will have helped to influence the thinking of the community and increased tolerance, and thus contributed to civil society.

The Croatian Red Cross, in co-operation with UNHCR, regularly organized co-ordination meetings and round-tables addressing the issue of asylum in Croatia (focusing on humanitarian component of the problem), involving different ministries and experts in the field, as well as media. The Croatian RC's work with asylum seekers attracted significant media attention.

Already recognised as one of the main organizations assisting returnees and promoting tolerance and reconciliation in the return areas, the Croatian Red Cross is now strongly involved in all activities related to combating trafficking of human beings in Croatia, co-ordinated by the National Team for Suppression of Trafficking. Local branches of Red Cross were involved in the IOM's public awareness campaign against trafficking (posters, leaflets, calendars).

The RCSBiH launched a public awareness campaign- *Let's help the returnees*- in July, which accompanied the Winter Emergency Appeal. 2,000 posters were printed and distributed to the Red Cross branches throughout the country to raise awareness of communities of the plight of returnees and to encourage solidarity. A promotion package was distributed to many embassies and major international organizations present in the country. By launching the campaign, the RCSBiH openly advocated for reconciliation and the provision of assistance and protection of minority returnees.

There are five branches in Serbia that run education courses for refugees on a monthly basis providing them with the skills needed to find their footing in the environment they choose to live in. The Shelter for Aliens, run by Serbian Ministry of Interior in Padinska Skela near Belgrade, is the only facility of its kind in the whole country. Persons who have crossed the border illegally, in order to seek asylum in Serbia and Montenegro or somewhere else in Europe, are kept until their case is examined. They are treated by the United Nations High Commissioner for Refugees and International Organization for Migrations.

The Shelter was visited four times in 2003 by SMRCS, including June 20th - International Refugee Day. Some hygiene products, towels and sheets were distributed during the visits as well as clothes and footwear. Representatives of the Society were able to see dormitory and to talk with the occupants of the Shelter. The activity was based on the humanitarian initiative of the SMRCS. Without any regulations on such a procedure, the SMRCS established direct contacts with Serbian Ministry of Interior offering its services to aliens in order to alleviate their detention. In general, national legislature on asylum is very regressive and does not correspond to the EU legal standards. This reflected on Red Cross activities constraining further development of humanitarian projects with aliens. There is a need for changes and the adoption of new and harmonized legal provisions. It is expected that these will be done during next year, enabling Red Cross to be more active.

Health and Care

Goal: Contribute to further improvements in the overall health and social situation in Central Europe.

Objective: To contribute to the establishment of effective and targeted national Red Cross health and care programmes that lead to reduced vulnerability to disease and accidents as well as addressing social exclusion through participation.

Expected results:

- **The role and mandate of the Red Cross National Societies will have been better defined in the field of Health and Care. The National Societies will be recognised by the governmental/local authorities as effective partners.**
- **Capacity of the National Societies in the region to deliver effective and sustainable HIV/AIDS and tuberculosis prevention programmes will have been improved. Advocacy of humanitarian values will have been increased, reducing the stigma of people living with HIV/AIDS.**
- **Social welfare programmes will have been improved to better meet human needs and to ensure a better promotion and awareness of the well-being of the population, especially the vulnerable groups in the community.**
- **First Aid programmes in the region will have been improved and their sustainability increased. A community based First Aid approach including psychological support and health promotion components will have been developed and integrated in the First Aid Training.**

- **Capacity of National Societies in the region to promote voluntary non-remunerated blood donor recruitment will have been improved, with the aim of contributing to safe blood supply.**
- **As a long-term effect, a change of attitudes, especially young people, will have resulted in a safer health behaviour (intravenous drug use, sexual behaviour, commercial sex workers, safe blood supply, etc).**

Achievements and Constraints

The regional Health and Care programme has continued in providing support and assistance to the fifteen Red Cross Societies in Central Europe with capacity building, linking with partners and promoting advocacy Health and Care issues.

During 2003, the capacity of the National Societies in the region has improved to provide effective and targeted health and care programmes. The improved situation can be partly seen as a result of successful recruitment of Health and Care Officers (e.g. Czech RC, Macedonian RC, Latvian RC, Polish RC) who are motivated and enthusiastic to further develop the programmes. The National Societies have also increased contacts and networks with each other and other partners, for example Help Age International, Open Society, Reference Centres for First Aid and Psychological Support. All national health and care programmes include more long-term and sustainable activities, such as Drug Prevention and Reduction of Drug Related Harm programme in Croatia, Youth Peer Education on HIV/AIDS & Drug Prevention in Bulgaria and Slovakia, Voluntary, Non-remunerated Blood Donor Recruitment in Croatia, Hungary, Slovenia. This can be seen as a challenge for the donors, because the funding plan should also cover a longer period of time.

The capacity of the National Societies in project planning has improved through the training seminars. Although most of the National Societies have limited human and financial resources, the programme planning and implementation is still functioning well. The evaluation of the implemented programmes is not in place, so in the future National Societies would need assistance in establishing an evaluation process, both internal and external. Evaluation would assist them to better focus health and care activities on vulnerable people in the communities.

The established constructive and effective cooperation between the Health and Care programme and other Federation programmes (Disaster Management, Communication, Participatory Community Development, Youth) has continued with a positive feedback. The major achievements in linking with partners were the established cooperation with Disaster Management focusing on Psychological Support issues and the cooperation between Social Welfare and Participatory Community Development (PCD) programmes.

The Disaster Management and Health Officers participated actively in the sub-regional workshops and prepared a joint national approach in case of accidents and/or disasters. The participants pointed out the need to establish a regional task force to coordinate the future plans and activities. Due to the time constraints on the delegates (Disaster Management and Health & Care) in the Regional Delegation, the progress with Task Force has not taken place as planned but will be the priority in early 2004.

The cooperation between Social Welfare and Participatory Community Development (PCD) has gained knowledge and experience, using PCD methodology, in implementing Social Welfare activities. The National Societies (e.g. Hungary and Romania) have made joint projects to meet the needs of the most vulnerable people (e.g. elderly people, disabled and Roma) in the community.

The outcomes of the cooperation with Communication and Youth programme such as Hunger Day, World First Aid Day and World AIDS Day can be found on the Federation website www.ifrccee.org. The National Societies participated actively in the campaigns and managed to raise the awareness of the general public on issues of poverty, first aid skills and stigma of HIV/AIDS. The National Societies have established good contacts with media nation wide, all national activities and campaigns attracted local media (newspapers, TV, radio) with good coverage. It will be challenging to maintain similar activities in 2004, as the Regional Delegation will not have the Communication and Youth Coordinator.

In the Central Europe region, eight National Societies (Czech republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia) will join the EU on 1 May 2004 and Bulgaria and Romania in 2007. All these National Societies already started the collaboration with the EU Red Cross Office in Brussels by, for example, participating in EU Road Safety campaign 2003-2004, submitting project proposals and attending meetings on EU issues.

The European Red Cross/ Red Crescent Network on HIV/AIDS & TB (ERNA) is the main forum for the National Societies to share knowledge and experience on HIV/AIDS & TB prevention activities. Fourteen National Societies in the Central Europe region are the members of ERNA, as the Macedonian RC joined the network in 2003. The Romanian RC is not yet a member, but will be encouraged to join in 2004. In the ERNA workshop, the Global Network of People Living with HIV/AIDS (GNP+) representatives participated the second time since 2001. The feedback of the presentation GNP+ representatives was positive; increasing the participants' understanding towards the challenges and difficulties that the people living with HIV/AIDS will meet and decreasing the stigma. It seems that the National Societies still have limited contacts and collaboration with HIV/AIDS positive people respectively. Therefore this issue needs more attention and the National Societies need encouragement and support in the future.

With financial support from the British RC, the ERNA brochure and the ERNA web site (www.ifrccee.org/ERNA/erna.html) were updated. The location of the ERNA web site needs to be decided in early 2004. By the end of 2003, the future of the Central Europe web site (www.ifrccee.org) was unclear because the update of the web site was under the responsibility of the Information delegate who finished the mission in December.

The Regional Delegation received additional funding from NORAD for December 1, World AIDS Day (WAD) activities with very short notice. The National Societies (Bulgaria, Croatia, Estonia, Latvia, Lithuania, Macedonia, Poland, Slovakia, Slovenia) responded extremely well to call for proposal and organised large-scale activities "*The Truth about AIDS...Pass it on*" on WAD. The media coverage was good in raising the awareness of public and reducing stigma. Detailed information of WAD activities is available on the Federation web site www.ifrc.org

The Youth Peer Education (YPE) is an important training method in HIV/AIDS and Drug Prevention programmes. The concept of YPE needs to be clarified because it seems that some National Societies implement youth education without the peer component. The British and Swedish Red Cross initiated a questionnaire for evaluation of the YPE. The Slovak Red Cross implemented an HIV/AIDS Prevention (YPE) training seminar in December. The participants from 7 National Societies (Austria, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia) attended the seminar to discuss the concept, approach, experiences and methodology of YPE. The aim was to further develop the approach and provide common guidelines for all National Societies implementing YPE. The follow up of the outcomes will be in 2004. Unfortunately, the Czech Red Cross was not able to attend, due to other commitments and the Macedonian RC representative was not able to get a visa for Slovakia on time.

In the Central Europe region, the Roma population is the vulnerable minority with increased number of drug users and sexually transmitted diseases. The Drug Prevention programme implemented in Bulgaria tries to integrate Roma and Bulgarian youth by using the Youth Peer Education methodology. The aim of the programme is to train new peer leaders of Roma and Bulgarian origin in drug prevention. The programme also focuses on attracting and recruiting Roma youth volunteers to implement the programme with the Bulgarian Red Cross. The programme will continue until October 2004 and is supported by the Norwegian Red Cross.

With financial support from the Norwegian RC, the Macedonian RC was very active in establishing new activities in HIV/AIDS & TB prevention and building up the capacity of the National Society. The TB prevention programme using the PCD methodology combined the participatory approach in order to promote the well being of TB patients and their family. The outcomes of the programme will be presented in 2004. The Voluntary Confidential Counselling and Testing (VCCT) on HIV/AIDS made good progress and was well accepted by all parties. This programme can be used as an example of good collaboration with various partners. Several meetings with the National Coordinator for VCCT and the State Secretary of Ministry of Health (MoH) ensured future support from the government. The United Nations Children's Fund (UNICEF) provided initial and refresher training for the Red Cross counsellors. The programme was implemented in ten cities around the country and provides services both in Albanian and Macedonian

language. The MoH evaluated the VCCT programme in December and the programme will continue in 2004, taking the recommendations into consideration. These include providing services in eight cities and improving the quality of counselling services by having the consultants meet more often.

The TB prevention programmes would need more attention, especially in countries with high TB prevalence (e.g. Estonia, Latvia, Romania). The National Societies implemented activities around the World TB Day in March but a sustainable, long-term approach would need further development and assistance. With support of Empress Shoken Fund, the Romanian Red Cross established good cooperation with medical university students who implement the TB prevention programme in various sites of Bucharest, notably schools in the outskirts of the city, railway stations, market areas, outside the offices where people collect their social welfare allowance. The training seminar for volunteers (13 medical students and three persons from the Roma community) was conducted in October. The Health Coordinator of the Romanian Red Cross meets the volunteers twice a month to support and evaluate their activities. According to the latest information, the number of volunteers was 19. The future plan is to expand the pilot programme outside the capital.

During the second round of Global Fund, Bulgaria, Croatia, Estonia and Romania received funds for TB and/ or HIV/AIDS prevention. The National Societies need support to improve their contacts with government, because they have faced difficulties being recognised by the Ministry of Health as a potential implementer of the prevention programmes. Only the Croatian Red Cross is a member of the Country Coordinated Mechanism (CCM).

The preparation phase of the EU Road Safety campaign 2003-2004 started in early 2003. Detailed information is available on the campaign web site www.1-life.info. The EU accession National Societies in the Central Europe region were eligible to take part in the campaign at the first time. The participation was very active throughout the campaign, that will end on the World Health Day in April 2004. The outcomes of the campaign can be viewed in two perspectives: building up the capacity of the National Societies to implement large-scale First Aid activities and building up the capacity to follow the procedures of the EU project.

The campaign focused First Aid activities on road safety issues of young school children following the same theme as in 2002-2003: *"You've only got one life...so take care!"* The National Societies further developed their skills in providing First Aid activities to the children and the adults around school children. The campaign design with various materials (leaflets, posters stickers, colouring books etc.) was used and translated into the local languages by all participated National Societies. The best practices from National Societies are introduced in the Good Practice Guide that will be translated into 13 languages and will be produced as a booklet and CD-Rom. The launch of the Good Practice Guide will take place on World Health Day, 2004.

The campaign built up the capacity of the National Societies to follow the procedures of the Europe wide campaign, such as budgeting, launching, marketing and reporting the national activities and establishing partnerships with other funding sources (Toyota etc.). The improved capacity and skills in networking will be valuable for the future campaigns and activities. The World First Aid Day in September was combined with the road safety issues and the activities in the Central Europe region were innovative in attracting local media. Detailed information of the activities is available on the Federation web site www.ifrc.org

Two sub-regional workshops on Disaster Management (DM) and Psychological Support (PS) were organised by the Regional Delegation. The purpose of the workshops was to introduce the PS concept to the disaster management officers in the region. The Reference Centre for Psychological Support provided the facilitators for the workshops. The feedback and evaluation was very positive. The DM and Health officers from the National Societies expressed the need for the further training and cooperation regarding the joint DM, Health and PS approach. The Central Europe region has an extensive knowledge and experience providing PS in disasters and accidents. It was discussed during the workshops that the Task Force should be established in order to coordinate and further develop the approach and activities. Due to the time constraint of the delegates (Disaster Management and Health & Care) in the Regional Delegation, the Terms of Reference for the task force was not yet prepared, the members were not selected and called for the first meeting.

The National Societies built up the capacity in voluntary non-remunerated blood donor recruitment (VNRDBR) and have actively further developed the activities, e.g. the anniversaries in Croatian and Slovenian Red Cross, the Hungarian Red Cross with close collaboration with the *Tesco* supermarket. The Bulgarian and Latvian Red Cross sent a project proposal to the Regional Health and Care delegate for comments and request for funding. The aim of the projects is to create a positive attitude among children and youth towards VNRDBR. Due to high budgets (EUR 10,000 and EUR 24,000) proposed, the Regional Health and Care programme was not able to support the funding plan.

Cooperation with the European Union started as the Austrian Red Cross initiated the Public Health project proposal for safe blood supply in collaboration with Hungary, Slovakia and Slovenia. By the end of 2003, the final decision for approval had still not been made.

The Regional Task Force was established in April 2002, in order to share the best practices and strengthen the VNRDBR activities in the region. The Task Force meeting in February pointed out that progress had been very slow, mainly because the members were not fully aware of their duties and responsibilities. The outcomes of the meeting were to update the present situation in the region and create the web site on VNRDBR. New members from Bulgarian, Hungarian and Macedonian Red Cross were invited to the Task Force meeting in October 2003. The aim of the larger group was to strengthen the commitment of the Task Force and to follow up the outcomes.

With assistance of the Austrian Red Cross, the Regional Delegation started to create the web site for VNRDBR that will introduce the activities of National Societies and share the success stories. The process was slow and difficult because the National Societies have not actively provided the requested information respecting the given time frame. The web site will be launched in early 2004 and will also be presented in the International Colloquium in April 2004 in Beijing, China.

The Federation manual "*Making a Difference*" was translated into Bulgarian, Hungarian, Macedonian, Serbian and Slovakian languages. The translated manuals will strengthen the National Societies' capacity in recruiting blood donors with special focus on youth. The Task Force members from Bulgaria, Hungary and Macedonia were given a task to prepare the programme for training seminars in order to introduce the manual on the national level. The first seminar will be held in Bulgaria in early 2004.

The National Societies in the region were active to further develop and improve the social welfare activities, in order to meet the human needs by integrating the methodology of the Participatory Community Development (PCD). The good progress of building up the capacity of the National Societies can be seen as a result of the training seminars. The aim of the first social welfare workshop in April 2003 was to introduce the PCD and to establish regional networks with each other and other partners working in social welfare. The Hungarian Red Cross presented concrete activities on how the community improved the living conditions of the handicapped people. The representatives from Help Age International also presented the participatory approach working with elderly population and encouraged for further cooperation between various organisations. These examples pointed out the power of the community when it was given the forum to act. The participants of the workshop were also assured about the benefits of the participatory approach.

During the workshop, the participants initiated the establishment of the regional networks with core areas of the social welfare (e.g. home care, disabled people, elderly people etc) and named coordinators from National Societies. Unfortunately, the progress of the networks was not satisfactory because the participants were not active enough to maintain the contacts. The importance of the networks was discussed during the second workshop and will be emphasised again in early 2004.

The second workshop in September 2003 focused on raising the awareness of the marginalized groups, e.g. elderly people in the community. The main theme of the workshop was to change the attitudes and approach towards ageing. The facilitators (Regional PCD Coordinator and the consultant from Help Age International) used participatory methodology with several exercises that can be applicable with any other age group. The feedback and evaluation was very good. As an outcome of the workshop, the National Societies strengthened the contacts with each other, e.g.

sharing the best practices, visiting Sister Societies, starting joint and/or twinning programmes. The third workshop will be held in early 2004.

Conclusions

In 2003, the National Societies built up their capacity in improving national health and care activities focusing on most vulnerable population in the communities. The collaboration between the National Societies and the Regional Health and Care programme was good and constructive.

During the second part of 2003, the discussion was raised on what kind of role the Regional Delegation will have in supporting the EU accession countries in 2004 and beyond. The decision was made to provide support until the end of 2004. The EU accession National Societies expressed their concern about the future, especially are they able to maintain and further improve national health and care programmes with support from EU RC/RC Office. Although the progress of health and care programmes was good (e.g. in Lithuania, Macedonia, Romania), the situation still remains fragile and should be carefully followed up.

At the same time, the future of the Regional Health and Care programme was discussed because the delegate will finish the mission by the end of July 2004. During the last quarter of 2003, the process was started to recruit a health professional from the Central Europe region to continue the work. The recruitment process was put on hold because the issue of the extension of the Health and Care delegate was raised up. The final decision will be made in early 2004.

The undefined future plans, both for the delegation and the health and care programme, can be seen as a constraint affecting planning for 2004. The National Societies expressed clearly that the regional Health and Care programme, established only in 2001, is far too “young” to be scaled down in 2004. The development and sustainability of the national health strategies and programmes is still in progress and support will be needed.

The short-term funding can also be seen as a constraint. The National Societies were advised to plan and implement long-term, sustainable health and care programmes but the funding is only ensured maximum for one year. Collaboration with donors was constructive, therefore the funding situation was satisfactory throughout the whole year. The agreements with the Danish, Swedish and Norwegian Red Cross, to carry forward some funds from 2002, ensured the continuation of the programme in early 2003.

NORAD funds were confirmed in mid November, with the special condition that they must be used by the end of 2003. The National Societies responded rapidly and were able to implement HIV/AIDS activities and spent the allocated funds within the time frame. Due to the Christmas and New Year period, some reports were delayed.

Organisational Development

Overall Goal

Strengthen the capacities and the sustainability of National Societies to effectively meet the needs of vulnerable people.

Project objective:

To support and promote good governance and effective management of skills within the National Societies and to strengthen programme management capabilities in line with the Strategy 2010.

Achievements

National Societies will have been committed to a strategy development process

The Federation considers commitment by National Societies as a basic condition that must be in place before any skills or capacity could be developed. Such a condition can often be difficult to meet. However, in 2003, several Central European Societies demonstrated serious commitment to a change process and approached the Regional

Delegation with requests for both technical and financial support. The RD worked in particular with three Societies, the Romanian, the Latvian and the Polish Red Cross, using RD staff as well as consultants identified from the region and from other Sister Societies.

The Romanian Red Cross (RRC) embarked on a comprehensive change process, following a change in its leadership in late 2002. It worked intensively together with the RD on its two-year organizational development strategy, which allowed the RD to present a detailed project to the Capacity Building Fund (CBF) in June, ensuring a grant to support the process for the first year. The RRC strategy covers a large spectrum of National Society activities, including governance and management, financial management, fund-raising, human resources, program planning and communications. Progress was good when the strategy reached its implementation phase during the second part of the year. The first Steering Committee meeting held in October, was pleased to see that in all areas of activity the RRC had kept the project on schedule and on budget, and worked closely with the Regional Delegation in Budapest. The project kept its pace throughout the year, thanks to the full commitment of the RRC leadership on both governance and management level. Some capacity constraints were caused by the fact that the RRC did not have a full time Secretary General in place, putting a lot of demands on the Project Manager, but this question was subsequently solved by the Society itself.

It is clear that the Romanian Red Cross Organisational Development project, after its first year, has already had a great impact on the way the Society works. The process of planning and setting priorities mobilized the whole organization, from central headquarters to the branches, and all levels of the RRC have been involved in the implementation. The governance and management workshops held with branch and HQ participation gave occasion to the branch people for the first time to raise concerns related to the change of the RRC statutes and the situation of the branches. This sometimes resulted in heated exchanges, but served to clarify outstanding issues. A strong new dynamic was created within the RRC.

The Latvian Red Cross (LRC) has been working on its Organizational Development process since 2001, following a change in the top leadership. However, it did not at the time receive significant technical support from the Federation as the RD did not have experienced Organisational Development (OD) staff to support the process. The LRC continued its organizational development with some difficulty, due to frequent changes in top management and a new Secretary General was recruited in August 2003. The Society had been receiving short-term salary support from different sources, including the Nordic Societies and the Regional Delegation, but continued to face financial difficulties. It was agreed that the RD would coordinate the support to LRC and work with the Society to come up with a strategic plan by early 2004. This coordination was started during the last months of 2003, and a working visit was planned for early December, but had to be moved to January due to the flu epidemic. During the autumn of 2003, the LRC produced an Organizational Development Plan 2004-2006 and a Transition Plan as a road map towards sustainability. These will be further developed during early 2004, together with the RD.

The Polish Red Cross (PRC) approached the RD in June 2003 with a request for assistance in solving its financial crisis. Two meetings were held over the summer with representatives of the PRC outlining the main issues, both financial and structural. The PRC representatives explained that the Society was preparing itself for a comprehensive change process, including revision of its statutes. The Regional Delegation had committed itself to support the PRC financial and organizational development, but due to a number of constraints, the process did not properly start until towards the end of the year. It appeared that the PRC had initially expected the Federation to be able to participate in covering its operational deficits. As this was not the case, the RD support focused on production of a recovery plan and an organizational development plan. A consultant visit was agreed to this effect for January 2004 to initiate a Plan of Action.

As a new development, the Regional Delegation started to work with the Macedonian Red Cross (MRC) to support the Society in strengthening its financial and managerial capacities. As the Federation country delegation was closed at the end of the year, the MRC was now to take full ownership of its development plan. During two visits from the RD, a plan was agreed on which support was sought from the Federation Capacity Building Fund.

Red Cross staff skills and capacity will have been reinforced in planning, project management and reporting areas

The Romanian Red Cross development project includes a number of activities to reinforce the skills and capacities of the Society's governance and management structure. During the reporting period, about 70 RRC Branch Managers and Presidents were trained in three separate workshops in good governance and management as well as in-fund-raising. The Regional Delegation staff and consultants from the region were used to facilitate these workshops, which also served as a forum for reflection about the change process. The RRC Headquarters (HQ) staff was also trained in Project Planning Process (PPP). This will be extended to branches in 2004, using the newly translated PPP Manual. Furthermore, the RRC produced staff regulations and a code of conduct for staff, and a RRC staff member was trained in human resource management at the RD. Interviews to recruit key RRC staff took place during July and August, and successful candidates for two out of three positions were identified. The Hungarian Red Cross was supported in training its staff in PPP and in organizing an English language course for its HQ staff.

Capacity building workshops on reporting, which had started in 2002, continued during the first part of 2003. The topics included issues related to attracting funding through the Federation appeal mechanism as well as financial management and efficient, transparent financial reporting. As a result of this, Slovak RC, Czech RC and Romanian RC produced reports related to the Floods 2002 that were timely, accurate and transparent. A number of Societies also used the opportunity of doing follow-up training on reporting, based on the training provided by the RD.

On the request of the Slovak Red Cross, the RD provided consultancy in Direct Mail campaign, Hunger Day and Road Safety campaign through the services of a Finnish RC resource development consultant.

Financial transparency and accountability will have benefited the National Societies in the region and will have resulted in increased confidence from donors and other Red Cross partners. The ability of the Red Cross societies to attract, manage and generate reliable funding for their programs will have been increased.

Financial management and fundraising are an integral part of the Romanian Red Cross (RRC) plan. Competent finance staff work at the RRC and provide support to the leadership and branches of the NS. Basic financial rules, financial management procedures and charts of accounts have been developed to guide the NS in handling their financial affairs. There is an increased level of confidence in the RRC among its employees and external partners. All RRC branch directors were trained in fundraising and as a result, have developed fundraising plans for their branches. At the HQ level, existing programmes were evaluated and on that basis, priorities for action and fundraising were established. A fundraising committee was created, consisting of representatives from the RRC, University of Bucharest, media and the business sector. It regularly meets to help RRC develop its fundraising strategy.

The Latvian Red Cross has good financial management in place, serving the need of the NSs leadership, programme staff and external partners. With support from the Regional Delegation, the Latvian Red Cross has produced a holistic OD plan, which focuses, among other aspects, on fundraising. Clear objectives and a plan of action are in place to be implemented during 2004.

The Polish Red Cross has benefited from consultations in financial management, after finding itself in a serious financial crisis. With support from the RD, the Polish RC has developed a Recovery Plan to deal with the immediate crisis. This plan is a part of a larger OD plan, which focuses on the reorganization of the Society's financial management during 2004. At the same time, the Polish RC has been changing its statutes so that necessary changes can be easily implemented.

The Bulgarian RC, for the first time, has an integrated financial management system in place. Regional branches are able to regularly share financial data with the HQ electronically. This process saves time and money and provides unified financial information and better overall control. The Bulgarian RC still needs to make an effort on all levels of the organization in order to ensure transparency and accountability.

Training in financial management has been provided to both finance and non-finance staff of the NSs of Romania, Poland, Bulgaria, Hungary and Slovakia. This has contributed to better financial reporting for the funds received from

the Federation, which are meeting our time and accuracy requirements. The Regional Disaster Response Team was trained in budgeting, which when implemented should ensure better funding of the disaster operations.

The RD has played a coordination role in the organizational development processes of the NSs, trying to create a bridge between NSs' needs and the expertise available. The RD has successfully cooperated with a number of consultants in the field of fund-raising and financial management. Use of experienced Red Cross consultants has proven to be both efficient and effective. The RD will continue supporting the NSs using the pool of expertise available in the region and further a field.

There have been constraints and lessons learned in tackling financial management and fundraising issues of the NSs in the region and can be expressed as follows.

Among some NSs of the region, financial information is considered highly confidential and is strictly observed by the NS's top management. In such circumstances, efforts need to be made to advocate for a change of attitudes before any other process can start.

Financial transparency and accountability does not happen on the level of finance department only. It requires cross-organizational effort, supported by the top leadership. If the NS is not ready to embark on a holistic change, tackling only financial management or fundraising aspect will not have any real development impact.

A sound financial management system is a precondition for fundraising in a NS. Only if the funds can be collected, used and reported correctly, can a NS gain confidence and trust from its donors and general public.

The large geographical area of Central Europe, with numerous languages and tight regional resources, makes it difficult to tackle all the needs in the field of financial management and fundraising. Communication is hampered, due to the fact that NS staff responsible for these areas, often do not speak English.

Development of strong National Society branches, as the key to National Societies' ability to respond to the needs of the vulnerable, will have been fostered. Through Participatory Community Development Projects, and strong National Society integrated Youth sections, greater knowledge of the vulnerable and their needs within local communities will have been gained by the stakeholders. Communities will have been better involved in Red Cross projects and it will have resulted in increased partnerships within communities. Volunteer management will have been improved, and the volunteer expert network will have been developed

Participatory Community Development (PCD) Programme

The Participatory Community Development (PCD) programme was a pilot in five countries of Central Europe from 2000 till 2002. Micro projects were successfully implemented in twenty-nine communities, based on needs of vulnerable people in the community. These included, a community centre for vulnerable people; vocational training courses for unemployed adults; renovating schools to give better conditions for children; hygiene programmes, including increasing the number of garbage containers in the community and building outdoor toilets; establishing a self help club and centre for disabled people; and vaccination of community members. As a result of the pilot PCD period, National Societies in those countries are more aware of vulnerabilities and know better how to work with vulnerable people. Based on an evaluation in 2002, the PCD programme become a branch development tool.

Almost every country involved in the programme so far continued PCD implementation on their own, with Delegation technical support, integrated in their core activities such as health and social welfare. In 2003, Hungary, Bulgaria, Macedonia, Serbia and Montenegro, and Romania are applying the PCD branch development tool. The PCD model was introduced in all branches of the Bulgarian and Hungarian NS, to seven branches in Macedonia and to five branches in Serbia and Montenegro. In these countries, the local PCD teams are still working for the community and at least three new communities are involved in the PCD programme in each country. After an initial introduction, the Polish RC did not continue to implement the PCD programme in 2003, but the Society's PCD coordinator continued to be involved in the Regional PCD Coordinator's Team activities.

A PCD training package was almost completed. In the NSs implementing PCD, a Training of PCD Facilitators was carried out to increase local capacity in community building. Several local PCD experts were trained and national PCD networks are being established. A Regional PCD Coordinators Team was established at the beginning of the year and was later reinforced. An Action Plan of the Regional PCD Coordinators Team was designed and an e-mail group of the team was established. Two PCD coordinators' workshops were organized on regional level.

Support for Red Cross branches advocating on humanitarian values and raising issues of community importance, for example on Disabled and Minorities (Roma) was increased. A pilot advocacy project was successfully carried out in Hungary for disabled people, in cooperation with the communication unit, Saatchi and Saatchi. In three out of the four countries new partnerships were created and new volunteers joined the Red Cross through the PCD programme. In Hungary and Bulgaria, new volunteer local Red Cross branches were established.

PCD became a nationwide programme in three of the four countries: Bulgaria, Hungary and Macedonia. In those countries, the PCD coordinators are well trained and have the knowledge and ability to maintain and further develop PCD. In many communities, PCD is integrated into Social Welfare or Health and the advocacy component of the programme is very strong at local level. It was introduced to social welfare coordinators in April 2003 and a joint participatory workshop was organized for social welfare and PCD coordinators from the region. A Macedonian initiative to apply PCD in a national wide Tuberculosis Programme is being carried out with support from the RD Health Delegate, together with the PCD coordinators at the Macedonian Red Cross and the RD. PCD was also introduced outside the Central Europe region, in the Caucasus and Central Asia. Interregional cooperation was established with Amazonico, the South-American community development programme. Among the many lessons learned were that PCD methodology needs to have the full support of the NS leadership in order to become successful and people working in the field on a time consuming development programme need to receive support and understanding for their way of working.

The pilot twinning PCD programme between the Hungarian and the Romanian RC was planned to be carried out in 12 communities in the Harghita region of Romania. The Hungarian RC experts trained local experts from Harghita branch in Hungary and in Romania and exchange visits were organized. In two communities, the Participatory Rapid Appraisal (PRA) is being carried out and gradually other communities will be involved in the programme. This twinning initiative created an opportunity for the Romanian and Hungarian Red Cross to start to cooperate after a long period.

Youth

After four very successful years, the Regional Youth Development Program (RYDP) was handed over to the National Societies' youth sections, as planned. The flag programmes of the RYDP have been the two regional awareness campaigns: Hunger Day and Candle March, implemented across the region. In addition, advice and information was shared with NS.

In early 2003, a CD-ROM was produced about the Regional Youth Conference and distributed to all 15 youth sections within the region. This CD-ROM serves as an excellent tool for strengthening youth activities as it contains all plans decided upon at the Conference, all presentations and a 30 minutes long video, where youth sections that could not take part in the meeting can be informed about its content.

The RYDP also assisted Youth Assemblies in Lithuania and Latvia, both financially and regarding content. In Lithuania, training for Youth Board members had a great impact on their work. Youth Board members became better facilitators of seminars and programmes and their teams strengthened.

The Latvia RC Youth Assembly plans were prepared together with the local branch youth volunteers from all over the country for 2003, as the Latvian youth section was facing many challenges, due to the reorganisation process taking place in the National Society. Despite this fact, most of the planned activities were carried out and internal communication between branches and headquarters was greatly improved.

In the summer, the RYDP organized a workshop in Poland to produce materials for the upcoming Hunger Day campaign. Campaign coordinators from eight countries running campaigns produced a Hunger day CD-ROM containing campaign description, project proposals, sharing of practices, as well as a newly produced common visual identity. This comprises a poster, leaflets, postcards, as well as templates for different presentations, commemorating the 16 October. The CD-ROM is not only the most useful tool for campaign implementation, but also serves as a resource material for new implementers, as all documentation is gathered in one place.

The Hunger Day campaign is growing from year to year at regional, as well as national level. In 2003, three more countries joined in; therefore ten countries around the region were taking part with more than 800 local branches, helping thousands of beneficiaries, mostly children and elderly, with tons and tons of food and clothes. The purpose of the campaign is on one hand to help vulnerable people, while on the other it raises the Red Cross image through strengthened role in society and in the eyes of the public.

The success of the second awareness campaign Candle March, organised on 1 December, World Aids day, was well echoed in the region and outside, as ten countries took part. The Candle March in 2003 was organized with help of the Federation and in accordance with the 'Truth about AIDS. Pass it on...' campaign. Numerous round tables, seminars and lectures took place. Evaluation of both campaigns showed National Societies' satisfaction with the events, but also pointed out possible areas of improvement.

Regional youth was also well represented in different international bodies, such as Road Safety campaign, with a representative in the Steering Group. In the European Coordinating Committee, there are two members from the region, namely from Slovak and Latvian Red Cross Youth.

Financial assistance was offered to youth sections on a few occasions, usually jointly with another regional programme, such as Health or Communications. Support was provided in July for the European Cooperation Meeting (ECM) in Italy and in organising Hunger Day campaign, contributing to the funds spent for CD-ROM translations and printing of the posters. Due to financial difficulties and the reorganization process in Latvian Red Cross, RYDP financially supported Youth Director position for a period of five months, until possible donors could be identified.

In the middle of December, an International Trainers Meeting was conducted, where future plans were prepared. The regional youth web-site (www.ifrccee.org/youth) was reorganized, a programme for the next Youth Conference was prepared and pool of experts database was created. Even though the RYDP and the position of Youth Officer ended in December 2003, there are still plans to organise the 7th Central European Youth Conference in April 2004, emphasising the most important issues in the region, as well as to evaluate this period without a Youth Officer. The conference outcomes will be presented to NS leaders at the forthcoming Partnership Meeting. Through all the years of RYDP existence, strong cooperation was established with other programmes and efforts were made to include youth in all aspects of the RC work, both at regional and national level. That without a doubt will be continued, even without a Youth Officer at the Regional Delegation.

Stronger regional networks and learning from each other will have been developed; a regional pool of expertise will have been developed for mutual sharing and learning on the best practices between societies across the region.

Networks are growing in importance in different areas of activity. In work related to HIV/AIDS, the all-European network ERNA held its 7th meeting in Latvia in September. The Slovak RC will host the next. All Central European NS except Romania are members. The regional Task Force on voluntary, non-remunerated blood donor recruitment was held in October in Budapest, with new members from Bulgaria, Hungary and Macedonia. In Disaster Management, the RD conducted a four-day Regional Disaster Response Team (RDRT) follow-up training session in Macedonia. The region presently has about forty-five people on the RDRT roster. The pilot phase of the establishment of a computerised regional database, to track regional resources in case of a disaster, has been done. Networking was enhanced in the area of youth through the European Co-operation Meeting in Italy at end of June. The Youth network played a significant role in the Hunger Day and HIV/AIDS campaigns in the region, and will ensure the continued support for youth activities in 2004 when there will no longer be a youth staff position at the RD. A meeting to plan for this took place at the end of December in Budapest. Sharing best practices between regions has taken place in

Participatory Community Development (PCD) through a visit to the RD of a representative of the Amazonico project in Latin America, as well as through sharing the Central Europe PCD experience in Armenia by training facilitators.

The RD also supported participation of four National Societies from the region (Croatia, Romania Slovenia and Slovakia) at the 9th Central and Eastern European Fund-raising Workshop organised by the Resource Alliance. The workshop focused on fund-raising in the non governmental sector, covering issues from credibility, sustainability, communication and gave an opportunity for all those involved to share and learn from each other. The RD also linked the Bulgarian Red Cross expertise in Fund-raising with the emerging needs at the Romanian RC through use of a former Bulgarian RC staff as consultant. A pool of regional expertise in OD is gradually being established, identifying consultants in areas of governance and management, project planning (PPP) and fund-raising. Regionally recruited consultants have been increasingly used in areas such as Fund-raising (Bulgaria), Organizational Development (Hungary) or VCA (Poland). Knowledge sharing has also taken place through former delegates turned consultants who have worked in different Societies in the region and are able to share best practices. It is foreseen that work establishing a regional pool of experts will continue in 2004.

A clear Red Cross role related to vulnerable people in civil society will have been defined.

Responding to the important changes in the region the RD has redefined its ways of working in the Central Europe Regional Strategy 2003 – 2006. This strategy spells out the future directions of Federation support based on priorities defined by the Societies, who were asked about their future needs prior to the Bratislava Partnership meeting in June. It appears that in place of direct support towards implementation of programmes the Societies expect more support in areas such as governance and management, strategic planning and restructuring. This comes from the need to redefine their role in the face of changes in civil society and in particular in view of the accession to the EU of eight Societies from the region.

National Societies from EU accession states will have been prepared to enter the EU. Contact and partnerships will have been created and developed. Adequate provision of guidance and training will have been provided

During the year there has been intensive contact with the eight accession NSs in Central Europe, as well as the Malta RC. All accession NS became observers to the RC/EU Office. Regular information sharing took place and continues to take place, enabling the accession NSs to get a better understanding of EU policies and funding mechanisms relevant to their activities. A well functioning Network of EU focal persons in the accession NS was created.

Regular contacts were established with the RC/EU Office. All information that might be useful and/or interesting to the accession NS and those of the Western Balkans was sent to RD and distributed to the NS. As a result a number of accession NS became actively involved in Europe-wide projects funded by the European Commission.

A kick-off training on EU Institutions, EU funding mechanisms and RC/EU Office structure was organised in May in Brussels. All accession NS participated and a follow-up presentation on EU funding was carried out in Slovakia, Hungary, Latvia, Lithuania, and Estonia.

The RD assisted the RC/EU office prepare the Annual meeting of National Operation Directors in October at which six accession NS participated. This event was important in order to meet counterparts from EU member NS, to get acquainted with the core activity areas and to establish new partnerships. The RD also acted as liaison with the EC delegations in the accession countries to identify possible trainings on EU issues. The Hungarian and Slovak RC participated in training concerning EU structural funds in their respective countries at. Training funding for NGOs has been offered to accession NS and Hungarian and Slovak RC took part. An information pack from this meeting with useful links to EU institutions, funding opportunities and budget lines was prepared and distributed to all accession NS.

All calls for proposals that have been published by the European Commission and were relevant to the activities of the NSs were sent out. As a result, at least five accession NSs are now partners of EU NSs that have applied for the EU funding.

The European Commission has, recently accepted the project proposal submitted by the Austrian RC under the Leonardo budget line with the Hungarian RC as a partner. The Hungarian RC is also a partner of the Eurodiaconia and Caritas in a project proposal concerning social inclusion. This is a successful example of Europe-wide cooperation between RC and other NGOs. The Slovak, Hungarian, Polish, Slovenian and Malta RC became partners to the British RC in first aid and to the Austrian RC in blood project proposals under the EC Health Programme. Unfortunately, these proposals were not selected by the EC.

The European Commission Delegations in all accession NSs were contacted in order to identify a partner from the local authorities that will be in charge of the Structural funds as of 1st of May 2004. The idea is to enable the accession NS to have a contact person in place who could help them use the funding opportunities from the EU budget lines most effectively. Once the database is established, it will be distributed to the accession NS.

An excellent tool has been created and is managed by the RC/EU Office – the Intranet. Each accession NS received a password, and according to a survey, all are occasionally using this tool. Mapping has been carried out in order to identify common areas of activities between the European Union National Societies and National Societies of the Accession states in order to facilitate partnership building for possible EU wide activities. The mapping should be seen as a tool for staff members when they are developing projects to be submitted to the EU.

In general, EU accession raised great interest in all NS concerned. They felt that it is an important milestone and all became observers to the RC/EU Office. The biggest problem was the funding situation. Accession NS had difficulties finding funds to participate in the events organised by the RC/EU Office. Another constraint was that not one accession NS could appoint a full-time EU enlargement focal point, whose main work would be the EU development. This is due to the lack of human resource capacities in the accession NS. Long waiting periods from submitting a project proposal to the European Commission to the selection and awarding of grants is a constraint that unfortunately cannot be influenced. This fact seems to discourage many accession NS from getting involved. Finally, many accession NS are struggling with internal problems that are top of their priority list so they could not devote as much time to the EU developments as they might have wished to.

Humanitarian Values

Overall Goal: Contribute to the creation of greater community concern for the most vulnerable in Central Europe.

Programme Objective: To support National Societies in developing high and positive profiles and in raising awareness of the humanitarian values and principles they reflect.

Expected Results

- **National Societies will have emerged as prominent actors in the strengthening of civil society, seen to respond to unmet social needs of the most vulnerable, and rapidly mobilizing when natural disaster occurs to mitigate the suffering of victims, with well functioning and effective communications services supported by governance and management.**
- **Promotion of the Movement's fundamental principles and humanitarian values will have been an intrinsic part of all communication activities, but National Societies will have also been provided with specific opportunity to enhance the level of understanding of the Movement.**
- **The media will have begun to perceive the Red Cross as a natural ally, a reliable source of independent information on humanitarian issues. Humanitarian reporting in the region will have gained ground and many young journalists schooled in ethics and journalistic responsibility.**

- **The Red Cross will have been established as a prime source of information relating to all natural and man-made disasters in Central Europe, through fast response and the provision of breaking news, eye-witness accounts and assessments of need for media, donors and the humanitarian world. Information emergency teams will have been in a constant state of readiness to respond to disaster, ensuring a Red Cross information flow from outset to end of emergency, and into post-emergency operations.**
- **The Red Cross advocacy will have placed key social and health issues on national agendas, and contributed to a change of mindset and behaviour for the public good. So doing, National Societies will have acquired greater profile and standing.**

Achievements and Constraints

Due to EU enlargement and the consequent regional and organizational changes, the Regional Delegation Communications Unit was further reduced from one full time person, with another working part time, to having only one person. Close cooperation with the main regional programmes (Disaster Preparedness, Health and Social Welfare, Participatory Community Development and Youth), as well as with the National Societies in the region continued to be the basis of the communications policy. This cooperation highlighted the humanitarian aspects of the Red Cross work, to promote achievements and knowledge sharing through the Federation print and electronic media. In addition to that, permanent contacts with International Media in Budapest and in some individual countries helped promote the Red Cross work and its humanitarian values to the society at large. Editorial services from the RD were available to all National Societies, country delegations and programme managers. It packaged information from National Societies into finished products for international exposure and fed all Federation media with it.

The regional magazine, The Bridge, although reduced from four to two issues per year in 2003, continued to be an essential communications tool. It helped National Societies to define issues of social concern, promote humanitarian values, advocacy, knowledge sharing, regional thinking and raise self esteem. In the past year, the main topics featured in The Bridge included health and care in the community, social marginalization, disaster preparedness, population movement, challenges the Red Cross societies face on the eve of the EU enlargement. The coverage in the magazine included contributions from most countries in the region.

The Romanian Red Cross translated The Bridge into Romanian language, making it the third national edition after the Hungarian and the Polish ones. All three NS used one page of the magazine to highlight their home Red Cross affairs. Slovak Red Cross applied to the Regional delegation for support in producing a national edition of The Bridge, but unfortunately due to the unclear situation regarding future funding this could not be provided.

The mailing list for The Bridge contained some 300 addressees, including 200 Red Cross Red Crescent addresses, diplomatic missions, international agencies and organizations, Council of Europe Library in Budapest was added on their request in 2003. The Bridge and its national editions were supported by the Dutch and British Red Cross societies.

News was updated regularly on the regional web-site and was a good place for promotion of the issues raised in The Bridge, in its electronic version. A new page on blood donation was developed by the regional Health department, which added to two other sites of the Youth and ERNA. However some parts of the regional web-site were not updated due to lack of resources.

The Federation World Disasters Report (WDR) got extensive media coverage during the regional seminar in Zagreb and a special presentation at a press-conference in Bucharest, both organized with the support of the Regional Delegation. Once again, the WDR proved to be a good tool for promoting Red Cross work among media and partners.

World Red Cross and Red Crescent Day continued the global campaign against HIV/AIDS. First Aid Day and World Food Day highlighted health and social problems and raised the profile of the national Red Cross organizations attracting much media attention. During these events, the National Societies were active partners and sources of relevant information for journalists. On the one hand, they were a good school for networking and learning from

experiences gleaned over the past few years. On the other hand, they gave a stronger voice to the Red Cross in each country. Experience on organization, implementation and communication issues have been accumulated in a CD Rom, developed by the regional Youth team. Hunger Day and AIDS Day received financial support from the regional communications programme.

Contacts with International media were maintained through Hungarian International Press Association (HIPA), National Societies and personal contacts. Although it was not easy to attract international media attention, regional events and presentation of the WDR, done with the support from the regional delegation, provided good information coverage. Issues highlighted and analyzed in the Bridge were appreciated and used by external reporters.

International Media trip to Serbia and Montenegro in November, helped to expose “the forgotten disaster” of the displaced people still scattered around the country to reporters from BBC radio, Euronews TV, Agence France Press, Le Monde and some others that released their materials in December-January. The trip demonstrated effective cooperation, where the Red Cross and journalists were supporting one another in exposing the acute human problem in Serbia. The trip was a result of a common effort of the National Society, the Federation Media service and country and regional delegations.

The International flavour provided by the Federation/ Regional Delegation presence at various national events was an important factor in most central European countries as, apart from other things, it added value to the event in the eyes of the local media.

Red Cross workers are potentially exposed to the media, especially so in disasters. Taking into account modern technologies and communications means, communications can now be established as an active component of all that National Societies do. Everybody who does the Red Cross work must be able to respond to the media and provide relevant information for it. In some National Societies, the information is often under strict and sole control of top leaders. The aim of communication elements at regional workshops was to help National Societies experts work with media, talk to them and talk through them.

Communications issues were part of the Regional Disaster Preparedness Teams exercise in May. This training was followed by two sub-regional workshops on the role of communications in disaster management in September. They brought together Red Cross experts in disaster management and information officers and helped the National Societies incorporate communications elements into their DP plans through practical exercise. Advocacy was on the agenda of the regional workshop for Red Cross social welfare workers in Budapest.

With support of the RD, Information Officers in Serbia and Montenegro and in Romania developed their communication strategies and work plans that will allow the National Societies to get maximum media exposure. As part of the Capacity Building plan, the Romanian Red Cross started implementation of its communication plans with the publication of the quarterly internal and external bulletins and public image survey.

Training of trainers workshop was held in Belgrade for Information Officers from four National Societies (Albania, Bosnia and Herzegovina, Serbia and Montenegro and Macedonia). It was devoted to training methods and presentation skills for Red Cross communicators.

Cooperation with ICRC was maintained through personal contacts and through ICRC materials, provided for The Bridge.

Due to the lack of time and resources, the following issues did not get attention during the year:

- PCD programme that continues to attract attention of other National Societies in and beyond Central Europe; success stories of the programme need more coverage and promotion in the Federation and other media.
- Red Cross work and social problems in Kosovo.
- Communication departments in Poland and in Bosnia and Herzegovina did not get any support from the communication programme, although they asked for it.

Impact and constraints

On the whole, the regional communications programme was a significant addition to the National Societies' efforts in promoting their work among the media, partners and general public. This support included regional publications, editorial services, consultancy, training and funding.

Almost all National Societies have experienced communications officers, although approaches vary from country to country. Many are well trained in communications issues. That is why this year the effort was made to promote modern communications knowledge to other programme managers (disaster, social welfare and youth in particular) and develop information officers' training and presentation skills. All efforts in the field of capacity building were aimed at developing communications culture in the National Societies. As a result of the workshops, it became clear that many people most exposed and interesting to the media often lack effective presentation skills and the art of answering questions and delivering their messages. This is an aspect of capacity building that should be considered in future.

The situation with the regional web-site for 2004 is not clear, as there are no human resources to supply/ edit materials and maintain it. Although, it could still be a tool of regional and international communication for the NS in the region, before they identify their new place within the enlarged EU and beyond it. It especially concerns those National Societies that do not have their own web-sites in the English language and the information on their web-sites is limited to their own country.

A regional meeting for communicators from the ten National Societies of the accession states in the region and representatives from the existing EU countries could help to upgrade the communications skills and approaches and develop a common vision on future Red Cross communications within the EU and beyond.

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

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

[Please click to go to the top of the document](#)

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

| | |
|----------------|---|
| Interim report | |
| Annual report | X |
| Final report | |

Appeal No & title: 01.76/2003 Central Europe Regional Programmes
Period: year 2003
Project(s): P66160, 66401, 66507, 66601, 66902, 66903, 66906, 66916, 66918, 66919,
Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

| FUNDING | CASH | | KIND & SERVICES | | TOTAL INCOME |
|---|------------------|---------------|-----------------|----------------|------------------|
| | Contributions | Comments | Goods/Services | Personnel | |
| Appeal budget | 4,088,229 | | | | |
| less | | | | | |
| Cash brought forward | 1,136,578 | | | | |
| TOTAL ASSISTANCE SOUGHT | 2,951,651 | | | | |
| Contributions from Donors | | | | | |
| Australian Red Cross (DNAU) | 1,282 | | | | 1,282 |
| British Red Cross (DNGB) | 96,459 | | | | 96,459 |
| Canadian Red Cross (DNCA) | 7,595 | | | | 7,595 |
| Danish Red Cross # 1 (DNDK01) | 88,169 | | | | 88,169 |
| Danish Red Cross (DNDK) | 105,669 | | | | 105,669 |
| DFID 3- British Government (DFID03) | 10,470 | | | | 10,470 |
| DFID 4- British Government (DFID04) | 277,960 | | | | 277,960 |
| Donor - Capacity Building Fund (DCBF) | 157,400 | | | | 157,400 |
| Donor - Unidentified (D000) | 4,115 | | | | 4,115 |
| ECHO - ALBANIA KOSOVO REFUGEES (1001 (DEAL02) | 171,244 | | | | 171,244 |
| German Red Cross (DNDE) | 68,316 | | | | 68,316 |
| Irish Government (DGIE) | 15,154 | | | | 15,154 |
| Italian Red Cross (DNIT) | 35,948 | | | | 35,948 |
| Japanese Red Cross (DNJP) | 10,983 | | | | 10,983 |
| Monaco Red Cross (DNMC) | 9,831 | | | | 9,831 |
| Netherlands Red Cross # 1 (DNNL01) | 9,891 | | | | 9,891 |
| Norwegian Govt.via Norcross Grant No (DGNNO1) | 80,958 | | | | 80,958 |
| Norwegian Govt.via Norwegian Red Cro (DGNNO2) | 493,425 | | | | 493,425 |
| Norwegian Govt.via Norwegian Red Cro (DGNNO3) | (17,856) | Reallocations | | | (17,856) |
| Norwegian Govt.via Norwegian Red Cro (DGNNO4) | 168,300 | | | | 168,300 |
| Norwegian Govt.via Norwegian Red Cro (DGNNO5) | 75,146 | | | | 75,146 |
| Norwegian Govt.via Norwegian Red Cro (DGNNO6) | 52,245 | | | | 52,245 |
| Norwegian Govt.via Norwegian Red Cro (DGNNO) | 17,026 | | | | 17,026 |
| Norwegian Red Cross Bosnia contract (DNNO3) | (28,230) | Reallocations | | | (28,230) |
| Norwegian Red Cross # 2 (DNNO02) | 87,075 | | | | 87,075 |
| Norwegian Red Cross # 4 (DNNO04) | 18,700 | | | | 18,700 |
| Norwegian Red Cross # 5 (DNNO05) | 8,350 | | | | 8,350 |
| Norwegian Red Cross # 6 (DNNO06) | 5,805 | | | | 5,805 |
| Norwegian Red Cross (DNNO1) | (10,302) | Reallocations | | | (10,302) |
| Norwegian Red Cross (DNNO) | 429 | | | | 429 |
| Poland Red Cross (DNPL) | 62,349 | | | | 62,349 |
| Swedish Govt.via Swedish Red Cross # (DGNSE1) | 8,701 | | | | 8,701 |
| Swedish Govt.via Swedish Red Cross # (DGNSE2) | 61,148 | | | | 61,148 |
| Swedish Govt.via Swedish Red Cross (DGNSE) | 189,923 | | | | 189,923 |
| Swedish Red Cross (DNSE) | 118,193 | | | | 118,193 |
| Switzerland - Private Donors (DPCH) | 15,000 | | | | 15,000 |
| Turkish Red Crescent (DNTR) | 5,269 | | | | 5,269 |
| FINLAND | | | | 73,000 | 73,000 |
| SWEDEN | | | | 73,000 | 73,000 |
| GREAT BRITAIN | | | | 1,400 | 1,400 |
| TOTAL | 2,482,141 | | | 147,400 | 2,629,541 |

II - Balance of funds

| | |
|-------------------|-------------|
| OPENING | 1,136,578 |
| CASH INCOME Rcv'd | 2,482,141 |
| CASH EXPENDITURE | (2,803,666) |
| | ----- |
| CASH BALANCE | 815,053 |

Appeal No & title: 01.76/2003 Central Europe Regional Programmes

Period: year 2003

Project(s): P66160, 66401, 66507, 66601, 66902, 66903, 66906, 66916, 66918, 66919,

Currency: CHF

III - Budget analysis / Breakdown of expenditures

| Description | APPEAL Budget | CASH Expenditures | KIND & SERVICES | | TOTAL Expenditures | Variance |
|--------------------------------------|------------------|----------------------|-----------------|----------------|-----------------------|------------------|
| | | | Goods/services | Personnel | | |
| <u>SUPPLIES</u> | | | | | | |
| Shelter & Construction | | 31,103 | | | 31,103 | (31,103) |
| Clothing & Textiles | | 33,787 | | | 33,787 | (33,787) |
| Food & Seeds | | 26,719 | | | 26,719 | (26,719) |
| Water & sanitation | | 24,714 | | | 24,714 | (24,714) |
| Medical & First Aid | | | | | | |
| Teaching materials | | 5,357 | | | 5,357 | (5,357) |
| Utensils & Tools | | 10,226 | | | 10,226 | (10,226) |
| Other relief supplies | 680,400 | 287,224 | | | 287,224 | 393,176 |
| Sub-Total | 680,400 | 419,130 | | | 419,130 | 261,270 |
| <u>CAPITAL EXPENSES</u> | | | | | | |
| Land & Buildings | | | | | | |
| Vehicles | | 2,022 | | | 2,022 | (2,022) |
| Computers & Telecom equip. | 21,700 | 22,731 | | | 22,731 | (1,031) |
| Medical equipment | | | | | | |
| Other capital expenditures | | 6,775 | | | 6,775 | (6,775) |
| Sub-Total | 21,700 | 31,528 | | | 31,528 | (9,828) |
| <u>TRANSPORT & STORAGE</u> | | | | | | |
| Warehouse & distribution | 30,000 | 3,636 | | | 3,636 | 26,364 |
| Transport & vehicles | 130,920 | 131,985 | | | 131,985 | (1,065) |
| Sub-Total | 160,920 | 135,621 | | | 135,621 | 25,299 |
| <u>PERSONNEL & TRAINING</u> | | | | | | |
| Personnel (delegates) | 702,899 | 417,260 | | 147,400 | 564,660 | 138,239 |
| Personnel (regional, national staff) | 463,684 | 439,566 | | | 439,566 | 24,118 |
| Consultants | 181,450 | 31,811 | | | 31,811 | 149,639 |
| Workshops & training | 839,700 | 586,136 | | | 586,136 | 253,564 |
| Sub-Total | 2,187,733 | 1,474,773 | | 147,400 | 1,622,173 | 565,560 |
| <u>GENERAL & ADMINISTRATION</u> | | | | | | |
| Travel & related expenses | 356,740 | 214,235 | | | 214,235 | 142,505 |
| Information expenses | 297,170 | 114,887 | | | 114,887 | 182,283 |
| Admin./general expenses | 117,832 | 226,637 | | | 226,637 | (108,805) |
| Sub-Total | 771,742 | 555,760 | | | 555,760 | 215,982 |
| <u>PROGRAMME SUPPORT</u> | 265,734 | 191,197 | | | 191,197 | 74,537 |
| Operational provisions | | (4,343) | | | (4,343) | 4,343 |
| Transfers & contributions | | | | | | |
| TOTAL BUDGET | 4,088,229 | 2,803,666 | | 147,400 | 2,951,066 | 1,137,163 |